Interpretations –February 23, 2015

The fifth edition of the DDS Licensure and Certification Procedures Manual was promulgated in July 2010. In order to increase consistency and transparency as well as to further foster a constructive and service enhancing process, the Office of Quality Enhancement has created this set of interpretations to frequently asked questions regarding indicators reviewed during the survey process. These interpretations will be revised and updated periodically; current interpretations will be added and ones which are no longer relevant will be removed. New interpretations added after the initial publication will be highlighted, reflecting the new date of development. Interpretations referenced in the Interpretations are not intended to take the place of, but rather to supplement the Manual, Appendices, and Tools.

Summary of Revisions - New as of 2/23/15, unless otherwise noted:
To go to different sections, use any Hyperlink by holding Ctrl key and clicking on left mouse button.

For your convenience in use, interpretations are presented in the following format:

I. Interpretations to the Tool
Topic
- Indicator (in order by number)
  i. Date
  ii. Question
  iii. Answer
  iv.

II. Interpretations to the ratings
Topic (e.g. When to "not rate")
- Scope (e.g. all indicators; all licensure indicators)
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III. Interpretations to the Processes
Sequence of survey activities (in order e.g. Pre-survey; Administrative Review; etc.)
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I. INTERPRETATIONS TO THE TOOL

TOPIC: PERSONAL SAFETY (L1 - L10)

Indicator: L2 – Allegations of abuse/neglect are reported as mandated by regulation.
Date: 10/11
Question:
How is this indicator assessed? What happens when something is revealed at the organizational level?
Answer:
This indicator is assessed at each location. Incident reports, communication logs, and other documentation are reviewed to assess whether any reference to reportable items were also filed as complaints. Staff are also interviewed to determine their knowledge of reportable allegations.

Information is also reviewed organizationally, through a review of various reports. In the event that incidents are identified organizationally that should have been reported to DPPC 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 standard met. If 80% have met the criteria for reporting as required, the Provider would receive a standard met for this indicator.

L5 There is an approved Safety plan in home and work locations.
Date: 3/12
Question 1:
What happens when a placement service safety plan has caretaker patterns that are not reflective of expected practice in the home, inaccurate strategies, inaccurate description of safety features in the home? How does one rate when the safety plan is noted to be incomplete, but has been approved by the area office? What should be expected concerning strategies for second floor evacuation where there is no second means of egress from this floor?
Answer:
A safety plan needs to include "an evacuation plan that incorporates all information about the individual's abilities, dynamics, responsibilities and egresses, into a clear plan". If the safety plan is inaccurate or incomplete for instance, it does not include all individuals, does not list the correct caretakers or caretaker ratios, omits steps to be taken in an emergency and/or inaccurately describes the safety features of the home, the indicator should be rated as not met.

A second means of egress is not required for placement service locations (shared living) however the author of the safety plan is required to note both the primary and the secondary strategies to evacuate. The safety plan calls for completing a question on "identification of the secondary escape route". Many safety plans describe the secondary strategy from the first floor for example, stating that the individual will go down the stairs and out the back door instead of down the stairs and out the front door. Therefore, assuming that the Safety Plan was current, complete and accurate, the standard would be met, as long as these questions were answered.

When designing a safety plan it is important for the author to consider the worst case scenario such as what strategies are in place for individuals living on the second floor when the only egress to grade is blocked. While not required, a more thorough answer to the question on secondary escape route is indicated. It is recommended that the safety plan detail what the secondary strategy would be from the second floor in the event that the stairs down to the first floor were blocked, such as using a large window to egress, or waiting for fire department rescue in a specific place.

Date: 3/12
Question 2:
While not required, some Placement Service locations note that they will conduct fire drills throughout the year. How is this indicator rated if fire drills are not conducted as reflected in the approved safety plan?
Answer:
In this situation there is an appropriate approved safety plan in place and the indicator should be rated met. This situation does however, describe lack of follow-through and compliance with a well thought out and well-written safety plan. Evidence that fire drills are not being implemented as reflected in the safety plan, along with any other information on the individual's ability to evacuate should be reviewed within the indicator below (L-6 Evacuation in 2.5 minutes).

L6 ⚐ All individuals are able to evacuate homes in 2.5 minutes with or without assistance and workplaces within a reasonable amount of time.
Date: 3/12
Question:
How do you assess evacuation in 2.5 minutes in placement services where there is no requirement to conduct fire drills?
Answer:
Surveyors should verify that individuals can evacuate in 2.5 minutes through documentation review and interview. In homes where the regulation does not specify a minimum requirement for drills, the provider must have a means for initially and periodically assessing the individual's ability to evacuate. Although not required, when the placement service conducts fire drills, fire drill documentation can be utilized to determine whether the individuals can evacuate within 2.5 minutes. In the event that fire drills were not conducted and/or documented, the surveyor should assess the presence of the indicator through the review of other documentation, for example, there should be a current assessment or evidence of practice evacuations, "mock" fire drills, and/or training and reassessment documentation available for review. In addition, during the conduct of interview and observation, a determination is made on whether the individuals have been trained and know how to evacuate. This is a critical indicator that is rated "met" when there is clear evidence that the individuals can evacuate within 2.5 minutes.

Indicator: L8 – Emergency Fact Sheets are current and accurate and available on site.
Date: 10/11
Question:
This indicator seems to require that a lot of information be present and current in order to rate standard met. What should be in place?
Answer:
In answering the question, it is important to highlight the purpose of the emergency fact sheet. It is to provide information of use in finding an individual if missing or in an emergency. Information is used to aid in successfully locating the individual by police, to be used by medical personnel as a guide in providing initial treatment in a medical or health care emergency, etc. Therefore, detailed information is needed on a variety of items.

<u>Key Components – must be present and filled in with current, accurate information for a rating of "standard met"</u>

Emergency fact sheet is present on site and contains the following:

- Photograph – *current and accurate photograph (per regulations taken within the last 5 years and after any significant change in the appearance of the individual);*
- Name – *include any nicknames the individual might respond to;*

- Age – *could include the birth date, but if the age is included it needs to be accurate*;
- Language/Ability to Communicate – *Speaks English, Spanish, uses gestures, American sign language, etc.*
- General Physical Characteristics – *to include gender, weight, height, build, hair color, and any identifying marks or distinguishing items (for example, hearing aids, eye glasses);*
- General nature of abilities and physical handicaps – *travels independently, uses a wheelchair, easily confused, cannot travel safely independently, etc.*;
- Special medical problems – *should include all current medical and psychological diagnoses or conditions that could affect the immediate health or well being of the individual including known drug and food allergies, any significant past medical diagnoses or procedures that could potentially impact emergency care, such as spinal rods or organ transplants.*
- List of current medications – *need to include all medications listed on the current medication treatment chart or all medications that are currently prescribed/ordered/regularly taken. Does not need to include dosage;*
- Pattern of movement, if missing previously – *are there places the person would tend to frequent if missing*;
- Likely response to search efforts – *will the person tend to respond to the police, be frightened and hide, etc.;*
- Name and phone number for the designated contact person for each provider serving the individual;
- Guardian name and phone #
- Name and phone # for the friend or relative to be contacted in the event of an emergency *(if different from guardian referenced above)*;
- Name, phone # of primary physician;

<u>Other Components – need not be present for a rating of "standard met" but should be filled in with current information</u>

- Health Insurance Information – *health insurance status and the name of a person to be contacted about the individual's medical status and needs.*
- Name, phone #, addresses of family, previous programs, etc.
- Name, phone # of service coordinator

Indicator: L9 - Individuals are able to utilize equipment and machinery safely.
Date: 10/11
Question:
This indicator is now rated for residential services as well as employment / day services. Should this indicator be rated for all individuals residentially? What should be in place?
Answer:
This indicator focuses on the provider's ability to promote optimal independence while ensuring that individuals are safe in the process. To the extent possible this indicator should be rated in residential services. Equipment and appliances are defined in the broadest sense such as use of blenders, snow-blowers, etc. In general, providers need to have a written assessment for each individual on the individual's home safety skills including use of equipment and their needs, if any. Evaluation of the individual's skills and needs in relation to home safety, including operation of devices is the first step in working with the individual to gain greater independence safely.

Guidance, supervision, support, review of safety precautions, and training should then be provided to any individual assessed to need support to utilize equipment safely. While promoting optimal independence is

desirable, the indicator measures the provider's ability to support safe use of equipment rather than the quality of the provider's training or the speed with which the individual gains independence.

When it is so clear from both the perspective of the provider and DDS surveyors that the individual is not now nor will likely ever be able to benefit from further training in home safety, elimination of unnecessary paperwork is supported. If individuals are not involved in, or participating in using equipment, and due to intensive medical or cognitive needs, this indicator is clearly not applicable to the particular individual, then a written assessment on the individual's home safety skills may not be present, and this indicator does not need to be rated.

The indicator is rated once for the location based on a review of a sample of individual information. This is considered a "location indicator" as staff must ensure there is safe use of equipment for everyone living or working within the location.

TOPIC: ENVIRONMENTAL SAFETY (L11 – L30)

Indicator: L11 – All required annual inspections have been conducted.
Date: 10/11
Question:
How is this indicator assessed for care provider homes? What is the role of the Placement service in ensuring that necessary systems are inspected? How frequently should the Placement service review each home, and for what items?
Answer - amended 3/12:
This indicator assesses whether the necessary inspections have occurred. The Placement agency needs to monitor care provider homes to ensure that each complies with the environmental safety expectations referenced in 7.07 (5), oversees the environmental safety, maintenance and upkeep at each care provider home and ensures that the inspections noted above have occurred. The Placement agency needs to assure either through monthly visits or through some other process (e.g. an annual site inspection) that a mechanism is in place to monitor care provider homes and that the Placement agency is able to describe the system of over sight. The care provider homes must comply with all applicable laws, standards and regulations. For care provider homes, the following are specifically required:

- Heating and plumbing systems installed and maintained (heating inspection)
- Fireplaces, wood burning stoves, pellet stoves when being utilized must be inspected
- Sprinklers when present must be inspected

Indicator: L15 – Hot water temperature tests between 110 and 130 degrees.
(Effective January 2014: Hot water temperature tests between 110 and 120 degrees.)
Date: 1/14
Question:
What is the expectation for water temperature?
Answer:
As of January 2014 the standard which is based on the plumbing code, the State Sanitation code and the Consumer Product Safety Commission's recommendations will be:

Deliverable water temperatures should be between 110 degrees and 120 degrees for residential faucets, 110 degrees for faucets in day program or employment training sites operated by DDS providers, and no more than112 degrees for shower temperatures. The change in the guidelines regarding water temperature for both showers and sink faucets was made after review of the Plumbing Code (248 CMR 10.4 (3) (a) 2, 3, and after

consultation with DDS Facilities Management staff. The objective in making this change was to best ensure individuals' health and safety and to prevent scalding incidents.

While water heaters can be set slightly higher to ensure that bacteria is killed and dishwashers are accommodated, the delivered water temperature (temperature when it comes out of the faucet) should be at the temperatures referenced above.

The revised State Plumbing Code which has been in effect since 1988, does not require retro-fitting of existing homes, but does require appropriate deliverable water temperatures for new construction and/or renovation of existing homes (i.e. when a building permit needs to be pulled). Some, but not all homes are already equipped with the appropriate "product -approved individual thermostatic / pressure balancing valve complying with ASSE 1016" which limits deliverable water temperature at the shower/ bath to 112 degrees, as they have been built or renovated since the plumbing standard went into effect and the device already installed by the licensed plumber.

While retro-fitting is not a requirement for existing homes, DDS is **strongly recommending** that providers move towards making the necessary modifications if they currently do not meet this standard. This is due to the obvious risks posed by temperatures that may result in scalding incidents. Licensure and Certification staff will check water temperatures in both showers and sink faucets when conducting routine surveys, and will point out instances where shower/bath temperature is not consistent with the applicable Plumbing Code Standards. Surveyors will **recommend** that temperatures be adjusted, but will not rate providers down if the temperature in showers does not comport with the Plumbing Code Standards.

The deliverable water temperature at the sink faucets, however, is tied to a combination of the existing State Sanitary Code (between 110 and 130 degrees) and guidelines published by the American Burn Association and the Consumer Product Safety Commission, which cap the upper limit to 120 degrees. Surveyors therefore, will cite the location if deliverable water from any residential faucet or fixture exceeds 120 degrees.

In all locations, where individuals are utilizing water with staff assistance, all necessary precautions must be taken to regulate the water temperature, and to keep the temperatures at safe optimal levels. For example, in locations where individuals are less mobile, water may pool/ collect on the individual and is more likely to scald at lower temperatures. In these locations, use of scald protectors, adjustment of the water temperature to lower levels, and ongoing checks of the water temperature is advised.

The Burn Foundation and the American Burn Association outline general bathing precautions in their literature and on-line. They instruct people to fill the tub to desired level and turn water off before getting in. Literature also suggests running cool water first, then adding hot. Then turn the hot water off first. This can prevent scalding in the event someone should fall in while the tub is filling. Mix the water thoroughly and check the temperature by moving your elbow, wrist or fingers with spread fingers for several seconds through the water before allowing someone to get in. The water should feel warm to touch. Both groups recommend that the safest temperature for bathing is 100 degrees.

L18 All other floors above grade have one means of egress and one escape route on each floor leading to grade.
Date: 3/12
Question 1:
Do you rate this indicator in placement services?
Answer:

Placement service locations are not required to have two means of egress (or one means and one escape route) from any floor other than grade level. The presence of egresses on other floors for placement service locations is not rated.

Date: 3/12
Question 2:
The indicator states that floors above grade need one means of egress and one escape route. Is this also true for floors below grade, such as basements?
Answer:
Yes. Any floor above/ below grade utilized by individuals need to have one means of egress and one escape route and be referenced in the Safety Plan. In addition, floor plans need to be included with the Safety Plan. This indicator is rated for all 24 hour, placement service, and employment locations, which are owned or leased by the Provider. It is also rated for community based day and center based work locations.

TOPIC: COMMUNICATION (L31 – L32 and C 7 - 8)

TOPIC: HEALTH (L33 – L47)

Indicator: L38 Physicians' orders and treatment protocols are followed. (When agreement for treatment has been reached by the individual/ guardian/ team).
Date: 10/11
Question 1:
This indicator seems to have some overlap with the indicator L77, "The agency assures that staff are familiar with and trained to support the unique needs of individuals". For both indicators, one assesses staff knowledge, training and implementation of protocols. What is the difference?
Answer:
This indicator focuses on health care issues. It assesses whether staff are implementing and operationalizing physician's orders and medical treatment protocols. Familiarity and training with protocols in the area of goal accomplishment, and assessment of workforce competence is reviewed in indicator L77. For example, review of adherence to seizure protocols is assessed in L38, while review of staff's knowledge and training in appropriate social skills at the dinner table for a specific individual, is assessed in L77.

This indicator focuses on specific treatment protocols, with training as only one piece of the information collected to rate this indicator. Staff must be trained, **knowledgeable, and consistently following** the **specific treatment protocols** to rate this as standard met in this indicator. For example, one individual may have a bowel regimen that requires the charting of bowel movements, and requires staff to implement certain actions contingent upon three days without success. In assessing information, the surveyor may have determined that all staff have been trained in this protocol, however, the surveyor must also assess whether this protocol is being consistently followed. If specific treatment protocols have not been implemented consistently, the standard is not met, regardless of the presence of training documentation.

Date: 10/11
Question 2:
What happens when the individual has a known condition that but there is no written treatment protocol in place? For example, an individual with an active seizure disorder does not have a written protocol outlining how staff are expected to respond when seizures occur, or how to track and prevent seizures.
Answer:
There is an expectation that a provider has some role in ensuring that "treatment protocols" are followed as written by a health care practitioner or developed when needed. While the physician may not have developed a

specific written treatment protocol for someone with a medical condition, when a known medical condition exists it is important for the provider to follow-up with the physician, inquire about anything that should be put into place and then to establish some general guidelines for staff to follow. For example, a written protocol for response to a particular individual's seizures should be developed to ensure consistency among staff. As part of the protocol, the agency should ensure that staff are aware of what to do when the specific individual has seizure and it does not resolve within his/ her usual time. In the event that no specific protocol tailored to a specific individual's current condition has been designed, at a minimum, the provider should utilize, develop, or adapt general information into a written protocol. For example, there are several guidelines posted by DDS on the web, including information on seizure management noting what to do in the event that anyone has such a condition. Knowing how the particular individual looks or behaves when s/he has a seizure is very important and can then be used to outline the specific steps to be taken to keep the person safe during and after a seizure.

Once a protocol is established, the agency should ensure that staff are knowledgeable, are continuing to implement the procedures correctly, and that the effectiveness of this protocol is periodically reviewed. As above, in assessing the information, the surveyors must also assess that treatment protocols are implemented consistently. In summary the following items must be in place to render a rating of met:

- Written protocol
- Correct implementation
- Staff are knowledgeable

Date: 10/11
Question 3:
What types of known medical treatments and conditions require a written protocol? As this is a critical indicator, it is important to understand what items will be expected to have written protocols and therefore be reviewed and rated here.
Answer (revised 2/15):
In the event that the individual has a significant medical condition, disease or syndrome which poses a serious concern, it is essential that there be a consistent approach to treatment, and a written protocol would be required. For example, pica can place an individual at great health risk, possibly leading to severe gastro-intestinal and bowel problems, and therefore a specific protocol to manage the individual's pica which includes things like supervision, securing items that might be ingested and what to do if you suspect that a person has eaten a non-food item, should be in place. In another example, an active seizure disorder which places the individual at risk for injury from loss of consciousness and falls, and requires ongoing monitoring and treatment and a consistent approach, would require a protocol.

There is no exact list of "significant medical conditions" that automatically warrant a medical treatment protocol. In addition, as noted above in question 2, there are occasions in which the physician needs to be consulted as there were instructions given, but no specific medical treatment protocol initially outlined. There is tremendous variability in what each individual needs, how physicians are treating individuals, how this treatment is communicated, what staff need to do on an ongoing basis to support optimal health, and when staff are expected to contact medical personnel. In general, the need for a specialized treatment protocol is based on the following:

- There is a diagnosed significant medical condition affecting the person's health;
- The condition is active and/or being actively treated;
- This condition is present and staff are providing ongoing support and /or actions /emergency response is potentially needed during the service hours.

The decision to develop a treatment protocol is typically initiated by a conversation with the physician. The provider should discuss with the HCP all of the individual's medical conditions and diagnoses. While the physician may not have developed a specific written treatment protocol for someone with a significant medical condition, when a known medical condition exists it is important for the provider to follow-up with the physician, and inquire about whether a formal treatment protocol should be put into place outlining established guidelines for staff to follow. Part of this discussion with the HCP should include when to contact him/ her, call 911, or access medical personnel, and this information should then be incorporated into the Medical Treatment Protocol.

For example, a Medical Treatment Protocol for the significant medical condition of dysphasia/ to prevent choking is often necessary to outline a variety of steps and procedures that staff need to take to manage the condition and to prevent aspiration through such interventions as dining and post-dining instructions, positioning, g-tube use, and supervision. A Medical Treatment Protocol for asthma may be necessary when staff need to take consistent actions beyond medication administration to manage this significant medical condition, and the associated triggers and symptoms. For example, staff need to be aware of any restrictions on exercise, any items that trigger the person's asthma which need to be avoided, any preventative and other ongoing actions that need to be taken, and any "peak flow" or other ongoing breath assessments that need to be tracked, and finally when to contact the physician.

There are other items and treatments that need to be referenced in writing but do not rise to the level of requiring a "physician's order or treatment protocols" as noted in this indicator. If staff are supporting individuals in the care and use of any sort of equipment, device, or treatment, there need to be written directions for use. For example, if an individual needs support in the use of his/her hearing aids, directions for staff on adjusting, managing and cleaning an individual's hearing aids, should be noted. These situations would not be rated here.

Date: 2/15
Question 4:
When medical devices and equipment requiring written directions for use are necessary, does this automatically mean that a significant medical condition is present and a written treatment protocol is also required? In the supports and health related protections section, the following examples of medical / adaptive equipment is noted, referencing that a treatment protocol is required when appropriate. Can you help me understand "when appropriate" means? As outlined under supports/ health related protections,

> **Medical treatment; adaptive equipment is defined as:**
> Devices and equipment prescribed by a health care professional for the treatment and/or the management of a medical or physical condition. These items are not considered supports.
> **Examples:**
> Sleep apnea equipment; g-tubes; teds; orthopedic shoes; hearing aids; catheters

Answer 2/15:
When someone has a medical condition resulting in the need for a particular medical device/ equipment, the person does **not** automatically also need a medical treatment protocol. For example, if someone is using a C-PAP machine at night for sleep apnea. Sleep apnea is not likely to be considered a significant medical condition requiring a Medical Treatment Protocol. The provider must still ensure correct use of the equipment, and proper administration/ implementation, and cleanliness of the equipment, and there must be training, over sight and monitoring to ensure consistent application of the device. However, this can be accomplished through guidelines for use of the equipment, rather than through an entire Medical Treatment Protocol. Other medical equipment/ devices such as hearing aids, orthopedic shoes, and Teds, would also not typically require a Medication Treatment Protocol.

Certainly when someone is supported to utilize hearing aids, or other devices, the provider needs to have the following in place, but a Medical Treatment Protocol is not automatically necessary.

- Inclusion within the ISP
- HCP orders outlining criteria for discontinuance
- Written directions for supporting the individual to use including when to use, cleaning and care of device
- Evidence of staff training and knowledge

Sometimes there will be a need for a Medical Treatment Protocol. A Medical Treatment Protocol should be developed and implemented only when the significant medical condition requires a consistent approach to treatment. If there is a significant medical condition which rises to the level of requiring a comprehensive written treatment approach, and the medical equipment such as the G-tube or catheter can be included as one intervention of perhaps several interventions required to systematically address the significant medical condition, then a Medical Treatment Protocol would be needed. For example, someone has a Medical Treatment Protocol to help staff guide them on the individual's Dysphagia, which includes use of a g-tube.

Date: 2/15
Question 5:
When someone has a significant medical condition resulting in the need for a special diet, does the person also need a medical treatment protocol? For example, do individuals with diabetes always require medical treatment protocols? When someone has a significant medical condition resulting in the need for special (PRN) medications, does the person also need a medical treatment protocol? For example, an EPI-pen is prescribed as needed for a severe bee allergy, or an inhaler prescribed for asthma.
Answer:
No, a medical treatment protocol is not always required. A Medical Treatment Protocol should be developed and implemented only when the significant medical condition requires a consistent approach to treatment, and when this treatment approach involves interventions beyond diets or medication administration. For example someone who is on a low salt diet due to High Blood Pressure or risk of stroke does not automatically need a corresponding Medical Treatment Protocol.

Even when a protocol is not required because the significant medical condition does not rise to the level of requiring a comprehensive written treatment approach that outlines staff interventions, staff need to be aware of individuals' medical conditions, monitor the conditions, track, follow-up and communicate with the physician. For example, someone with a heart condition would still need their condition and low salt diet implemented correctly, monitored, and communicated with the physician.

Special diets such as low salt diets, diabetic diets, textured diet, gluten free diets, and peanut-free diets should be evaluated within indicator L-39.

There may be occasions in which both a special diet and a significant medical condition warranting a Medical Treatment Protocol are present. For example someone with a severe allergy to peanuts, has a protocol outlining staff actions in the community, instruct staff what to avoid, when to utilize the EPI –pen, and when to call 911, and/or to contact the person's HCP.

DATE: 2/15
Question 6:
How is this indicator reviewed in a day service?

Answer:

The considerations are essentially across service types. It is essential that staff supporting the person, including day service support staff, be aware of important medical conditions affecting a person's health. Further, staff should be knowledgeable of their role and action(s) to take in supporting the person should the condition become active during the day service.

As a day service provider does not typically coordinate an individual's health care, obtaining timely and accurate information can present a challenge. The surveyor begins with reviewing what information is documented about an individual; Emergency Fact Sheet, Health Care Record (if available), and the Individual Support Plan as examples. Along with the information present in the individual's record, a surveyor would want to know how the provider ascertains health information and what the mechanism is for seeking this information from the person's service coordinator, residential service provider, and/or family.

Once the surveyor has a sense of what the person's medical conditions are, the surveyor can research the situation to determine as noted above whether there is a necessity for a medical treatment protocol. The criteria are basically the same:

- There is a diagnosed significant medical condition affecting the person's health;
- The condition is active and/or being actively treated;
- This condition is present and staff are providing ongoing support and /or actions /emergency response is potentially needed during the **day** service hours.

When the above is true, the day service provider must obtain or develop a protocol guiding its staff. If a person is supported residentially, the residential home may have obtained/developed a specific treatment 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. In any event, if a person has a significant medical condition, disease or syndrome which poses a serious concern, it is essential that there be a consistent approach to treatment, and a written protocol is required. Depending on the severity of the condition and the information available to the day service, this can be a generalized protocol outlining staff actions, for example in the event of seizures, staff contact 911. However, when there is a more severe condition or specific steps that should be followed, an individualized protocol must be developed, staff trained, and correct implementation demonstrated at times the protocol was needed.

Based on the need for a protocol that would need to be present during the day service, the rating of the indicator will be focused on the following:

- There is a mechanism for ascertaining what awareness/support might be needed during the day service;
- There is a protocol outlining the condition that is sufficiently specific* to the person and the steps staff should be prepared to take if needed;
- Staff are knowledgeable of the condition and the steps they should take;
- There is evidence of the protocol being implemented correctly when (if) it has been needed.

* "Sufficiently specific" means commensurate with the severity of the condition and the level of intervention needed by staff. For example, a person with a mild form of epilepsy with no identified criteria for specific intervention may only require a general protocol about the condition. But a more severe, active form of epilepsy may require administration of a medication or other defined steps based on identified criteria. In that case an individual specific protocol must be developed.

In assessing the above, the surveyor conducts the following activities:

<u>Offsite</u>

- The surveyor reviews ISPs, HCRs, and Site information via the Meditech and/or HCSIS systems to learn about the individual's needs and the setting where he or she is supported. This helps the surveyor understand what services and supports they should be expected to see and hear about when they visit.

Onsite

- The surveyor reviews the individual's record, such as the Emergency Fact Sheet, progress notes, or communication logs. When a protocol should be present, the surveyor will also review documentation to identify if there were any instances of the protocol needing to be implemented. The surveyor reviews any documentation related to the protocol, including training documentation.
- The surveyor interviews staff about the individual's supports to verify that staff are knowledgeable of the protocol.
- The surveyor will ask if the protocol has been implemented and request evidence of that, whether in an incident report, progress note, or communication log.

The following examples are intended to help illustrate this applicability and rating process.

Medical condition: Seizures

Scenario 1

- Emergency Fact Sheet documents "history of seizures." (e.g., family reported there had been a seizure when person was a child);
- The person is not prescribed a neuroleptic;
- There is not an actual diagnosis documented;
- There has been no known seizure activity;
- The agency has evidence of its request for medical information from the residence and/or family and there were no instructions related to this condition.

Protocol Needed: No
Rated: No
Provider asked to seek verification/correction to this notation on the EFS.

Scenario 2

- Emergency Fact Sheet documents "Epilepsy";
- The person is prescribed a neuroleptic;
- There has been no seizure activity in last 5 years;
- There is no physician ordered instructions;
- The agency has evidence of its request for medical information from the residence and/or family and there were no instructions related to this condition.

Protocol Needed: Yes – can be general; and
Staff knowledgeable of protocol: If Yes, Rating: Met
If No Rating: Not Met; and
If Protocol has been implemented, was protocol followed: If yes, Met
If no, Not Met

Scenario 3

- Emergency Fact Sheet documents "Epilepsy";
- The person is prescribed a neuroleptic, including PRN Diastat for seizure lasting greater than 1 minute;
- There has been seizure activity in last 5 years;
- There is no physician ordered instructions; or There are physician ordered instructions or the provider has requested medical information from residence and/or family and there were specific instructions related to this condition.

- The agency has evidence of its request for medical information from the residence and/or family and there were no instructions related to this condition.

Protocol Needed: Yes and must be individual specific for rating of Met; the day service protocol should agree with / correspond with the physician instructions and residential plan
Staff Knowledgeable of protocol: If Yes, – Met
If No – Not Met; and
If Protocol has been implemented, was protocol followed: If yes, Met
If no, Not Met

Medical Condition: Diabetes Scenario 1

- Emergency Fact Sheet documents "Diabetes"
- Dietary recommendations include low calorie and avoiding sugary foods
- The person is not prescribed a medication related to this condition
- The agency has evidence of its request for medical information from the residence and/or family and there were no instructions related to this condition.

Protocol Needed: No
Staff knowledgeable of person's condition: Yes but not rated in L38, instead considered in L77.

Scenario 2

- Emergency Fact Sheet documents "Diabetes"
- The person is on a strict diet for this condition
- Medical professionals need to be contact when the person's condition reaches a certain point
- The person has a treatment order to test blood sugar during day program hours.
- The person can independently test blood sugar level but needs support to interpret and respond appropriately to those results.
- The provider holds a supply of glucose tabs to be administered if needed.
- The provider has requested medical information from residence and/or family and there were special instructions related to this condition.

Protocol Needed: Yes - must include parameters for glucose tabs and agree with special instructions from physician or residence/family for "met"; and
Staff Knowledgeable of protocol: Yes – Met
No – Not Met; and
If Protocol has been implemented, was protocol followed: If yes, Met
If no, Not Met

Indicator: L46 All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.
Date: 10/11
Question:
While Placement agencies do not need to comply with MAP, what are the expectations for medication administration in care provider locations?
Answer:
Each care provider is free to establish his/her own mechanism for administration of medication. However, there needs to be some sort of overall system to ensure that medications are administered properly. The following components are needed:

1. Current Health Care Provider orders
2. Medication (side effect) information
3. Labeled pharmacy containers

4. Assurance by the care providers that medications are given consistent with Physician's orders, and therefore should have a system to reflect/ document that medications have been administered in that manner e.g. check mark on a calendar; medication sheets, etc.
5. The Placement agency must have a mechanism to monitor and oversee medication administration at each care provider home and the ability to describe the system. For example, the placement coordinator could review medication information such as the physician's orders, the pharmacy containers, and proof of administration of medications during the monthly visits.

Date: 2/15

Question 2:

How does one determine a rating in L46 when the individual is on multiple medications and there may be a great deal of information?

Answer:

A Medication Issue is defined as missing one of the five "rights" under MAP (person, med, dose, time, route), and the presence/administration of expired medication.

A Documentation Issue includes missing signatures/initials for administration, use of whiteout, discrepancies between physician orders, labels, and/or MARs, missing orders, failure to note the issue identified by a circled administration sign-off, failure to note the effects of an administered PRN.

Medication prescribed for specific medical diagnosis includes both regularly administered medications and those administered PRN, even if OTC. In considering degree of severity, these should be distinguished from standing PRN orders for OTC medication intended to treat commonly occurring, temporary conditions such as fever, cough, dry skin, and upset stomach.

Decision Considerations

When identifying issues within the medication administration system, the following considerations should be made in determining the relative severity of the concern and whether the rating should be impacted. The information presented is intended to offer a structure for thinking through what is found. As there are a myriad of possible scenarios, it is not possible to provide guidance at a truly granular level.

Medication Issues

1. Was the issue noted already identified by the provider or the QES?
    a. If Provider:
        i. Were the proper steps implemented?
        ii. Did these steps seem to address and resolve the issue, or are similar issues present in the current MAR?
        iii. Is there any information indicating that the person was impacted? For examples:
            1. Seizure medication was missed and you noted an increase in seizures during the same period.
            2. Missing psychotropic medication that's accompanied by significant incident or physical restraint.
        iv. Are there other issues also noted, such as use of white out, missing sign-offs, or a transcription Issue?
    b. If QES:
        i. Is this medication specifically prescribed for a diagnosed condition or an over-the-counter medication for common conditions such as fever, cold or flu?

ii. Is this an isolated instance (e.g., 1 or 2 instances across the 3 months reviewed, among many meds/passes)?
iii. Is there any information indicating that the person was impacted? For examples:
    1. Seizure medication was missed and you noted an increase in seizures during the same period.
    2. Missing psychotropic medication that's accompanied by significant incident or physical restraint.
iv. Are there other issues also noted, such as use of white out, missing sign-offs, or transcription issues?

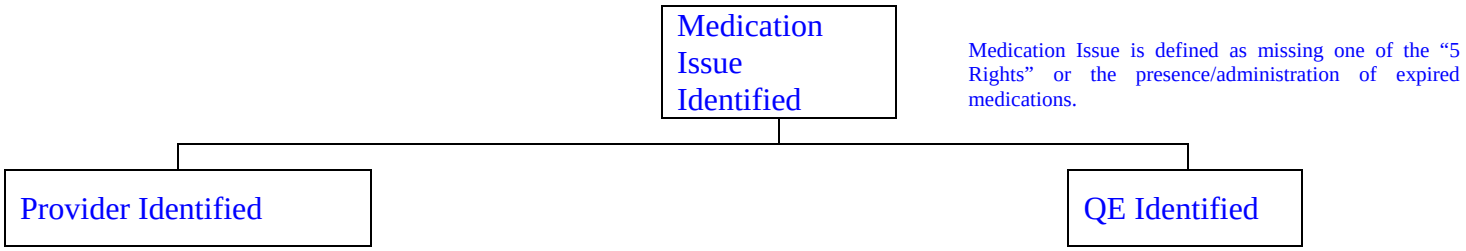
2. **Documentation Issues**

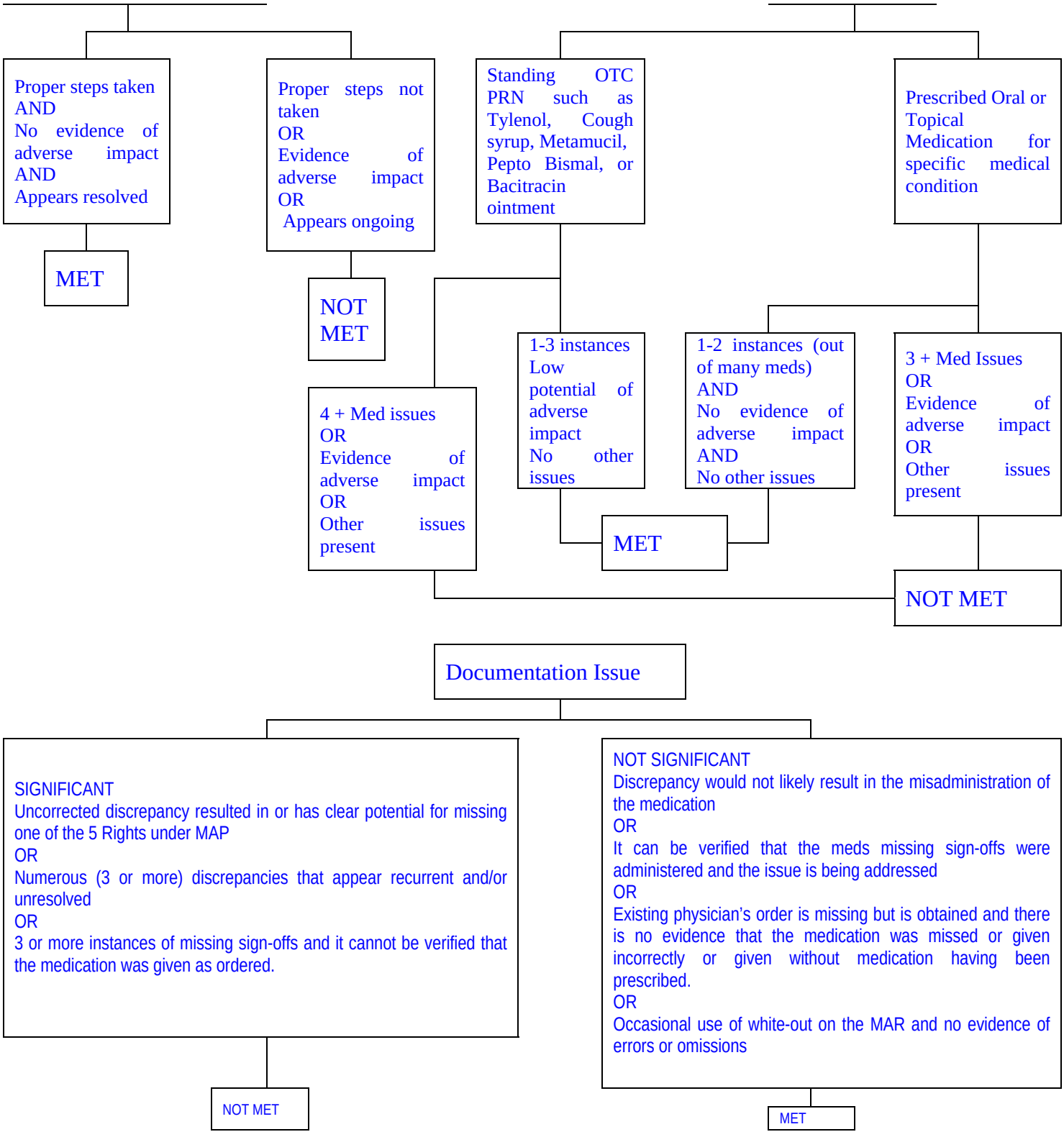
In determining a rating on the basis of documentation issues, the criteria for rating "not met" is that the documentation issue be "significant". To help determine this threshold, the following thought process is outlined.

a. Is there a discrepancy in the administration instructions that has, or likely would result in missing one of the 5 Rights of MAP? For examples:
    i. Example of discrepancy that has little potential for misadministration:
        1. Order reads: "Apply small amount to rash on buttocks morning and night." and Label/MAR reads: "Apply to affected area twice daily."
    ii. Example of discrepancy that has potential for misadministration: Discrepancies that have the potential for misadministration include items which lack specificity or are inconsistent.
        1. Order reads: "325 mgs every 6 hours prn for physical aggression towards others not to exceed two doses within 24 hours". MAR reads: "1 Tab two times daily for physical aggression towards others."
        2. Order reads: Depakote 500 mg twice a day and MAR reads: Depakote 500 mg. three times a day
b. Are there numerous discrepancies that appear ongoing and unresolved or is it just a couple instances in the past that are not currently present in the active MARs?
c. If the discrepancy is missing sign-offs, can it be determined that the medication was actually administered?

3. **Determining the Rating**

The following flow chart illustrates the rating determination after following the above thought processes. Additionally, a rating decision may likely be based on an overlap between a documentation issue and whether that issue is also indicative of a medication error. If so, then, both sets of considerations should be followed for determining the rating.





Indicator: **L47 Individuals are supported to become self-medicating when appropriate.**
Date: 10/11
Question:
Who needs a self-medication assessment and who needs to be rated here?
Answer:

This indicator focuses on the provider's ability to promote optimal independence in medication use while ensuring that individuals are safe in the process. To the extent possible this indicator should be rated.

Providers need to either evaluate or facilitate an assessment of each individual to determine whether the individual has the potential to be capable in self-medication. Evaluation of the individual's current skills and needs in medication use is the first step in working with individual to gain greater independence safely. Surveyors should first review the status of the individual relative to self-medication as indicated on the Health Care Record or within the ISP. If the individual is noted to be capable of self-medicating, an assessment should be present noting the individual's skills and needs. Any training needs and supports identified in the assessment should be provided and documented through a corresponding training plan.

If on the Health Care Record or within the ISP, the individual is not noted to be self medicating at this point in time and the physician or the provider has assessed the individual and determined that the person does not have the potential to become self-medicating in the near future, this indicator would be rated met. On the other hand, if the individual has not been assessed to determine whether they have the potential to be self-medicating, this indicator would be rated not met.

When it is so clear from both the perspective of the provider and DDS staff that the individual is not now nor will likely ever be able to self-medicate, DDS supports the elimination of unnecessary paperwork. The challenge, is where and how to draw the line. It is important to acknowledging an individual's potential, rather than ruling it out. In cases where there might be some doubt, a brief assessment should be done. If, however, the individual is not noted to be self medicating and due to intensive medical or cognitive needs self medication training is clearly not applicable to the particular individual, then a self-medication assessment may not be present and this does not need to be rated.

TOPIC: HUMAN RIGHTS (L48 – L73)

Indicator: L55 Informed consent is obtained from individuals or their guardians when required.
Date: 10/11
Question 1:
Is this indicator rated for all individuals?
Answer:
If there are no situations requiring consent, and no consent is necessary or present, then this indicator is not rated.

Date: 3/12
Question 2:
Under what conditions would one expect to see informed consent? What are the requirements for securing consent?
Answer:
According to DDS regulations 115 CMR 5.08, informed consent is required in the following circumstances:

1. Prior to admission to a facility,
2. Prior to medical or other treatment (informed consent must be obtained annually for routine medical and preventative treatment as well as prior to specific non-routine or preventative medical care, including use of psychotropic medications).
3. Prior to involvement of an individual in research activities,
4. Prior to initiation of Level II or III behavior modification interventions,
5. Prior to release of personal information to other agencies, providers or individuals.

When securing informed consent, it is the clinician's responsibility to explain the intended outcome of a procedure/ activity, the risks and side effects of the procedure, and alternatives. The person securing the consent should present the information in a manner that can be easily understood, offer to answer questions and explain that consent can be withheld or withdrawn at any time.

According to DDS regulations, whenever informed consent is required, it must be given freely without coercion or inducements of any kind. The consent should be in writing. It must be dated and will expire after the completion of the specific procedure for which it applies, or after one year for ongoing interventions. The written information should include the process used to obtain the consent, the name, position and affiliation of the person securing the consent, and a summary of the information provided to the individual.

For areas in which the DDS Provider employs the clinician who is securing the consent directly, he/she needs to ensure that the informed consent is obtained and properly documented. Records of informed consent need to be stored in an individual's confidential files, and renewed annually.

When the treating clinician is a private practitioner, not employed by a DDS Provider, securing consent is the responsibility of the community practitioner, and an individual's informed consent document is usually found in the medical record in the doctor's office. Sometimes, however, this consent is obtained verbally. The Provider should make every effort to facilitate the consent process.

Date: 3/12; revised 11/14

Question 3:

What items get rated within L-55?

Answer:

As medical treatment is typically conducted by a community practitioner, and obtaining consent for this treatment is the responsibility of the community practitioner, annual consent for routine medical and preventative health care or consent for surgery or specific treatments, are not usually reviewed here. Informed consent relative to level II behavior intervention plans is evaluated and rated as part of L-59, rather than here.

Therefore, the category noted above requiring consent most often reviewed here is the category release of personal information. Providers may obtain consent from the individual/ guardian for several reasons. Consent for the release of personal information must be secured prior to the distribution to others. The consent should be specific and individualized relative to which personal information is being released to which parties for what purpose. Providers must request that the individual consent to release of personal information to other agencies and providers.

Also reviewed within this indicator is whether written authorization is in place for use of photos, videos and the like. Media and photo consent is covered by a different regulation and there are certain requirements that need to be in place to ensure that the individuals "are not exposed to public view" without written agreement. Please refer to question #5 below for specifics.

If there are no circumstances warranting the pursuit of informed consent or if no consents are present, do not rate this indicator.

Date: 3/12; revised 11/14

Question 4:

What are the required components of informed consent? Relative to publication and distribution of publicity materials, how does a provider practically allow for the ability of someone to withdraw consent?

Answer:

This is a summary of the required criteria as noted in DDS regulations 5.08:

- The consent should be in writing and filed in the individual's record;
- The consent shall be dated and expire upon completion of the specific procedure for which it applies; in any event shall expire one year after it is signed;
- The written record should detail the procedures utilized to obtain consent, the name and position of the person securing the consent, and a summary of the information provided to the individual from whom consent is being secured (including items listed below);
- The person securing consent shall explain:
    1. The intended outcome and nature of the procedures, treatment, activity;
    2. The risks, benefits, and side effects, including the risks of not proceeding;
    3. The alternatives to the proposed treatment/ activity, including those offering less risk;
    4. That consent may be withheld or withdrawn at any time;
    5. Present the foregoing information in a manner which can be easily understood;
    6. Offer to answer any questions that the person may have.

Consents to Release of information to others should be specific as what information is being released and to who this information will be released/ distributed to.

Date: 11/14
Indicator: L-55 Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.
Question 5: What are the requirements for consent for media release, such as consent to have one's photo part of a brochure that gets distributed? Does this type of consent expire after one year?
Answer:
DDS informed consent regulations, 115 CMR 5.08, note that consent is needed prior to medical or other treatment, research, behavior modification, and release of personal information to others. By regulation, consent for these purposes expires upon the completion of the procedure, and in any event expires after one year.

Media and photo consent is addressed in a separate section of the regulations. The regulation governing this issue is 115 CMR 5.04 (2) which addresses the right to be protected from private and commercial exploitation, and provides that individuals have the right "not to be exposed to public view by photograph, film, videotape, interview, or other means unless prior written consent of the individual or guardian is obtained for each occasion of release, and the right not to be identified publicly by name or address without the prior written consent of the individual or guardian". This regulation contains no provision for expiration of the media consent after one year, as the consent is limited by the description of "each occasion of release". However, to the extent that release of the photo, or any additional information with the photo, constitutes a disclosure of personal/protected health information such disclosure requires a valid authorization from the individual or guardian.

For the purposes of obtaining consent to use one's photo as part of an informational brochure a one-time valid written consent/authorization will suffice provided it explicitly outlines the scope and duration of the consent and the intended usage. Rather than require a separate written consent/authorization each unique time the brochure is distributed, or the video watched, the provider should specifically outline within the original consent, the product/image being produced and prepared, the specific purposes for release, the parties to whom it is proposed for release, the duration for the use of the product/image, and the intended use(s) for the release (e.g. this photo will be used in a marketing brochure distributed to 1,200 Massachusetts businesses and/or the general public over the next two years). This detailed information needs to be explicitly outlined within the written consent/authorization from the guardian or individual to comply with 115 CMR 5.04(2)'s requirement for written consent for "each occasion of release." If a different product or different use of the same product (video; photo; interview) is later proposed which exceeds the scope of the original consent/authorization, a new

release for the new product/purpose is required. For example, re-airing a particular video could be included in an original consent, while the creation and distribution of a new video would require a new consent. Utilizing an existing video for a new purpose or duration may also require a new consent.

For more information on the requirements of informed consent and/or valid authorizations – see 115 CMR 5.08 and HIPAA Regulations, 45 CFR 164.508.

Indicator: **L 61 – Supports and health related protections are included in ISPs; and the continued need is outlined.**
L 62 – Supports and Health related protections are reviewed by the required groups.
Date: 10/11
Question:
What is considered a support? What is considered a support in need of HRC review?
Answer:
In general order of restrictiveness, many devices and equipment seems to fall into the categories listed below. The list includes a general description/ definition of each category, some examples, and what the requirements are for each. The categories are in hierarchical order with most normative and least restrictive groups listed first, and those requiring more safeguards noted later. Normative devices, medical treatment, and adaptive equipment are not considered supports and health related protections and are not rated in L61 or L62. If, however, use of any of these devices or equipment is resisted by the individual and the person needs some sort of holding or physical intervention to enforce the procedures listed below, the device and the plan to implement it over the individual's resistance would require further review including Human Rights Committee review. Any device or equipment which is utilized as an emergency or behavioral intervention will also have additional requirements.

- **Normative devices**
  Definition:
  Devices, tools, and equipment which are typically used within the community for anyone in the same situation and do not appear to require any unique care, treatment or training to either the individual or staff. These items are not considered supports, and do not require agreement through the ISP process or HRC review.
  Examples:
  Eye glasses; canes; seat belts in cars
  Requirements for implementation and review:
  Normative devices do not require agreement through the ISP process or HRC review.

- **Medical treatment; adaptive equipment**
  Definition:
  Devices and equipment prescribed by a health care professional for the treatment and/or the management of a medical or physical condition. These items are not considered supports. Treatment protocols should be reviewed and rated in L38.
  Examples:
  Sleep apnea equipment; g-tubes; teds; orthopedic shoes; hearing aids; catheters
  Requirements for implementation and review:
  - Inclusion and statement of agreement within the confidential file
  - HCP orders outlining rationale for use, criteria for discontinuance
  - Written directions for supporting the individual to use including items such as when to use, cleaning and care of device
  - Treatment protocols as appropriate
  - Evidence of staff training and knowledge

- **Supports; supportive protective devices**

  Definition:

  Supports are devices which are needed to achieve proper body position, balance and alignment, to permit the individual to actively participate in ongoing activities without risk of harm, or to prevent re-injury during healing. These items require the specific information and agreement through the ISP process. As they do not limit movement, HRC review is not required. Review and rate the use of these items within L61 and L62.

  Examples:

  Standard Walkers; Wheelchairs with no additional attachments; orthopedically prescribed appliances

  Requirements for implementation and review:

  - Inclusion and agreement through the ISP
  - Determined within the ISP to be the least restrictive alternative
  - The continued need for the device is outlined within the ISP
  - HCP orders outlining rationale for use, criteria for discontinuance
  - With the authorization and supervision of a qualified practitioner
  - Written protocol for use including items such as when to use, cleaning and care of device; documentation of use
  - Evidence of staff training and knowledge

- **Supports which limit movement**

  Definition:

  These are supports as noted above which are needed to achieve proper body position, balance alignment, to permit the individual to actively participate in ongoing activities without risk of harm, or to prevent re-injury during healing, but which limit movement during the process. A limitation of movement can take several forms – for example, keeping someone from accessing their environment through the use of bedrails to prevent someone from falling/ getting out of bed or limiting movement of a particular body part through use of a some sort of device, such as a brace. These items require agreement through the ISP process and HRC review. Review and rate the use of these items within L61 and L62.

  Examples:

  Bedrails; wheelchairs with seat belts; seatbelts on toilets; gait belts; helmets

  Requirements for implementation and review:

  - Inclusion in the ISP
  - Determined within the ISP to be the least restrictive alternative
  - The continued need for the device is outlined in the ISP
  - HCP orders outlining rationale for use, criteria for discontinuance
  - With the authorization and supervision of a qualified practitioner
  - Written protocol for use including items such as when to use, cleaning and care of device; documentation of use
  - Evidence of staff training and knowledge
  - Review by the Human Rights Committee

- **Health Related Protections**

  Definition:

  These are devices which are ordered by a HCP if absolutely necessary during a specific medical or dental procedure or for the individual's protection during a time that the individual is undergoing treatment pursuant to clinician's orders. These items require agreement through the ISP process and if the item limits movement, would require HRC review. Review and rate the use of these items within L61 and L62.

  Examples:

Cast; splints for broken bones

Requirements for implementation and review:

- Information on the underlying medical condition for which this is being used and the time-limited nature of the device
- HCP orders rationale for use, criteria for discontinuance
- With the authorization and supervision of a qualified practitioner
- Written protocol for use including items such as when to use, cleaning and care of device; documentation of use
- Evidence of staff training and knowledge
- Review by the Human Rights Committee if the health care protection limits movement

Indicator: **L65 Restraint reports are submitted within the required timelines.**
Date: 10/11
Question:
Must this indicator be rated for all providers and for all locations? How is this indicator rated?
Answer:
If the provider does not serve individuals requiring restraints, there were no restraints submitted for the past year and there were no identified restraints applied but not reported, do not rate this indicator.

Rating this indicator starts with a report of information pulled from HCSIS to review all the restraints filed in the past year. The report outlines four dates: the event date; the date the report was created; the date the report was submitted to the Area Office; the Human Rights Committee review date. This report is used to rate L65 and L66. In L65 an assessment of the submission and finalization timeliness occurs, while an assessment of HRC review occurs in L66.

Each restraint report must be created in 3 calendar days and finalized for area office review in 5 calendar days to be considered met. To arrive at the overall rating for the agency, the number of restraint reports where standard was met is divided by the number of restraints which occurred during the past year. Information is also collected at the locations. For example, when each location is visited, if there were restraints identified at the location as occurring but these had not been filed at all, these should be added in. For example, 100 restraints were pulled from HCSIS, 90 of which were submitted on time according to the report, and 5 additional restraints were revealed in the field and had not been reported. This would result in a score of 90 out of 105 restraints standard met. If 80% of restraints have been submitted within required timelines, the Provider would receive a standard met for this indicator.

Indicator: L66 All restraints are reviewed by the Human Rights Committee.
Date: 10/11
Question:
Must this indicator be rated for all providers and for all locations? How is this indicator rated?
Answer:
Rating this indicator starts with a report of information pulled from HCSIS to review all the restraint reports filed in the past year. The report outlines four dates: the event date; the date created; the date to the Area Office; the Human Rights Committee review date.

For L66, the date of HRC review is compared to the event date. As the HRC is expected to meet quarterly, but there needs to be time built in for forwarding the restraint reports, each restraint report should be reviewed by the HRC within 120 calendar days of the event date. The information received through this report can be validated at the Administrative Review when reviewing Human Rights Committee minutes. If 80% of restraint

reports have been reviewed by the Human Rights Committee within required timelines, the Provider would receive a standard met for this indicator.

Indicators: L68-L71 Several indicators which address support in financial management.
Date: 10/11
Question:
When the Provider is the Representative Payee for the individual, it seems that money information is present both at the site as well as at the administrative offices. How can the review be conducted comprehensively but efficiently without having to return each time to the administrative offices? Where is the indicator rated when the information is collected at different locations?
Answer:
As the provider is only notified of the specific sites and individuals in non-site based services to be audited on the first day of the survey, the provider cannot wait until the names have been identified to arrange for each individual's financial information to be located in one place. Starting with the initial planning process the provider must be encouraged to make all individual information for the past year available at the sites. The 45 day letter references this need. In addition the team leader needs to work with the provider liaison to ensure that all information is present at the locations so that a complete and efficient review of the individual's financial information can take place on site. At the orientation meeting, the provider will also be encouraged to begin preparations as early as possible.

In the event that the provider does not have all information available at the sites, the Team Leader will assign one or more surveyors to return to the administrative office on the last date of the survey to review each individual's financial information for rating. This will reduce the necessity of all surveyors returning. As the survey visits occur, the names of the individuals audited will be shared with the provider, so that the provider can better prepare. The expectation is that the on site time will still be limited to five days, even if a return visit to the administrative office is necessary. Regardless of where the information is assessed, the indicators will be rated through the individual audit process/ scoring screens.

Competent Workforce (L74 – L85)

Indicator: L76 The agency has and utilizes a system to track required trainings.
Date: 10/11
Question:
How is the indicator rated? Is it necessary to double check shift (e.g. CPR) and location (e.g. Formal Fire Safety –one per home) trainings at each of the locations as well? What happens when different information is found in the field?
Answer:
About one month prior to the Administrative Review the Provider is asked to provide a staff roster to the team which lists all employees including relief and care providers, specifying staff name, position, job title, work location, shift, and whether the employee has a specific role e.g. Formal Fire Safety Officer, CPR shift person. The Provider is expected to return this information to the team within two weeks.

A 10% sample of staff is randomly selected from this roster (up to 20 staff), and submitted to the Provider about one week in advance of the Administrative Review. This sample should include both staff with key roles (e.g. the Human Rights Officer) as well as staff that do not have a specific role. The Provider has one week to compile the direct training information on all trainings as listed below, and make that available to the team at the Administrative Review. For example, if an agency has 200 employees, 20 staff names will be given to the agency, and the review includes the following:

TRAINING REQUIREMENTS CHART

Training Required	**Residential 24 hour**	**Individual Home Supports < 24 hour but > 7 hrs**	**Placement Services**	**Respite**	**Work/ Community Support**
First Aid	All staff	All staff	Home Provider(s)	All staff	All staff
CPR	1 staff on duty each shift	N/A	Home Provider(s)	1 staff on duty each shift	1 staff on duty
Formal Fire Safety	1 staff per home	N/A	N/A	1 staff at location	1 staff at location
Fire Safety strategies	All staff	All staff	Home Provider(s)	All staff	All staff
Human Rights Officer	1 staff per home	At least 1 staff for all the homes/ service	At least 1 staff for all the homes	1 staff at location	1 staff at location
Medication Administration Certification	All staff administering medication	All staff administering medication	N/A	All staff administering medication	All staff administering medication

At the Administrative Review, the team assesses the presence of all trainings for all staff in the sample. The scores for the indicator are: # met / # rated. For example, 20 staff's training information was reviewed and 16 had been trained in mandated topics. Of the four staff that were not trained in everything necessary, two were missing First Aid, and two were missing fire safety. This would be scored as 16/20. If 80% or more have received all required trainings, it would be rated as standard met for the indicator.

There is no need to validate on site as shift and location information is identified earlier and reviewed at the Administrative Review. For example, when selecting staff to sample, if the designated Human Rights Officer, Formal Fire Safety Officer, CPR shift staff are not trained in that topic, this would be reflected as a not met for this person's training.

Indicator: L77 The agency assures that staff are familiar with and trained to support the unique needs of individuals.
Date: 10/11
Question:
Indicator L38, "Physicians' orders and treatment protocols are followed. (when agreement for treatment has been reached by the individual/ guardian/ team)" seems to have some overlap with this indicator. What is the difference? How is L77 assessed?
Answer:
The focus of L77 is on workforce competence, staff training, and familiarity with the individual's unique needs. Staff knowledge and training in various topics such as physical disabilities, mental health conditions, syndromes and teaching techniques is assessed here. In addition, staff must be able to communicate an understanding of the unique aspects of the individual and be able to incorporate this general training information into everyday practices. For example, when working with someone who has cerebral palsy, staff must be trained in cerebral palsy and be also must be knowledgeable in unique ways to support the individual in everyday life.

L77 encompasses an evaluation of staff's training and understanding of the entire array of individual's unique needs, inclusive of training and familiarity with someone's non-medical needs. For example, review of staff's knowledge and training in how to consistently teach appropriate social skills at the dinner table would be assessed in L77 while specific protocols related to swallowing disorders would be assessed in L38.

While there is some overlap between the indicators, the primary emphasis here is training and staff competence rather than implementation of specific medical protocols. Therefore diabetes training to staff would be evaluated here, and if the individual had any specific protocols to address this diagnosis, implementation would be rated elsewhere.

Indicators: L77 The agency assures that staff are familiar with and trained to support the unique needs of individuals.
L78 Staff are trained to safely and consistently implement restrictive interventions.
Date: 10/11
Question:
Mandated training is reviewed organizationally through a 10% training sample. For training indicators which are reviewed at the various locations, how does the training review occur and how many staff are reviewed to ensure that staff are adequately trained?
Answer:
These indicators require the surveyor to review training for staff working at the location but not through a review of each staff person's separate training certificates in each of his/her record. Typically, training relative to the unique needs of each person, is maintained in a retrievable format within the confidential file such as through sign-offs on the specific plans and protocols, e.g. social skills plan or behavior intervention plan. In addition, staff meeting minutes, staff logs, clinical meeting notes, with attendance noted, and other such forums, are documentation that can be utilized to assess staff training. Given this, the surveyor would look for documentation that all staff have been trained in these areas through documentation which is maintained either at the individual and/or the site level. In addition to assessment of staff training, one staff is required to be interviewed to answer several of the indicators within this competent workforce section. The interview is conducted to assess that staff are able to communicate and demonstrate knowledge and familiarity with the interventions that they have been trained in.

Indicator: L85 The agency provides on-going supervision and staff development.
Date: 3/12
Question:
How is this indicator assessed for locations in general and for care provider homes?
Answer:
Multiple pieces of information are collected and utilized to assess this indicator. This indicator assesses whether the overall coordination, supervision, and support for the specific location is occurring. For example, is the (house) manager providing support to direct service staff on a regular and ongoing basis such that communication is clear and systems and routines are consistently implemented? The agency is expected to ensure that policies and procedures and systems that are established on an agency-wide basis, are being implemented across each location. Often agencies have established protocols and procedures in the following areas: money management, medication administration, maintenance and repair, health care, communication, human rights, staff training, supervision and individual support strategy implementation. Monthly financial audits of homes, medication reviews, individual supervision, and monthly group staff meetings are some of the mechanisms generally established to ensure that direct support staff receive the ongoing support and supervision to perform their job duties. A rating of not met would be appropriate if there was evidence that the location did not have an adequate system of supervision, management, and over sight in place. For example, staff meetings,

routine medication, maintenance, and financial over sight and staff supervision were not occurring at this location. Another example, if the House manager did not identify that numerous errors within the home were attributable to one or two particular staff members, and did not provide sufficient supervision to improve the performance of these staff, this indicator should be rated not met.

The Placement Service is expected to visit each care provider home at least monthly. Monthly visits should include a review of the general environment, as well as health and safety. In addition to monthly visits, the agency has a key role to provide over sight, establish frameworks and systems, and review of such items as medications and money management in each home. The agency is also expected to ensure that each care provider is trained in mandated areas, and is supported on an ongoing basis through supervision, guidance, and communication. Monthly visits, and adequate over sight, monitoring, and training must be in place.

TOPIC: GOAL DEVELOPMENT AND IMPLEMENTATION (L86 – L88)

Indicator: L86 Assessments are submitted on time.
Date: 10/11; replaced 10/14
Question:
How is the determination made that assessments were completed and sent on time?
Answer:
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." Rating on this indicator is based on information obtained from HCSIS for all ISPs performed after February 2, 2014. For ISPs performed between September 2013 and February 2014, we will continue to rely on the Provider to point us to documentation that reflects the date of Provider submission, the notification date, and the ISP date.

In the event that notification of the ISP is not on time, 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.

This has been the practice since 2011, and will continue to be the practice - In the event that the Notification (letter) was either not present or provided less than 30 days notification of the ISP, the Provider would not have been able to submit any assessments because the Service Coordinators must send the request before providers can begin the assessment. Therefore, in this situation, the surveyor should "not include in scoring". 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.

Indicator: L-87 Support Strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.
Date: 10/14
Question:
How is the determination made that the proposed objectives and support strategies were completed and sent on time?
Answer:
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 proposed objectives and support strategies, which must be submitted 15 days prior to the ISP meeting. Surveyors will review the notification date, the date that the proposed objectives and

support strategies were submitted, and the ISP date. If there is evidence that the proposed objectives and support strategies were submitted at least fifteen (15) days prior to the ISP, then the indicator is rated "standard met." Rating on this indicator is based on information obtained from HCSIS for all ISPs performed after February 2, 2014. For ISPs performed between September 2013 and February 2014, we will continue to rely on the Provider to point us to documentation that reflects the date of Provider submission, the notification date, and the ISP date.

In the event that notification of the ISP is not on time, 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 the Notification (letter) was either not present or 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.

CERTIFICATION INDICATORS
TOPIC: PLANNING AND QUALITY MANAGEMENT (C1-C6)

Indicators:
C1 - The provider collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.
C2 - The Provider analyzes information gathered from all sources and identifies patterns and trends.
C3 – The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services.
C4 – The provider receives and utilizes input received from internal systems, DDS and other stakeholders to inform service improvement efforts.
C5 – The provider has a process to measure progress towards achieving service improvement goals.
C6 – The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans.
Date: 10/11
Question 1:
How are these organizational indicators which are based on one standard met vs. standard not met evaluated for the organization? Unlike the past organizational rating where a score of partially achieved could be given, scoring is now either met or not met. It is therefore hard to rate for providers in situations when some aspects are in place while others are not. Also, it is hard to assess these indicators for smaller agencies who may demonstrate positive outcomes but do not always have established planning activities, have not formally identified patterns and trends, and/or have not clearly documented service improvement goals and strategies to actualize these goals.
Answer:
The planning and quality management indicators follow a general service improvement cycle in which data is collected on quality, standards and goals are set for improvement (design), an assessment is performed to compare performance with goals and standards (discovery), actions are taken to improve quality (remediation), and re-assessment to compare new performance with standards occurs (improvement). The cycle then repeats, such that new data might prompt new quality goals and actions. For the most part, each of the certification indicators assesses the provider's ability to take actions on each of these various aspects of the quality cycle. While there is currently no partially achieved rating, the discrete nature of the indicators makes it possible to rate some indicators standard met, while others are not met, when some aspects are in place while others are not.

Many of these indicators rely on documentation, for example the criterion for standard met in C6 is "There are **documented** mechanisms in place to plan for future directions in service delivery and strategies are in place to actualize plans". Documentation does not have to be in a specific form nor does it need to be particularly elaborate. However items such as future goals and current strategies to meet these goals should be outlined and clearly delineated in writing. In addition, there should be some sort of information loop and process, in other words the agency needs to measure progress towards service improvement goals, and then utilize this information. Strategies can then be altered as needed to improve effectiveness in meeting goals. This should not adversely impact smaller agencies as long as the agency has established planning activities, identified patterns and trends in writing, and has clearly documented service improvement goals and strategies to actualize these goals.

Date: 10/11

Question 2:

There seems to be tremendous overlap between each of these indicators. Can you summarize what each indicator is intending to measure? In particular, some indicators focus on the provider's internal quality improvement process, while others focus on long-term strategic planning. Both are recognized as important and should be measured. For example, there are agencies who make exceptional improvements to systems subsequent to a problem but have not established formal goals, developed planning activities, and/or have not clearly documented strategies to actualize these goals.

Answer:

Recognizing that there is some overlap, the following is a brief summary of the focus for each indicator:

- **C1 –** Internal data collection including data on program quality. As noted above, the provider needs to have some mechanism to collect information on service quality. The tool notes that there is no specific requirement for the type or format of programmatic data that needs to be collected, but that this should be additional information beyond that which is collected through the incident management process.
- **C2** - Provider analyzes information gathered from all sources. This indicator begins where C1 leaves off and is not about gathering data, but rather this indicator focuses on the Provider's ability to analyze the information and to identify patterns and themes. This indicator measures the provider's ability to prioritize areas and design service improvement goals. For example, as a result of determining that individuals were using the community only once per month, the agency reviewed community activity systems, identified several gaps, designed a service improvement goal to increase the number of community activities that individuals were offered in the future through increases in training and over sight.
- **C3** – This indicator appears similar to C1 and C2, as it is both about gathering and about utilizing information. However, the focus for C-3 is on how the Provider receives and uses input from their primary stakeholders – the individuals and families. For instance, is the provider actively soliciting input from the individuals and families through use of satisfaction surveys, family forums, self-advocacy initiatives and /or other informal mechanisms, to learn about and improve their satisfaction with services? In addition, once information is collected does the provider utilize this family/ guardian feedback to identify patterns and then to establish service improvement goals based on guardian feedback. It is important to note that the provider needs to make efforts to obtain information regarding satisfaction with **each type of services** from all individuals and guardians.
- **C4 –** This indicator appears to overlap with both C1 and C2, as it is both about gathering and about utilizing information. However, the focus for C-4 is on how the Provider gathers and uses input from external sources such as DDS and other stakeholders to inform service improvement efforts. The provider is evaluated to determine whether it uses the information shared in annual contract reviews, feedback from site visits and development of performance based objectives in on-going service improvement efforts. For example, DDS often provides input to providers to expand service

improvement efforts in the areas of increasing employment opportunities and community activities. An assessment of the how the provider is acting on this information is made here.

- **C5** – Once information is obtained from the analysis done within C-2 through C-4, (through utilization of internal information, and guardian and DDS input), this indicator looks at whether the provider has a process to set specific service improvement targets and to measure progress towards achieving these goals. An agency need not address all areas identified at once, but need to focus their efforts on those they consider priorities. The agency should have a process for determining service improvement targets. Regardless which service improvement targets have been selected, the provider's ability to improve quality over time and across the provider's entire compliment of services is evaluated within this indicator. For example, once the provider has identified issues with the management of people's money, targeted a decrease in financial incidents, and set up better systems, how does the provider measure their success, for instance, is the provider tracking progress to ensure that there is a decrease in the number of thefts? In another example, the provider develops and implements fall prevention strategies and measures the number of falls as a result of this continuous quality improvement efforts. Also reviewed within this indicator is the provider's ability to make mid-course corrections should the necessity arise.
- **C6** – The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans. This indicator assesses the provider's ability to and conduct long range planning by setting and following a strategic plan. For example, a provider may establish and implement a five year plan to close their sheltered workshops and provide a greater focus on competitive employment. This indicator stands separate from the continuous improvement cycle, and measures the provider's ability to engage in long range planning activities, project a future vision to improve service quality, and implement a strategic plan which includes programmatic improvements.

The following summarized example is offered to assist in decreasing confusion concerning the overlap of indicators. The provider gathers MORs from the HCSIS system (C-1). The provider reviews the MOR data, analyzes it, and discovers that most MORs occur at 3pm to 4pm when individuals return from work and are very busy (C-2). In C-5, the provider sets a goal of reducing the occurrence of MORs and measures progress in reaching the goal after 6 months. After 6 months, the provider reviews the data and discovers that MORs have been reduced by 30%.

TOPIC: SUPPORTING AND ENHANCING RELATIONSHIPS (C9 – C12)

TOPIC: CHOICE AND GROWTH (C13 – C21)

TOPIC: CAREER PLANNING, DEVELOPMENT, AND EMPLOYMENT (C22 – C39)
Indicators: All -C22-C37
Date: 3/12
Question 1:
How are these indicators further defined as there seems to be significant overlap in them?
Answer:
Providers of employment and center based work services are expected to provide a broad range of supports as outlined in Indicators C22 – C37. Each indicator outlines expectations for the provider to meet. For instance, there are separate standards relative to job assessment, acquisition, and retention. Where an individual is on the continuum of having a job of interest will determine which of the indicators apply to a specific individual's situation. Please see Work Indicator Scenarios section of this Interpretations guideline document (page 30) which identifies which indicators apply to different situations. There is no additional guidance on C26, C2, C31 and C33 beyond that which is outlined in the tool.

Indicator C22 – *Staff have effective methods to assist individuals to explore their job interests.*
This indicator focuses on assessment of job/employment interests –**applies to Employment and CBW**

1. Interest assessments completed or updated within the past year.
2. Discovery process to help person get to know herself/himself in terms of job interests
3. Use variety of means to explore job interests including interest inventories, job tours, informational interviews, job shadows, etc.
4. 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.
5. Methods of exploration must be customized to the specific needs of the individual, such as communication style and preferences.
6. A wide array of possible jobs and careers must be explored based on the person's interest.

Indicator C23 - *Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.*
This indicator focuses on assessment of skills and training needs –**applies to Employment and CBW**

1. Skill assessments completed or updated within the past year.
2. Discovery process to determine individual's strengths and abilities
3. Skills assessments must focus on both what a person can do and not only on what they cannot do.
4. Must assess both skills and support needs.
5. 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.
6. Assessments must accommodate person's unique learning and communication styles
7. 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.

Indicator 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 –**applies to Employment and CBW**

1. A well thought out plan is the foundation to success in finding and obtaining employment
2. The plan must be based on the assessments of job/employment interests and of skills and training needs
3. The plan should identify job goals and support needs.
4. The plan must be tailored to the skill set of the job/career interest.
5. Employment goals addressed in the plan must also be identified within the individual's ISP.

Indicator C25 – *Staff assist individuals to work on skills development for job attainment and success.*
This indicator focuses on plan implementation **– Applies to Employment and CBW**

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

Indicator 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 – **Applies to Employment and CBW**

1. Both individuals and families should receive basic education about the benefits.
2. 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.
3. Efforts should be made to address any issues raised.
4. 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.

Indicator C29 – ***Individuals are supported to obtain employment that matches their skills and interests.***
This indicator focuses on obtaining employment **– Applies to Employment**

1. Typically one would hope to see an individual actively pursuing employment after 3-4 months of beginning an employment service.
2. 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.
3. 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 in the newspaper, the focus is on what is occurring toward obtaining outside employment and should include outreach and networking efforts.
4. 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 week vs. a 40 hour week), how far they want to travel, and the times they want to work (mornings vs. afternoons, etc.), attributes of company.

Indicator C30 – ***Individuals are supported to work in integrated job settings.***
This indicator focuses on support to work in integrated settings **– applies to Employment**

1. 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."
2. Should include regular contact with co-workers who are not disabled in line with the same opportunities of others employed in a similar position (landscape crew or motel cleaner may have less opportunities by virtue of the job).
3. Should include social interactions with co-workers at the work site in line with others in a similar position.

Indicator C32 - ***wages earned are in accordance with at least minimum wage or the prevailing wage rate.***
This indicator focuses on support to be paid the prevailing pay rate under DOL or minimum wage. - **Applies to Employment**

1. If the individual is doing 100% of the job they should be paid a comparable wage as others doing the same job, in line with the company's pay scale; e.g. entry level pay vs. 5 years in the job. Providers should be knowledgeable about the salaries of others in a comparable position in the company and the schedule for pay raises.
2. If the individual is not able to do 100% of the job and is paid less than minimum wage, they should be paid the prevailing wage rate as determined under DOL requirements. This should be rated under L72

Indicator 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 **– Applies to Employment and CBW**

1. Individual is receiving the necessary support to be successful at this time.
2. 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.
3. The plan is being implemented as needed.
4. The individual is a partner in determining the level of support needed.

Indicator 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. – **Applies to Employment and CBW**

1. Feedback should be given at a minimum, annually, and more frequently if this is consistent with feedback to other employees.
2. Feedback should be clearly documented.
3. If the provider is the employer, they are responsible for providing the feedback.
4. 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.

Indicator C36 – *Ongoing supports are provided to enhance job retention and advancement.*
This indicator focuses on ongoing support to enhance job retention and advancement **– Applies to Employment**

1. Focuses on security and movement within the place of employment.
2. Employer needs to know how to contact the agency if additional or renewed supports are needed.
3. There must be a schedule of on-going check-ins with the employer and individual to monitor status and performance issues in a timely manner.
4. If the agency is still working on C34, there should be a plan of how contact is maintained to ensure success once the least intrusive level of support is achieved.
5. 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.
6. 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.

Indicator C37 – *There is support to develop appropriate work related interpersonal skills.*
This indicator focuses on support to develop appropriate work related interpersonal skills **– Applies to Employment, CBW and CBDS**

1. Interpersonal/social skills may have been evaluated in C23
2. When identified, there are clear strategies for supporting the individual to develop appropriate interpersonal skills
3. If there is a specific ISP objective relative to social skills, the provider must develop and implement support strategies to meet that objective.

4. The agency must have developed strategies for generally supporting individuals to enhance work related interpersonal skills when needed. This might be more necessary in center based work and community based day supports.
5. 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
6. If the employer indicates difficulties in interpersonal interactions, the agency develops and implements strategies to address.
7. Areas of support may include, but not be limited to attire for work, interpersonal skills with co-workers/supervisors, discrimination and sexual harassment.

Indicators:
C-22 Staff have effective methods to assist individuals to explore their job interest.
C-23 Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.
C-24 There is a plan developed to identify job goals and support needs.
C-25 Staff assist individuals to work on skill development for job attainment and success.
Date: 3/12
Question 2:
These indicators seem integrally related such that if one is not in place, the others are also likely to be not met. Can you explain?
Answer:
Rating Hierarchy
When an individual does not yet have employment in a job of choice, the series of work indicators (C22 – C25) have the foundational indicators of:

- C22 – Staff have effective methods to assist individuals to explore their job interests.
- C23 – Staff utilize a variety of methods to assess an individual's skills and training needs in employment.

C22 and C23 provide the foundation for developing a good plan and strategy implementation for employment success. Therefore, iff either of these indicators are rated "standard not met" the indicators following them (C24 and C25) must also be rated "standard not met."

Indicators: All C22-C37
Date: 3/12
Question 3:
These indicators seem to reflect various components in the hierarchy from job assessment, to job attainment, to job independence and growth. Are all indicators rated for all individuals?
Answer:
The employment indicators in the tool are generally outlined in sequential order going from assessment indicators to job pursuit activities and to job placement in a job of interest followed by job retention and advancement indicators. An employment service must be able to provide support in all these areas. However, every indicator may not apply to every individual. Where a particular individual is in the job placement continuum will affect which indicators apply.

Where an individual is on the continuum will determine which of the indicators apply as services to individuals who are just beginning to develop job skills and explore their job interests will differ from services to those who are competitively employed but need additional support to acquire a better job. Therefore, several scenarios were developed to describe typical situations and offer guidance on considerations for rating and the indicators that may be applicable.

Scenario #1

The individual is currently in a job in his/her area of interest and has been in the job more than 2 years.

Indicators in this scenario focus on job retention and advancement. If the individual has been in a job for over 2 years surveyors would not necessarily need or expect to see the assessments when evaluating this scenario. However, it would be important for providers to proactively check in, through their on-going follow-up to determine whether an individual remains content with their job or is interested in something else such as a change in their job the job location, number of hours, work hours, etc. This should be done at least annually, possibly through the annual review, although a provider may have other mechanisms for obtaining this information such as vetting through the ISP.

Relevant indicators are:

- C28 - Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.
- C30 – Individuals are supported to work in integrated job settings.
- C31 – Accommodations and adjustments are made to enable an individual to perform his/her job functions.
- C32 - Wages earned are in accordance at least minimum wage or the prevailing wage rate.
- C33 – Employee benefits and rights are clearly explained to the individual.
- C34 – The agency provides the optimal level of support to promote success with a specific plan for minimizing supports.
- C35 – Individuals are given feedback on job performance by their employer.
- C36 – Ongoing supports are provided to enhance job retention and advancement. *This should include determining whether an individual remains happy with the various aspects in their employment and/or current career.*
- C37 – There is support to develop appropriate work related interpersonal skills.

Scenario #2

The individual is currently in a job in his/her area of interest and has been in the job less than 2 years.

Indicators for this scenario focus on all of the activities on the continuum of successfully having a job of interest.

Relevant indicators are:

- C22 – Staff have effective methods to assist individuals to explore their job interests.
- C23 – Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.
- C24 – There is a plan developed to identify job goals and support needs.
- C25 – Staff assist individuals to work on skills development for job attainment and success.
- C28 - Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.
- C29 – Individuals are supported to obtain employment that matches their skills and interests.
- C30– Individuals are supported to work in integrated job settings.
- C31 – Accommodations and adjustments are made to enable an individual to perform his/her job functions.
- C32 - Wages earned are in accordance at least minimum wage or the prevailing wage rate.
- C33 – Employee benefits and rights are clearly explained to the individual.
- C34 – The agency provides the optimal level of support to promote success with a specific plan for minimizing supports.
- C35 – Individuals are given feedback on job performance by their employer.
- C36 – Ongoing supports are provided to enhance job retention and advancement.
- C37 – There is support to develop appropriate work related interpersonal skills.

Scenario #3

The individual is in a job, but not in his/her area of interest, the area of interest is not known by the agency, or the job does not meet the individual's interests in other aspects, such as number of hours employed.

Staff should be knowledgeable or learning (if the individual recently came to the agency with their job) about the individual's specific job interests and skills and actively working towards moving the individual into a job of interest. There should be evidence that the person is not dead ended in a job just because it is a job, although not one that meets the individual's specific interests.

Relevant indicators are:

- C22 – Staff have effective methods to assist individuals to explore their job interests.
- C23 – Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.
- C24 – There is a plan developed to identify job goals and support needs.
- C25 – Staff assist individuals to work on skills development for job attainment and success.
- C28 - Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.
- C29 – Individuals are supported to obtain employment that matches their skills and interests.
- C30– Individuals are supported to work in integrated job settings.
- C31 – Accommodations and adjustments are made to enable an individual to perform his/her job functions.
- C32 - Wages earned are in accordance at least minimum wage or the prevailing wage rate.
- C33 – Employee benefits and rights are clearly explained to the individual.
- C34 – The agency provides the optimal level of support to promote success with a specific plan for minimizing supports.
- C35 – Individuals are given feedback on job performance by their employer.
- C36 – Ongoing supports are provided to enhance job retention and advancement.
- C37 – There is support to develop appropriate work related interpersonal skills.

Scenario #4

The individual is not yet in a job as he/she is new **and has been with the agency for less than 3 – 4 months** and is in the initial process of assessment and job exploration.

This would be the time when the provider should be focusing on getting to know the individual, their interests, skills and support needs.

Applicable indicators are:

- C22 – Staff have effective methods to assist individuals to explore their job interests.
- C23 – Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.
- C24 – There is a plan developed to identify job goals and support needs.
- C25 – Staff assist individuals to work on skills development for job attainment and success
- 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.
- C27 – Individuals and families are encouraged and supported to understand the benefits of integrated employment.
- C28 – Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.
- C37 – There is support to develop appropriate work related interpersonal skills.

Scenario #5

The individual has been with the provider longer than 3 -4 months but is not yet employed or is again unemployed.

Indicators focus on all activity over the past 2 years. The provider should have well developed assessments for the individual (or reassessments if the individual previously had a job), and clear evidence of activity to find the person a job that meets their interest. If the original assessments occurred prior to one year, this should have been revisited within the past year, in line with the ISP timeline, to ensure support is based on current information. The extent of the job procurement activity would depend on how long the person has been out of the assessment and planning stage. Indicator C30 would always be rated "not met" since the individual is not working in an integrated setting.

Applicable indicators are:

- C22 – Staff have effective methods to assist individuals to explore their job interests.
- C23 – Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.
- C24 – There is a plan developed to identify job goals and support needs.
- C25 – Staff assist individuals to work on skills development for job attainment and success
- 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.
- C27 – Individuals and families are encouraged and supported to understand the benefits of integrated employment.
- C28 – Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.
- C29 – Individuals are supported to obtain employment that matches their skills and interests.
- C30– Individuals are supported to work in integrated job settings.

- C31 – Accommodations and adjustments are made to enable an individual to perform his/her job functions.
- C32 - Wages earned are in accordance at least minimum wage or the prevailing wage rate.
- C33 – Employee benefits and rights are clearly explained to the individual.
- C34 – The agency provides the optimal level of support to promote success with a specific plan for minimizing supports.
- C35 – Individuals are given feedback on job performance by their employer.

Scenario #6

The individual graduates out of the school system and comes to the agency with a job for which they need support.

Indicators in this scenario focus on both assessment and job support. Even though the agency's job is to support the individual in their current employment, it is important that the agency have a good understanding of the individual and whether this job meets their interests. The individual may come with comprehensive assessments done within the past year, so that additional comprehensive assessments are not needed. However, if they do not come with timely comprehensive information, the agency should complete new assessments so they can best support the individual in employment of interest.

Applicable indicators are:

- C22 – Staff have effective methods to assist individuals to explore their job interests. *(Indicators C22 – C23 should be rated and could receive a rating of "meets" even if the assessments were done by the school system.*
- C23 – Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.
- C28 – Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.
- C29 – Individuals are supported to obtain employment that matches their skills and interests.
- C30– Individuals are supported to work in integrated job settings.

- C31 – Accommodations and adjustments are made to enable an individual to perform his/her job functions.
- C32 - Wages earned are in accordance at least minimum wage or the prevailing wage rate.
- C33 – Employee benefits and rights are clearly explained to the individual.
- C34 – The agency provides the optimal level of support to promote success with a specific plan for minimizing supports.
- C35 – Individuals are given feedback on job performance by their employer.
- C36 – Ongoing supports are provided to enhance job retention and advancement.
- C37 – There is support to develop appropriate work related interpersonal skills.

TOPIC: MEANINGFUL AND SATISFYING DAY ACTIVITIES (C40 – C45)

II. INTERPRETATIONS TO THE RATINGS

TOPIC: RATING INDICATORS THAT RELATE TO EACH OTHER
Date: 10/11
Question:
Sometimes information can be rated in more than one place. Is information rated every place it applies? Alternatively, if rated only once, how is a determination made as to where something should be rated?
Answer:
Information typically is utilized once in rating by selecting the relevant indicator to rate. However, at times information collected in one area may affect the rating of several indicators. For example, there are some indicators that are foundational from which, if that indicator is not met it, more than likely it will mean that the standard will not be met for other subsequent indicators. Indicator L57 states that "All behavior plans are in a written plan." Other indicators relating to behavior plans and restrictive interventions include: L58 (all behavior plans contain the required components), L59 (behavior plans have received all the required reviews), and L60 (data are consistently maintained and used to determine the efficacy of behavioral interventions). Of these, L57 (all behavior plans are in a written plan) is the foundational indicator from which other indicators are built upon. If evidence is discovered that a behavior plan has not been developed as required, L57 would be rated "standard not met". Chances are strong that the other indicators would not be present (e.g. no review by the HRC) and as such should also be rated not met. When scoring, comments should reflect that the standard was not met on these other indicators as a result of the plan not being present.

The same interpretation holds when evaluating and rating indicators such as supports and health related protections and medication treatment plans.

It is also possible that information will be obtained once but utilized in rating more than one indicator, each of which gets rated independently. For example, if an individual has a feeding tube used for both medication and nutrition, information collected on the use of this device might be factored into rating separate items, such as rating L39 (special dietary requirements are followed) when the feeding tube is used for nutrition, and rating L82 (medications are administered by licensed professional staff, MAP certified staff … for individuals unable to administer their own medication) when indicating whether staff have the proper training to administer the medication, and rating L46 (all prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Sheet) when assessing whether the medication was administered properly.

TOPIC: WHEN LICENSURE INDICATORS ARE NOT APPLICABLE
Date: 10/11

Question:
When is it appropriate not to rate a licensure indicator?
Answer:
Many indicators are designated for specific services. Indicators and service applicability are clearly outlined on the "Indicator with Applicability by Service Type" chart. However, there has been confusion as to whether some indicators could be rated "not applicable." There are times when an indicator that applies to all services or within a specific service type could potentially be rated as "not applicable." To the extent possible, every effort must be made to collect information and rate the indicator. The following is a list of indicators that potentially could be "not rated", when the indicator does not apply and/ or when there is not sufficient information to assess the indicator.

L3 – Immediate action is taken to protect the health and safety of individuals when potential abuse/neglect is reported. – (organizational indicator). This indicator is only rated when there are Complaints that have been filed in the past year. If there were no complaints filed, this indicator would not be rated. All Immediate Actions on Complaints filed in the past year are reviewed organizationally up to a cap of 15.

L4 – Action is taken when an individual is subject to abuse or neglect. – (organizational indicator) This indicator is rated when Actions on Complaints filed have been issued in the past year, up to a cap of 15. Complaints with Action Plans are reviewed to ensure that Actions are carried out. In the event that there were no Complaints for the past year, or no Action Plans issued, this indicator would not be rated.

L19 – Bedrooms for individuals requiring hands on physical assistance to evacuate or who have mobility impairments are on a floor at grade or with a horizontal exit. – This indicator is only rated when the location supports individuals who require physical assistance to evacuate or who have mobility impairments.

L27 – Swimming pools are safe and secure according to policy – This indicator is only rated when the location has a swimming pool.

L36 – Recommended tests and appointments with specialists are made and kept – This indicator is rated when specialty test, lab work, and appointments have been recommended. It is not rated when there have been no recommendations made.

L38 – Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team – This indicator is rated when there are orders and/or treatment protocols to be followed or there is evidence that there should be a written protocol in place.

L39 – Special dietary requirements are followed – This indicator is rated when an individual supported at a site has special dietary requirements.

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 – This indicator is rated when there is a restrictive practice in place affecting more than one individual.

L57 – All behavior plans are in a written plan – This indicator is rated when there is a behavior plan or there is evidence that there should be a behavior plan.

L61 – Supports and health related protections are included in ISP assessments and the continued need is outlined. – This indicator is rated when there is an identified support and/or health related protection or one that should have been identified.

L63 – Medication treatment plans are in written format with required components – This indicator is rated when there is a medication treatment plan or evidence that there should be one.

L65 – Restraint reports are submitted within required timelines – (organizational indicator) This indicator is rated when restraint reports have been completed or should have been completed in the past year.

L66 – All restraints are reviewed by the Human Rights Committee – (organizational indicator) This indicator is rated when restraint reports has been completed or should have been completed.

L67 – There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility – This indicator is rated when there is or should be a written money management plan.

L72 – Sub-minimum wages are earned in accordance with Department of Labor (DOL) requirements for compensation – This indicator is rated when individuals are earning sub-minimum wages.

L73 – The provider has a current DOL certificate - This indicator is rated when individuals are earning sub-minimum wages.

L82 – Medications are administered by licensed professional staff or by MAP certified staff (or by authorized PCA staff) for individuals unable to administer their own medications – This indicator is rated when individuals are unable to administer their own medications.

L84 – Staff are trained in the correct utilization of health related protections per regulation – This indicator is rated when there is an identified health related protection.

TOPIC: LICENSURE ADMINISTRATIVE REVIEW INDICATORS
Date: 10/11
Question:
Sometimes information is collected in one place, but rated in another. For instance, sometimes information is collected at the corporate address but used to inform a rating for each of the locations audited. Sometimes the reverse is true such that the information is collected at the various locations but rated once for the organization. Can this be explained more simply?
Answer:
The following indicators are the only ones rated administratively. All other indicators are rated either for the location or the individual audited. Often information is collected and/ or validated in several places before rating it once for the organization, therefore specific instructions for collection of information is noted below.

Organizational:

		Specific instructions
L2	**Abuse /neglect reporting**	Collect info. On site Review organizational info. To determine whether any unreported complaints Rate: no. of sites and situations met/ no. of sites and situations reviewed
L3	Immediate action	Collect info. On the allegations reported and immediate actions taken Rate: no. where immediate actions met/ no. reviewed
L4	Action taken	Collect info. On the no. action plans issued and taken Rate: no. actions met/ no. reviewed

L48	HRC	Rate: no. HRCs met/ no. reviewed (some providers have more than one HRC)
L65	Restraint report submission	Collect HCSIS info. On the no. of restraints reported to date Review sites to determine whether there are any unreported restraints Rate: no. timely restraints/ no. restraints and situations reviewed
L66	HRC restraint review	Collect HCSIS info. On the no. of restraints reported up to 120 days prior Rate: no. timely restraints/ no. restraints reviewed
L74	Screen employees	Take 10% sample of new employees Rate: no. of people met/ no. people reviewed
L75	Qualified staff	Take 10% sample of credentialed/ licensed employees Rate: no. of people met/ no. people reviewed
L76	Track trainings	Take 10% sample of employees Rate Here: no. of people met/ no. people reviewed
L83	HR training	Take 10% sample of employees Rate: no. of people met/ no. people reviewed

TOPIC: FOLLOW-UP ON LICENSURE ADMINISTRATIVE REVIEW INDICATORS
Date: 10/11
Question:
The ten indicators above are rated once and then used to determine the licensure level for each service grouping (e.g. Residential / Individual Home Supports and Employment / Day Supports). The Provider conducts follow-up if the Service Grouping receives 90% or more indicators standard met, while DDS conducts follow-up in all other situations. When follow-up is being conducted for one service grouping by QE and for another service grouping by the Provider, who performs follow-up on the administrative indicators and how is this rated at follow-up?
Answer:
When follow-up is conducted by both QE and the Provider, QE will assess the progress and rate the organizational indicators. For example, if the indicator related to staff training (L76) required follow-up, QE would re-sample staff across the entire provider to ensure that staff were now adequately trained. The provider, in conducting follow-up should also note their progress on meeting the organizational indicators and make note of activities performed subsequent to the Service Enhancement meeting within the section "process utilized to correct and review indicator", but do not need to rate the indicator.

TOPIC: INFORMATION ABOUT A PROVIDER'S NON-LICENSED SERVICES
Date: 10/11
Question:
When pulling information out of HCSIS e.g. Investigations; MORs, information about a Provider's Day Hab. Services/ individuals is also included. Sometimes the incident report, investigation, MOR, etc. pertains to individuals also served within other licensed services e.g. a person served in CBDS and Day Hab. However, sometimes it does not e.g. Investigations concerning a day habilitation program located separately and serving different individuals. Should information derived from non-licensed services be included in the review?
Answer:
If the service is not licensed, surveyors have no authority to review information pertaining to that service. Should there be a question about this delineation, e.g. incidents for individuals who also spend time at the CBDS, the surveyor would look for information from the Provider to demonstrate that these occurred within the

non-licensed program. Alternatively if it is clear that these occurred at / during a licensed service, or if some ambiguity still remains that these occurred within a licensed service, the information would be incorporated in the review.

III. INTERPRETATIONS TO THE PROCESS

SEQUENCE: ON-SITE
Process: Selection of alternate individual to rate "specialty indicators"
Date: 10/11
Question:
What should occur when the individual whose services are being audited does not contain information to answer the indicator or the set of indicators? For example, if auditing one person's health care and the individual selected is not on a special diet (as measured in L39).
Answer:
Most indicators will relate to anyone randomly selected, while there are several indicators in which selection will need to be made from a subset of individuals served. When the surveyor arrives at the location, surveyor should ask for a list of individuals, with references to who is on a special diet, behavior treatment plan, restrictive practice, medication treatment plan, and/or support and health related protections. In this example, the surveyor should ask the Provider who in this location is on a special diet, and randomly select an alternative individual to evaluate this indicator. When entering a day service location serving a large number of individuals, for example, it would be important to obtain a list of individuals receiving medication and money support when arriving on-site. One can then easily and efficiently randomly select an additional individual to inform these particular indicators when needed.

SEQUENCE: ON-SITE
Process: Critical indicators - Immediate Jeopardy; rating the standard not met
Date: 10/11
Question: When does an Immediate Jeopardy get issued and how does this relate to also rating the standard not met? Should corrected issues be changed to standard met?
Answer:
When reviewing indicator information, each situation needs to be evaluated to determine whether to issue an immediate jeopardy, to rate the standard as not met, or take to both actions. An Immediate Jeopardy notice is issued when a team member encounters a situation that poses an immediate and serious threat to the health and safety of the individual, or could place an individual in harm's way if actions are not taken in a timely manner (within 24- 48 hours for an immediate jeopardy; within 30 days for an action required). Criteria to rate the indicator as standard met is outlined in the tool and is specific to each indicator. When there is a preponderance of evidence that the indicator is not in place, a rating of standard not met is issued. Not all Immediate Jeopardies warrant a rating of standard not met for the indicator. In addition, rating the indicator as standard not met is not sufficient to warrant issuance of an Immediate Jeopardy. For example, the lack of a heating / boiler inspection would result in a not met rating (indicator L11), but does not in and of itself constitute sufficient information to issue an immediate jeopardy.

If a situation is corrected after the surveyor's visit, the score should remain not met, but noting parenthetically that it has been corrected, and listing the date corrected. For example, the fire alarm system which was not operational has been corrected and was inspected subsequent to the survey visit. A rating of not met should be made, as mentioned above, when the evidence indicates that the criterion was not met, at the time of the survey visit. If however, the indicator appears to have been met, but there is not sufficient documentary evidence to support a rating of met, the provider may be offered one to two days to produce and forward the documentation

supporting a met rating. For example, the location is receiving regular insect control services, but information on service visits is stored at the corporate address.

SEQUENCE: ON-SITE
Process: Issuing of Immediate Jeopardy / Action Required – Hot Water
Date: revised and replaces 3/12 version- 1/14
Question: When does an Immediate Jeopardy get issued for water temperature and how many days should be allotted to correct this issue?
Answer:
Immediate Jeopardy should be issued and the Provider given 1 day to correct the situation when the residential water temperature exceeds 120 degrees at either the sink or shower and the individuals are not independent. While the Provider has up to a day to correct the deliverable water temperature, they need to take immediate preventative actions to ensure that all individuals are safe in the interim and that the water temperature is regulated and adjusted to safe and comfortable levels prior to utilization/showering/ bathing.

Unlike residential faucets which have an allowable range (110-120 degrees), water temperatures at the faucets at employment sites are required to be at 110 degrees. For consistency, Immediate Jeopardy will be issued and the Provider given 1 day to correct the situation when the employment/day water temperature exceeds 120 degrees. Regardless of the independence level of the individuals, if the employment/ day water temperature tests above 120, an IJ will be issued.

An Action Required should be issued and the Provider given 7 days to correct the situation when the water temperature exceeds 120 degrees and the individuals are independent. If the water temperature is below 110, the provider will be instructed to seek adjustment. Only when the temperature of the water is significantly low such as an absence of sufficient hot water to bath/ shower, will an Action required be issued.

If the residential sinks are below 100 or above 120 degrees, this will be rated as a not met. Regarding day programs or employment training sites operated by DDS providers employment / day services, if the faucets test below 100 or above 120 degrees, this will be considered not met.

SEQUENCE: ON SITE
Process: Site feasibility; on site surveying
Date: 3/12
Question: Several years ago the standards for interconnected smoke detection systems changed, and for homes built or renovated after 1996, interconnected smoke detectors must now be in each bedroom. Under what conditions would a location need a new interconnected smoke detection system?
Answer:
Existing interconnected smoke detections systems build to an older building code (pre-1997) suffice (e.g. (smokes located 10 feet from bedroom areas) for homes built prior to 1997. Homes with interconnected smoke detection systems need to be upgraded and meet current code (one in each bedroom) when the home was built after 1997 or when an existing home undergoes extensive renovations, such as the addition of a new bedroom.

SEQUENCE: ON SITE
The review of the related indicators is conducted through the review of the site's DPH registration, the storage and security of medications, and an audit of a person's medications. The latter component (individual's medications) will be completed up to the number of audits identified for that home or workplace. In other words, if there is one audit, then the surveyor will review one person's medications. If there are two audits, then two sets of medication records will occur, and so on. Typically, this review will be conducted on the person identified for Cluster A. If, however, that individual is not administered medications, another individual

will be selected for this purpose - if there is another person in this home or workplace that is administered medications.

Prior to the survey, the surveyor reviews HCSIS data for the locations he/she will visit.

The review involves the following steps (although these may not always occur in this order):

SEQUENCE ON SITE:
Process: Review of medication administration
Date: 2/15
Question: What is the process for conducting a review of medication administration (L46 and L47)?
Answer:
The surveyor will observe where the medications are stored and check the DPH Registration to verify that it is current and obtain the MAP number. This may also be the time that the surveyor asks about the provider's mechanism for assuring only MAP certified staff administer meds (e.g., whether there a list of med certified staff or the MAP certificates present).

The surveyor will ask about any MORs that were reported in HCSIS and if the provider staff understand the reporting requirements and process for a medication error. The surveyor may identify MORs that have not been closed and inquire if the provider has taken steps to resolve these.

The provider is asked to have the following items:

- Medications
- Physician's Orders
- Medication Administration Records (The provider is expected to have available one year's worth of MARs.)
- Emergency Fact Sheet (Note: Reviewed as part of this activity but rated in L8)
- Side Effect information

In a MAP home or workplace, a survey worksheet* is utilized in which the surveyor will list the medications and note whether the information is correct across the physician's order, the container label, and the medication administration record (MAR). The surveyor also checks that the correct medications are listed on the current Emergency Fact Sheet, that the medication is not expired, and that there is side effect information for these medications available at the home or workplace.

* Alternate documentation may also be used, so long as the verification of the requisite information is completed and documented. For instance a provider may generate a med list against which the required elements can be verified.

1. Once that is completed, the surveyor will visually scan the MARs for a general sense that the medications have been given correctly across the year. Should there be no obvious problems evident; the surveyor will then randomly select 3 months (the current month and two others) to more thoroughly audit the medication administration records for accuracy. This detailed review looks for such things as missing sign offs, that any PRN medication administered was properly documented, and that if an error occurred the provider identified and addressed the issue.

   The review for these three months includes:
   a. A cross-check of each medication to ensure that there are current corresponding physician's orders
   b. A cross-check of each medication to ensure that the administration information is consistent across physician's orders, MARs, Container Labels.
   c. The storage of medications and that all medications are properly stored and current (not expired).

d. Review of daily and PRN medication administration
   C. An assessment of procedures for administration and for auditing the administration
   D. An assessment of the accuracy of administration e.g. medications were given at the intended time; medication were given at the correct dosage and frequency.
   E. An assessment to determine that there are no gaps due to medications not being re-filled in a timely manner.
   F. An assessment of clear parameters for any medication to be administered PRN and that any special instructions are followed (e.g., taking pulse or blood pressure before administering or crushing medication, etc.).
e. If the surveyor identifies issues requiring additional information in order to determine a rating, the surveyor may expand his or her review beyond the three months selected for auditing.

2. When the Provider has additional protocols, the surveyor's review will then assess whether these additional expectations are in place at this location. These protocols may be evaluated as part of the medication review, but rated elsewhere. For example, bowel regimes, seizure protocols, and medication treatment plans.

3. Ensure that what is written about an individual's health care status, medication needs, side effects to be aware of, is consistent with specific practices in the home.

For the purpose of evaluating L47, the surveyor will ask the provider how it supports the person to be involved in taking his or her medication with the ultimate goal of becoming self-medicating. Please refer to additional interpretation of this indicator within the Interpretive Guidelines.

Upon the completion of these tasks, the surveyor will then begin determining the rating for each applicable indicator. As the most complex decision rests with the assessment of any issues noted within L46, more specific guidance is offered relative to that indicator.

Process: Review of supports to individuals to manage their monies
Date: 12/12
Question: What are the current expectations for providers with respect to financial management of client funds and support to individuals to manage their money?
Answer:
The following are the expectations, by category:

A. Documentation requirements-
Note: The first three items below do not necessarily need to be contained within three separate documents. If all the components below are present within one larger comprehensive document, the expectations should be considered to be satisfied.

1. Money Management Skills Assessment (please utilize the new standardized DDS Financial Assessment for ISP)

2. Shared/ Delegated Money Management Plan [115 CMR 5.10(3)]
In general, this document outlines the specific supports that the individual requires to manage his/her own money. While the training plan is intended to outline the educational type of supports provided to the person, this document reflects the specifics related to access, responsibilities, safeguards, and protections. Unrestricted access to one's own funds is presumed unless this document indicates otherwise**.** The plan should:

- Relate to skills and abilities identified in the assessment
- Spell out what supports the Provider is delivering. Assisting an individual to open and manage a bank account, depositing earnings, managing the house account where cash is secured, etc. are examples of what should be included within funds management plans.
- Be the least restrictive necessary to meet the individual's needs
- Identify the amount of money that the team agrees the individual is capable of managing independently
- Identify the general mechanisms for the individual to access their money
- Be in accordance with the individuals' interests and desires (e.g. the Provider is familiar with which specific portions of money management the individual desires assistance on)
- Outline the details of how the individual will be assisted to manage and spend their funds, noting specifics such as where money is stored, and how it is accessed, and how the responsibilities are shared, such as the support that is given to the individual to spend money weekly on dining out, entertainment etc.
- Have written agreement to this plan
- Be incorporated into the ISP (e.g. linked/referenced within the ISP)

3. Training Plan [115 CMR 5.10(3)(c)4]

A Training Plan is required unless a clinical evaluation has determined otherwise. The plan should:

- Be tied to the assessment
- Promote growth and learning to the fullest extent possible
- Be incorporated into the ISP (e.g. linked/ referenced within the ISP via assessment process)
- Be designed to decrease the individual's need for assistance over time
- While a formal ISP goal is often not identified, the training plan may identify a desired outcome of training/an informal goal

4. Charges For Care [115 CMR 3.05]. The requirements for charges for care are as follows:

- Written notice of the charge needs to be sent to each fee-payor (per 3.05(4)(a)) and to the individual and guardian (per 5.10(c)8):
    - Prior to the individual receiving residential services and supports
    - Prior to a change in the charge;
- Needs to show how the charges were determined
    - Formula is correct. (Calculations are present)
    - 75% of Entitlements; or other recurrent income,
    - If wages are used in the calculation, amount counted is not more than 50% after first $65 the individual is paid.
        - Recommend a quarterly review of this amount when individual has wages which fluctuate.
- The charge must be updated Annually or as circumstances change
    - Changes in recurrent income
    - Adjusted when individual incurs applicable expenses as outlined in regulations
- Needs to explain the appeal process and who to contact.
- Placement service locations often have Room and Board notification which are either an arrangement with the Placement provider or with the individual care provider as a subcontracted entity. Room and board notifications should:
    - Be sent to the individual/ guardian
    - Be updated annually
    - Not exceed 75% of the individual's entitlements/ recurrent income
    - Have provision to dispute or revisit the room and board notification, with an explanation of how to do this and who to contact provided to the individual/ guardian

B. Requirements for Agreements

1. Agreement to the Shared and delegated money management plan [115 CMR 5.10(3)]

The regulatory source for agreement to the money management plan is 5.10.3(b): 'The provider shall obtain the agreement of the individual, if not under guardianship or conservatorship, or the guardian or conservator, if any, for any plan involving shared or delegated management responsibilities.' The licensing standard for evidence of agreement is a written sign-off on the shared management of funds plan by the individual, guardian or conservator. An individual or guardian signature on the ISP/approval for the ISP does not constitute agreement with a shared and delegated money management plan. The ISP includes a financial assessment and may contain an ISP goal related to money management. But the shared and delegated money management plan contains more details and is typically developed separately by the provider.

An individual's or guardian's agreement to the money management plan does not give him/her a right to make decisions that are the representative payee's to make. It is not intended to supersede the role of the representative payee to make decisions and to act on behalf of the individual in financial matters relating to their entitlements. Nor does this agreement take the place of representative payee responsibilities. The requirements of both the Social Security Administration for Representative Payees and the DDS regulations for Shared and Delegated Funds Management need to be met for individuals supported under both sets of requirements.

The 5.10.3 section of the regulations states the plan needs to be developed '…in accordance with the individuals needs, capabilities, interests, and desires'. This is why it is important to share the details and solicit agreement to the plan, because it should reflect what the person needs and wants. People who benefit from assistance broadly range in their capacities, abilities, and support needs in managing money. Details within the money management plan need to be communicated to the individual or guardian/conservator for their agreement, and will foster an open dialogue with the guardian.

2. Agreement for joint purchases and/ or non-routine expenses:

When joint purchases or expenses such as vacations or 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. If the individual is incurring responsibility for the expenses of others (e.g. individuals are sharing meal expenses and/or admission for staff supporters for special event, activity, or vacation, the extent of the individual's responsibility toward these expenses should be established as part of the agreement.

If an individual is responsible for replacement of items in the home due to behavioral issues (Restitution), refer to indicators L57-L60, as there are additional requirements, including Human Rights Committee review.

Further guidance to the field on distinguishing between personal expenses and program costs will be forthcoming. Please refer to August, 2013 section below.

C. Requirements for systems

For every individual where there is shared and delegated money management support, the provider needs to have a system to support the individual to manage his/her money. This system needs to ensure immediate tracking of cash on hand, and expenses. In other words, when supporting individuals in the management of his/her finances, there needs to be a cash in/ cash out process that occurs at the time of the transaction. In addition, documentation and tracking needs to be kept in its original form (e.g. Financial Transaction Sheets).

Each location should have at least one level of monitoring/ financial over sight which is above/ separate from staff who are implementing the procedures. Oversight and monitoring should verify the following:

- That the accounting of funds is accurate (e.g., the math is correct)
- That the purchases are appropriate and for the benefit of the individual(s)
- That the item(s) purchased are present for the individual.

Process: Process for review of supports to individuals to manage their monies
Date: 12/12
Question: What is the process that surveyors use to review a provider's funds management system?
Answer:

A. Financial review/ audit: The following are the steps in conducting the audit:

4. The surveyor reviews documentation and agreements (A and B above) as part of the review for the applicable indicators.
5. The provider makes available one year's worth of financial transaction records. The surveyor reviews these for a general sense of consistent practice and to identify any obvious issues, such as use of white-out, or purchase that seems out of line with policy. The surveyor then selects three months for a more extensive review.
6. Within the past year, Financial Transaction Records (FTRs) for three months will be more closely audited. The review for these three months includes:
   a. Review of FTRs, Cash-on-hand (COH), bankbooks, receipts held (e.g. for purchases >$25).
   b. A cross-check of each item to ensure that they interconnect and relate (E.g. COH matches what FTR states is present).
   c. Review of information concerning incoming monies such as entitlements, wages, gift checks, interest on accounts, savings bonds, gift certificates, and cash received from families or friends.
   d. A check of the names on the accounts to ensure that there are not any ownership or survivorship benefits to Provider staff from the account.
   e. Review of types of expenditures that have been made during these three months to distinguish between individual expenses and expenses that other parties should have been obligated to pay for.
   f. Review of joint purchases/ shared expenses to ensure that they have been made with the individual's (or guardian's) consent and interests in mind.
   g. An assessment of storage and security measures that are being taken including those in place for ATM cards, credit cards, and signature stamps.
   h. An assessment of the timing of transactions and the recording thereof. (E.g. are work and other checks deposited in a timely manner? Are transactions logged in and signed off (onto the FTR) when they occur (cash in/cash out)? Are bills paid on time? Any repercussions (e.g. late fees, bounced checks) as a result of bills not being paid promptly?
   i. Review of the completion of FTRs and whether these include all the information as required per regulations. (E.g. The surveyor will check to see that the staff person involved in the transaction is initialing the form (form must also have a signature key) and that the type of purchase is recorded.)
   j. Review to ensure that there are no out-of-sequence checks or transactions.
   k. An assessment to ensure that there are no borrowing processes in place. (For example, practices should not involve reimbursement to staff or a housemate for purchases made on his/her behalf)
   l. If the surveyor identifies issues requiring additional information in order to determine a rating, the surveyor may expand his or her review beyond the three months selected for auditing.
7. When the Provider has additional protocols such as keeping receipts for all purchases, or establishing a maximum amount of individuals' cash kept in the home, the surveyor's review will then assess whether these additional expectations are in place at this location.
8. Ensure that what is written in the Assessment, Training Plan, and Shared and Delegated Money Management Plan is consistent with specific practices in the home.
9. Assess how much money is typically stored within the home, available and accessible from the bank, and located within individual accounts managed and available through the corporate office.

10. When the individual is paying for additional expenses, does the agency know and have they pursued an Adjustment to the Charges for Care?
8. Note if there is evidence of the agency's monitoring/auditing process being implemented.

B. Administrative Review/ discussion and inquiries on money systems

Some information may be obtained during the Administrative Review process, such as charges for care process, representative payee system, or general information on its systems for funds management. If concerns are identified at service locations, additional inquiries may be made of management staff. The following information, questions, and systems should be explored with provider management:

1. Check the agency policies and practices around auditing and monitoring, and assess the effectiveness of these systems. For example, how frequent is the over sight? How effective is this system at revealing and correcting any problems? Is this auditing process regular and ongoing? Does it include a financial/ mathematical check and an appropriateness of expenditures / programmatic quality check as well? Ask about and investigate organizational systems relative to financial safeguards.
2. Inquire about their procedures as Rep payees. How are staff trained and knowledgeable in rep payee information?
3. Assess how staff are supported to become familiar and knowledgeable in money management strategies including both safeguards as well as mechanisms to teach greater independence?
4. When issues occur, or questions arise, the surveyor may ask to see policies and procedures on funds management such as those related to joint purchases and/or financial restitution.

C. Staff Interviews/ discussion

The review process is based primarily on documentation, and information exchanged with program staff in the course of reviewing the funds management for a person. During the three month audit, the surveyor should explore the following area(s) with program staff:

1. Inquire about access, security and general pattern of financial activities and support.
2. Ask about the oversight, monitoring, and auditing practices of the agency. What is the practice for this location?
3. Ask how joint purchases are made and tracked.
4. Ask about long range and pro-active strategies that are utilized to ensure that bills are paid on time, that benefits/ entitlements are optimally obtained, that individuals do not lose their entitlements (E.g. due to too much in savings),and that individuals long range financial goals are supported.
5. Ask about the education and guidance that is offered to individuals to make purchases and spend money on an ongoing basis. What are the activities in place that support appropriate spending?
6. Ask about money practices' including any differences in what occurs during the week versus the weekend.

D. What to do during the survey when:

Serious Concerns arise:

In the event a significant concern is identified (e.g., there is an indication of theft or unaccounted significant amounts of money – e.g., >$100), the surveyor should request a senior administrator from the agency to take possession of the finances and records, and issue a Notice of Immediate Action Required and/or contact the DPPC. Notification to Team Leader and QE Director is also made. When in doubt, the surveyor should contact DPPC.

Missing information/ lack of clarity regarding the scope of the problem:

In the event that the financial information is not present (e.g. FTRs not available or minimally present), or there is an indication of inappropriate ongoing practices (e.g. individual paid for several appliances and pieces of living room furniture in three month audit), the survey should issue a Notice of Immediate Action Required, instructing the Provider to conduct an audit for the past year for all individuals living in the home, assess the current status, and reimburse the individual(s) for all expenses that are considered the responsibility of others to make. Notification to Team Leader, QE Director is also made.

Personal expenses- guidance summary – 8/15/13

I. Background and Introduction

Protecting individuals' funds and utilizing them appropriately is one of the most important safeguards that DDS and its providers assure for the individuals we support. Surveyors conducting licensure and certification reviews include a review of individual expenditures and systems that providers have in place to assure that an individual's funds are used for acceptable and appropriate expenses.

What is appropriate and acceptable, however, is not always clear and unambiguous. While in many cases what is an appropriate use of individual funds is fairly straightforward, there are circumstances where the responsibility is less clear. Sometimes the distinction is whether the cost involved is a routine and standard expense as opposed to an additional one time event/ expense, or an expense solely for the benefit of the individual v. a programmatic expense.

What follows, is a set of guidelines for DDS staff and providers to assist in making fair and appropriate determinations regarding utilization of individuals' funds. While it is not possible to account for every instance, there are some principles, however, that should guide our thinking and actions:

- All provider policies and practices should be geared at preventing the possibility of financial exploitation or the misuse of individuals' funds.
- An individual's financial status and personal assets should not dictate the basic services and supports they receive that are the responsibility of the provider.
- Providers should clearly delineate through policies and procedures, those items which exceed its contractual obligations and should have a process in place for obtaining separate agreements for expenses that are considered "special", "one time" or "over and above."

While many situations will need to be dealt with on a case by case basis, following are general categories of expenditures that should be considered the provider's contractual responsibility and typically are included in the charges for care collected from individuals. It is followed by examples of expenses that are the responsibility of the individual outside of those collected as part of charges for care.

II. Expense responsibilities

<u>Expenses that are the responsibility of the Provider</u>

Upkeep and maintenance of the household.

Examples include:

- Cleaning services
- Yard services
- Trash removal
- General household supplies

Basic household furnishings

Examples include:

- Furnishings for common spaces
- Dishes, flatware, utensils, cooking equipment
- Floor Coverings
- Adaptive equipment (typically covered by the individual's health insurance)

Food

Communication systems

Examples include:

- House phone service
- Basic Internet access for the home

Transportation

Examples include:

- Transportation to medical/dental appointments
- Transportation for community outings
- Parking for appointments and community outings

Community Outings

Examples include:

- Staff meals and entertainment when engaging in routine community activities

Services and supports

Examples include:

- Staffing pattern as outlined in the current site specific safety plan
- Services and supports to implement the individual's ISP
- Staffing levels defined through the agency's contract with DDS

Expenses that are the responsibility of the individual:

- Furnishings for the individual's bedroom that go above and beyond the standard
- Cable television (individuals can jointly share)
- Cost of own meals and entertainment when out in the community
- Clothing
- Individual costs incurred on vacation
- Personal care items, such as shampoo, deodorant and toothpaste

Expenses that may be considered above and beyond the provider's responsibility for which the guardian/ individual could agree to pay:

While there is no way to account for every circumstance which is considered "additional" , "above and beyond" , "special", or "one time" events, the following are general expenses that typically arise for which a separate agreement with the individual/ guardian would be necessary.

- Staff expenses for special occasions, activities or entertainment such as admission tickets to events that exceed the provider's routine supports to the individual for regular community events and entertainment. For example, purchase of premium seats for the individual and a staff member to attend a sports event or concert, would be considered "above and beyond".
- Staff travel, accommodations and entertainment expenses when on vacation together – For example, four individuals and two staff are planning to share a vacation cottage and want to split the cost of the

cottage rental and food across the four individuals going. When a vacation involves additional staffing hours to the base staffing pattern, individuals can pay for this extra time, but should not be paying for the portion of staffing that is included as part of the base staffing pattern.

- Additional staff time (e.g. hourly rate to one person) when above and beyond what is provided through contract, safety plan and ISP. For example, the provider is contracted to assist the individual with medical appointments and the individual wants to go to a theme park for the day. If the contract allows for additional supports, and there are sufficient hours available within the contract, then the staff time should be charged to the contract rather than the individual. If the contract does not include provision for other supports, or there are not enough hours available within the contract for this outing, and the individual is willing to pay for supplemental services to engage in a special activity, then the option should be presented for agreement beforehand, with the provider outlining what is being offered, and the individual/ guardian is presented with information and knowingly agrees to this arrangement, such as "to go to a theme park with a staff person for 8 hours at a rate of $x/ hr pay".

III. Principles and guidelines relative to "above and beyond" requests to individuals/ guardians

Provider's policies and procedures regarding financial management should be detailed, outlining who pays for what, and clear information should be disclosed to individuals, families, and guardians when the individual begins to be served as well as when a special event/ purchase is planned. Written agreement for additional expenses must be obtained prior to occurrence.

Provider written policies and procedures should include the following:

- A clear delineation of provider and individual responsibility for items/ services.
- A clear delineation of what items/ services would be considered "above and beyond".
- The process used to inform the individual/ guardian regarding expenses
- The requirement to obtain written agreement for any additional expenses

Any written request for agreement should be presented in advance and include:

- The specific details regarding the scope/ parameters of the request and the projected cost to the individual.
- The specific details regarding the individual's responsibility for staff's expenses, if applicable. (including, for example the number of meals and cost cap per meal)
- The individual's portion of contribution to shared expenses, if applicable