



**PROVIDER REPORT
FOR**

**Mental Health Association,
Inc.
995 Worthington Street
Springfield, MA 01109**

December 19, 2022

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

| | |
|-----------------|---------------------------------|
| Provider | Mental Health Association, Inc. |
|-----------------|---------------------------------|

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|---------------------|-------------------------|
| Review Dates | 11/16/2022 - 11/22/2022 |
|---------------------|-------------------------|

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|---|-----------|
| Service Enhancement Meeting Date | 12/6/2022 |
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| Survey Team | Melanie Hutchison (TL) Melanie McNamara Janina Millet |
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|---------------------------|--|
| Citizen Volunteers | |
|---------------------------|--|

Survey scope and findings for Residential and Individual Home Supports

| Service Group Type | Sample Size | Licensure Scope | Licensure Level | Certification Scope | Certification Level |
|---|--------------------------------|-----------------|--|---------------------|---|
| Residential and Individual Home Supports | 14 location(s) 23 audit (s) | Targeted Review | DDS 19/21 Provider 70 / 73 89 / 94 2 Year License 12/06/2022-12/06/2024 | | DDS 4 / 5 Provider 82 / 82 86 / 87 Certified 12/06/2022 - 12/06/2024 |
| Residential Services | 3 location(s) 7 audit (s) | | | DDS Targeted Review | 20 / 20 |
| ABI-MFP Residential Services | 3 location(s) 7 audit (s) | | | DDS Targeted Review | 19 / 20 |
| Placement Services | 4 location(s) 4 audit (s) | | | DDS Targeted Review | 20 / 20 |
| Respite Services | 1 location(s) 2 audit (s) | | | No Review | No Review |
| Individual Home Supports | 3 location(s) 3 audit (s) | | | DDS Targeted Review | 21 / 21 |
| Planning and Quality Management | | | | DDS Targeted Review | 6 / 6 |

EXECUTIVE SUMMARY :

Mental Health Association (MHA) provides an array of services throughout the Greater Springfield area to people diagnosed with intellectual disabilities or acquired brain injury (ABI), as well as those with support needs in the areas of mental health, substance use, and homelessness. The agency provided services to individuals in the following DDS service types: 24-hour residential services, residential services for individuals diagnosed with ABI, placement services, individual home supports, and emergency respite. The sample for this review included audits of three 24-hour residential locations, three ABI residential locations, four placement services locations, three individual home support locations, and one emergency respite location.

MHA was eligible and received approval from the DDS Regional Office to conduct a self-assessment of its quality management processes for the current licensing and certification cycle. This occurred in conjunction with a targeted licensing and certification review completed by the Office of Quality Enhancement (OQE). The targeted review focused on eight critical licensing indicators applied to residential services, five licensing indicators and four certification indicators that were not met during the previous cycle, along with seven licensing indicators that were added or revised since MHA's last survey. The final survey results reflect a combination of ratings from the self-assessment process conducted by MHA and the targeted review conducted by DDS, with ratings from DDS prevailing where indicators were rated by both entities.

Findings of the targeted review verified that standards for licensing and certification were maintained for the indicators reviewed for residential services. The survey found that MHA's systems for oversight of medication administration, healthcare protocols, and personal safety were effective. All licensing standards relating to critical health and safety indicators and the newly added or revised indicators were met. Findings of the review of previously unmet certification indicators for individuals receiving ABI residential services and individual home supports confirmed that MHA supported individuals to engage in their preferred community-based activities and to be a part of their neighborhoods. Additionally, the agency provided support to individuals with ABI services to define and express their needs for intimacy and companionship.

In addition to the positive findings highlighted above, there were two licensure indicators included in the targeted review that would benefit from the agency's attention. First, the agency needs to ensure that water temperatures within residential locations are maintained between 110F and 120F. Medication treatment plans developed for individuals who are administered behavior modifying medication must contain all required components. Lastly, in the area of certification, the agency needs to ensure that individuals with ABI residential supports are provided the opportunity to give feedback on the performance of staff who support them.

As a result of the agency's self-assessment findings and the targeted review conducted by OQE, MHA will receive a Two-Year License for its Residential and Individual Home Support services with a service group score of 95%. This service group is Certified with an overall score of 99%. Follow-up will be conducted by MHA and reported to OQE within 60 days on those licensing indicators that received a rating of not met from the combined targeted and self-assessment reviews.

MHA presented the following self-assessment report describing the organization's ongoing quality assurance systems and the agency's current evaluation of compliance with DDS licensing.

Description of Self Assessment Process:

Mental Health Association, Inc. (MHA) is a provider of services in the Greater Springfield area. Their services include supports for people with intellectual disabilities, as well as mental health, substance use and homelessness. MHA is funded by the Department of Developmental Services for the Integrated Community Living (ICL) and New Ways Services (NWS) divisions. ICL is comprised of four service delivery areas including 24-hour residential services, In-home supports (IHS), placement services and respite, while NWS serves the Acquired Brain Injury (ABI) residential population.

Licensing and certification audits were conducted by the Vice Presidents of New Ways, ICL, and the Quality Department and the Director of Residential Services using licensing and certification tools that mirror the tools used by DDS as well as a modified grid for evaluating environmental indicators and an Excel spreadsheet to track healthcare appointments. Additionally, the agency used HCSIS reports, its internal training database, and its Human Resources payroll system. MHA selected 30% of 24-hour residential locations, 33.33% of ABI residential locations, 25% of placement services locations, 100% of respite locations, and 60% of individual home supports locations for the sample. MHA chose the sampled locations based on the comprehensive needs of individuals allowing for highest number of indicators to be rated. The resulting sample was four (4) 24-hour residential locations, three (3) ABI residential locations, four (4) placement services locations, three (3) individual home supports locations and one (1) respite location.

Licensing and certification indicators were evaluated through client records, monthly data and report reviews, staff and participant interviews, satisfaction surveys and site visits across all five service areas. Scoring mirrored the DDS process with each indicator rated as met, not met, or not rated. The overall rating for each indicator was determined by dividing the number of times the indicator was rated met by the number of times the indicator was rated. MHA utilized an 80% threshold across all domains to rate an indicator as overall met.

The agency demonstrates positive finding in numerous areas required for successful licensing. In the domain of personal safety, MHA demonstrates systems that ensure safety plans and evacuation plans. Compliance with fire drills are tracked on a quarterly basis to ensure evacuation plans are effective and that houses can evacuate all residents within the 2.5 minute requirement. Drills that do not meet the guidelines are repeated to ensure safety. Participants are trained on fire safety by the fire safety officers. MHA takes Risk Management seriously and has a corporate risk management committee that identifies, assesses and priorities risk at the agency level. Similarly, MHA has implemented a programmatic risk management group to look at risk from the program and compliance level.

In the domain of environmental safety, MHA has systems in place to ensure facilities are inspected and maintained regularly. Monthly house inspections include full review of houses including water temperatures that are monitored by the MHA Housing Inspector. The APG maintenance team responds to work order requests daily and tracks progress towards both smaller and large repair goals.

In the domain of Communication, MHA consistently demonstrates that communication is important to the success of participants. Participants are paired with staff that can communicate with them in their primary language. Supports are added to ensure participants understand verbal and written communication. Translation services and devices, emotion cards, assistive technology and sign language are used regularly to enhance communication and understanding. NWS serving the ABI population has an individualized compliant process and tracks and responds to complaints in a time manner. Incidents are reported within the specified time frame.

The domain of healthcare exhibits various systems, checks and balances to ensure the health of participants. The ICL and NWS programs have nursing and clinical services that assist in addressing the medical, behavioral and mental health needs of each individual. Reviews show use of dietary guidelines and specialized diets to accommodate dysphagia and diabetes. MHA encourages healthy and nutritional food choices. Participants participate in menu planning and shopping list creation and/or grocery shopping. Screenings are preformed to determine eligibility for self-administration of medications and falls risks.

The MHA Human Rights committee meets every other month and as needed for special circumstances. The HRC reviews PBS plans, Behavior plans, health related Supports and Protective Equipment, medication treatment plans, restrictive practices, investigations and complaints and any restraints conducted. The committee is well represented in accordance with by-laws and has active membership with MHA staff in attendance for questions and concerns that may arise.

In the domain of competent workforce, MHA demonstrates effective practices for on-boarding and training employees. CORI checks and TB testing are conducted as a condition of hire. New hire orientation is offered every other week to deliver DDS mandatory trainings including Mandated Reporting, Human Rights and CPR/FA. Training reports are distributed monthly including data regarding upcoming training activities. On-going annual and bi-annual training plans safeguard that staff have the necessary skills provide healthy and safe environments for participants. Employees are enrolled in the MAP training class on a rolling basis based on facilitator availability.

The newly implemented domain of remote supports and monitoring includes demonstrated emergency back up plans though MHA does not participate in remote monitoring of participants. MHA has a hearty assistive technology assessment and support process that encourages participants to utilize various equipment that aid in making life less restrictive and more manageable in day to day tasks. Use of assistive technology ranges from iPad, echos, and translation devices to Hoyer lifts, shower chairs, communication cards, remote control lights and smart appliances. MHA also offers low tech options including calendars, white boards and weighted silverware to enhance independence.

The certification review process demonstrated MHA's commitment to person center care as participants are supported in exercising control and choice in their lives. Participants are supported to act as members in their community, access activities that have their interest, exercise cultural and spiritual practices and have routines that meet their individual needs. Participants are encouraged to attend day programs and have support to stay within the home as appropriate. Participants have autonomy and personalized spaces within their homes. MHA has a clear commitment to supporting participants in developing and maintaining personal relationships.

MHA has an established agency wide work groups to collect and analyze data pertaining to the development and growth of programs and systems to ensure quality and compliance. MHA operates through a structured Strategic Plan that drives strategy and direction for decision making and allocates resources to achieve agency goals. The Performance Quality Improvement committee examines programmatic strengths, challenges and areas for development. The NWS and ICL divisions have established presentation schedules for program evaluation and data sharing. The Rock and Rank workgroups identify areas that may need monitoring to enhance service delivery systems. The Rock and Rank group examines target areas quarterly. ISP timelines and goals have been added to this review.

As a result of its self-assessment, MHA found that standards were met for 89 out of 93 licensing indicators that were applied. For certification, the self-assessment found that all applicable certification indicators were met for 24-hour residential, ABI residential, placement services, and individual home support services.

In light of the unprecedented experiences that the COVID pandemic brought including a staffing crisis and continuous health and safety concerns for participants, staff, guardians/parents, MHA found that there were four licensing indicators that did not meet the 80% threshold. MHA will work to ensure that health care records are updated following the enhancement for 30 day reviews and after hospitalizations. Incident management will include documentation for all hospitalizations and will be input by the Nurse Manager in NWS to accommodate the increase in hospitalizations within this population. Medication treatment plans will continue to be monitored for complete components and data will be reviewed by the PBS committee. MHA does not regularly practice restraints. In the event that a restraint is utilized, MHA will ensure that it is presented to the Human Rights Committee within 120 days.

LICENSURE FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------------|------------------------|--------------|
| Organizational | 9/10 | 1/10 | |
| Residential and Individual Home Supports | 80/84 | 4/84 | |
| Residential Services Individual Home Supports Respite Services Placement Services ABI-MFP Residential Services | | | |
| Critical Indicators | 8/8 | 0/8 | |
| Total | 89/94 | 5/94 | 95% |
| 2 Year License | | | |
| # indicators for 60 Day Follow-up | | 5 | |

**Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:
From Provider review:**

| Indicator # | Indicator | Issue identified | Action planned to address |
|--------------------|--|---|--|
| L66 | All restraints are reviewed by the Human Rights Committee. | A restraint occurred in our respite program. It was reported within the timeframe but was not presented to the HRC within 120 days. | MHA does not regularly practice restraints in any programs. MHA will ensure that any restraint that takes place is not only reported in a timely manner but is presented to HRC for review. The issue is rare for the organization and is not likely to occur in the future. |

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:
From DDS review:**

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|--|
| L15 | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | For three residential locations, the hot water temperature exceeded 120F. The agency needs to ensure that hot water temperature is maintained between 110F and 120F. |

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:
From DDS review:**

| Indicator # | Indicator | Area Needing Improvement |
|-------------|--|---|
| L63 | Medication treatment plans are in written format with required components. | For eleven individuals, medication treatment plans did not include measurable criteria for evaluating the effectiveness of the medication or criteria for adjusting or discontinuing the medication. For one individual, the medication treatment plan did not clearly define behaviors targeted for treatment with medication. When medications are administered to control or modify behaviors, the agency needs to ensure that the medication treatment plan addresses all required elements, including a description of the behaviors targeted for treatment defined in observable and measurable terms; measurable criteria for evaluating the efficacy of the medications; and measurable criteria to prompt discussion with the prescriber about reducing or discontinuing the medication. |

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:
From Provider review:**

| Indicator # | Indicator | Issue identified | Action planned to address |
|-------------|--|---|---|
| L43 | The health care record is maintained and updated as required. | While MHA was aware of the need to update COVID and COVID vaccine, we were unaware of the indicator enhancement for 30 day reviews after hospitalization and changes. | Now that MHA is aware of the enhanced indicator, MHA has instituted a quarterly check to ensure compliance with this standard. As with the significant hospitalization in the ABI division these quarterly checks will be used to mitigate the missing documentation. All COVID related information has been updated. |
| L91 | Incidents are reported and reviewed as mandated by regulation. | Frequency of hospitalizations, turnover of management and new managers not being instructed fast enough on standards | All hospitalizations are now input through a nurse manager to ensure standards are met. The Director of Residential Services is the back up to ensure all hospitalizations are documented. Alerts are sent weekly by the Administrative Assistant for the division. |

CERTIFICATION FINDINGS

| | Reviewed By | Met / Rated | Not Met / Rated | % Met |
|--|-----------------------------------|--------------|-----------------|------------|
| Certification - Planning and Quality Management | DDS 0/0 Provider 6/6 | 6/6 | 0/6 | |
| Residential and Individual Home Supports | DDS 4/5 Provider 76/76 | 80/81 | 1/81 | |
| ABI-MFP Residential Services | DDS 3/4 Provider 16/16 | 19/20 | 1/20 | |
| Individual Home Supports | DDS 1/1 Provider 20/20 | 21/21 | 0/21 | |
| Placement Services | DDS 0/0 Provider 20/20 | 20/20 | 0/20 | |
| Residential Services | DDS 0/0 Provider 20/20 | 20/20 | 0/20 | |
| Respite Services | | 0/0 | 0/0 | |
| Total | | 86/87 | 1/87 | 99% |
| Certified | | | | |

ABI-MFP Residential Services- Areas Needing Improvement on Standards not met From DDS Review:

| Indicator # | Indicator | Area Needing Improvement |
|-------------|--|--|
| C7 | Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them. | Two individuals receiving ABI residential supports did not have the opportunity to provide input on the performance of the staff who support them. The agency needs to ensure that individuals' feedback is incorporated into the process of hiring and evaluating the staff who support them. |

MASTER SCORE SHEET LICENSURE

Organizational: Mental Health Association, Inc.

| Indicator # | Indicator | Reviewed by | Met/Rated | Rating(Met,Not Met,NotRated) |
|-------------|-------------------------|-------------|-----------|------------------------------|
| Ⓡ L2 | Abuse/neglect reporting | DDS | 1/1 | Met |
| L3 | Immediate Action | Provider | - | Met |
| L4 | Action taken | Provider | - | Met |
| L48 | HRC | Provider | - | Met |
| L65 | Restraint report submit | Provider | - | Met |
| L66 | HRC restraint review | Provider | - | Not Met |
| L74 | Screen employees | Provider | - | Met |
| L75 | Qualified staff | Provider | - | Met |
| L76 | Track trainings | Provider | - | Met |
| L83 | HR training | Provider | - | Met |

Residential and Individual Home Supports:

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|------------|------------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------|
| L1 | Abuse/neglect training | I | Provider | - | - | - | - | - | - | - | Met |
| L3 | Immediate Action | L | Provider | - | - | - | - | - | - | - | Met |
| L5 | Safety Plan | L | Provider | - | - | - | - | - | - | - | Met |
| Ⓡ L6 | Evacuation | L | DDS | 3/3 | 3/3 | 4/4 | 1/1 | 3/3 | | 14/14 | Met |
| L7 | Fire Drills | L | Provider | - | - | - | - | - | - | - | Met |
| L8 | Emergency Fact Sheets | I | Provider | - | - | - | - | - | - | - | Met |
| L9 (07/21) | Safe use of equipment | I | DDS | 7/7 | 3/3 | | 2/2 | 7/7 | | 19/19 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|----------------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|-------------------|
| L10 | Reduce risk interventions | I | Provider | - | - | - | - | - | - | - | Met |
| Ⓡ L11 | Required inspections | L | DDS | 3/3 | 1/1 | 4/4 | | 3/3 | | 11/11 | Met |
| Ⓡ L12 | Smoke detectors | L | DDS | 3/3 | 2/2 | 4/4 | | 3/3 | | 12/12 | Met |
| Ⓡ L13 | Clean location | L | DDS | 3/3 | 2/2 | 4/4 | | 3/3 | | 12/12 | Met |
| L14 | Site in good repair | L | Provider | - | - | - | - | - | - | - | Met |
| L15 | Hot water | L | DDS | 1/3 | 2/2 | 3/4 | | 3/3 | | 9/12 | Not Met (75.00 %) |
| L16 | Accessibility | L | Provider | - | - | - | - | - | - | - | Met |
| L17 | Egress at grade | L | Provider | - | - | - | - | - | - | - | Met |
| L18 | Above grade egress | L | Provider | - | - | - | - | - | - | - | Met |
| L19 | Bedroom location | L | DDS | | | 3/3 | | | | 3/3 | Met |
| L20 | Exit doors | L | Provider | - | - | - | - | - | - | - | Met |
| L21 | Safe electrical equipment | L | Provider | - | - | - | - | - | - | - | Met |
| L22 | Well-maintained appliances | L | Provider | - | - | - | - | - | - | - | Met |
| L23 | Egress door locks | L | DDS | | 1/1 | | | | | 1/1 | Met |
| L24 | Locked door access | L | DDS | | 1/1 | 4/4 | | | | 5/5 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|-----------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------|
| L25 | Dangerous substances | L | Provider | - | - | - | - | - | - | - | Met |
| L26 | Walkway safety | L | Provider | - | - | - | - | - | - | - | Met |
| L27 | Pools, hot tubs, etc. | L | Provider | - | - | - | - | - | - | - | Met |
| L28 | Flammables | L | Provider | - | - | - | - | - | - | - | Met |
| L29 | Rubbish/combustibles | L | Provider | - | - | - | - | - | - | - | Met |
| L30 | Protective railings | L | Provider | - | - | - | - | - | - | - | Met |
| L31 | Communication method | I | Provider | - | - | - | - | - | - | - | Met |
| L32 | Verbal & written | I | Provider | - | - | - | - | - | - | - | Met |
| L33 | Physical exam | I | Provider | - | - | - | - | - | - | - | Met |
| L34 | Dental exam | I | Provider | - | - | - | - | - | - | - | Met |
| L35 | Preventive screenings | I | Provider | - | - | - | - | - | - | - | Met |
| L36 | Recommended tests | I | Provider | - | - | - | - | - | - | - | Met |
| L37 | Prompt treatment | I | Provider | - | - | - | - | - | - | - | Met |
| ℞ L38 | Physician's orders | I | DDS | 2/2 | | 2/2 | 2/2 | 7/7 | | 13/13 | Met |
| L39 | Dietary requirements | I | Provider | - | - | - | - | - | - | - | Met |
| L40 | Nutritional food | L | Provider | - | - | - | - | - | - | - | Met |
| L41 | Healthy diet | L | Provider | - | - | - | - | - | - | - | Met |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|-------------|--------------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|---------------|
| L42 | Physical activity | L | Provider | - | - | - | - | - | - | - | Met |
| L43 | Health Care Record | I | Provider | - | - | - | - | - | - | - | Not Met |
| L44 | MAP registration | L | Provider | - | - | - | - | - | - | - | Met |
| L45 | Medication storage | L | Provider | - | - | - | - | - | - | - | Met |
| Ⓡ L46 | Med. Administration | I | DDS | 7/7 | | 2/3 | 2/2 | 7/7 | | 18/19 | Met (94.74 %) |
| L47 | Self medication | I | Provider | - | - | - | - | - | - | - | Met |
| L49 | Informed of human rights | I | Provider | - | - | - | - | - | - | - | Met |
| L50 (07/21) | Respectful Comm. | I | DDS | 7/7 | 3/3 | 4/4 | 2/2 | 7/7 | | 23/23 | Met |
| L51 | Possessions | I | Provider | - | - | - | - | - | - | - | Met |
| L52 | Phone calls | I | Provider | - | - | - | - | - | - | - | Met |
| L53 | Visitation | I | Provider | - | - | - | - | - | - | - | Met |
| L54 (07/21) | Privacy | I | DDS | 7/7 | 3/3 | 4/4 | 2/2 | 7/7 | | 23/23 | Met |
| L55 | Informed consent | I | Provider | - | - | - | - | - | - | - | Met |
| L56 | Restrictive practices | I | Provider | - | - | - | - | - | - | - | Met |
| L57 | Written behavior plans | I | Provider | - | - | - | - | - | - | - | Met |
| L58 | Behavior plan component | I | Provider | - | - | - | - | - | - | - | Met |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|---------------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|-------------------|
| L59 | Behavior plan review | I | Provider | - | - | - | - | - | - | - | Met |
| L60 | Data maintenance | I | Provider | - | - | - | - | - | - | - | Met |
| L61 | Health protection in ISP | I | Provider | - | - | - | - | - | - | - | Met |
| L62 | Health protection review | I | Provider | - | - | - | - | - | - | - | Met |
| L63 | Med. treatment plan form | I | DDS | 2/6 | | 1/3 | | 1/6 | | 4/15 | Not Met (26.67 %) |
| L64 | Med. treatment plan rev. | I | Provider | - | - | - | - | - | - | - | Met |
| L67 | Money mgmt. plan | I | Provider | - | - | - | - | - | - | - | Met |
| L68 | Funds expenditure | I | Provider | - | - | - | - | - | - | - | Met |
| L69 | Expenditure tracking | I | Provider | - | - | - | - | - | - | - | Met |
| L70 | Charges for care calc. | I | Provider | - | - | - | - | - | - | - | Met |
| L71 | Charges for care appeal | I | Provider | - | - | - | - | - | - | - | Met |
| L77 | Unique needs training | I | Provider | - | - | - | - | - | - | - | Met |
| L78 | Restrictive Int. Training | L | Provider | - | - | - | - | - | - | - | Met |
| L79 | Restraint training | L | Provider | - | - | - | - | - | - | - | Met |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|-------------|----------------------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|---------|
| L80 | Symptoms of illness | L | Provider | - | - | - | - | - | - | - | Met |
| L81 | Medical emergency | L | Provider | - | - | - | - | - | - | - | Met |
| L82 | Medication admin. | L | DDS | 3/3 | | | 1/1 | 3/3 | | 7/7 | Met |
| L84 | Health protect. Training | I | Provider | - | - | - | - | - | - | - | Met |
| L85 | Supervision | L | Provider | - | - | - | - | - | - | - | Met |
| L86 | Required assessments | I | Provider | - | - | - | - | - | - | - | Met |
| L87 | Support strategies | I | Provider | - | - | - | - | - | - | - | Met |
| L88 | Strategies implemented | I | Provider | - | - | - | - | - | - | - | Met |
| L89 | Complaint and resolution process | L | DDS | | | | | 3/3 | | 3/3 | Met |
| L90 | Personal space/bedroom privacy | I | Provider | - | - | - | - | - | - | - | Met |
| L91 | Incident management | L | Provider | - | - | - | - | - | - | - | Not Met |
| L93 (05/22) | Emergency back-up plans | I | DDS | 7/7 | 3/3 | 4/4 | 2/2 | 7/7 | | 23/23 | Met |
| L94 (05/22) | Assistive technology | I | DDS | 7/7 | 3/3 | 4/4 | | 7/7 | | 21/21 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------------------------|--|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------|
| L96 (05/22) | Staff training in devices and applications | I | DDS | 6/6 | 2/2 | 2/2 | 2/2 | 6/6 | | 18/18 | Met |
| L99 (05/22) | Medical monitoring devices | I | DDS | | | 2/2 | | 2/2 | | 4/4 | Met |
| #Std. Met/# 84 Indicator | | | | | | | | | | 80/84 | |
| Total Score | | | | | | | | | | 89/94 | |
| | | | | | | | | | | 94.68% | |

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

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

Residential Services

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|---|-------------|-----------|--------|
| C7 | Feedback on staff / care provider performance | Provider | - | Met |

Residential Services

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|---|-------------|-----------|------------|
| C8 | Family/guardian communication | Provider | - | Met |
| C9 | Personal relationships | Provider | - | Met |
| C10 | Social skill development | Provider | - | Met |
| C11 | Get together w/family & friends | Provider | - | Met |
| C12 | Intimacy | Provider | - | Met |
| C13 | Skills to maximize independence | Provider | - | Met |
| C14 | Choices in routines & schedules | Provider | - | Met |
| C15 | Personalize living space | Provider | - | Met |
| C16 | Explore interests | Provider | - | Met |
| C17 | Community activities | Provider | - | Met |
| C18 | Purchase personal belongings | Provider | - | Met |
| C19 | Knowledgeable decisions | Provider | - | Met |
| C46 | Use of generic resources | Provider | - | Met |
| C47 | Transportation to/ from community | Provider | - | Met |
| C48 | Neighborhood connections | Provider | - | Met |
| C49 | Physical setting is consistent | Provider | - | Met |
| C51 | Ongoing satisfaction with services/ supports | Provider | - | Met |
| C52 | Leisure activities and free-time choices /control | Provider | - | Met |
| C53 | Food/ dining choices | Provider | - | Met |

ABI-MFP Residential Services

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|---|-------------|-----------|--------------------------|
| C7 | Feedback on staff / care provider performance | DDS | 5/7 | Not Met (71.43 %) |
| C8 | Family/guardian communication | Provider | - | Met |
| C9 | Personal relationships | Provider | - | Met |
| C10 | Social skill development | Provider | - | Met |
| C11 | Get together w/family & friends | Provider | - | Met |
| C12 | Intimacy | DDS | 7/7 | Met |

ABI-MFP Residential Services

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|---|-------------|-----------|------------|
| C13 | Skills to maximize independence | Provider | - | Met |
| C14 | Choices in routines & schedules | Provider | - | Met |
| C15 | Personalize living space | Provider | - | Met |
| C16 | Explore interests | Provider | - | Met |
| C17 | Community activities | DDS | 7/7 | Met |
| C18 | Purchase personal belongings | Provider | - | Met |
| C19 | Knowledgeable decisions | Provider | - | Met |
| C46 | Use of generic resources | Provider | - | Met |
| C47 | Transportation to/ from community | Provider | - | Met |
| C48 | Neighborhood connections | DDS | 7/7 | Met |
| C49 | Physical setting is consistent | Provider | - | Met |
| C51 | Ongoing satisfaction with services/ supports | Provider | - | Met |
| C52 | Leisure activities and free-time choices /control | Provider | - | Met |
| C53 | Food/ dining choices | Provider | - | Met |

Placement Services

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|---|-------------|-----------|------------|
| C7 | Feedback on staff / care provider performance | Provider | - | Met |
| C8 | Family/guardian communication | Provider | - | Met |
| C9 | Personal relationships | Provider | - | Met |
| C10 | Social skill development | Provider | - | Met |
| C11 | Get together w/family & friends | Provider | - | Met |
| C12 | Intimacy | Provider | - | Met |
| C13 | Skills to maximize independence | Provider | - | Met |
| C14 | Choices in routines & schedules | Provider | - | Met |
| C15 | Personalize living space | Provider | - | Met |
| C16 | Explore interests | Provider | - | Met |
| C17 | Community activities | Provider | - | Met |

Placement Services

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|---|-------------|-----------|------------|
| C18 | Purchase personal belongings | Provider | - | Met |
| C19 | Knowledgeable decisions | Provider | - | Met |
| C46 | Use of generic resources | Provider | - | Met |
| C47 | Transportation to/ from community | Provider | - | Met |
| C48 | Neighborhood connections | Provider | - | Met |
| C49 | Physical setting is consistent | Provider | - | Met |
| C51 | Ongoing satisfaction with services/ supports | Provider | - | Met |
| C52 | Leisure activities and free-time choices /control | Provider | - | Met |
| C53 | Food/ dining choices | Provider | - | Met |

Individual Home Supports

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|---|-------------|-----------|------------|
| C7 | Feedback on staff / care provider performance | Provider | - | Met |
| C8 | Family/guardian communication | Provider | - | Met |
| C9 | Personal relationships | Provider | - | Met |
| C10 | Social skill development | Provider | - | Met |
| C11 | Get together w/family & friends | Provider | - | Met |
| C12 | Intimacy | Provider | - | Met |
| C13 | Skills to maximize independence | Provider | - | Met |
| C14 | Choices in routines & schedules | Provider | - | Met |
| C15 | Personalize living space | Provider | - | Met |
| C16 | Explore interests | Provider | - | Met |
| C17 | Community activities | DDS | 3/3 | Met |
| C18 | Purchase personal belongings | Provider | - | Met |
| C19 | Knowledgeable decisions | Provider | - | Met |
| C21 | Coordinate outreach | Provider | - | Met |
| C46 | Use of generic resources | Provider | - | Met |
| C47 | Transportation to/ from community | Provider | - | Met |

Individual Home Supports

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|---|-------------|-----------|------------|
| C48 | Neighborhood connections | Provider | - | Met |
| C49 | Physical setting is consistent | Provider | - | Met |
| C51 | Ongoing satisfaction with services/ supports | Provider | - | Met |
| C52 | Leisure activities and free-time choices /control | Provider | - | Met |
| C53 | Food/ dining choices | Provider | - | Met |