



## **PROVIDER REPORT FOR**

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

**Version**

**Provider Web Report**

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

## **SUMMARY OF OVERALL FINDINGS**

|                 |                                 |
|-----------------|---------------------------------|
| <b>Provider</b> | Mental Health Association, Inc. |
|-----------------|---------------------------------|

|                     |                       |
|---------------------|-----------------------|
| <b>Review Dates</b> | 2/19/2015 - 2/25/2015 |
|---------------------|-----------------------|

|   |           |
|---|-----------|
| <b>Service Enhancement Meeting Date</b> | 3/10/2015 |
|---|-----------|

|                    |  |
|--------------------|--|
| <b>Survey Team</b> | Melanie McNamara<br>Martina Pocaterra (TL) |
|--------------------|--|

|                           |  |
|---------------------------|--|
| <b>Citizen Volunteers</b> |  |
|---------------------------|--|

| <b>Survey scope and findings for Residential and Individual Home Supports</b> |                               |                        |  |                            |                            |
|---|-------------------------------|------------------------|--|----------------------------|----------------------------|
| <b>Service Group Type</b>   | <b>Sample Size</b>            | <b>Licensure Scope</b> | <b>Licensure Level</b>   | <b>Certification Scope</b> | <b>Certification Level</b> |
| <b>Residential and Individual Home Supports</b>                               | 7 location(s)<br>12 audit (s) | Targeted Review        | DDS 13 / 13<br>Provider 69 / 70<br><br>82 / 83 2 Year License<br>03/10/2015 - 03/10/2017 |                            |                            |
| Residential Services  | 2 location(s)<br>6 audit (s)  |                        |  | Full Review                | 13 / 14 Certified          |
| Placement Services  | 1 location(s)<br>1 audit (s)  |                        |  | Full Review                | 14 / 14 Certified          |
| Respite Services  | 1 location(s)<br>2 audit (s)  |                        |  | No Review                  | No Review                  |
| Individual Home Supports  | 3 location(s)<br>3 audit (s)  |                        |  | Full Review                | 14 / 15 Certified          |

| <b>Survey scope and findings for Planning and Quality Management</b> |                    |              |                        |                            |                            |
|--|--------------------|--------------|------------------------|----------------------------|----------------------------|
| <b>Service Group Type</b>  | <b>Sample Size</b> | <b>Scope</b> | <b>Licensure Level</b> | <b>Certification Scope</b> | <b>Certification Level</b> |
| Planning and Quality Management                                      | N/A                | N/A          | N/A                    | Full Review                | 6/6 Certified              |

## **EXECUTIVE SUMMARY :**

Mental Health Association, Inc. (MHA) is a large, multifaceted nonprofit agency that provides services to individuals with developmental disabilities and/or mental health support needs to live as independently as possible. MHA offers a broad range of community-based services through diverse funding sources. Currently MHA supports one hundred seven individuals funded through contracts with the Massachusetts Department of Developmental Services (DDS). The residential supports provided to individuals include 24 hour Residential Supports, Individualized Home Supports, Placement Services, and Site Based Respite Services.

MHA received a Two-Year license during its previous survey completed in February 2013. As a result, the agency was eligible to conduct a self-assessment of its quality management processes for the current licensing cycle. This occurred in conjunction with a targeted licensing and full certification review, conducted by DDS Office of Quality Enhancement. Through its self-assessment process, the agency reviewed applicable licensing indicators. The targeted review conducted by DDS was comprised of an evaluation of eight indicators designated as critical indicators, along with eight other licensing indicators that received a 'Not Met' rating in the previous survey cycle. For the purpose of this targeted licensing and full certification review, twelve audits were conducted with representation from each of the residential service options provided by the agency.

Findings from the DDS targeted review of licensing indicators were very positive overall. All critical licensing indicators reviewed demonstrated required standards were in place. The targeted review of previously not met indicators verified the effectiveness of corrective actions taken by the agency, as were determined to be met in all.

Organizationally, MHA continued its commitment to seeking input from various stakeholders, collecting data about program quality, and analyzing the collected findings to identify service improvements goals and initiatives that would strengthen the services it provides. Several positive outcomes resulted from the agency's strategic planning efforts, which had a direct impact on the positive results discerned through the licensing and certification audits conducted. These strategic initiatives included the creation of the Quality Improvement Director position. This enabled MHA to maximize its ability to closely monitor the effectiveness of safeguard systems employed by the agency. The recruitment of an additional full-time nurse to further promote oversight of individuals' health care needs and medication administration. MHA also strengthened its orientation for new employees, and increased its capacity to closely monitor compliance with staff training requirements.

Also noteworthy, the agency created the 'Unity in the Community' initiative, which over the past year, helped a number of individuals to experience a stronger and more meaningful presence in their communities. This initiative provided opportunities for individuals to participate in volunteer activities and increased their exposure to a variety of community resources, including the pursuit of new recreational/leisure interests. Other areas of service delivery within the certification review that derived positive results included promoting independence, and supporting individuals to sustain existing relationships with friends and families, as well as developing new friendships.

There was one area identified during this review as needing further attention on the part of MHA. The agency should develop formal practices to ensure that individuals' feedback is incorporated in the annual performance evaluation of the staff that supports them.

Through combined ratings from the agency's self-assessment and the DDS targeted licensing review, MHA has received a Two-Year license for its residential supports with 98% standards met. MHA has 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 standards.

## **Description of Self Assessment Process:**

MHA utilizes a multi-tiered approach to quality improvement and has established a variety of systems, practices and procedures to evaluate the quality of its services. This approach enables information to be reviewed and analyzed at each level within the organization. MHA employs a full-time Quality Improvement Director (QID) who has the primary responsibility to track, analyze and disseminate reports to ensure that MHA meets all DDS regulatory standards. The QID also distributes annual satisfaction surveys to individuals, their families and guardians. The results of these surveys are tabulated and reviewed by the Senior Leadership Team. Feedback is utilized to improve supports and services to our participants. This information is shared with DDS area offices. In addition, the QID completes employee satisfaction surveys which are reviewed to identify areas needing improvement as well as the areas MHA does well.

Employees complete all MHA and DDS required training as well as a site specific training that includes reading the files of the participants, becoming familiar with site specific documentation requirements and shadowing other senior staff for a period of time. This allows new staff to observe the interactions as well as the routines and rhythms of the participants and the home. Each program has created a "Participant Resource Book" which contains specific information about each individual such as any dining guidelines, specialized equipment needs, ISP support strategies, information about their preferences or dislikes, etc. This resource book has proven to be an efficient way to train staff and new employees during orientation.

MHA developed a two-fold training/orientation required of all staff working in the DDS Division. The first provides the staff with a manual which outlines our expectations for direct care professionals as well as information about developmental disabilities, person-centered planning, inclusion, communication, health issues, and nutrition. Secondly, staff must attend a training that highlights these concepts and offers an opportunity to discuss the material. Two videos are included in this presentation. The first is "Finding Fred" which offers staff a glimpse into life before in an institution as told by Fred and his brother/guardian. The second video is "One" in which individuals with developmental disabilities are asked to state one thing that they would change about themselves. Their responses mirror many of the answers staff offer to this question during a pre-video exercise.

MHA's Human Resource Department is responsible for tracking staff certification status and their completion of mandated trainings. Monthly, a list of staff whose certifications are due to expire is emailed to supervisory staff. Additionally, supervisors receive a list of staff assigned to their program identifying completion of mandated training and corresponding expiration dates. Recently, MHA created a computerized system that allows staff to be able to check the status of their trainings directly while completing their payroll entries.

MHA's core values "Respect, Integrity, and Compassion" are integrated into the way we recruit, select, train, evaluate, promote and recognize employees. We have revised our performance appraisal system to include an assessment of whether employees demonstrate our core values in their interactions with participants, families, guardians and colleagues.

MHA nursing conducts monthly audits of medication administration records. These audits are conducted with the residential supervisor present which promotes further learning. Written audits are completed which identify areas needing further attention. Team meetings are the vehicle used to provide additional training to staff to help eliminate errors and educate staff on specific health care issues. Each team meeting devotes fifteen minutes to a health care issue or to a medication transcription exercise to increase the staff's competencies. Transcription exercises have been distributed via email to programs. Quarterly, an incentive a gift card will be distributed to one employee who submitted a correct response.

Nursing plays an integral role in health care management and assessment. Nursing reviews orders from health care providers, attends appointments for any complex health issue, acts as liaison with health care providers, and participates in discharge planning when necessary. Nursing notes are sent via email to the entire residential team. Nursing is available for consultation 24 hours via cellphone.

MHA prides itself on its attractive, accessible and affordable residential housing options. To ensure our properties continue to meet this high standard, MHA utilizes its subsidiary Association Properties Group (APG) for its routine, issue-specific and emergency maintenance needs. To further enhance MHA's system to identify and address maintenance issues, all residential programs are required to complete a monthly inspection form. This form requires program staff to examine the home to identify any repair or safety issue. The list includes testing the water temperature, checking first aid supplies, testing outside lighting and assessing the bathroom for leaks to name just a few. The program supervisor is responsible to review the inspection form and document any work orders submitted to APG. These work orders are submitted into a database that enables repairs / maintenance to be prioritized based on the severity of the issue. Upon its completion, the form is given to the MHA's QID who reviews the document to ensure that any significant issue has been addressed promptly, and that water temperatures remain in compliance with code. All safety issues are addressed immediately.

Annually, MHA Senior Leadership and the Director of Properties develop a maintenance plan to address larger projects such as a new roof, new windows, upgrades to a bathroom, etc. This process allows MHA to keep its properties in excellent condition and it provides an opportunity to be financially prepared to handle the identified projects. This planning resulted in two residential homes having the windows replaced, one home was vinyl sided and another received a new deck.

To ensure confidential files are maintained in an organized and professional manner consistent with regulatory requirements, there is a Table of Contents. An audit form has been developed that allows files to be evaluated in a comprehensive manner. Once an audit is completed the information is reviewed with the supervisory personnel in order to have the deficiencies addressed. The agency's QID and the VP are responsible for these reviews. Once completed, the program director and program supervisor receive feedback on the findings of the audit.

MHA has a Safety Committee comprised of representatives from various divisions that meets monthly. The QID chairs the meeting. Pertinent safety related documents are reviewed such as incident reports, employee accident reports, motor vehicle accidents, fall reports, etc. The committee looks for trends of injuries or safety concerns. Recommendations are shared with the Senior Leadership Team to develop action plans to improve safety of participants and employees. In addition, there are a number of reports that QID is responsible to track and report on. These are the tracking of quarterly fire drills, medication occurrences, monthly safety inspection reports, and water temperature readings.

MHA has an active, fully constituted Human Rights Committee that meets a minimum of quarterly. QID is the coordinator of this committee. HRC reviews investigations, restrictive procedures, medication treatment plans, restraint reports, and support and health related protections. The VP of the DDS Division attends the meeting to ensure the committee has an opportunity to ask questions regarding the particular issue/s. The HRC has expressed their appreciation for this opportunity. The QID attends monthly DDS Human Rights Networking Meetings. Meeting minutes are shared with DDS area office staff.

MHA's Senior Leadership Team meets monthly to discuss agency business, to provide updates on divisions, and to review the monthly 'dashboard'. This dashboard is an accumulation of information that has been defined as critical to the successful operation of our programs. For instance, the DDS Division is tracking the number of medication occurrence reports filed as well as the types of errors. This allows us to share ideas for improvement and develop a plan of action. The dashboard includes information about the number of trainings employees have attended; the number

of trainings needed; the number of record audits completed; the number of incident reports filed; number of vacant positions; the length of time it takes to fill positions, etc. All this information enables the Leadership team to recognize trends and to develop a collaborative plan of action.

Monthly each program submits a report that is distributed to the CEO, COO, VP of DDS and clinical personnel. This report contains information regarding participants, employees and program issues. It identifies issues with participant's health, reports any community participation, incident reports filed, positive outcomes for the program and identifies program needs. It defines the date ISP submissions were due and the date they were actually submitted. It tracks information regarding employee issues such as disciplinary actions, staffing needs/vacancies, performance concerns, professional development, supervisions, and team meetings held. MOR's are also reported here. This report provides valuable information to keep every level of MHA's supervisory structure in touch with the day to day operations of the programs.

MHA's self-assessment process included reviews by the Vice President of DDS Services and the QID. This review was conducted from the 6th to the 23rd of January, 2015. This self-assessment involved the review of 2 files from each residential program (12 in total); 2 shared living sites; 3 individuals from respite and 6 participants with individual home supports. In addition, MHA completed a random sampling of our agency's training and hiring practices against DDS regulatory requirements. The agency used the 80% threshold to determine whether an indicator was Met or Not Met. Of the 88 indicators reviewed, MHA exceeded the 80% on all but two indicators.

The first indicator rated not met was L65 regarding the submission of restraint reports. MHA submitted one restraint report which was not done in a timely manner. This situation was reviewed with all supervisory personnel of the Division in order to ensure that everyone understood what constituted a restrain, reporting submission timelines and established requirements. The Human Rights Committee did fulfill its commitment and reviewed this restraint timely.

The second indicator identified as not met was L55. MHA's media consent does not adequately address all the aspects noted by DDS regulations. Medical consents which MHA utilizes meet the DDS standards. MHA's QID will develop a new media consent form that will address all required components. Training on how to use this form will be offered to the staff.

We are pleased with the results of our self-assessment and confident that our programs will continue to exceed DDS standards.

## **LICENSURE FINDINGS**

|   | <b>Met /<br/>Rated</b> | <b>Not<br/>Met /<br/>Rated</b> | <b>% Met</b> |
|---|------------------------|--------------------------------|--------------|
| <b>Organizational</b>   | <b>8/8</b>             | <b>0/8</b>                     |              |
| <b>Residential and<br/>Individual Home<br/>Supports</b>                                       | <b>74/75</b>           | <b>1/75</b>                    |              |
| Residential Services<br>Placement Services<br>Respite Services<br>Individual Home<br>Supports |                        |                                |              |
| <b>Critical Indicators</b>  | <b>8/8</b>             | <b>0/8</b>                     |              |
| <b>Total</b>  | <b>82/83</b>           | <b>1/83</b>                    | <b>99%</b>   |
| <b>2 Year License</b>   |                        |                                |              |
| <b># indicators for 60 Day<br/>Follow-up</b>  |                        | <b>1</b>                       |              |

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

| <b>Indica<br/>tor #</b> | <b>Indicator</b>  | <b>Issue identified</b>   | <b>Action planned to address</b>   |
|-------------------------|---|---|--|
| L55                     | Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent. | At least 2 individuals in the self-assessment were individuals who signed a media consent that did not meet the DDS licensing standard. | The Quality Improvement Director will review the DDS guidelines and develop a form to secure consents for each publication, media release or use of photos. Prior to implementation MHA will seek technical assistance from the DDS Office of Quality Enhancement. |



## **CERTIFICATION FINDINGS**

|  | <b>Reviewed by</b> | <b>Met / Rated</b> | <b>Not Met / Rated</b> |
|--|--------------------|--------------------|------------------------|
| <b>Certification - Planning and Quality Management</b> | DDS                | 6/6                | 0/6                    |
| <b>Residential and Individual Home Supports</b>        |                    |                    |                        |
| Residential Services                                   | DDS                | 13/14              | 1/14                   |
| Individual Home Supports                               | DDS                | 14/15              | 1/15                   |
| Placement Services                                     | DDS                | 14/14              | 0/14                   |

### **Planning and Quality Management Commendations on Standards Met:**

| <b>Indicator #</b> | <b>Indicator</b>   | <b>Commendations</b>   |
|--------------------|--|--|
| C1                 | The provider collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences. | The agency has strengthened and developed a number of new mechanisms to ensure that data regarding program quality is collected and analyzed on a regular basis. The agency created the Quality Improvement Director position to maximize the agency's ability to monitor data collected with regards to investigations, medication occurrences, staff training, fire drills, home environmental compliance to name a few. The Quality Improvement Director was a member of the agency's safety committee and appointed as the human rights committee coordinator. Other responsibilities included reporting analyzed data to the Senior Leadership Team in order for the group to review findings, identify trends, and to collaboratively develop plans of action. MHA is recognized for its commitment to collect and analyze program quality information in order to ensure service improvements where needed. |



**Residential Services Commendations on Standards Met:**

| Indicator # | Indicator  | Commendations  |
|-------------|--|--|
| C16         | Staff (Home Providers) support individuals to explore their interests for cultural, social, recreational and spiritual activities. | The agency is acknowledged for creating the "Community Unity" initiative as a vehicle to increase opportunities for individuals to have a meaningful presence in their communities. Two individuals in the survey sample participated in cultivating and tending to a community vegetable garden. Volunteer opportunities in the community had also been pursued by others; and several people benefited from exploring new recreational pursuits. |

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

| Indicator # | Indicator  | Area Needing Improvement  |
|-------------|--|---|
| C7          | Individuals have opportunities to provide feedback on the performance of staff that supports them. | The agency conducted annual satisfaction surveys with individuals to solicit feedback on the support services provided by the agency. The information was not tied to any system that utilized this information in evaluating staff. The agency needs to develop mechanisms to formally utilize input from individuals in the performance evaluation of the staff who support them. |

**Individual Home Supports- Areas Needing Improvement on Standards not met From DDS Review:**

| Indicator # | Indicator  | Area Needing Improvement  |
|-------------|--|---|
| C7          | Individuals have opportunities to provide feedback on the performance of staff that supports them. | The agency conducted annual satisfaction surveys with individuals to solicit feedback on the support services provided by the agency. The information was not tied to any system that utilized this information in evaluating staff. The agency needs to develop mechanisms to formally utilize input from individuals in the performance evaluation of 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) |
|--|-------------------------|-------------|-----------|------------------------------|
| <input checked="" type="checkbox"/> L2 | Abuse/neglect reporting | DDS         | 7/7       | Met                          |
| L3                                     | Immediate Action        | Provider    | -         | Met                          |
| L4                                     | Action taken            | Provider    | -         | Met                          |
| L48                                    | HRC                     | Provider    | -         | 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. | Review ed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/ Rate d | Rating |
|--|----------------------------|----------------|--------------|-----------|----------------|--------|-------|-------------------|----------------|-------------------|--------|
| L1                                     | Abuse/neglect training     | I              | Provid er    | -         | -              | -      | -     | -                 | -              | -                 | Met    |
| L5                                     | Safety Plan                | L              | Provid er    | -         | -              | -      | -     | -                 | -              | -                 | Met    |
| <input checked="" type="checkbox"/> L6 | Evacuati on                | L              | DDS          | 2/2       | 3/3            | 1/1    | 1/1   |                   |                | 7/7               | Met    |
| L7                                     | Fire Drills                | L              | Provid er    | -         | -              | -      | -     | -                 | -              | -                 | Met    |
| L8                                     | Emerge ncy Fact Sheets     | I              | Provid er    | -         | -              | -      | -     | -                 | -              | -                 | Met    |
| L9                                     | Safe use of equipm ent     | L              | Provid er    | -         | -              | -      | -     | -                 | -              | -                 | Met    |
| L10                                    | Reduce risk interven tions | I              | Provid er    | -         | -              | -      | -     | -                 | -              | -                 | 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 |
|--------|---------------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|------------------|--------|
| R L11  | Required inspections      | L              | DDS         | 1/2       |                | 1/1    | 1/1   |                   |                | 3/4              | Met    |
| R L12  | Smoke detectors           | L              | DDS         | 2/2       |                | 1/1    | 1/1   |                   |                | 4/4              | Met    |
| R L13  | Clean location            | L              | DDS         | 2/2       |                | 1/1    | 1/1   |                   |                | 4/4              | Met    |
| L14    | Site in good repair       | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L15    | Hot water                 | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L16    | Accessibility             | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L17    | Egress at grade           | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L18    | Above grade egress        | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L19    | Bedroom location          | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L20    | Exit doors                | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L21    | Safe electrical equipment | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L22    | Clean appliances          | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L23    | Egress door locks         | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L24    | Locked door access        | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L25    | Dangerous substances      | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |

| Ind. # | Ind.                  | Loc. or Indiv. | Review ed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/ Rate d | Rating |
|--------|-----------------------|----------------|--------------|-----------|----------------|--------|-------|-------------------|----------------|-------------------|--------|
| L26    | Walkway safety        | 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    |
| R L38  | Physician's orders    | I              | DDS          | 6/6       | 1/1            |        |       |                   |                | 7/7               | Met    |
| L39    | Dietary requirements  | I              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met    |
| L40    | Nutritional food      | L              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met    |
| L41    | Healthy diet          | L              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met    |
| L42    | Physical activity     | L              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met    |

| Ind. # | Ind.                     | Loc. or Indiv. | Review ed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/ Rate d | Rating  |
|--------|--------------------------|----------------|--------------|-----------|----------------|--------|-------|-------------------|----------------|-------------------|---------|
| L43    | Health Care Record       | I              | DDS          | 6/6       | 3/3            | 1/1    |       |                   |                | 10/10             | Met     |
| L44    | MAP registration         | L              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met     |
| L45    | Medication storage       | L              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met     |
| R L46  | Med. Administration      | I              | DDS          | 6/6       |                | 1/1    | 2/2   |                   |                | 9/9               | Met     |
| L47    | Self medication          | I              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met     |
| L49    | Informed of human rights | I              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met     |
| L50    | Respectful Comm.         | L              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met     |
| L51    | Possessions              | I              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met     |
| L52    | Phone calls              | I              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met     |
| L53    | Visitation               | I              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met     |
| L54    | Privacy                  | L              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met     |
| L55    | Informed consent         | I              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Not 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. | Review ed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/ Rate d | 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              | DDS          | 3/4       |                |        | 1/1   |                   |                | 4/5               | Met (80.0 %) |
| L63    | Med. treatment plan form  | I              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met          |
| L64    | Med. treatment plan rev.  | I              | Provider     | -         | -              | -      | -     | -                 | -              | -                 | Met          |
| L67    | Money mgmt. plan          | I              | DDS          | 6/6       | 1/1            | 1/1    |       |                   |                | 8/8               | 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          |



| 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 |
|---------------------------|--------------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|------------------|--------|
| L79                       | Restraint training       | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L80                       | Symptoms of illness      | L              | DDS         | 2/2       | 3/3            | 1/1    | 1/1   |                   |                | 7/7              | Met    |
| L81                       | Medical emergency        | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| R L82                     | Medication admin.        | L              | DDS         | 2/2       |                |        | 1/1   |                   |                | 3/3              | Met    |
| L84                       | Health protect. Training | I              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L85                       | Supervision              | L              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L86                       | Required assessments     | I              | DDS         | 3/3       | 3/3            | 1/1    |       |                   |                | 7/7              | Met    |
| L87                       | Support strategies       | I              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| L88                       | Strategies implemented   | I              | Provider    | -         | -              | -      | -     | -                 | -              | -                | Met    |
| #Std. Met/ # 74 Indicator |                          |                |             |           |                |        |       |                   |                | 74/75            |        |
| Total Score               |                          |                |             |           |                |        |       |                   |                | 82/83            |        |
|                           |                          |                |             |           |                |        |       |                   |                | 98.80 %          |        |

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

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

### Individual Home Supports Reviewed By -DDS

| Indicator # | Indicator                       | Met/Rated | Rating        |
|-------------|---------------------------------|-----------|---------------|
| C7          | Feedback on staff performance   | 0/3       | Not Met (0 %) |
| C8          | Family/guardian communication   | 3/3       | Met           |
| C9          | Personal relationships          | 3/3       | Met           |
| C10         | Social skill development        | 3/3       | Met           |
| C11         | Get together w/family & friends | 3/3       | Met           |
| C12         | Intimacy                        | 3/3       | Met           |
| C13         | Skills to maximize independence | 3/3       | Met           |
| C14         | Choices in routines & schedules | 3/3       | Met           |
| C15         | Personalize living space        | 1/1       | Met           |
| C16         | Explore interests               | 3/3       | Met           |
| C17         | Community activities            | 3/3       | Met           |
| C18         | Purchase personal belongings    | 2/2       | Met           |
| C19         | Knowledgeable decisions         | 3/3       | Met           |
| C20         | Emergency back-up plans         | 3/3       | Met           |
| C21         | Coordinate outreach             | 3/3       | Met           |

### Placement Services Reviewed By -DDS

| Indicator # | Indicator                       | Met/Rated | Rating |
|-------------|---------------------------------|-----------|--------|
| C7          | Feedback on staff performance   | 1/1       | Met    |
| C8          | Family/guardian communication   | 1/1       | Met    |
| C9          | Personal relationships          | 1/1       | Met    |
| C10         | Social skill development        | 1/1       | Met    |
| C11         | Get together w/family & friends | 1/1       | Met    |
| C12         | Intimacy                        | 1/1       | Met    |

### Placement Services Reviewed By -DDS

| Indicator # | Indicator                       | Met/Rated | Rating     |
|-------------|---------------------------------|-----------|------------|
| C13         | Skills to maximize independence | 1/1       | <b>Met</b> |
| C14         | Choices in routines & schedules | 1/1       | <b>Met</b> |
| C15         | Personalize living space        | 1/1       | <b>Met</b> |
| C16         | Explore interests               | 1/1       | <b>Met</b> |
| C17         | Community activities            | 1/1       | <b>Met</b> |
| C18         | Purchase personal belongings    | 1/1       | <b>Met</b> |
| C19         | Knowledgeable decisions         | 1/1       | <b>Met</b> |
| C20         | Emergency back-up plans         | 1/1       | <b>Met</b> |

### Residential Services Reviewed By -DDS

| Indicator # | Indicator                       | Met/Rated | Rating               |
|-------------|---------------------------------|-----------|----------------------|
| C7          | Feedback on staff performance   | 0/6       | <b>Not Met (0 %)</b> |
| C8          | Family/guardian communication   | 6/6       | <b>Met</b>           |
| C9          | Personal relationships          | 6/6       | <b>Met</b>           |
| C10         | Social skill development        | 6/6       | <b>Met</b>           |
| C11         | Get together w/family & friends | 6/6       | <b>Met</b>           |
| C12         | Intimacy                        | 5/6       | <b>Met (83.33 %)</b> |
| C13         | Skills to maximize independence | 6/6       | <b>Met</b>           |
| C14         | Choices in routines & schedules | 6/6       | <b>Met</b>           |
| C15         | Personalize living space        | 2/2       | <b>Met</b>           |
| C16         | Explore interests               | 6/6       | <b>Met</b>           |
| C17         | Community activities            | 6/6       | <b>Met</b>           |
| C18         | Purchase personal belongings    | 5/5       | <b>Met</b>           |
| C19         | Knowledgeable decisions         | 6/6       | <b>Met</b>           |
| C20         | Emergency back-up plans         | 2/2       | <b>Met</b>           |