

**Massachusetts Rehabilitation Commission
(MRC)
PROVIDER STANDARDS
FOR
ACQUIRED BRAIN INJURY (ABI)
AND
MONEY FOLLOWS THE PERSON (MFP)
WAIVER SERVICE PROVIDERS**

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INTRODUCTION

These standards provide guidance to providers of Money Follows the Person (MFP) and Acquired Brain Injury (ABI) MassHealth Waiver Services. This document should be seen as a complement to the Massachusetts Rehabilitation Commission (MRC) Community Living Division Provider Manual and MassHealth Regulations. MassHealth HCBS Regulations 130 CMR 630.400 and Appendix A provide a description of the ABI and MFP Waiver services. The MFP and ABI waiver provider rates can be found in Executive Office Health and Human Services (EOHHS) waiver rate regulations – 101 CMR 354.00 for ABI and 101 CMR 357.00 for MFP.

These standards also apply to individuals who provide MFP self-directed waiver services to MFP waiver participants. MFP waiver services that can be self-directed are identified throughout this document.

The standards are broken into two sections:

1. The first section provides the general standards that apply to all Waiver providers.
2. The second section provides any additional standards that apply to the providers of specific Waiver services. These service specific standards are further delineated by those that apply to agency providers, and those that apply to individual providers, when that option is available.

There are three attachments to these standards:

Attachment A - Waiver Services Definitions

Attachment B - Waiver Services Chart

Attachment C – Policy Guidance: Addendum Housing Qualified Residence

I. GENERAL STANDARDS

The following standards are applicable for **all** providers, including agency and individual providers unless specified otherwise.

- A. MassHealth: **All** providers must comply with MassHealth Regulations, which can be found on the MassHealth Website: [MassHealth Provider Regulations \(http://www.mass.gov/eohhs/gov/laws-regs/masshealth/regulations/masshealth-provider-regs.html\)](http://www.mass.gov/eohhs/gov/laws-regs/masshealth/regulations/masshealth-provider-regs.html) The MassHealth HCBS program regulations for waiver providers are 130 CMR 630.400 and the MassHealth All Provider regulations are 130 CMR 450.000
- B. MRC Community Living Division Provider Manual: **All** providers are required to follow the Massachusetts Rehabilitation Commission (MRC) Community Living Division Provider Manual: Practices, Policies and Procedures. This Manual may be found on the MRC Website: [Home and Community Based Waivers](#)

(<http://www.mass.gov/eohhs/consumer/disability-services/services-by-type/head-injury/waivers.html>)

- C. Enrollment in MassHealth and Qualified by MRC, University of Massachusetts Medical School (UMMS) HCBS Provider Network Administration or Participant: Prior to the provision of any services, **all** providers must complete the qualification and enrollment process. Provider qualification may **not** be completed retroactively and no payment will be made to any provider who delivers services prior to becoming qualified and signing and executing a MassHealth provider agreement.
- D. Incident Reporting: **All** providers are required to follow the incident reporting policies and procedures found in the MRC Community Living Division Provider Manual. All providers are required to comply with any other mandated reporting requirements.
- E. Adherence to Continuous Quality Improvement Practices: **All** providers must have:
1. Established strategies to prevent, detect, and correct problems in the quality of services provided;
 2. Established strategies to achieve service plan goals with individual participants by providing effective, efficient services;
 3. The ability to meet all quality improvement requirements, as specified by MRC and/or MassHealth waiver requirements; and
 4. The ability to provide program and participant quality data and reports, as required.
- F. Confidentiality: **All** providers must maintain confidentiality and privacy of enrollee/participant information in accordance with applicable Federal and State laws and policies. Providers and their staff must ensure the protection of confidential and private enrollee/participant information in any environment in which services are provided including outside of an office when staff use laptops, iPads, smart phones and other electronic devices for record keeping or where staff use electronic means of communication, such as facsimile or e-mail.
- G. Staffing: **Agency** providers shall :
1. Ensure there is a sufficient number of qualified staff to meet the needs of the participants accepted for the service.
 2. Notify the qualifying/credentialing agency (MRC and/or University of Massachusetts Medical School (UMMS) HCBS Provider Network Administration) and waiver case management entities that new referrals cannot be accepted, in the event that qualified staff cannot accept further referrals.
 3. Ensure appropriate and ongoing supervision of direct-service staff.
 4. Maintain staff records including at a minimum the following:
 - a. Criminal Offender Record Information (CORI)
 - b. Reference checks
 - c. Resume
 - d. Training/in-service certificates or attendance sheets
 - e. Copy of Professional License and confirmation of status (if applicable)

- f. Annual Performance evaluations
- g. Annual Tuberculosis Screening and Testing (only staff in direct contact with participants)
- h. CPR Certification and First-Aid
- i. Registry of Motor Vehicles Driver Check (if applicable)
- j. Copy of Certificate of Automobile Insurance (if applicable)
- k. Confirmation of checking Nurse Aide Registry (if applicable)
- l. Results of initial and monthly thereafter validation of Office of Inspector General, List of Excluded Individuals and/or Entities (LEIE) and Systems of Award Management.

H. Provider Experience and Staff Qualifications **All** providers are required to have experience:

- 1. Delivering the particular or similar services that they propose to provide;
- 2. Providing services to persons that are being proposed to be served, including persons with disabilities;
- 3. Working effectively with MRC, MassHealth or its designee, other EOHHS agencies or its designee and/or other community agencies and case managers; and
- 4. Understanding of the principles of participant choice

In addition to any specific educational or experience related to a particular position it is expected that direct service and contract staff of **all** providers must meet the following requirements:

- 1. Be 18 years of age or older;
- 2. Able to meet legal requirements in protecting confidential information;
- 3. CORI checked for all direct service workers, including agency staff who may work in proximity to waiver participants or access to their records (CORIs need to be completed prior to workers providing services see 101 CMR 15.00 on the EOHHS website [Criminal Offender Record Checks \(CORI\)](http://www.mass.gov/hhs/cori) (<http://www.mass.gov/hhs/cori>))
- 4. Able to monitor and effectively communicate observations, both verbally and in writing, on a participant's progress, challenges and status;
- 5. Provide ongoing supervision and field observation with all direct service staff (not applicable to individual providers);
- 6. Able to communicate effectively with participants, families and other providers in the language and communication style of the participant or family;
- 7. Respect the privacy of participants and their families;
- 8. Able to adapt to a variety of circumstances;
- 9. Respect and accept people of differing abilities, values, nationalities, races, religions, cultures and standards of living;
- 10. Understand the principles of participant choice;
- 11. Committed to a team approach to service delivery;
- 12. Able to set appropriate limits and boundaries with participants; and
- 13. Knowledgeable about how to detect and report abuse and neglect.

I. Education, Training, Supervision:

1. **Agency** providers must ensure effective training for all direct service staff, as well as their supervisors. Training must include, at a minimum, the following:
 - a. All aspects of their job duties, including handling emergency situations.
 - b. Applicable rules, policies and procedures governing waiver service delivery and the principles of participant centered care.
 - c. Potential cognitive and/or mental health issues as well as physical needs of participants with disabilities.
 - d. In addition to initial training, supervisors and other professionals must provide ongoing in-service education and on-the-job training aimed at reinforcing the initial training and enhancing skills. This may be carried out with videos, lectures, group discussions, and demonstrations.
 - e. Other training as stipulated within the *MRC Community Living Division Provider Manual*, or otherwise required by MRC, MassHealth or their designee. For providers other than those providing specialized medical equipment, home accessibility adaptations and vehicle modifications, this includes, at a minimum, the following:
 - 1) Accessing and utilization of On-Call Personnel
 - 2) Emergency Protocols developed by the provider organization, to include, but not be limited to:
 - a) Evacuation procedures in the event of a fire
 - b) Emergency protocols related to the physical plant
 - c) Medical emergencies
 - d) Psychiatric/Behavioral emergencies
 - 3) CPR
 - 4) Infection Control including proper disposal of medical waste products (e.g., syringes)
 - 5) Filing reports related to abuse/neglect
 - 6) Fire Drills (site based services only)
 - 7) Fire Safety
 - 8) First Aid to include intervention for choking
 - 9) Procedures for transporting individuals and use of program vehicle(s), if applicable
 - 10) Seizure Management
 - 11) Non-Violence Crisis Intervention/Restraint Training
2. **Agency** providers must have established policies and procedures for appraising staff performance and for effectively modifying poor performance where it exists.
3. **Individual** providers must participate in training as required per the *MRC Community Living Division Provider Manual*, or otherwise required by MRC, MassHealth or their designee. Individual providers who provide direct service must receive training including but not limited to the following:

- a. CPR
 - b. First Aid to include intervention for choking and seizure management
 - c. Filing reports relate to abuse/neglect
- J. Availability/Responsiveness: **All** providers, other than Residential Rehabilitation, Shared Home Supports and Shared Living providers, must be able to accept or reject a waiver service request by the end of the next business day and be able to initiate services in their designated geographic area with little or no delay. If a provider cannot accept new referrals, the provider must notify the qualifying/credentialing agency (MRC and/or University of Massachusetts Medical School (UMMS) HCBS Provider Network Administration) and the EOHHS designated waiver case management entity that new referrals cannot be accepted.
- K. Waiver Individualized Service Plans and Meetings: It is the responsibility of the Waiver Case Manager to develop in partnership with the participant an overall waiver individualized service plan (this service plan is not the service-specific service plan). If requested by the Waiver Case Manager, **all** providers are to attend, prepare for, and actively participate in quarterly and annual Waiver Individualized Service Plan meetings and other appropriate meetings for participants who they are serving.
- L. Participant Files: A participant file must be maintained by **all** providers who provide direct service that includes at a minimum the following:
1. Participant name, address, phone number, gender, date of birth, MassHealth member identification number, emergency contact(s) and their phone number; guardian and his/her telephone number (if applicable); name and telephone number of the waiver case manager and 24/7 back up number, when applicable.
 2. Service/treatment plan for the specific service being provided, including information about coordination with other services, as appropriate;
 3. Complete documentation of all services provided, including full date of services with notation of the specific begin/end time the service was delivered and progress notes that describe what was provided;
 4. For transportation, the originating location, destination, and mileage of all trips;
 5. Authorizations for release of information (as applicable) and all applicable consents;
 6. Medication list with their indications for use; schedule of administration; dosages; prescribing physician contact information; and list of possible side effects (as appropriate);
 7. Specialized medical equipment or other protocols (e.g., seizure management, assistive technology device) as applicable;
 8. Medical and Functional Status (as appropriate);
 9. Participants preference for communication, primary language spoken or any Hearing/Visual impairment and/or any communication preference and any required accommodations for communication or understanding;

10. Behavioral support/intervention plans signed by licensed clinician (if applicable)
11. Copies of records related to medical or other clinical consultations including therapy assessments (where applicable);
12. 24 hour back up plan, where appropriate

M. Policies/Procedures: MassHealth and MRC require that **all** providers have the following policies and procedures (Please see *MRC Community Living Division Provider Manual* for additional detail). **Individual** providers must work with the University of Massachusetts Medical School (UMMS) HCBS Provider Network Administration to develop these policies and procedures if they do not already have them.

1. Policy/Procedure on Participant Not at Home if the provider services are either delivered in the home or the service is initiated at the home.
2. Policy/Procedure on Participant Emergency in the Home if the provider delivers services in the home;
3. Policy/Procedure to comply with the applicable standards under 105 CMR 155.000 (Department of Public Health regulations addressing patient and resident abuse prevention, reporting, investigation, and registry requirements) for the prevention, reporting and investigation of abuse, neglect, and mistreatment, and the misappropriation of property by individuals working in or employed by the agency as well as policies that comply with applicable regulation of the Disabled Persons Protection Commission found at 118 CMR 1.00 to 14.00 (The State's Disabled Persons Protection Commission regulations that describe the purpose, rules, and process regarding abuse allegations for people with disabilities) and the Elder Abuse Reporting and Protective Services Program found at 651 CMR 5.000 et seq. (The Executive Office of Elder Affairs' Elder Abuse Reporting and Protective Services Program regulations).
4. Policy/Procedure to comply with CORI regulations (see 101 CMR 15.00 on the EOHHS website <http://www.mass.gov/hhs/cori>;
5. Policy/Procedure to ensure annual tuberculosis screening and have documentation that testing has been performed for all provider staff who come into direct contact with individuals served.
6. Policy/Procedure on complaint reporting and resolution.
7. Policy and Procedures concerning confidentiality and release of information aligned with Federal and State laws and regulations and the *MRC Community Living Division Provider Manual*

In addition, **Agency** providers must have the following policies and procedures:

1. Personnel Policies and Procedures.
2. Policy on staff requirements for transporting participants which includes but is not limited to insurance requirements, appropriate driver's license, and driving history.
3. Policy that protects the participant from financial exploitation which includes: a) the provider's handling of allegations of loss, theft, and b)

prohibition of workers from taking or utilizing any participant's ATM/credit cards or checkbooks without the permission of the participant or guardian; however workers may accompany or supervise participants during money management tasks as stipulated in the participant's Waiver Individual Service Plan and/or Program Specific Service Plan.

4. Policy on Representative Payee which includes a description of the system for tracking all expenses and income. The policy must also state that the expenses and income information will be available to the participant and/or the guardian at any time.

N. Participant Input: **Agency** providers must ensure that participants and/or their legal guardians have knowledge of and input into the Agency program design.

O. Physical Plant: All site-based providers shall have an understanding of and be in compliance with:

1. All required policies, procedures and physical plant standards relevant to the community setting,
2. Health and safety rules and regulations,
3. Accessibility standards and ADA as applicable.

II. SERVICE SPECIFIC STANDARDS

The following specifies additional requirements for each service as applicable. If the service can be participant self-directed it is noted in parenthesis after the service title. Attached as Attachment B is a Waiver Service Table which indicates in summary whether the service: can be provided by an agency and/or an individual; can be participant self-directed; is covered by the MFP Residential Support (RS) Waiver and/or the MFP Community Living (CL) Waiver and/or ABI Residential Habilitation (RH) Waiver and/or ABI Non-Residential Habilitation (ABI-N) Waiver; and the organization that qualifies the provider.

A. ADULT COMPANION SERVICE STANDARDS (May be Self-Directed)

Agency Provider

Provider Staff Qualifications

Providers shall ensure that Adult Companion Service staff have a high school diploma; OR have life or work experience with individuals with disabilities.

Individual Provider

Qualifications

Have a high school diploma OR have life or work experience with individuals with disabilities.

B. ASSISTED LIVING SERVICE STANDARDS

Agency Provider

Agency Qualifications

1. Certified by the Executive Office of Elder Affairs in accordance with 651 CMR 12.00
2. Meet the definition of an MFP Qualified Residence and the Policy Guidance from CMS (Attachment C).

C. CHORE SERVICES STANDARDS (May be Self-Directed)

No additional Service Specific Standards are required.

D. COMMUNITY/RESIDENTIAL FAMILY TRAINING STANDARDS

Agency Provider

Provider Staff Qualifications

1. If the agency is providing activities where licensure or certification is necessary, the provider staff will have the necessary licensure/certifications. For mental health professionals such as Family Therapists and Social Workers, necessary licensure or certification requirements for those disciplines must be met.
2. Staff members providing Family Training must have experience in promoting independence and in family leadership.

Individual Provider

Qualifications

1. Experience providing family leadership, self-advocacy, and skills training in independence.
2. Individuals must meet all relevant state and federal licensure or certification requirements for their discipline.
3. Individuals must possess appropriate qualifications as evidenced by two personal or professional references.

E. DAY SERVICES STANDARDS

Agency Provider

Provider Staff Qualifications

1. The Program Director must have a master's degree in health or human services related field or a bachelor's degree with five years' experience working with individuals with disabilities, and two years' supervisory experience.
2. Senior staff must have a bachelor's degree in rehabilitation or related field, and two years' experience working with the populations served by the Waiver.
3. Life Skills staff must have a high school diploma and two years' experience working with the populations served by the Waiver.

Other Agency Qualifications Specific to This Waiver Service

Provider shall:

1. Be a health or human service organization with experience providing day services.
2. Identify a Program Director.
3. Meet the MassHealth HCBS Waiver Regulations regarding Location Requirements for HCBS Waiver Providers (130 CMR 630.436).
4. Have experience providing functional, community-based services and independent living skills training.
5. Have an understanding of the philosophy of maximizing independence, participant participation, community integration and a comprehensive blend of services for this population.
6. Have the ability to access relevant clinical support as needed.
7. Have an adequate organizational structure to support the delivery and supervision of day services (i.e., OT, PT, ST, Behavioral, MH etc.), including ability to plan and deliver services in the prescribed settings.
8. Demonstrate ability to produce timely, complete and quality documentation including but not limited to assessments, incident reports, progress reports and program specific service plans.
9. At a minimum operate the service between the hours of 9 a.m. and 4 p.m., Monday through Friday.
10. Maintain a direct service staff-to- participant ratio of between 1:4 and 1:6.
11. Complete an interim program-specific service plan prior to the participant starting of the program.
12. Complete assessments on new Participants within 90 days of their admission.
13. Complete program Specific Service Plan within 90 days of admission to program and update it annually based from the start date.
14. Submit monthly documentation of progress to Waiver case manager.
15. Ensure that program-specific Individual Service Plans include, at a minimum, the following domains:
 - a. Cognitive remediation, when applicable
 - b. Communication skills
 - c. Functional living skills
 - d. Behavior adaptation
 - e. Rehabilitation therapies
 - f. Coordination of access/linkage to community support services
16. Ensure that therapeutic activities and/or goal-directed activities are provided and are individualized based on each participant's needs.
17. Demonstrate the ability to seek out and integrate necessary clinical expertise such as neuropsychology, physical and speech therapies.
18. Demonstrate a team approach to service delivery including the ability to define, track and monitor service interventions that meet participant goals and objectives.
19. Demonstrate the ability to be flexible and address the diverse needs of participants through modifications in program structure.
20. Provide evidence of ongoing identification of participant needs and preferences.

Compliance with the licensure and/or certification standards of another Executive Office of Health and Human Services agency (for example Department of Developmental Services requirements at 115 CMR 7.00 & 8.00 or Department of Mental Health requirements at 104 CMR Subpart B) may be substituted for the above qualifications.

F. HOME ACCESSIBILITY ADAPTATIONS STANDARDS

Agency Provider

Provider Staff Qualifications

1. Individuals employed by the agencies must possess any licenses/certifications required by the State (e.g., Home Improvement Contractor, Construction Supervisor License, Plumber's License, etc.)
2. Staff responsible for architectural drawings must be: licensed architects, certified designers or draftsmen

Individual Provider

Qualifications

1. Possess any licenses/certifications required by the State (e.g., Home Improvement Contractor, Construction Supervisor License, Plumber's License, etc.)
2. If responsible for architectural drawings, must be: licensed architect, certified designer or draftsman.

G. HOME HEALTH AIDE SERVICES, HOMEMAKER SERVICES (May be Self-Directed) AND SUPPORTIVE HOME CARE AIDE SERVICES STANDARDS

Agency Provider

Provider Staff Qualifications

1. Individuals employed by the agency providing **home health aide services** must have either of the following:
 - a. Certificate of Home Health Aide Training
 - b. Certificate of Certified Nurse's Aide Training

2. Individuals employed by the agency providing **homemaker services** must have the following:
 - a. 40-Hour Homemaker Training: In addition to the 3-hour orientation, all homemakers must complete 37 hours of training within the first 6 months of employment. The training must include the nature and transmission of HIV/AIDS, standard precautions and other infection control practices, and protection of Participant confidentiality. The Massachusetts Council for Home Care Aide Services' (Mass. Council) Home Care Aide course is recommended. Other courses may be used that contain the same subject matter and number of hours per subject. Training must be conducted by an R.N. with a valid license in Massachusetts. A Registered Physical Therapist is recommended for the training on mobility. Return demonstrations are required on the hygiene and mobility sections of the training.
 - b. Certificates: Providers must award a certificate to those who have successfully completed the Homemaker training.
 - c. All homemakers are required to complete a minimum of 6 hours per year of ongoing education and training. These hours may be prorated for part-time employees.
 - d. Homemaker Services Training Exemptions: The following individuals are exempt from homemaker services training requirements:
 - 1) Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) with a valid Massachusetts license
 - 2) Nurse Aides with documentation of successful completion of a nurse aide training program
 - 3) Home Health Aides with documentation of successful completion of a home health aide training program
 - 4) Personal care staff with documentation of successful completion of the 60-hour personal care training program
 - 5) Homemakers with documentation of successful completion of the 40-hour training program
 - 6) Homemakers with documentation of successful completion of the training waiver procedure described in the Mass. Council's Homemaker Training Waiver Program (HTWP) Guide
3. Individuals employed by the agency to provide **supportive home care aide services** must have one of the following:
 - a. Certificate of Home Health Aide Training
 - b. Certificate of Nurse's Aide Training
4. In addition to the required certificate, individual **supportive home care aides** must have completed at least one of the following:
 - a. An additional 12 hours of training in the area of serving participants with behavioral health needs; or

- b. The 12 hour of training developed by the Alzheimer’s Association, Massachusetts Chapter on serving participants with Alzheimer’s disease or related disorders

Other Agency Qualifications Specific to This Waiver Service

Providers shall ensure:

1. Supervision must be provided at least once every three months to **home health aides and supportive home care aides** by a Registered Nurse with a valid Massachusetts license.
2. Supervision must be provided to **homemaker** staff by Social Workers, Registered Nurses, and/or professionals with relevant expertise.
3. Supervision must be available during regular business hours, and on weekends, holidays, and evenings for staff providing services to participants during these times
4. In-home supervision must be conducted with a representative sample of participants which includes MFP and ABI Waiver participants.
5. Demonstrated ability to produce timely, complete and quality documentation including but not limited to assessments, incident reports, progress reports and program-specific service plans.

Agencies that provide Home Health Aide services under the waiver do not need to meet the requirements for participation in Medicare, as provided in 42 CFR §489.28.

Individual Homemaker Provider

Qualifications

Individuals providing **homemaker services** must have certification in one of the following:

1. Certification in Home Health Aide Training; or
2. Certification in Nurse’s Aide Training; or
3. Certification of 60 Hour Personal Care Training; or
4. Certification of 40 Hour Homemaker Training.

H. INDEPENDENT LIVING SUPPORTS STANDARDS

Agency Provider

Other Agency Qualifications to this Waiver Service

1. Homemaker/Personal Service Agencies, Home Health Agencies and Human Services Agencies, must first be qualified to provide Supportive Home Care Aide services. Once qualified to provide Supportive Home Care Aide Services the organization may apply to become a provider of Independent Living Supports.

2. To fulfill all requirements as an Independent Living Supports provider, the agency must be site based and demonstrate the ability to:
 - a. Manage services both scheduled and unscheduled - 24 hours per day seven days a week.
 - b. Initiate services with little or no delay in the designated site.
3. One provider will be selected from the applicants for each designated site.

I. INDIVIDUAL SUPPORTS AND COMMUNITY HABILITATION SERVICE STANDARDS (May be Self-Directed)

Agency Provider

Provider Staff Qualifications

Bachelor's degree (preferably in a human service-related field); OR have at least 2 years of comparable, community-based, life or work experience providing services to individuals with disabilities;

Individual Provider

Qualifications

Bachelor's degree (preferably in a human service-related field); OR have at least 2 years of comparable, community-based, life or work experience providing services to individuals with disabilities;

J. PEER SUPPORT STANDARDS (May be Self-Directed)

Agency Provider

Provider Staff Qualifications

1. Agency will employ individuals who meet all relevant state and federal licensure or certification requirements in their discipline.
2. If the agency is providing activities where certification is necessary, the applicant will have the necessary certifications.
3. Have experience in providing peer support, self-advocacy, and skills training, independence and family leadership.

Individual Provider

Qualifications

1. Relevant competencies and experiences in Peer Support.
2. Possess appropriate qualifications to serve as evidenced by two personal and/or professional references.

3. Have experience in providing peer support, self-advocacy, and skills training, independence and family leadership;
4. Minimum of 18 years of age.

K. PERSONAL CARE SERVICES STANDARDS (May be Self-Directed)

Agency Provider

Provider Staff Qualifications

1. 60-Hour Personal Care (PC) Training: Personal care staff must complete the 20-hour PC training and the 40-hour Homemaker training, for a total of 60 hours, before providing PC services. The Massachusetts Council for Home Care Aide Services' (Mass. Council) Home Care Aide course is recommended with 17 hours of class instruction including a review and demonstration on universal precautions and a 3-hour practicum. The 3-hour practicum shall include an assessment of competency in each PC task by using the Mass. Council's skills checklist. Prior to assignment, all personal care staff must receive a 3-hour orientation (Mass Council's Training Curriculum or equivalent) with a 1/2-hour session on communicable disease including AIDS/HIV and hepatitis B, infection control, and the principles of standard precautions. Training must be conducted by an R.N. with a valid license in Massachusetts. A Registered Physical Therapist is recommended for the training on mobility. Return demonstrations are required on the hygiene and mobility sections of the training.
2. Certificates: Providers must award a certificate to those who have successfully completed the Homemaker and/or Personal Care training.
3. Training Exemptions: The following individuals are exempt from training requirements:
 - a. Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) with a valid Massachusetts license;
 - b. Nurse Aides with documentation of successful completion of a nurse aide training program;
 - c. Home Health Aides with documentation of successful completion of a home health aide training program;
 - d. Personal care staff with documentation of successful completion of the 60-Hour Personal Care Training Program;

Notwithstanding the training exemptions listed above, all new employees exempt from any of the training components must receive the 3-hour orientation described in the Mass Council Training Outline.

Other Agency Qualifications Specific to This Waiver Service

Providers shall:

1. Ensure ongoing Education and Training: Supervisors and other professionals must provide ongoing in-service education and on-the-job training aimed at reinforcing the initial training and enhancing skills. This may be carried out with videos, lectures, group discussions, and demonstrations. All Personal Care staff is required to complete a minimum of 6 hours per year of ongoing education and training. These hours may be prorated for part-time employees. One-to-one Personal Care supervision may comprise one-half the required hours. Instruction and reinforcement of universal precautions and infection control procedures count toward the required hours.
2. Ensure that supervision is provided by Social Workers, Registered Nurses, and/or professionals with relevant expertise.
 - a. Supervision must be available during regular business hours, and on weekends, holidays, and evenings for Personal Care staff providing services to participants during these times.
 - b. On the first day of service in the participant's home, Personal Care staff must receive an orientation from an R.N. to demonstrate the Personal Care tasks. During this visit, Personal Care staff will demonstrate competence in the Personal Care tasks assigned in the care plan. LPN's may carry out the orientation visits if the LPN has a valid license in Massachusetts and is working under the direction of an RN.
 - c. An RN must provide in-home supervision of Personal Care staff at least once every three months with a representative sample of participants served by each personal care staff person which also ensures that a sample of MFP/ABI waiver participants are included. The supervisor must complete a written performance of personal care skills after each home visit. LPNs may provide in-home supervision if the LPN has a valid license in Massachusetts and works under the direction of an RN who is engaged in field supervision a minimum of 20 hours per week and is responsible for the field supervision carried out by the LPN.
3. Have appropriate training facilities for providing Personal Care training and equipment with a minimum standard of equipment that includes a semi-electric bed, linen and blanket, running water and basins, towels and washcloths, chair, commode, wheelchair and walker. A variety of teaching methodologies such as lectures, equipment demonstrations, visual aids, videos and handouts may be used.

Individual Provider

Qualifications

1. Must have one of the following:
 - a. Certificate of Home Health Aide Training
 - b. Certificate of Nurse's Aide Training
 - c. Certificate of 60 hour Personal Care Training

L. PREVOCAATIONAL SERVICES STANDARDS

Agency Provider

Provider Staff Qualifications

College degree plus experience in providing community-based services to individuals with disabilities, or at least two years comparable community-based, life or work experience providing services to individuals with disabilities.

Other Agency Qualifications Specific to This Waiver Service

Providers licensed, certified and qualified by DDS in accordance with 115 CMR 7.00 will be considered to have met these standards.

M. RESIDENTIAL HABILITATION STANDARD (GROUP LIVING RESIDENTIAL PROGRAM PROVIDERS)

Agency Provider

Provider Staff Qualifications

Program Managers must have experience working in community-based residential programs for individuals with disability and a minimum of 2 years of demonstrated supervisory experience in this setting.

Other Agency Qualifications Specific to This Waiver Service

Providers shall:

1. Ensure timeliness, completeness, and quality of all required written documentation and data collection including, but not limited to, assessment, incident, and progress reports, as well as the Residential Service Plan (RSP).

2. Ensure staff compliance with all policies, procedures, and staff training requirements, as delineated in the *MRC Community Living Division Provider Manual*. These have been established to guarantee the safety and to enhance the functional capacity and quality of life of all participants in the waiver.
3. Be responsible for residential staff's understanding and knowledge of participant's medical/clinical history, waiver individual service plan and residential service plan goals/objectives, and all daily and specialized protocols developed to address each participant's care needs.
4. Be responsible for the submission of initial and annual Residential Service Plans.
5. Ensure the use of the MRC standardized protocols for transition Service Plans, transition meetings, participant assessment and RSP development.
6. Establish a collection system for direct room and board contributions from the participant, guardian or representative payee, and a notification process to MRC if two consecutive payments have been missed.
7. Cooperate with, and satisfactorily complete, compliance review process for each site/home.
8. Submit contract documents, monthly billings and SDR's in the timeframes dictated by MRC
9. Demonstrate linkages with other community-based providers in order to address participant service needs beyond the residential setting and coordination of these efforts with the Waiver Case Manager.
10. Demonstrate ability to creatively and meaningfully address the daytime needs of participants, when necessary, through the residential service program.
11. Demonstrate ability to access clinical consultation as needed.
12. Demonstrate ability and willingness to seek out and integrate medical and clinical expertise regarding the identification and treatment of consumer need areas.
13. Flexibly address the diverse needs of the consumers through modifications in the program structure and operations.
14. Provide routine health care annually.
15. Address the results of, and responses to, the annual oversight monitoring process by MRC.
16. Use the outcomes of satisfaction surveys conducted both internally and by MRC to guide future performance.
17. Create individualized Residential Service Plans (RSP) in accordance with *MRC Community Living Division Provider Manual*,
18. Demonstrate staff development practices including specialized trainings regarding provision of 24/7 services to persons with disabilities.
19. Demonstrate practices that support community integration, participant choice, recognition of individual abilities, person-centered service planning and delivery.

N. RESPITE STANDARDS

Agency Provider

Other Agency Qualifications Specific to This Waiver Service

In order to participate as a provider of respite services the provider must be:

1. Licensed as a hospital by the Massachusetts Department of Public Health under 105 CMR 130.00; or
2. Certified as an assisted living residence by the Executive Office of Elder Affairs under 651 CMR 12.00; or
3. Licensed as a nursing facility by the Massachusetts Department of Public Health under 105 CMR 153.00; or
4. A rest home licensed by the Massachusetts Department of Public Health 105 CMR 153.000; or
5. An organization which meets site based respite requirements established by the Massachusetts Department of Developmental Services under 115 CMR 7.00; or
6. An organization which meets the requirements of 130 CMR 408.000 and that contracts with MassHealth as a provider of Adult Foster Care.

O. SHARED HOME SUPPORTS STANDARDS

Agency Provider

Qualifications Specific to This Waiver Service

Provider shall:

1. Demonstrate ability to:
 - a. Assess caregiver's capabilities and make an appropriate match between caregiver and participant based on caregiver skills and participant needs.
 - b. Ensure that caregivers demonstrate values and practices that support community integration, participant choice, recognition of individual abilities and person-centered service planning.
2. Have experience and evidence of strong community linkages and ability to make referrals to medical, behavioral, psychiatric, substance abuse and crisis emergency providers and planning for accessing clinical services as needed.
3. Have clear on-call procedures and identified staff in case of emergencies.
4. Demonstrate ability to produce timely, complete and quality documentation including but not limited to assessments, incident reports, progress reports and program-specific service plans.
5. Have the capacity to provide caregiver training in principles and practices that support community integration, participant choice, recognition of individual abilities, person-centered service planning.
6. Have the capacity to provide specialized training to caregivers regarding services to persons with disabilities, (i.e. trauma-informed care).

7. Ensure caregiver is trained in First Aid, CPR, Obligatory Reporting, Fire Safety and Emergency Evacuation.

P. SHARED LIVING – 24 HOUR SUPPORTS STANDARDS

Agency Provider

Provider Staff Qualifications

In addition to the requirements stipulated in the general section **caregivers** must:

1. Be 21 years or older.
2. Have a Massachusetts Drivers License with a satisfactory driving record.
3. Complete training requirements of the agency with which the caregiver contracts.
4. Have experience (paid, volunteer, personal experience) working with elders and/or individuals with disabilities.

Other Agency Qualifications Specific to This Waiver Service

Provider shall:

1. Demonstrate ability to:
 - a. Assess caregiver's capabilities and make an appropriate match between caregiver and participant based on caregiver skills and participant needs.
 - b. Ensure that caregivers demonstrate values and practices that support community integration, participant choice, recognition of individual abilities and person-centered service planning.
2. Have experience providing 24/7 services to persons with disabilities.
3. Have an adequate organizational structure to support the delivery and supervision of Shared Living services:
 - a. Experience and evidence of strong community linkages and ability to make referrals to medical, behavioral, psychiatric, substance abuse and crisis emergency providers and planning for accessing clinical services as needed.
 - b. Clear on-call procedures and identified staff in case of emergencies.
 - c. Demonstrated ability to produce timely, complete and quality documentation including but not limited to assessments, incident reports, progress reports and program-specific service plans.
 - d. Demonstrated practices that support community integration, participant choice, recognition of individual abilities, person-centered service planning and delivery.
4. Have the capacity to provide caregiver training in principles and practices that support community integration, participant choice, recognition of individual abilities, person-centered service planning.
5. Have the capacity to provide specialized training to caregivers regarding services to persons with disabilities, (i.e. trauma-informed care).
6. Ensure caregiver is trained in First Aid, CPR, Obligatory Reporting, Fire Safety and Emergency Evacuation.

7. Demonstrate staff development practices including specialized trainings regarding provision of 24/7 services to persons with disabilities.

Q. SKILLED NURSING STANDARDS

Agency Provider

Provider Staff Qualifications

Skilled Nursing services must be performed by a Registered Nurse or a Licensed Practical Nurse with a valid Massachusetts Nursing license.

Other Agency Qualifications Specific to This Waiver Service

Only Home Health Agencies or Homemaker/Personal Care agencies are eligible to provide skilled nursing services.

Agencies that provide Skilled Nursing services under the waiver do not need to meet the requirements for participation in Medicare, as provided in 42 CFR §489.28.

R. SPECIALIZED MEDICAL EQUIPMENT STANDARDS

Agency Provider

Provider Staff Qualifications (Assistive Technology Providers Only)

1. Bachelor's degree in a related technological field and at least one year of demonstrated experience providing adaptive technology assessment or training; or
2. Bachelor's degree in a related health or human services field with at least two years of demonstrated experience providing adaptive technological assessment or training; or three years of demonstrated experience providing adaptive technological assessment or training.
3. Knowledge and experience in the evaluation of the needs of an individual with a disability, including functional evaluation of the individual in the individual's customary environment.
4. Knowledge and experience in the purchasing, or otherwise providing for the acquisition of assistive technology devices by individuals with disabilities.
5. Knowledge and/or experience in selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technological devices.
6. Knowledge and/or experience in coordinating and using other therapies, interventions, or services with assistive technology devices.

7. Knowledge and /or experience training or providing technical assistance for an individual with disabilities, or, when appropriate, the family of an individual with disabilities or others providing support to the individual.
8. Knowledge and/or experience in training and/or providing technical assistance for professionals or other individuals whom provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

Other Agency Qualifications Specific to This Waiver Service

Provider shall:

1. Meet all applicable federal, state, and local requirements, certifications, and registrations;
2. Ensure that their facility:
 - a. Is available to participants during regular, posted business hours;
 - b. Is physically accessible to participants with disabilities;
 - c. Has clear access and space for individualized ordering, returns, repair, and storing of business records;
3. Upon request, provide to MRC, MassHealth or its agent all required documentation specified below:
 - a. A list of manufacturers used for purchased products;
 - b. A copy of all current liability insurance policies;
 - c. For mobility providers only, a copy of current Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) and Assistive Technology Professional (ATP) certificate for each certified staff. SME providers who furnish mobility systems must employ at least one certified ATP at each service facility. The ATP must possess knowledge of the standards of acceptable practice in the provision of SME including ordering, assembling, adjusting, and delivering SME, and providing ongoing support and services to meet a person's rehabilitation equipment needs;
 - d. A copy of all current signed employee professional licenses, as applicable;
 - e. A copy of current accreditation letters.
4. Meet applicable standards of manufacture, design, and installation;
5. Ensure that all devices and supplies have been examined and/or tested by Underwriters Laboratory (or other appropriate organization) and comply with FCC regulations, as appropriate;
6. Ensure that all SME is provided in the most cost-effective manner possible given the individual needs of the participant;
7. Ensure that all SME is free from defects and is in proper working order. This includes, but is not limited to, prompt amelioration, repair or replacement of SME that has been provided to a participant and is subject to recall, in accordance with the specifications in the recall notice.
8. Must be able to supply on a rental basis properly working substitute equipment that is comparable in most respects to the equipment being repaired when a repair requires removing the equipment.

Individual Assistive Technology Provider

Qualifications

1. Bachelor's degree in a related technological field and at least one year of demonstrated experience providing adaptive technological assessment or training; or
2. Bachelor's degree in a related health or human services field with at least two years of demonstrated experience providing adaptive technological assessment or training; or three years of demonstrated experience providing adaptive technological assessment or training.
3. Knowledge and experience in the evaluation of the needs of an individual with a disability, including functional evaluation of the individual in the individual's customary environment.
4. Knowledge and experience in the purchasing, or otherwise providing for the acquisition of assistive technology devices by individuals with disabilities.
5. Knowledge and/or experience in selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technological devices.
6. Knowledge and/or experience in coordinating and using other therapies, interventions, or services with assistive technology devices
7. Knowledge and/or experience training or providing technical assistance for an individual with disabilities, or, when appropriate, the family of an individual with disabilities or others providing support to the individual.
8. Knowledge and/or experience in training and/or providing technical assistance for professionals or other individuals whom provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

S. SUPPORTED EMPLOYMENT STANDARDS

Agency Provider

Provider Staff Qualifications

1. Bachelor's degree (preferably in a human service-related field); or Have at least 2 years of comparable, community-based, life or work experience providing services to individuals with disabilities;
2. Understanding of the employment rights of individuals with disabilities;
3. Ability to interpret vocational rehabilitation evaluations;
4. Ability to conduct situational assessments;
5. Ability to market/outreach to employers;
6. Knowledge of Assistive Technology regarding Job Accommodations;
7. Ability to conduct on the job task analysis; and
8. Ability to provide positive reinforcement and to provide on the job employment supports to participants, co-workers and employers.

Other Agency Qualifications Specific to This Waiver Service

Providers shall have:

1. Experience providing supportive employment services.
2. Adequate organizational structure to support the delivery and supervision of supported employment services, including:
 - a. Ability to appropriately assess participants' needs; obtain evaluative consultations; provide job development, matching and placement services; ensure necessary supports for employment (coaching/counseling/training, transportation, accommodations, assistive technology); provide initial and extended supports to maintain job stability and retention, as appropriate; and respond to crisis situations;
 - b. Demonstrated ability to work with and have established linkages with community employers; proven participant marketing/employer outreach strategies; developed employer education materials; plan for regular and on-going employer communication; and
 - c. Demonstrated compliance with health and safety, and Department of Labor standards, as applicable.
3. Demonstrated ability to produce timely, complete and quality documentation including but not limited to assessments, incident reports, progress reports and program-specific service plans.

T. THERAPY SERVICE STANDARDS – OCCUPATIONAL THERAPY, PHYSICAL THERAPY AND SPEECH THERAPY STANDARDS

Agency Provider

Provider Staff Qualifications

1. In order to participate as a provider of **occupational therapy** under a Waiver, a provider must be an occupational therapist (OT) currently licensed by the Massachusetts Division of Registration in Allied Health Professions and be currently registered by the American Occupational Therapy Association (AOTA) or is a graduate of a program in occupation therapy approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and engaged in the supplemental clinical experience required before registration by AOTA.
2. In order to participate as a provider of **physical therapy** under a Waiver, a provider must be a physical therapist (PT) currently licensed by the Massachusetts Division of Registration in Allied Health Professions.
3. In order to participate as a provider of **speech therapy** under a Waiver, a provider must be a speech/language therapist (SLT) currently licensed by the Massachusetts Division of Registration in Speech/Language Pathology and Audiology with a Certificate of

Clinical Competence from the American Speech Language Hearing Association (ASHA)).

Other Agency Qualifications Specific to This Waiver Service

Providers shall:

1. Be a home health agency participating in MassHealth under 130 CMR 403.000 or a Rehabilitation Center in accordance with 130 CMR 430.600 or for speech therapy only a Speech and Hearing Center participating in MassHealth under 130 CMR 413.404 or a group participating under 130 CMR 432.404.
2. Provider organizations must provide appropriate and ongoing supervision of direct care staff.

Individual Provider

Qualifications

1. In order to participate as a provider of **occupational therapy** under a Waiver, a provider must be a licensed occupational therapist (OT) participating in the MassHealth program under 130 CMR 432.000.
2. In order to participate as a provider of **physical therapy** under a Waiver, a provider must be a licensed physical therapist (PT) participating in the MassHealth program under 130 CMR 432.000.
3. In order to participate as a provider of **speech therapy** under a Waiver, a provider must be a licensed speech/language therapist (SLT), participating in MassHealth under 130 CMR 432.000,

U. TRANSITIONAL ASSISTANCE SERVICES STANDARDS

Agency Provider

Provider Staff Qualifications

Staff providing Transitional Assistance services must:

1. Have a College degree (preferably in a human service field), plus experience in providing community-based services to individuals with disabilities; or at least 2 years comparable, community-based, life or work experience providing services to individuals with disabilities;

Other Agency Qualifications Specific to This Waiver Service

Providers must be current contractors with MRC or UMMS of one of the following services:

1. Independent Living Centers;
2. Community Assessment and Support Services (MRC07SHIPCMCSW) – Support Worker or Case Management;
3. Regional Service Centers and Day Supports for Individuals with Brain Injury (BI&SSCS);
4. Supported Living (09-MRC-09ILSLS);
5. Individual Supports & Community Habilitation under the ABI waivers qualified by UMMS.

V. TRANSPORTATION STANDARDS

Agency Provider

Provider Staff Qualifications

1. Driver Qualifications

- a. Drivers must have a valid Massachusetts drivers license (or valid license from a contiguous state) appropriate to the type of vehicle they will be operating and 3 years of driving experience, including experience driving multi-passenger vehicles.
- b. Drivers must be at least 19 years of age and have completed all required training (see #4 below Driver and Monitor Training, and Section I. General Standards, (I) Education, Training, Supervision).
- c. Drivers must supply written health records on their physical condition and must be physically able to assist participants entering and exiting vehicles.
- d. Drivers are subject to the drug/alcohol testing provisions identified under the Policies and Procedures for this Section L (see subsection. I.e, below).
- e. Drivers must have a Registry of Motor Vehicles report on any moving violations on file at the Transportation Provider's place of business, prior to any contact with participants. This report must be updated annually. The Transportation Provider must exercise judgment in determining the appropriateness of any driver whose report indicates any violation. At a minimum, any driver whose Registry of Motor Vehicles record includes any of the following violations within the previous 10 years should be prohibited from contact with participants:
 - 1) Driving under the influence of alcohol or drugs/driving while intoxicated;
 - 2) Reckless driving/driving to endanger;
 - 3) Leaving the scene of an accident;
 - 4) Driving without a license and/or insurance;
 - 5) Driving with a suspended license; and

- 6) Any record with multiple or repeated violations (other than parking).

2. Monitor Qualifications

- a. Monitors must be at least 19 years of age and have completed all required training (see #4 below Driver and Monitor Training, and Section I. General Standards, (I) Education, Training, Supervision).
- b. Monitors must be physically able to assist participants entering and exiting vehicles.
- c. If any monitor is ever to be used as a driver, he or she must meet all driver qualifications prior to work as a driver.
- d. Monitors are subject to the drug/alcohol testing provisions identified under the Policies and Procedures for this Section L (see subsection l.e, below).

Other Qualifications Specific to This Waiver Service

1. Transportation Operations

The Transportation Provider shall:

- a. Ensure that vehicles used for Waiver Transportation are owned, leased, or otherwise controlled by the Transportation Provider by means of a written agreement.
- b. Ensure that all vehicles (both primary and backup) used for Waiver Transportation meet the specifications as described herein. Upon request, the provider shall furnish a list of all vehicles that will be used to transport Participants. This list shall include the make, model year, vehicle identification number (VIN), license number and vehicle type for each vehicle to be used to transport participants.
- c. Remove from service any vehicle that is unsatisfactory or questionable for safety or roadworthiness (e.g., two-way radio inoperative, inspection shows problems, due for maintenance, etc.).
- d. Maintain liability insurance on all vehicles used to transport participants at a level that meets or exceeds the amount of compulsory motor vehicle liability insurance level required by state regulation. (Liability: \$20,000/person and \$40,000/occurrence; Property damage: \$5,000)
- e. Have an established drug/alcohol testing policy. At a minimum, this policy must include provisions for drug/alcohol testing when there is reasonable suspicion that the driver/monitor is under the influence of drugs/alcohol and following any motor vehicle accident while the driver/monitor is on duty.
- f. Provide curb-to-curb service, unless another level is specifically authorized by the Case Manager, in a professional, safe and courteous manner. The Driver and Monitor (if present) shall assist participants with entry or exit of vehicle; however, the driver shall remain in or near the vehicle at all times that a participant is present in the vehicle and shall not enter any buildings.

- g. Have a sufficient number of vehicles and drivers available to meet the needs of participants accepted for service, including a sufficient number available to transport participants during the time established by the Case Manager or when an emergency arises.

2. General Vehicle and Equipment Requirements

- a. The Transportation provider shall ensure that vehicles (both primary and backup) conform to all applicable state and federal statutes, regulations or standards, including, but not limited to the requirements, rules and regulations of MRC, MassHealth, and the Registry of Motor Vehicles.
- b. All vehicles used to transport participants must:
 - 1) Be garaged and registered in the Commonwealth of Massachusetts;
 - 2) Have passed inspection by the Registry of Motor Vehicles prior to being used to transport participants, with written verification kept on file at the Transportation provider's offices;
 - 3) Be clearly identified with the corporate or business name affixed to the vehicle in accordance with Registry of Motor Vehicles regulations;
 - 4) Be maintained in good working order (including but not limited to brakes, tires, heater, windshield, wipers, defroster, speedometer, etc.) with an established preventive maintenance program and all necessary gasoline, oil, grease, and repairs furnished; and
 - 5) Be equipped with:
 - a) A seat with installed seat belts for every vehicle occupant (including Driver and Monitor), which shall be in proper working order and accessible to the occupant.
 - b) A cellular phone or FM two-way radio licensed under the direction of the Federal Communications Commission. Mobile units shall be able to contact the base station at all times while participants are on board. The base station shall be manned while any vehicle is in transit and vehicles in transit and the base station must be able to communicate at all times;
 - c) A working air conditioning system of sufficient capacity to cool the entire vehicle;
 - d) Snow tires or their equivalent during the period November 15 through April 15 of each year;
 - e) Spare tire and jack (unless covered by vendor maintenance policy);
 - f) Portable step (optional for lift equipped vehicles) – Stools should be made of high-strength material, preferably metal and have rubber tips on the bottom to prevent slipping on wet or icy pavement;
 - g) A first aid kit and multifunctional fire extinguisher (universal class C, UL rated).

3. Non-Ambulatory Vehicle (Chair Car) Additional Requirements and Securement Standards

- a. Any vehicle used for Non-Ambulatory Transportation must be equipped with the following equipment specifications:
 - 1) A hydraulic lift with manual backup operational capacity;
 - 2) A raised roof at least 12 inches high;
 - 3) Raised side doors at least 54 inches high; and
 - 4) Four securement straps, a lap belt and a shoulder belt assembly for each wheelchair. If the vehicle is equipped with a “locking bar” system, then only two securement straps are needed for that chair.

- b. Wheelchair securement requirements are as follows:
 - 1) All wheelchairs must face forward in the van;
 - 2) All wheelchairs must be secured in the front and rear. If using a “locking bar” system, the front of the wheelchair must still be secured with straps;
 - 3) All participants must be secured into their wheelchairs using the lap/shoulder belt assembly that works in conjunction with the securement system. The lap/shoulder belt assembly must be used in addition to any other wheelchair securement devices.

4. Driver and Monitor Training

The Transportation provider shall ensure that:

- a. Drivers and monitors have successfully completed the applicable in-service training program prior to their transporting any participants. The ASO or its agent reserves the right to request documentation of trainings conducted.
- b. The mandatory training shall include, at a minimum, the following and must be conducted annually thereafter:

Driver Only:

- 1) Driver rules and regulations
- 2) Defensive driving and reacting to skids
- 3) Vehicle stalling and brake failure

Driver and Monitor

- 1) Proper use of vehicle safety equipment
- 2) Content and use of all first aid kit items
- 3) Use of two-way radios, if applicable
- 4) Emergency vehicle evacuation procedures
- 5) Accident procedures and incident reporting
- 6) Correct use of participant seat belts

- 7) Use of wheelchair lift and proper wheelchair securement
- 8) Reaction to seizures
- 9) Dealing with agitated and aggressive behaviors
- c. Drivers must have a good basic knowledge of the service area and be provided with detailed maps of the service area. Drivers and dispatchers must be aware of the locations and telephone numbers of emergency facilities (police, fire, hospital, etc.) in the service area.
- d. Drivers operating non-ambulatory vehicles receive hands-on training in order to ensure that they understand and are able to properly follow the procedures for proper securing of wheelchairs and use of the lift system in vehicles prior to transport.
- 5. Policy on Cell Phone Use and Texting
The provider shall have a policy prohibiting use of cell phones and texting while the vehicle is being driven.

W. VEHICLE MODIFICATION STANDARDS

Agency Provider

Provider Staff Qualifications

- 1. Skilled in applicable mechanical, electrical, welding or electronics trades who have current applicable licenses and/or certifications.

Other Agency Qualifications Specific to This Waiver Service

- 1. Current applicable local and state business licenses.
- 2. Located in Massachusetts or a contiguous state.

Individual Provider

Qualifications

- 1. Skilled in applicable mechanical, electrical, welding or electronics trades.
- 2. Current applicable licenses and/or certifications.
- 3. Current applicable local and state business licenses.
- 4. Located in Massachusetts or a contiguous state.

III. REVISION HISTORY

A. June 5, 2013

Two changes were made to clarify the standards for Supportive Home Care Aides in Section G. Home Health Aide Services, Homemaker Services (May be Self-Directed) and Supportive Home Care Aide Services Standards.

3.c. - Certificate of 60 Hour Personal Care Training was removed. The Waiver only allows for Certificate of Home Health Aide Training and Certificate of Nurse's aide Training.

Other Agency Qualifications Specific to This Waiver Service – Supportive Home Care Aides have been added to number 1 to clarify that they are also to receive supervision at least once every three months by a Registered Nurse.