



MASSACHUSETTS REHABILITATION COMMISSION

COMMUNITY LIVING DIVISION PROVIDER MANUAL

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SECTION I: MRC Principles and Practices for All Providers

DEFINITION of TERMS

The following is provided to facilitate common language and understanding of terms used throughout this manual.

BI&SSCS – stands for the Brain Injury and Statewide Specialized Community Services department, the former name of the Statewide Head Injury Program (SHIP).

Caregivers – person trained and approved to provide daily care, supervision, and oversight of an individual served in Shared Living and Shared Home Support models.

Case Managers – MRC, ABI and MFP Waiver staff who arrange for the provision of services and monitor that services are provided as authorized. Includes Program Coordinators of SHIP.

Community Based Services – a program within MRC's Community Living Division which includes the Statewide Head Injury Program (SHIP), TBI Waiver Services, the Nursing Facility Transition Team (Rolland), and the ABI / MFP Waiver.

Community Living Division – represents a division of the Massachusetts Rehabilitation Commission which includes Protective Services, Consumer Involvement, Home Care Assistance, Independent Living, Community Based Services, SHIP (formerly BI&SSCS), TBI Waiver Services, the Nursing Facility Transition Team (Rolland), and ABI and MFP Waivers.

Guardian – a person who has been appointed by a court to make decisions for a person who has been adjudicated incompetent with respect to making certain decisions (e.g., consent to surgery).

Individual – someone who receives funded services dependent upon eligibility criteria and requirements. The term also includes participants, consumers, residents, Rolland Class Members, Waiver participants, and consumers of MRC-funded services.

Licensed Mental Health Clinician – a clinician who is licensed as a mental health provider, to include a psychology, social worker or mental health worker.

Licensed Clinical Neuropsychologist – a qualified psychologist licensed by the Board of Registration of Psychologists and specializing in clinical neuropsychology. In addition, the licensed clinician neuropsychologist must have met the educational, as well as pre-doctoral and post-doctoral clinical experiential / training requirements, recommended by the

International Neuropsychological Society and Division 40 (Clinical Neuropsychology) of the American Psychological Association.

Office of Medicaid – manages the MassHealth program which includes the administration of Waiver programs.

Providers – independent contractors or agencies/organizations qualified to provide a funded service.

Rehabilitative Specialists – independent contractors or organizational/agency licensed staff who specialize in therapy services to improve functioning, increase and maintain skills, or prevent the regression of skills (e.g. physical therapy, occupational therapy)

Residential – 24/7 group living or shared living.

Site-Based Programs – all structured day programs, 24/7 group living residences, and shared living.

Shared Living – 24/7 residential model of supports provided in an identified caregiver home.

Shared Home Supports – residential model of supports for individuals needing less than 16 hours per day of care.

SHIP – stands for the Statewide Head Injury Program (SHIP) within the Community Living Division of the Massachusetts Rehabilitation Commission, and includes the Statewide Head Injury Program (SHIP), the Nursing Facility Transition Team (Rolland), and the Transition of Youth with Disabilities (Ch. 688) Team. SHIP was formerly known as BI&SSCS.

Staff – employees paid by a provider organization

Waiver Programs – applies to Acquired Brain Injury waiver (ABI), Money Follows the Person waiver (MFP), and Traumatic Brain Injury waiver (TBI) which are all administered by the Office of Medicaid

GUIDING PRINCIPLES

1. Mission and Values

The Massachusetts Rehabilitation Commission (MRC) seeks to affirm, promote, and protect the rights of all people participating in the programs of the Commission, including the ABI and MFP Waiver programs. The denial of any individual's rights, whether it occurs because of ignorance, misinformation, or malice, is unacceptable.

This policy establishes MRC's basic framework for promoting, protecting and ensuring understanding of the rights of MRC Community Living consumers and Waiver participants by those who provide services to them.

Three key principles guide and inform the Human Rights policy of the Commission.

- a. Respect for every individual.
- b. Information and support for every individual and those that support them to enable them to understand their rights and that exercising their rights involves the responsibility to consider the rights of other persons.
- c. Freedom and the power for individuals to express their wishes and to exercise their rights, including those individuals for whom a guardian has been appointed.

2. Purpose and Scope

The Massachusetts Rehabilitation Commission is committed to the affirmation, promotion, and protection of the rights of all individuals. This policy is a statement of the human rights of these individuals.

This policy is intended to assure respect for the human rights and dignity of all individuals by the providers. Every person who is engaged in the provision of services is individually responsible for affirming, promoting, and protecting human rights of individuals in a manner consistent with this policy.

3. Statement of Human Rights

The Massachusetts Rehabilitation Commission expressly adopts each of the following statements in furtherance of the goal of respecting the human rights and dignity of the people it serves.

- a. **Dignity.** Individuals have the right to be treated with respect, including respect for ethnic and cultural diversity.
- b. **Self-determination.** Individuals must have the opportunity to make meaningful choices and to make informed decisions about their lives. Informed decision-making includes the right to decide to take reasonable risks. It also requires adequate support to help the individual understand and weigh the risks and benefits of their decisions, as needed.
- c. **Communication.** Individuals have the right to communicate with others and to fully express themselves. Individuals shall have access to the assistance necessary to communicate, including access to adaptive equipment, to alternative hearing and communication devices.
- d. **Relationships.** Individuals have the right to visit others and to receive visitors, including the right to have friendships and relationships with mutually consenting adults.
- e. **Privacy.** Individuals have the right to privacy. This includes privacy during care of personal needs, privacy in communication, privacy in visits, privacy in one's home and personal space, and confidentiality of personal information.
- f. **Personal Safety.** Individuals have the right to be safe and the right to be free from harm or abuse.
- g. **Personal Property.** Individuals have the right to obtain, keep, use, and dispose of personal possessions.
- h. **Education, Employment, and Compensation.** Individuals have the right to equal access to opportunities for education and for employment. Individuals who are employed have the right to be fairly compensated for the work that they do.
- i. **Community Membership.** Individuals have the right to expect services and supports will be provided in a manner that promotes their ability to live in the least restrictive, and most typical, settings appropriate to them.

Supports and services shall encourage and maintain meaningful community membership in accordance to the individuals' wishes. As members of a community, all individuals have a responsibility to respect other people and to exercise their rights with due regard for the rights of other members of the community.

PERSON-CENTERED PLANNING PRINCIPLES

All MRC Community Living Division providers are expected to deliver services consistent with the principles of Person-Centered Planning, unless the individual has been assessed as needing a behavior plan that addresses any restrictions. Individuals receiving long-term services and supports must have full access to the benefits of community living and the opportunity to receive services in the most integrated settings possible.

Specifically, providers must:

1. Ensure that individuals have the freedom and support to control their own schedules and activities, and have access to food at any time;
2. Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint;
3. Optimize, but not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.

In addition to being led by the individual receiving services and supports, the person-centered planning process:

1. Includes people chosen by the individual;
2. Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions;
3. Is timely and occurs at times and locations of convenience to the individual;
4. Reflects cultural considerations of the individual and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient;
5. Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants;
6. Offers informed choices to the individual regarding the services and supports they receive and from whom;

7. Includes a method for the individual to request updates to the plan as needed; and
8. Records the alternative home and community-based settings that were considered by the individual.

Furthermore, any modification to these and other conditions specified must be supported by a specific assessed need and justified as part of the person-centered planning process (listed under the “Person-Centered Service Plan” section later in this Manual).

The individual will lead the person-centered planning process where possible. The individual’s representative should have a participatory role, as needed and as defined by the individual, unless State law confers decision-making authority to the legal representative. All references to individuals include the role of the individual’s representative.

PERFORMANCE MANAGEMENT OUTCOMES

The goal and purpose of each service provided by a provider is directed toward the following:

1. The individual maintains or improves functional independence.
2. The individual experiences an improved quality of life.
3. Individual and/or family expresses satisfaction with the services they receive.
4. Improvement in the overall quality of life and functioning of each individual as documented by measurable progress made by each person toward their goals.

Each provider will acknowledge and work toward these basic goals with the individuals they serve. Other performance outcomes may be developed by MRC.

SUPERVISION

Supervision is a key component to providing quality community-based services to individuals. It is an opportunity for a professional to receive consultation, guidance and support in thinking through interventions, handling difficult situations and learning new skills to meet challenges. There is an expectation that all staff employed by a provider organization receive appropriate and on-going supervision on an annual basis to include performance evaluations.

ACCOUNTABILITY

Provider organizations and self-employed providers must comply with the policies and procedures set forth in this manual (the MRC Community Living Provider Manual). Failure to do so, particularly in relation to the following violations, may result in actions including but not limited to implementation of Corrective Action Plans and/or disqualification as a Provider:

1. Interactions with individuals that are deemed to be inappropriate or harmful to the individuals
2. Verbalizing or exhibiting prejudice toward any person or group of people
3. Illegal activities and/or any conviction for a crime
4. Noncompliance with mandated reporting of suspected abuse
5. Lack of appropriate supervision and oversight by an organization's supervisory staff
6. Non-responsiveness to established expectations under overall performance measures and targets
7. Breach of confidentiality
8. Failure to comply with the MRC Incident Reporting policy
9. Failure to maintain a complaint resolution policy and to address complaints in an effective and timely manner
10. Failure to comply with contractual obligations

REQUIRED PROVIDER PRACTICES

Providers of goods (i.e., Specialized Medical Equipment) are excluded from these practices.

1. Providers must have a plan in place for dealing with emergencies in the person's home or other place of service delivery including accessing emergency medical services and contacting provider supervisors (if applicable). **For non-site based programs, providers must develop a policy and procedures for what staff do if the consumer is "not at home" upon arrival for an appointment. (For site based programs, see Elopement policy.)**

2. Provider organizations must have job descriptions and salary scales.

All job applicants being considered for employment in a MRC-funded or Waiver program shall, prior to their being hired, sign a release authorizing the provider organization to access his/her Criminal Offender Record Information (CORI). Under no circumstances shall a provider organization hire an individual who exhibits a history of felonious criminal behavior, or any criminal charges which may potentially place individuals at risk. Further, no provider staff member, who has pending charges or who exhibits a history of conviction during the past five years for DUI/OUI, vehicular homicide, or other similar motor-vehicle related offenses, shall be responsible for transporting individuals. Providers of residential group living services and shared living services as well as shared home supports will be expected to send an annual letter of assurance (or, if applicable, include this in a single letter of assurance specifically covering several different required assurances) that they are complying with this policy to the appropriate MRC administrative staff for the contract file.

3. When applicable (i.e., when providers are not otherwise qualified through an EOHHS agency), provider organizations must allow MRC staff to conduct initial new site assessments and subsequent annual on-site contract monitoring reviews for each applicable site to ensure provider performance and compliance with program policies and procedures. A list of site review tool elements used for assessing day service sites is contained in Appendix P. Appendix Q contains a list of site review tool elements for new sites used for residential programs. Monthly assessments are done as needed, and its tool elements are listed in Appendix R. Finally, Appendix S contains a list of site review tool elements used during annual assessments of residential program sites.

4. Provider organizations must maintain files with documentation (including attestations or assurance of compliance) including:
 - a. Results of annual CORI checks
 - b. Results of reference checks
 - c. Resumes
 - d. Training/in-service certificates
 - e. Copy of license(s), if applicable
 - f. Performance evaluations
5. Applicable Center for Disease Control/OSHA guidelines must be followed.
6. Providers must have policies to ensure bi-annual tuberculosis screening and have documentation (including attestations or assurance of compliance) that testing has been performed for all provider staff who come into direct contact with individuals served. For independent contractors, documentation (including attestations or assurance of compliance) of annual testing must be also maintained and provided upon request.
7. Whenever applicable, providers must have an infection control plan to prevent occupational exposure to blood-borne illnesses including AIDS/HIV and hepatitis.
8. Providers must have policies for handling allegations of loss, theft, and/or damage of individual's property. Providers are expected to deliver services consistent with the principles of Person-Centered Planning (see related section earlier in this Manual).
9. The number of qualified staff must be available to meet the needs of individuals accepted for service and reflected in the contract.
10. Providers must ensure that all workers are able to perform assigned duties and responsibilities.
11. All provider staff are expected to consistently conduct themselves in an informed and professional manner, with respect to the performance of their assigned responsibilities.
12. In cases where an individual is moving into a residence including group and shared living or a shared home support settings, special attention should be given to transition-related issues that can help to ensure a successful move into someone's new home.

The licensed mental health clinician for the program should attend the transition meeting and is expected to be familiar with the individual's history and present functioning. He or she should help make decisions for a smooth transition. The transition planning process should address the following:

- a. Updated information regarding residential site and home modifications, when indicated. Confirmation of date when residence would be ready for occupancy.
- b. Emergency Evacuation Safety Plan: Status regarding content and completion.
- c. Fire drills to ensure the evacuation of individuals within 2 ½ minutes during both awake and asleep drills.
- d. Status regarding equipment and assistive technology needs (when applicable), as well as personal needs (e.g., clothing, furnishings).
- e. Staff or caregiver hiring and training: Confirmation of date when residential staff/caregivers will have been hired. Schedule of required trainings, in accordance with the Manual of Policies and Procedures, as well as training of direct care staff/caregivers with respect to the personal care of the individual.
- f. Specific plan for addressing medical transition needs, to include: scheduling of appointments with a primary care physician and other clinical specialists, when indicated (e.g., psychiatry for medication management; speech and language pathologist for dysphagia protocol, etc.); transfer of prescriptions for medication; visiting nurses, etc.
- g. Specific plan regarding day services and other community-based programs/services, and status of referrals to these programs.
- h. Review of financial status and needs (e.g., application for SSI/SSDI benefits, transfer of bank accounts, funds, etc).
- i. Plan for transitioning and orienting an individual into their new home. This should include provisions for:
 - i. Site visits by the individual, guardian, and/or designated family/significant other(s).
 - ii. Graduated plan for visitation, to include an overnight stay, when indicated.
 - iii. Plan for introducing individual to roommate(s), when applicable.

- iv. Status regarding review of required program documents with individual, guardian, and/or designated family/significant others, including Program Participant Expectations, Confidentiality Policy, Program Fees Policy, etc., as well as a Behavioral Management plan (when applicable). If a Behavioral Management Plan is necessary, the licensed mental health clinician should develop the plan and train the staff to implement the plan.
- v. Plan for decorating, purchasing and moving personal items.
- vi. Designated date for consumer to move into their home/ program.

EXPECTATIONS REGARDING PROFESSIONAL BEHAVIOR

1. Dress Code

Staff working in programs may dress in relatively casual attire. However, provider staff shall not wear the following clothing items:

- Shirts (e.g., T-shirts, sweatshirts) or other clothing with obscene, violent, vulgar, racist, sexist, or sexually-provocative images or text.
- Shirts (e.g., T-shirts, sweatshirts) or other clothing with text or images advocating illegal, personal or political causes; alcohol or cigarette advertisements; or any other pictorial or written information which may potentially offend or provoke individuals.
- Ripped jeans or other ripped/torn clothing.
- High heels, flip flops, or other footwear which may place an employee at risk for injury or impede their ability to support/care for individuals.
- Tight-fitting or revealing clothing, including but not limited to, sheer blouses/shirts, short shorts, mini-skirts, halter tops, “muscle” shirts, clothing revealing the midriff, breasts, or other private body areas.

Staff serving individuals who exhibit a known history of aggressive, problematic sexual behavior, or other high risk behaviors which may potentially place staff at risk, may be required to comply with additional restrictions, with respect to their work attire or accessories. Restricted items may include, but not be limited to, the following:

- Certain jewelry items (e.g., hoop earrings, nose rings, etc.)
- Neckties and neck chains
- Open toed shoes/sandals
- Other accessories or clothing items which are judged to constitute a potential risk to the employee

2. Professional Boundaries

Each staff person is expected:

- To exhibit a thorough knowledge and understanding of the personal history; clinical and other service needs; service plans; and all specialized care and behavioral management protocols developed for all individuals for whom they are responsible.
- To provide services to individuals without any evidence of prejudice, bias, or discrimination on the basis of the participant's religion; race or ethnicity; age; gender; sexual orientation; or cause or manifestation of the person's disability.
- To interface and communicate with all individuals, as well as their legal guardians (when applicable), family members, significant others, and friends, in a respectful, empathic, and courteous manner.
- To cooperate and collaborate with all MRC and Waiver case management staff.
- To understand and comply with all administrative, clinical, and other policies and procedures established by the provider organization and the Massachusetts Rehabilitation Commission.

In addition, and in consideration of the need to establish clear professional boundaries, avoid dual relationships, and/or prevent inequitable treatment or victimization, provider staff are **strictly prohibited** from:

- Engaging in any sexual or otherwise intimate or personal relationships with individuals.
- Engaging in clandestine exchanges, or withholding information from other provider staff that has been communicated to them by individuals or their guardians, family members, significant others or friends.
- Accepting or giving money or other gifts from/to individuals and their legal guardians (if applicable), family members, significant others, or friends.
- Taking or inviting individuals to their homes or other places unrelated to the provision of services (e.g., other work sites, church, extended family homes etc.).
- Disclosing information of a personal nature about themselves, their family members, significant others or friends. This shall include, but not be limited to, disclosure of a staff member's medical status, mental health status, religious and/or political beliefs, substance abuse history, interpersonal relationships/ conflicts, financial status/ difficulties and/or conflicts/difficulties with administrative, other program, and/or Waiver or MRC staff.
- Touching individuals in an intimate (e.g., hugging, kissing, etc.) or aggressive (e.g., pushing, pulling, striking, etc.) manner.
- Violating an individual's personal space, or inappropriately examining, using, or touching an individual's personal belongings, except in the implementation of a Room Search (see Room Search Policy).
- Sitting/lying on or sleeping in an individual's bed.
- Taking or utilizing an individual's checkbook, credit card(s), or monies (see Money Management Policy).

COMPLAINT RESOLUTION PROCESS FOR PROVIDERS

All providers, including independent contractors, shall have a written complaint reporting and resolution policy. Provider organizations shall provide training to all provider staff regarding the Complaint Resolution Process (“CRP”).

1. Each provider shall make available to the individuals they serve, and other interested parties, their complaint resolution policy in such place that is accessible to consumers and/or guardians. Such policy shall be subject to inspection by the Waiver staff and MRC, as appropriate.
2. The CRP shall clearly describe how to file a complaint and the provider’s protocol for addressing the issue and working toward an appropriate resolution, whenever possible. The CRP shall also include the provider’s timelines for responding to a complaint in a timely manner and notification that the Individual will receive a written response within 30 days.
3. The provider shall attempt to resolve complaints, whenever possible, quickly and informally and shall include the individual, the case manager and the person’s legally authorized representative, as appropriate, in the complaint resolution process.

Resolution of complaints through an informal process will be documented in the consumer’s case folder and will include a description of the nature of the complaint and the means by which it was resolved.

Implementation of this policy should include providing consumers with a cognitively accessible written copy of the agency’s or independent contractor’s procedures for initiating and resolving formal complaints. Consumers must also be educated on this procedure annually if they continue to receive services from the same provider. In addition, when a formal complaint is filed, the provider must also inform the individual’s case manager.

COMPLAINTS AND APPEALS FOR INDIVIDUALS

POLICY:

This section contains the policies and procedures for appeal and redress of certain matters affecting applicants for and recipients of supports provided, purchased, or arranged under MRC Community Based Services, which includes the SHIP and Waiver programs.

Any participant receiving services under MRC Community Based Services has the right to register a complaint about a provider of SHIP or Waiver services or any aspect of state agency (i.e., MRC, DDS, UMass or MassHealth) performance of SHIP and Waiver activities.

This section shall not apply to, and shall not be used to resolve, disagreements between state agencies or between providers and state agencies concerning services being provided to individuals under the SHIP and Waiver programs.

This section shall complement, and not supersede, Fair Hearing and Appeal procedures set forth in state laws and regulations.

IMPLEMENTATION:

1. Introduction

- a. An individual, family member, guardian, or legal representative may file a complaint about any aspect of SHIP and Waiver programs, services, or staff.
- b. An individual, family member, guardian, or legal representative may file an appeal of an ISP or POC developed for that individual or a decision by program staff regarding the individual's eligibility for certain services.
- c. If an individual has a guardian, a complaint or appeal may only be filed by the individual, the guardian, and/or the individual's legal representative. In addition, if an individual has no guardian and is competent, the individual may mandate that no other person can file a complaint or appeal on his/her behalf.
- d. At the time of each individual's Person Centered Service Plan assessment, service plan development and review, as well as upon annual re-determination of the member's eligibility, the individual, guardian, and/or legal representative shall be informed of the right to file a complaint or appeal. A copy of this policy shall be provided.

- e. Providers shall also maintain their own Complaint Resolution procedures as required under the "Complaint Resolution Process for Providers" section of the MRC Providers Manual. Individuals, family members, guardians, and legal representatives are encouraged, but not required, to follow the provider's own Complaint Resolution procedures before filing a complaint or appeal with MRC.

2. Complaints about SHIP and Waiver programs, services, staff, and/or providers:

- a. If at any time the individual, guardian, family member, or legal representative is dissatisfied for any reason with SHIP and/or MRC-operated Waiver programs, services, or staff, or a provider of SHIP or Waiver services, s/he may file a complaint with the Director of Community Based Services within MRC's Community Living Division, appropriate case manager, or any program staff using any form of communication (written, electronic, or verbal).
- b. A complaint must be filed within 45 days after the individual, guardian, family member, or legal representative became aware of the issue or subject of the complaint.
- c. Any program staff receiving a complaint shall immediately fill out the Community Based Services Internal Complaint Form and give it to the Community Based Services Director (who oversees the Waiver and SHIP programs).
- d. At a minimum, the following information must be obtained and will be logged in the Community Based Services Complaint Log:
 - a. The date the complaint was initiated
 - b. The nature of the complaint
 - c. Name and contact information of person making complaint
 - d. Whether the complainant is an individual, family member, or legal representative.
 - e. Description of complaint
 - f. Program Director or designee assigned to address the complaint
 - g. Date resolution was initiated
 - h. Resolution description
 - i. Resolution date
 - j. Name of the person resolving the complaint
 - k. Any other relevant information
- e. The Community Based Services Director or his/her designee shall respond to complaints within 3 business days and resolve the issue within 15 business days. If a complaint cannot be resolved, the Director must substantiate the reasons, provide

- a revised resolution date and document this in the Complaint Log.
 - f. The resolution should include specific actions taken by the Community Based Services Director or designee to resolve the identified issue. Reason(s) for any delay in resolving the complaint must be documented in the Complaint Log.
 - g. Program staff shall document the resolution of the complaint in the individual's case file.
 - h. If the complaint and/or resolution involves a SHIP or Waiver provider:
 - a. Documentation of the resolution should include specific actions that were taken by program staff to solve the issue identified.
 - b. If the complaint notes certain items or actions, including, but not limited to, equipment and/or supplies, claiming and billing issues, services, or training have not been received by the individual, the resolution should include the details surrounding how and when these items or actions will be provided.
 - c. In all instances, the Community Based Services Director or designee will discuss with the individual, family member, guardian, and/or legal representative whether to choose another MassHealth provider (if available) or modify services.
 - d. The Community Based Services Director will document any complaints against the provider in the individual's case file, as well as in the resolution documented in the Complaint Log.
3. Appeals of SHIP or Waiver determinations:
- a. The following issues may be appealed:
 - a. An individual's eligibility for TBI and SHIP services and supports (see note below regarding eligibility for ABI and MFP services and supports);
 - b. Whether the assessments performed or arranged by MRC or the provider to serve as the basis for the development and review of an individual's ISP were sufficient for that purpose;
 - c. Whether the types of supports and services identified in the ISP are consistent with the Person-Centered Planning Principles section of the MRC Providers Manual;
 - d. Whether the process of developing and implementing the ISP and/or POC is consistent with procedures set forth under the Person-Centered Service Plan section of the MRC Providers Manual;

- e. Whether the use of behavior modifications is consistent with procedures for restrictions and conditions set forth under the Person-Centered Service Plan section of the MRC Providers Manual; and
 - f. Whether the ISP is being implemented.
- b. An individual, guardian, family member, or legal representative may appeal in writing to the Director of Community Based Services. The Director shall acknowledge the request for an appeal in writing within ten working days of the receipt of the request.
- c. If the appeal is about an individual's eligibility for services and supports provided under the ABI and MFP Waivers, including annual redeterminations, the Director of Community Based Services shall refer this appeal to MassHealth.
- d. After receiving an appeal for all concerns other than those related to MassHealth as noted in "c." above, the Community Based Services Director, in coordination with other MRC staff involved with the individual's services, shall review the individual's entire file. Within 30 days of the acknowledgement of the request for an appeal, the Community Based Services Director shall render a decision in writing to the applicant.
- e. If the individual remains in disagreement with the Community Based Services Director's decision, he/she, the guardian, or a legal representative may request a fair hearing in writing within 30 days of receipt of the Community Based Services Director's written decision.
- f. Within 60 days of the date of the written request for a fair hearing, MRC shall hold a fair hearing:
 - a. The review shall be conducted according to the provisions of Informal Rules of Adjudicatory Procedure found at 801 CMR 1.02.
 - b. The fair hearing shall be conducted by an impartial hearing officer designated by MRC;
 - c. The individual shall have the right to be represented at the hearing by a person of the individual's choosing at the individual's own expense;
 - d. The appealing party and MRC shall have the right to present any evidence relevant to the issues on appeal and have the right to call and examine witnesses;
 - e. The appealing party with appropriate authorization can examine all records held by MRC pertaining to the individual, including all records on which the decisions at issue were made;

- f. Following the hearing, the hearing officer shall prepare and submit a decision which will include the reasons for the decision including a summary of the evidence presented, findings of fact, and conclusions of law.
 - g. The decision shall be mailed to the individual and to the individual's guardian or legal representative, as appropriate, and the Community Based Services Director within 30 days of the date of the fair hearing.
 - g. Unless the parties agree otherwise, those services which are the subject of an appeal shall not be suspended, reduced, or terminated until the resolution of the appeal.
- 4. Complaints involving other services or other state agencies:
 - a. Program staff shall assist the individual to access the applicable complaint resolution process for complaints involving other state-funded services or other state agencies. Examples are complaints that involve:
 - a. State-funded services that are not MassHealth services, not Waiver services, and/or not SHIP services; or
 - b. State agencies other than MRC, DDS, MassHealth, or UMass.
 - b. Any assistance to an individual regarding complaints about other services or other state agencies will be documented in the individual's case file and the Complaint Log.
- 5. Coordination between MRC, DDS, MassHealth, and UMass:
 - a. Appropriate program staff from MRC, DDS, UMass, and MassHealth shall:
 - a. Review the Complaint Log on a monthly basis to identify trends in complaints, identify process issues, and determine training issues.
 - b. Follow up with appropriate staff members or supervisors documenting the complaints if further clarification and/or explanation is required.
- 6. Compliance Reviews by MRC: MRC may initiate an investigation of a provider of Waiver or SHIP services in the absence of a complaint when it has reason to believe the provider and/or its staff may not be in compliance with applicable terms and conditions of its contract(s) with MRC and/or MassHealth. The investigation and any resolution shall be logged into the Community Based Services Complaint Log similarly to what is listed under the above sub-section, "Complaints about SHIP and Waiver programs, services, staff, and/or providers."

SECTION II: POLICIES for ALL PROVIDERS

ASSISTIVE TECHNOLOGY and ADAPTIVE EQUIPMENT

POLICY

Individuals may benefit from assistive technology devices or have been prescribed adaptive equipment to enhance functional capacity. Specialized equipment may include, but not be limited to, augmentative communication devices/systems; mechanical or electronic lifts; manual or motorized wheelchairs; electronic devices which may be utilized to compensate for cognitive deficits; and low tech apparatus (e.g., shower chairs, grab bars, walkers, etc.).

It is expected that all qualified providers understand the importance and implications for use of adaptive equipment. All providers should continuously be aware and responsive to risks identified when equipment is not functional and assist in the acquisition of needed repairs or modifications (i.e., encourage individual to pursue or coordinate repairs, and/or notify case manager or residential provider of identified concerns). It is, however, the expectation that residential provider organizations will ensure that all adaptive equipment and assistive technology devices utilized by individuals are well maintained and operational. Additional implementation requirements are reviewed below.

IMPLEMENTATION

1. Supportive and protective devices cannot be used if they result in unwanted restraint. Alternative devices promoting independence should be used.
2. **Residential** providers shall assume **primary** responsibility for ensuring that all assistive technology devices and adaptive equipment utilized by individuals are well maintained, operational, or repaired/replaced, when necessary.
3. **Non-residential** providers shall work with MRC staff to identify assistive technology repair needs when it becomes evident and making the case management or residential provider (if applicable) aware.
4. All provider staff charged with the responsibility for caring for individuals who utilize adaptive equipment and/or assistive technology devices will be thoroughly trained in the use of such equipment/devices. In site-based programs, the Program Manager/Director shall be primarily responsible for ensuring that all program staff have been trained (see Provider Training Policy).

5. All providers working with the licensed mental health clinician, and in collaboration with case management staff, shall identify individuals who may benefit from an assistive technology or adaptive equipment assessment, as part of the service planning process, and as needed.

BEHAVIORAL ASSESSMENT, MANAGEMENT, and SUPPORTS in SITE-BASED PROGRAMS

1. GENERAL BEHAVIOR MANAGEMENT GUIDELINES

POLICY

The primary goals of all behavior management/support interventions shall be to facilitate independence, to improve functional capacity, to promote social integration, and to enhance the quality of life of individuals. The behavior plans will provide positive stabilizing interventions to facilitate safety and independence. All plans will follow the least restrictive intervention necessary.

Behavioral assessment and the development of a behavior intervention plan or behavior support strategies may be indicated for some, but not all individuals. Most often, such interventions are assessed (using the steps set forth under the Person-Centered Service Plan section later in this manual) as being required to address the neurobehavioral / neuropsychiatric consequences of an acquired brain injury. Behavioral intervention strategies may also be implemented with individuals who exhibit behavioral and psychiatric symptoms which arise from other etiologies (e.g., psychiatric symptoms related to Lyme's Disease).

The need for a Behavioral Intervention Plan should be identified during the initial assessment, or at any other point, and addressed through the person-centered service planning process. For certain individuals, behavioral symptoms may be complicated by a history of substance abuse, premorbid psychiatric disorder, seizure disorder, and/or post-traumatic stress disorder (PTSD).

All Behavioral Intervention / Support Plans must be developed by a licensed mental health clinician (using the steps set forth under the Clinician's Role section later in this manual) with training in development and monitoring of behavioral interventions. Treatment plans, which are based upon principles of learning theory, must also reflect and integrate an understanding of the specific cognitive deficits identified through comprehensive psychological or neuropsychological evaluation.

Staff play an integral role, with respect to gathering baseline data, implementing the behavioral strategies designed to address pre-defined target behaviors, and monitoring and recording the qualitative and quantitative effects of both behavioral and psychopharmacologic interventions.

All staff should be trained by the licensed mental health clinician in how to implement the behavior plan.

IMPLEMENTATION

1. Behavior intervention/management plans shall always be cognitively, linguistically, and visually accessible and must be reviewed with and signed by the individual and his/her legal guardian (when applicable) indicating their willingness and consent to participate in these plans. Should an individual exhibit difficulty in reading, visually accessing (e.g., secondary to visual impairments), or understanding (e.g., secondary to aphasia, cognitive compromise, etc.) the behavior management plan, alternative methods for ensuring the individual's comprehension and retention of the information should be utilized (e.g., audio taping, large print format, re-wording for cognitive accessibility). If the primary language of the individual, or his/her legal guardian, is not English, behavior management/support plans must be translated into his/her primary language and explained with the assistance of an interpreter.
2. Consent to any and all behavior plans can be withdrawn at any time by the individual or their legal guardian (when applicable). The individual/guardian may also request a meeting at any time to discuss modifications to the plan.
3. The provider staff, in collaboration with the licensed mental health clinician and the individual's case manager, shall be primarily responsible for identifying the possible need for behavioral assessment and/or development of a behavior intervention/support treatment plan.
4. It is expected that behavioral assessment and treatment plans shall be developed in accordance with the accepted professional standards.
5. Behavior intervention/management plans may include, but not be limited to the following interventions:
 - Positive Reinforcement
 - Extinction
 - Restitution
 - Time-Out
 - Token Economy
 - Levels System
 - Plan Regarding Unsupervised Time in Residence/Community

However, certain behavioral interventions may be limited (e.g., time-out) or strictly forbidden from use (see Prohibited Behavioral Interventions Policy).

6. The implementation of behavior intervention/management plans, and the status of individuals in response to such plans, shall be closely and systematically monitored via data collection procedures. Staff shall be trained and primarily responsible for data collection and implementation activities.
7. Behavior intervention/management protocols shall be systematically and regularly reviewed, and on a pro re nata (when required) basis, revised by the licensed mental health clinician who developed the treatment plan.
8. All behavioral intervention/management plans developed for SHIP-funded program participants will be reviewed and approved by MRC's Behavior Intervention Plan Review Committee using the BIP Review Form (see Appendix A). Revised plans shall be re-submitted to the Behavior Intervention Plan Committee for review and approval.

2. PROHIBITED BEHAVIORAL INTERVENTIONS

Behavioral interventions which employ excessively restrictive/intrusive strategies, or which potentially pose significant psychological or physical risk/harm to individuals, are strictly prohibited from use. Specifically, the following intervention strategies shall **not** be employed in any behavior management/support plan:

- Mechanical (e.g., bedside rails when used as a restraint and not as a health-related protective device) or physical restraint, including forced escort or other hands-on interventions which limit the individual's freedom of movement
- Chemical restraint
- Any kind of involuntary seclusion, including locked or closed door seclusion
- Unsupervised/unmonitored (i.e., by program staff) or prolonged time-out (i.e., exceeding 15 minutes)
- Use of cigarettes, tobacco, or other carcinogens as positive reinforcers/rewards or the withholding of tobacco products as part of a behavior intervention strategy
- Deprivation of essential foods/liquids, sleep, clothing, bed/bedding, or bathroom use
- Physical punishment
- Verbal abuse, humiliation, or other degrading responses

- Any other contingent response which may potentially pose the risk of harm (psychological or physical), injury, and/or significant adverse consequences, with respect to individuals

3. RISK ASSESSMENT

Unless an assessment shows otherwise, individuals are presumed to be competent to make decisions and take responsibility for their decisions and actions. For individuals living in the community, a balance must be struck between reducing risks to the individuals and to other people, the individuals' rights, and the ability to provide services so that individuals may live safely in the community.

Consequently, this policy applies only to individuals who have been assessed as exhibiting a history of victimization secondary to cognitive deficit, or behavioral/psychiatric disorder evidenced in significant disinhibition; fire setting; unacceptable levels of aggressive behavior or violent behavior; recurrent suicidal behavior; sex offender or problematic sexual behavior (PSB). These individuals may also exhibit a history of incarceration or criminal charges, or may exhibit a history of substance abuse, including intravenous drug abuse (IVDA). Some individuals themselves present significant risk of being victimized by others, secondary to their psychiatric symptoms (e.g., depression) or neurocognitive compromise.

Staff responsible for providing services to these individuals are expected to exhibit a high degree of vigilance and to fully comply with all behavioral management protocols developed to ensure the safety of the individual, staff, and in residential programs, the individual's housemates, and those who share the community in which the program may be sited. With respect to residential programs, decisions regarding the ability of individuals to independently engage in activities both within and outside the residential program necessitates informed and careful consideration, not only by residential staff, but by clinicians who are trained and experienced in risk assessment and management.

A risk assessment may be recommended by the licensed mental health clinician pursuant to a specific assessed need and should be collaboratively considered with respect to making the following determinations regarding the individual's ability to:

- Spend time in his/her home unsupervised, or engage in unsupervised, community-based activities
- Participate in specific vocational training programs, to be independently employed, and/or to be responsible for certain job-related activities

- To engage in unsupervised recreational or social activities
- To travel on public transportation to a site-based program (e.g., day program)
- To engage in any activity which may serve to potentiate the behavioral vulnerabilities of the individual or victimization of others

When a risk assessment has been completed, the findings of such assessment shall be reviewed by the licensed mental health clinician and used to inform the service planning processes. As applicable, a behavior intervention plan and/or risk protocol shall be developed by the licensed mental health clinician.

CONFIDENTIALITY and RELEASE of INFORMATION

POLICY

It is the expectation that all providers will maintain a policy of strict confidentiality, with respect to all individuals' clinical and program records, as well as personal and family-related information.

IMPLEMENTATION

A. Record Storage

1. All historical and current records related to an individual shall be maintained in a locked filing cabinet, or other secure location (e.g., locked storage room). Providers shall also maintain the security of all individual data contained within computerized files consistent with the provision of the providers' contract for services with the Commonwealth.
2. An individual's record should be readily accessible to the case manager, as well as supervisory staff.
3. An individual's records should never be left in common areas, or other places within site-based programs, where these documents could be easily accessed by visitors and other unauthorized individuals.

B. Release of Information

1. The release or disclosure of **all or any** information, including written, typed, e-mailed, faxed documents, or verbally-communicated information regarding individuals **requires** written authorization (i.e., signed release form) of the individual, his/her legal guardian (when applicable) or by a lawfully designated representative (e.g., attorney, healthcare proxy).
2. The release form should be explicit with respect to the information to be shared (e.g., as in "collateral consultation" or "exchange of information for the purpose of clinical planning"), or specific records to be released.
3. Release forms should be signed by the individual or his/her legal guardian (when applicable) or by a lawfully designated representative (e.g., attorney, health care proxy agent).

4. If the individual cannot read, the content of the release form should be read to him/her, and this should be noted on the release form.
5. If the individual or his/her legal guardian (if applicable) is unable to read or comprehend English, release forms must be translated into his/her primary language.
6. Release forms should be dated and time-limited (one year), and the expiration date noted. Releases should be updated on an annual basis.
7. The provider is responsible for knowledge of all applicable state and federal laws governing the storage, use and release of personal data and shall comply with their obligations under those laws.
8. Release of any information regarding HIV status or AIDS requires a separate and explicit release language or form. It is also advisable to obtain specific consent to release information of a highly sensitive nature.
9. Authorization of release of information may be withdrawn at any time by an individual or his/her legal guardian or by a lawfully designated representative (e.g., attorney, healthcare proxy), and this information should be typed on the release form.

C. Other Issues Related to Confidential/Privileged Information

1. If a guardian has been appointed by the court, a copy of the guardianship decree should be obtained and the authority it conveys should be thoroughly understood by the provider.
2. The type of information to be released to family members/significant others should be specified (i.e., if family member/significant other is not the legal guardian), and the individual also has the right/authority to forbid a provider from sharing particular events and/or information with a family member/significant other.
3. All service providers are advised to seek legal consultation with respect to any issues related to confidentiality; the development of release forms; the scope of the guardianship; and in cases where the ability to consent has been questioned in an individual who has not been adjudicated incompetent (or presumed competent).
4. Authorization to release or receive information ceases at the point a provider organization and its employees ceases to provide services, or the authorization for release of information expires.

5. Providers have **no authority** to **re-release** records from other programs, facilities, or providers of service, without specific written authorization from the individual or his/her guardian (when applicable) or by a lawfully designated representative (e.g., attorney, healthcare proxy).
6. While individuals may sign release forms which authorize the release or receipt of information to/from an organization, hospital, or facility, within that facility or program, the provision and access of information should be on a “need-to-know” basis (i.e., those directly responsible to providing services to the individual).
7. For all organizations, programs, and facilities, an individual should be designated as the Keeper of the Records and all requests for information reviewed by him/her. Independent sole providers assume this role and responsibility (e.g., independent case managers, community habilitation).
8. Providers who work independently and/or are not affiliated with an agency or organization, should **not** use their home phone for receiving voice mail messages or faxes from other professionals, consumers, families, or guardians, if other unauthorized individuals will have access to this information (e.g., access to answering machine) as this constitutes a violation of confidentiality.
9. Providers shall not ask individuals to sign releases to obtain his/her criminal records (i.e., CORI) except when provider staff have been engaged to facilitate HUD applications. In these instances, the information would be forwarded to the housing authority.

D. Review/Access of Confidential/Privileged Information by Individuals

1. Individuals, or their legal guardians (when applicable), are entitled to know the content and receive copies of their records (e.g., assessments, individualized service plans, etc.). It is expected that the provider staff will assume responsibility for reviewing and explaining the content of these records with both the individual and his/her legal guardian (when applicable), and when requested or clinically appropriate.
2. Should an individual exhibit difficulty in reading, visually accessing (e.g., secondary to visual impairments), or understanding (e.g., secondary to aphasia, neurocognitive compromise, etc.) the content of his/her records, alternative methods for ensuring the individual’s comprehension of the information included in the records should be employed (e.g., audio taping, large print format, re-wording for cognitive accessibility). For individuals or guardians whose primary language is not English, the records should be translated into his/her primary language.

3. Individuals or legal guardians (when applicable), or lawfully designated representatives who request copies of records from other sources, including but not limited to, physicians, mental health professionals, substance abuse programs, primary care physicians, shall be directed to these other providers of service to obtain copies of their records, and to schedule an opportunity to discuss/review the content of such records.
4. Information contained within, or copies of written documents, which have been primarily developed or are utilized to facilitate communication among provider staff working in site-based programs shall not be provided to individuals, legal guardians, family members, significant others/friends. Such documents include, but are not limited to, program staff meeting notes/minutes, log books, shift notes, and staff memos. The information discussed within these documents or staff meetings shall also not be verbally disclosed to individuals, family members, legal guardians, or significant others/friends.

E. Limits of Confidentiality

1. All individuals shall be apprised by the provider of the limits of confidentiality, with respect to the following:
 - a. Suicidal Behavior/Threat
 - b. Homicidal Behavior/Threat
 - c. Obligatory Reporting Laws
 - d. Court-ordered Mandate
2. The circumstances which may lead to the need to disclose confidential information are reviewed in the Confidentiality Policy Form, which all individuals and his/her legal guardians are asked to sign (see Appendix B).
3. A copy of the signed Confidentiality Form (or similar) (Appendix B) shall be provided to the individual and his/her legal guardian (when applicable). The original shall be retained by the provider and placed in the individual's record file.
4. Should an individual exhibit difficulty in reading, visually accessing (e.g., secondary to visual impairments), or understanding (e.g., secondary to aphasia, neurocognitive compromise, etc.) the content of the Confidentiality Policy Form, alternative methods for ensuring the individual's comprehension and retention of the information included in the Confidentiality Policy should be employed (e.g., audio taping, large print format, re-wording for cognitive accessibility). For individuals or guardians whose primary language is not English, the Confidentiality Policy Form should be translated into his/her primary language.

HOME AND COMMUNITY-BASED SETTINGS (General)

POLICY

The U.S. Department of Health and Human Services (HHS) recently established new requirements for the qualities of settings that are eligible for reimbursement for Medicaid home and community-based services (HCBS). In doing so, HHS moved away from defining home and community-based settings by “what they are not,” and toward defining them by the nature and quality of individuals’ experiences.

The home and community-based setting provisions establish a more outcome-oriented definition of home and community-based settings, rather than one based solely on a setting’s location, geography, or physical characteristics. These changes maximize the opportunities for participants in HCBS programs to have access to the benefits of community living and to receive services in the most integrated setting and will provide alternatives to services provided in institutions.

In a desire to maximize opportunities for individuals, MRC is committed to bringing all of its home and community-based settings into compliance with HHS’s new requirements for the settings of all home and community-based services being provided through MRC.

IMPLEMENTATION

Home and community-based settings must have all of the following qualities, based on the needs of the individual as indicated in their person-centered service plan:

1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
5. Facilitates individual choice regarding services and supports, and who provides them.

INCIDENT REPORTING

POLICY

An Incident Report must be filed in response to any significant injury, medical, behavioral/psychiatric, or other events involving an individual. In addition to ensuring a reliable record of all significant events, the Incident Reporting Policy is designed to provide consistent mechanisms for:

- a. The provider, licensed mental health clinician and case management staff to review the precipitants to, and nature of, significant incidents/events, with respect to the individual and program, when applicable.
- b. The provider and licensed mental health clinician to systematically investigate significant incidents/events, and to establish a basis for developing anticipatory, preventative and corrective interventions.
- c. The provider and licensed mental health clinician to identify individual needs, as well as, staff training and supervision needs.

IMPLEMENTATION

1. The Incident Report form (see Appendix C) must be completed by provider staff who witness an incident. However, in residential programs, an Incident Report Form shall also be completed for unwitnessed events which constitute incidents that might have occurred off-site (e.g., during independent time in the community). All other providers (e.g., day program staff, community support worker, individual aid, etc.) who become aware of significant unwitnessed events (e.g., hospitalizations, serious injury, an event which occurs off site while attending a day program), shall inform the case manager of such occurrences, either verbally or in a contact/progress note. Separate Incident Report forms should be completed for each person, when more than one individual is involved.
2. The completed Incident Report form shall be preferably e-mailed (i.e., electronic form) or faxed to the individual's case manager within **24** hours, including weekends and holidays. Electronic submissions of incident reports shall be password protected. The categories and definitions of incidents are contained within Appendix D.
3. In residential programs, the provider's designated person On-Call should be immediately contacted via pager or cell phone, and notified of all incidents. Incident

Reports should be reviewed by the designated On-Call person, or Program Director/Manager (site-based provider organizations), who may submit, in a separate document, additional or clarifying information, when indicated.

4. In completing Incident Reports related to non-compliance with medications or medication errors, the name of the medication(s), dose and scheduled time of administration should be specified in the Incident Report. A Medication Occurrence Form should also be completed and attached to the Incident Report.(See Appendix E)
5. The individual's case manager, shall be immediately contacted by cell phone in the event of the following:
 - a. Elopement from a residential or day program
 - b. Events which result in the necessity to report alleged abuse/neglect of a disabled individual or others (e.g., child under age 18)
 - c. Event involving law enforcement
 - d. Hospitalization (psychiatric or medical) of an individual
 - e. Death of an individual
 - f. Relocation or evacuation of residential program participants

Should these events occur on weekends, or outside of business hours, a voicemail message shall be left for the designated case manager. In addition, the typed Incident report must be submitted within 24 hours.

6. Guardians, family members, or designated significant others should be contacted by the designated On-Call person (residential program), or Program Director/Manager (provider organization), for all events of a serious nature.
7. For all instances of suspected or substantiated abuse or neglect of a disabled individual, the provider shall file a report immediately with the Disabled Persons Protection Commission (DPPC).
8. Should an incident result in, or involve, the suspected or documented abuse of a child under 18 years of age, the provider shall file a report immediately with the Department of Children and Family Services (DCFS).
9. Should an incident result in, or involve, the suspected or documented abuse, including financial exploitation, of an adult 60 years or older, the provider shall file a report immediately with the Executive Office of Elder Affairs.
10. Local police authorities shall be contacted by the provider for assistance for the following events:

- a. An individual's elopement from a residential or day program (see Elopement Policy) in situations where the staff are unable to maintain the individual's safety while negotiating a return home, or the person is considered missing for a defined period of time as determined in the service planning process. In these situations, police are advised of the voluntary nature of the residential or day program and any safety plan which should be employed when approaching the individual.
 - b. Episodes of threatened or actual significant aggression directed at staff or other individuals, or serious threats of aggression which exceed staff capacity to manage.
11. All suicidal threats, gestures, and/or attempts exhibited by individuals shall be immediately evaluated by a licensed mental health clinician affiliated with the program, a hospital-based emergency room, mental health facility, or regional mental health screening team. Provider staff are expected to facilitate this process and to provide assistance to the individual in accessing appropriate mental health services.
12. All medical illnesses, injuries, or events (e.g., exacerbation of seizures, decubiti) shall be immediately evaluated by the individual's primary care physician or medical specialist (e.g., neurologist). When indicated, emergency service providers shall be accessed (i.e., ambulance, hospital emergency room), and all discharge paperwork, including the results of diagnostic testing when performed, shall be forwarded with the incident report. Should an individual be admitted to a hospital, the medical documentation should be sent to the individual's case manager upon discharge. Nursing staff, employed by residential or day programs shall also be contacted by the On-Call staff person or Program Director/Manager, in response to medical events.
13. When requested, a Supplemental Incident Report shall be completed or additional information submitted by the provider.

LEGAL GUARDIANS and OTHER SUBSTITUTE DECISION MAKERS

Individuals are presumed competent to make all legal decisions, absent a Power of Attorney in effect or a court decision that identifies the specific areas in which a person lacks capacity. However, some individuals have been adjudicated incompetent and have required the appointment of a legal guardian or a conservator secondary to documented cognitive compromise and/or the presence of a behavioral/psychiatric disorder. Other competent individuals have appointed agents to serve as substitute decision makers in certain situations. In such cases, providers are expected to be thoroughly knowledgeable, with respect to the powers, duties, and scope of responsibilities of such substitute decision-makers. Copies of all legal documents pertaining to individuals for whom a substitute decision maker has been appointed shall be included in the individual's file, and copies should also be provided to all other relevant community-based clinicians (e.g., primary care physician, medical specialists, etc.) or agencies (e.g., banking institution). Types of substituted decision-makers may include:

Legal Guardian (Full and Limited) may be responsible for making decisions regarding the individual's medical care, treatment program, and/or other matters, as determined by a Massachusetts probate court. Most guardians have limited authority. A guardian must have additional, specific authority from the probate court to consent to certain kinds of medical treatment, including antipsychotic medication.

A guardian is required to consider the adult's expressed desires and personal values in decision-making, and to act in the adult's best interests. The guardian must encourage the adult to participate in decision-making whenever possible. Finally, the guardian must help the adult develop or regain the capacity to manage his or her own personal affairs.

Individuals who are the subject of a guardianship petition, or who are currently under guardianship, have a right to request legal counsel. A concerned party may also submit a request for counsel on the individual's behalf. Appointment of counsel forms can be found on the Probate and Family Court website:

<http://www.mass.gov/courts/courtsandjudges/courts/probateandfamilycourt/upc.html>.

Roger's Monitor is appointed to monitor an antipsychotic medication treatment regimen, developed by a treating physician and authorized by a court. A Roger's monitor has no authority over the person, unless the monitor is also the guardian.

Conservator is appointed by a probate court to make financial and property decisions for a ward.

Health Care Agent may be chosen by a competent individual to make or communicate decisions regarding medical treatment in the event that he or she becomes incapacitated. Incapacity must be determined by a physician. The document appointing the agent is called a Health Care Proxy or an Advanced Directive.

Power of Attorney is an agent, called an attorney in fact, who may be authorized by a competent individual to perform tasks related to the person's property (e.g., writing checks, selling property, etc.).

Representative Payee refers to an agency or person who is authorized by the Social Security Administration to receive payment from an entitlement program (e.g., SSI/SSDI) on behalf of the individual beneficiary. Representative Payees must use these benefits to pay for the current and foreseeable needs of the individual, and must observe various record keeping and reporting requirements for Social Security. An individual need not be adjudicated incompetent or have a court-appointed guardian in order to have a representative payee. Note that the Social Security Administration will not recognize a Power of Attorney as a substitute for a Representative Payee.

With the exception of assuming the responsibilities associated with representative payee status or if related by blood to the participant, no employee of a residential provider organization shall be appointed as a substitute decision maker for a residential program participant.

OBLIGATORY REPORTING of ABUSE and NEGLECT

POLICY

All qualified providers are required to comply with all state laws and statutes regarding abuse, mistreatment and neglect. These include the following Massachusetts General Laws:

CHAPTER 19A: which concerns any abusive acts, or omissions, causing physical or emotional injury to an elderly person (age 60 or older), or financial exploitation of an elderly person. A report must be filed with the Department of Elder Affairs.

CHAPTER 19C: which established the **Disabled Persons Protection Commission** and concerns the abuse, neglect, and mistreatment of disabled adults (ages 18 – 59). A report must be filed with the Disabled Persons Protection Commission (DPPC).

CHAPTER 119 (51A): which concerns the reporting and investigation of incidents of abuse, neglect, or mistreatment of children (under 18 years of age). A report must be filed with the Department of Children and Family Services (DCFS).

CHAPTER 111: which concerns the reporting and investigation of incidents of abuse, neglect, and mistreatment of patients/residents of nursing homes, rest homes, convalescent homes, charitable homes for the aged, and community-based intermediate care facilities for individuals with cognitive or intellectual deficits. A report must be filed with the Department of Public Health (DPH), Division of Health Care Quality.

IMPLEMENTATION

1. The provider shall be held responsible for ensuring that all staff are trained, with respect to all obligatory reporting laws and requirements, as part of the orientation and training of newly-hired staff. In addition to providing an understanding of each law regarding abuse, neglect, mistreatment and financial exploitation, the provider organization shall emphasize the following training points:
 - a. That the primary responsibility of staff is to file a **verbal report immediately** for any instances of suspected abuse, neglect, mistreatment, or financial exploitation - **not** to

investigate or substantiate such incidents which is the responsibility of the designated State agency.

- b. That within 48 hours of filing the verbal report to the responsible agency, the provider must provide that agency (when applicable) with a written report, in accordance with the responsible agency's required report format.
 - c. That all staff are expected to comply fully with the investigator, as well as any request for additional information by the Waiver case manager or MRC staff.
 - d. That staff cannot be held liable, and are protected against retaliation, discharge, or any other forms of discipline or discrimination by their employer, for reporting any suspected or documented instances of abuse, neglect, mistreatment or financial exploitation.
 - e. That certain cases of reported abuse, neglect, mistreatment, or financial exploitation may be referred by the responsible State agency for possible criminal investigation and prosecution (e.g., assault and battery, larceny, etc.).
 - f. That provider organizations may choose to conduct their own review of incidents which would necessitate the filing of a report of abuse, neglect, mistreatment or financial exploitation. **However, such a review undertaken by a provider does not eliminate the need to file a report with the appropriate and responsible State agency immediately.**
 - g. **That providers have procedures in place to respond to DPPC reports that are not screened in for investigation for their own internal purposes.**
 - h. That an Incident Report should be simultaneously completed for all instances when a report of abuse, neglect, mistreatment, or financial exploitation has been filed.
 - i. That a DPPC report must be filed in all cases when an individual has died, regardless of cause.
- 2. All individuals shall be informed of the provider's obligations, with respect to obligatory reporting. In addition, all individuals and their legal guardians (when applicable), shall be requested to sign the Limits of Confidentiality policy statement, with respect to obligatory reporting (see Confidentiality Policy section).
 - 3. All individuals and their legal guardians (when applicable) shall be provided with an informational brochure/flyer and the phone number to access the Disabled Persons Protection Commission. Should an individual exhibit difficulty in reading, visually

accessing (secondary to visual impairments), or understanding (e.g., secondary to aphasia, cognitive compromise, etc.) the information regarding the DPPC, alternative methods for ensuring the individual's comprehension and retention of the information provided regarding the DPPC should be employed (e.g., audiotaping, large print format, re-wording for cognitive accessibility). For individuals or legal guardians whose primary language is not English, the DPPC information shall be translated into his/her primary language.

4. The Hotline phone numbers for reporting all instances of suspected abuse, neglect, mistreatment, and financial exploitation shall be posted in the staff office and in the common area of each site-based program.

PERSON-CENTERED SERVICE PLAN

POLICY

Federal regulations released in 2014 by the U.S. Department of Health and Human Services provide additional protections to individuals, and require that individuals receiving services from providers have full access to the benefits of community living. Consequently, the person-centered service plan must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports.

A person-centered service plan is an overarching document that relates to and includes services being provided through MRC to the individual under the MFP, ABI, and TBI waivers and the Statewide Head Injury Program (SHIP).

IMPLEMENTATION

The person-centered planning process for participants of services from the SHIP and Waiver Programs guides the services and supports developed for each individual as he or she moves from a facility to the community.

For the ABI and MFP Waiver Program:

The process for the **ABI and MFP waiver program** uses three documents:

1. Moving to the Community
Completed before transition unless the participant is already in the community. Pulls together information about the individual, and allows the individual (and others, if the individual wishes) to begin to discuss what services and supports s/he will want and need in the community. This is completed over one or more meetings, ideally well before discharge.
2. Individual Support Plan (ISP)
The Case Manager (known in DDS as the Service Coordinator) and the individual then develop his/her Individual Support Plan. In the ISP, the participant begins to establish goals for his/her life in the community, and defines what supports he/she needs in order to meet these goals and to be able to establish and maintain his/her community life. All of the aspects of community life are explored, and the individual

makes preliminary choices regarding establishing goals and managing service and support needs. As identified, service providers may be involved in ISP development.

3. Plan of Care (POC)

The participant and the Case Manager work together to develop short-term objectives to help the participant achieve his/her goals. Each objective is linked with services to support the participant in moving forward. Whenever a choice in service providers exists, the participant is involved in selecting the provider. The Plan of Care reflects waiver services, state-plan services, and informal supports.

The ISP and the Plan of Care are reviewed quarterly by the participant and his/her Case Manager. Changes in either or both documents may occur at any time that there is a need to make a change, or modification, in either or both documents. Changes in services may result from changes in participants' goals or support needs.

Both documents together should form a reflection of the individual and his/her choices of residential settings, services, and goals. Clinical assessments may be used to clarify service and support needs. When risk factors are identified, plans to minimize these are included in these documents.

When the Plan of Care is developed and any time that a modification to the plan is made, the participant reviews and signs the document, authorizing the services to be provided. He/she is given information about the appeal process, including the form necessary to request a MassHealth Fair Hearing.

For the TBI Waiver Program:

The process for the TBI waiver program uses two documents:

1. An **Individual Service Plan** (ISP) is developed using the principles of Person-Centered Planning. The ISP, written by the residential program, identifies the strengths, preferences, and goals of the participant. This process is supported by assessments (where needed) as well as the TBI Waiver Service List and results in the identification of goals and services to support these goals.
2. From the ISP, the **Plan of Care** is completed by MRC staff. The Plan of Care is simply the summary of the various services identified by the participant and details the frequency, duration and provider responsible for these services. It is also referred to as the waiver authorization form and is critical for the oversight of services as well as to communicate services for the purposes of claiming of waiver services.

The Plan of Care must be reviewed by the TBI Waiver Coordinator to ensure for non-duplication of services and to ensure correct enrollment of waiver status in EIM and/or on the SHIP fiscal spreadsheet. Communication of these services by the TBI Waiver Coordinator to the fiscal staff is essential to ensure for accurate waiver claiming processes via EIM and/or PV submission to UMass.

For SHIP residential consumers not on the TBI Waiver:

An **Individual Service Plan** (ISP) is developed using the principles of Person-Centered Planning. The ISP, written by the residential program, identifies the strengths, preferences, and goals of the participant. This process is supported by assessments (where needed) and clinical review, and results in the identification of goals and services to support the goals of the individual.

For SHIP non-residential consumers:

The process for SHIP non-residential consumers uses two documents:

1. The **Provider Service Agreement** establishes the scope, frequency, and duration of the work that the provider is authorized to complete with the consumer.
2. The **Individual Service Agreement** establishes the goals of the consumer, and agrees on interim objectives.

Both SHIP non-residential documents are developed by the Regional Service Coordinator and consumer, and agreed upon. They are reviewed at least quarterly and as goals are achieved, or as the consumer requests.

Generally:

All parts of the person-centered service plan are reviewed as needed and at least quarterly. ISPs and POCs are modified as needed to ensure that the individual is being supported in an effective manner to achieve his/her goals. Dependent on the setting, the full team or simply the individual and his/her case manager may meet for quarterly reviews. A full team meeting is held annually, and the individual determines goals for the upcoming year. The team, led by the individual, sets goals and objectives, and chooses services to support goal achievement.

Commensurate with the level of need of the individual, and the scope of services and supports available from MRC, the written person-centered service plans must:

1. Reflect that the setting in which the individual resides is chosen by the individual. The setting chosen by the individual must be integrated in, and supports full access of

individuals to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving community-based services.

2. Reflect the individual's strengths and preferences.
3. Reflect clinical and support needs as identified through an assessment of functional need.
4. Include individually identified goals and desired outcomes.
5. Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports. Natural supports are unpaid supports that are provided voluntarily to the individual in lieu of MRC services and supports.
6. Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed.
7. Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her. At a minimum, for the written plan to be understandable, it must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient.
8. Identify the individual and/or entity responsible for monitoring the plan.
9. Be finalized and agreed to, with the informed consent of the individual, guardian, or another legally authorized representative in writing, and signed by all individuals (or guardian or another legally authorized representative) and providers responsible for its implementation.
10. Be distributed to the individual and other people involved in the plan.
11. Include those services, the purpose or control of which the individual elects to self-direct.
12. Prevent the provision of unnecessary or inappropriate services and supports.

Restrictions and conditions:

Any modification of the additional conditions must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:

1. Identify a specific and individualized assessed need.
Examples: an individual has severe elopement behaviors and there is a busy residential street out front; a physician notes that an individual needs to have a restricted diet; or a

doctor orders the individual to restrict alcohol use to one to two beers per day or alcohol use recommended to be prohibited entirely due to contra-indications with medications or exacerbation of brain injury symptoms.

2. Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
3. Document less intrusive methods of meeting the need that have been tried but did not work.
4. Include a clear description of the condition that is directly proportionate to the specific assessed need.
Examples: adding a lock on the refrigerator at night only due to raiding the fridge at night; door locks proposed due to agitation and elopement behaviors; or alcohol stored and present in the home but locked until in use once per day.
5. Include a regular collection and review of data to measure the ongoing effectiveness of the modification.
6. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
7. Include informed consent of the individual, guardian, or another legally authorized representative.
8. Include an assurance that interventions and supports will cause no harm to the individual.

PROVIDER TRAINING

POLICY

Providers are expected to be thoroughly knowledgeable of the “Policies for All Providers” section within the MRC Community Living Division Provider Manual. In site-based provider organizations, the Program Manager/Director shall be primarily responsible for ensuring that all staff have received a copy of the provider policies, principles and practices and that required trainings have been completed by individual staff. In addition, the training requirements delineated below must be completed by provider staff and independent contractors.

Training Requirements for all Provider Organizations

- Accessing and utilization of On-Call Personnel
- Emergency Protocols developed by the provider organization, to include, but not be limited to:
 - Evacuation procedures in the event of a fire
 - Emergency protocols related to the physical plant
 - Medical Emergencies
 - Psychiatric/Behavioral Emergencies
 - Risk Protocols (as applicable)
 - Evacuation / Relocation Safety Plans
 - Disaster / Continuity of Operations Plans (COOP)
- CPR*
- Infection Control including proper disposal of medical waste products (e.g., syringes)
- Filing reports related to abuse/neglect
- Fire Drills
- Fire Safety*
- First Aid to include intervention for choking*
- Procedures for transporting individuals and use of program vehicle(s), if applicable
- Seizure Management
- Universal Precautions
- Non-Violence Crisis Intervention/Restraint Training

Training Requirements for Independent Contractors

- CPR*
- First Aid to include intervention for choking and seizure management*
- Filing reports related to abuse/neglect

- Procedures for transporting individuals and use of program vehicle(s), if applicable

**Training, with respect to these topics, shall be provided by a Program Director / Manager, the licensed mental health clinician for the program, or a certified, licensed or otherwise qualified trainer (when applicable).*

Individual-Specific Training Requirements for All Providers

Providers are expected to have received and reviewed all individual-related documents, to include, but not be limited to the following:

- The individual's Service Plan and related assessments
 - Clinical history
 - Specialized Medical/Rehabilitation Protocols, when applicable
 - Assistive Technology/Adaptive Equipment utilization/operation
 - Behavioral Management Plan (if applicable)
 - Risk Protocols (as applicable)
- Any other individual-specific training and/or documents

Documentation

In site-based programs, the provider organization and Program Director/Manager shall be primarily responsible for ensuring and documenting staff attendance and participation in all staff training activities/requirements. Documentation records (including attestations or assurance of compliance) shall be made available and provided, upon request, to MRC or Waiver administrative/supervisory staff, who are responsible for oversight and ensuring contract compliance.

Non-Compliance

Failure on the part of a provider organization to ensure compliance with employee training requirements is regarded as a very serious breach of the signed contractual agreement between the provider organization, MassHealth, and/or the Massachusetts Rehabilitation Commission. Most importantly, providers who have not been adequately and appropriately trained place individuals at risk and compromise their quality of life. It should, therefore, be recognized that provider organizations and all employees hired by that organization, as well as independent contractors, shall be held strictly accountable, with respect to their compliance with required staff training. Providers shall also be reported to the Disabled Persons Protection Commission (DPPC) in response to any and all incidents involving an individual(s) who has been the documented, or suspected, victim of neglect, abuse, or other significant

adverse effects arising wholly, or in part, from a provider's failure to fulfill training requirements.

SPECIALIZED MEDICAL and REHABILITATION PROTOCOLS

POLICY

Many individuals require specialized medical protocols and equipment to address the neurological, physical, behavioral and other consequences of their disabling condition(s). These protocols are usually developed/prescribed by the individual's primary care physician or medical specialists (e.g., clinician, neurologist, physiatrist, etc.), or may be prescribed by a licensed rehabilitation professional (e.g., speech pathologist) or the licensed mental health clinician for the program.

Specialized protocols utilized with participants include, but are not limited to, prescribed procedures to address:

- Dysphagia (swallowing disorder), which may include G-tube feedings
- Seizures - e.g., Vagal Stimulator
- Diabetes
- Spasticity and other Neuromuscular Disorders - e.g., Baclofen pump
- Sleep Apnea
- Mobility and Transfers – e.g., Hoyer Lifts
- Dysarthria (articulation disorder) - e.g., palatal lift
- Aphasia (Language disorder) – e.g., augmentative communication system
- Excessive Secretions
- Prevention of Anaphylactic Reactions (severe allergic reaction)
- Incontinence
- Recurrent Decubitus Ulcers
- Respiratory Compromise - e.g., mechanical ventilation
- Risky behaviors like suicidal ideation, problematic sexual behavior, alcohol and drug abuse

It is expected that all providers responsible for serving individuals who exhibit these conditions/disorders and their associated specialized care needs will be comprehensively trained in the implementation of such protocols and the use of specialized equipment, prescribed for the individual. All residential programs are expected to have a mental health clinician who is licensed to provide duties and responsibilities that will enhance the independence and safety of the consumers.

More information about the role of the mental health clinician in residential programs as well as a list of tasks can be found under the [Clinician's Role](#) section of this manual.

Additional implementation requirements are delineated below.

IMPLEMENTATION

1. All providers shall be trained with respect to all specialized protocols which shall be typed, placed in the individual's record, and kept current.
2. No newly-hired, or otherwise untrained provider staff, in site-based programs, shall be requested or expected to be independently responsible for the care of an individual until they have received training on specialized protocols and equipment.
3. When indicated and prescribed by treating clinicians, licensed nursing (e.g., VNA) and rehabilitation professionals shall provide clinical services to individuals and/or ongoing consultation to providers.
4. Copies of all specialized protocols, which should be typed, shall be provided to the individual's case manager.
5. All protocols should be reviewed on an annual basis or more often as necessary or as required under the [Clinician's Role](#) section of this manual. Protocols should be attached to the ISP.

TRANSPORTATION

POLICY

Qualified providers may own, or lease, automobiles or vans to transport individuals, who may also be taught to access and use public transportation when available. All staff will be trained in the proper use of vehicle restraints. With respect to these varied modes of transportation, provider organizations are expected to adhere to the implementation guidelines delineated below.

IMPLEMENTATION

1. The Program Director/Manager, and/or the provider organization's Executive Director shall be primarily responsible for ensuring that all vehicles owned, leased or used by the organization, its staff, agents or contractors, for the purpose of transporting individuals are insured, well maintained, accessible and modified when necessary, to accommodate the physical needs and to ensure the safety of individuals.
2. All staff operating a vehicle utilized to transport individuals shall possess a valid driver's license and shall be specifically covered under the provider's insurance policy. As reviewed in the [Required Provider Practices](#) section of this manual, any staff person who has pending charges, or during the past five (5) years has been convicted of Driving Under the Influence (DUI), Operating to Endanger, or other equally concerning motor vehicle-related crimes such as vehicular homicide, shall not be responsible for transporting individuals. Staff who have had two or more convictions for motor vehicle-related crimes shall never be responsible for transporting individuals.
3. The use of staff vehicles will only be acceptable if there is documentation of insurance coverage for the transport of individuals. This coverage must be included in either the independent contractor or staff person's insurance policy, or under the provider organization's insurance policy. With respect to provider organizations, the agency is responsible for keeping copies of all insurance policies held by the staff who use their personal vehicles to transport individuals. If the provider agency holds that insurance coverage, a copy must be kept in the provider agency's administrative file.
4. Documentation regarding insurance coverage and maintenance for vehicles owned or used by the provider organization, including staff policies, shall be made available to MRC staff during oversight monitoring reviews.

5. In the event a vehicle utilized by the provider organization but owned by MRC becomes inoperable or in need of repair, MRC supervisory staff shall be informed immediately.
6. All transportation accidents, including those which occur on public or private (e.g., taxi) transportation, shall be reported to the Waiver or MRC case manager and an Incident Report completed (see Incident Reporting policy).
7. When applicable, all individuals shall be assessed with respect to their interest and ability to learn to access and utilize public transportation options, when available, as part of the service planning process. Should an individual articulate a goal of utilizing public transportation, methods for developing these skills should be incorporated as specific behavioral objectives in the individual's service plan. Any plans for unsupervised use of public transportation will be determined pending completion of a community safety assessment (see policy regarding Unsupervised Time in the Residence/Community).
8. Vehicles that are leased or owned by the provider organization or the MRC shall not be operated by, or used to transport, family members, legal guardians, significant others, or friends of the individual. Vehicles owned or leased by the provider organization or the MRC shall not be driven by individuals.
9. Staff shall not access vehicles owned or leased by the provider organization or the MRC for their personal use.

**SECTION III:
ADDITIONAL POLICIES for GROUP LIVING
RESIDENTIAL PROGRAM PROVIDERS ONLY**

INDIVIDUAL SERVICE PLANNING PROCESS FOR RESIDENTIAL PARTICIPANTS

1. INTRODUCTION

Eligible individuals referred to 24/7 residential programs (community residences) exhibit a wide range of disabling conditions, and the community-integrated residential programs developed for these consumers are designed to meet their unique, and often complex, needs. Individuals referred to residential programs transition to them from a variety of settings including skilled nursing facilities, residential educational programs, chronic care and rehabilitation hospitals, as well as shelters for the homeless and the homes of their family of origin or similar support systems (e.g., adult foster care).

Qualified providers of residential supports and services are expected to design programs which are consumer-specific, person-centered, and dynamic in nature, in order to accommodate the varying degrees, and in some instances enhanced or diminished levels, of independence and the needs of the individuals served. The guidelines delineated below shall be utilized by both case management and provider staff in making and responding to referrals; making determinations with respect to the provider's capacity to serve an individual; developing a transition plan; and completing assessments, the results of which shall be utilized to inform the individual's Individual Service Plan (ISP). It is further expected that a person-centered approach as defined in the Principles and Practices section of this manual, will be the method employed by providers and case managers in implementing residential service planning activities and processes.

2. REFERRAL PROCESS

This process initially involves the identification of eligible persons with disabilities who are in need of residential services. A comprehensive review of each person's clinical history, current

functional status and residential support needs is completed by the Residential Service Coordinator including a Community Support Needs and Risk screening which will be part of the referral packet. Legal guardians (when applicable) or designated family members/significant others are also included in this assessment process. The individual's geographic and other choices, as well as his/her compatibility with respect to the other individuals who are being considered for a residential program, are also taken into account. Based upon the information derived from the assessment process, a referral is made to a qualified residential provider organization, with the written consent of the individual or his/her legal guardian.

Representative staff of the residential provider organization (e.g., program manager, house manager, nursing), are then expected to complete the following (refer to Appendix B for timelines):

- Review the referral packet provided.
- Meet with the referred individual and/or his/her legal guardian (when applicable) to provide information regarding the proposed residential program and to review the expectations of the residential program.
- Meet with the individual at their current place of residence to conduct an assessment relevant to determining the provider's capacity to serve the individual referred. Request or obtain any additional information relevant to the residential provider's making a decision regarding the referred individual's acceptance to an existing residential program, or the provider's agreement to develop a program or identify a placement for the referred individual.
- Inform the case manager supervisor, in writing, of the provider's decision, which should be received within two weeks, after reviewing the referral materials and on-site assessment of the referred individual. Should the referred individual present particular needs that may not be able to be addressed by the provider organization, or should there be any contingencies relevant to the individual's acceptance, these issues should be reviewed with the case manager and/or supervisor, prior to generating an acceptance letter. Agreed upon contingencies should also be delineated in the acceptance letter.

3. TRANSITION PLANNING PROCESS

- Following the referral and acceptance, transition planning is initiated and includes services to be provided during the individual's first thirty days in the residential program. A Transition Planning Meeting(s) is convened, and a detailed transition plan is developed by the provider organization in collaboration with the case manager and any

other relevant provider supervisory staff (e.g., day program). The Provider supervisory staff are expected to complete screenings and assessments, if not already done, prior to or during the transition phase unless arranged for by the case manager. They should include but not be limited to the following:

- Community Support Needs and Risk Screen
- On-site assessment of ADL skills and physical care support needs
- Specialized equipment, assistive technology needs and any home or environmental accessibility modifications
- Community-based clinical service/medical needs
- Dietary and nutritional needs
- Community-based day program needs including prevocational, supported employment, employment services, and other forms of community engagement
- Transportation needs
- Individual Assessment to inform the Emergency Evacuation Safety Plan that sets a 2.5 minute evacuation standard
- Nursing Assessment (when applicable)
- Need for specialized protocols
- Need for behavior support plans
- Staffing resources needed
- Accommodations needed to participate in service planning

When indicated, additional assessments may be required prior to admission to a residential program (e.g., PCA evaluation). These assessments help the provider to define the service needs and plan for service delivery for each individual upon moving into the community.

During the provider assessment process, all required forms and guidelines outlined in the policy section of this document will be reviewed with the individual and/or their legal guardian, (e.g., Participant Expectations, Confidentiality Form, and Guidelines regarding Guardians, Family Members and Significant Others, and Program Fees Required).

The transition planning meeting discussion and subsequent Transition Plan should include the following:

A. Site: The location and a detailed description of site (proposed or previously established) of the residential program. The description of the site should also include a summary of available/accessible resources, such as public/private transportation, shopping areas, cultural/social organizations, and a review of established linkages with local fire and police departments, medical and other clinical providers.

The description should also reflect that the setting was chosen by the individual, is integrated in the greater community, records alternative home settings that were

considered by the individual, and otherwise satisfies requirements listed under the “Home and Community-Based Settings (for Residential Homes)” section later in this manual.

The residential provider organization should also include a description of any associated issues relevant to site acquisition and/or modification/accessibility, as well as plans for acquisition of furnishings, fixtures, etc. for the residential program.

B. Staffing: To include plan for recruitment and training of residential/caregiver staff as well as staff to consumer ratios.

C. Consumer Service Delivery at time of move:

- 1. Services to be provided:** To include all services that will be provided by residential/caregiver staff. While this is not intended to be a Individual Service Plan, a brief description of the functional skill areas (in accordance with the functional domains) to be addressed by residential/caregiver staff and general program goals should be specified. The services to be provided and program goals should be based upon the record review, on-site assessment and other referral information provided to the residential provider organization.
- 2. Community-Based Day Services or Employment:** This section should include the provider’s proposed plan for exploring and referral to programs in the community (e.g., Medicaid-reimbursable day program) and/or collaboration with other providers currently providing services to the consumer. This section should include the individual’s preferences for community-based day services as well.
- 3. Medical and/or Other Clinical Services:** To include a plan for referral, collateral consultation with, or provision of medical and/or other clinical services as well as provision for prescribing current medications. When indicated, descriptions of ancillary services that may be required to service the consumer within the residential program are described (e.g., PCA services, nursing, etc.). A primary care physician must be identified and an initial appointment scheduled prior to admission to any residential program. All specialized protocols must be in place and authorized by the appropriate clinician. All staff must be thoroughly trained on these protocols prior to the move of consumers.
- 4. Equipment and/or Accommodation Needs:** Specialized equipment, accessibility, and assistive technology needs and a plan for assessing/meeting these needs should be specified.

The provider summarizes the transition activities specified for the referred individual in a Transition Plan (See Appendix F for Transition Plan Format), which shall be typed and made available to all involved parties within one week of the Transition Planning Meeting.

THE INDIVIDUAL SERVICE PLANNING PROCESS

Please see Appendix G for tasks and timeframes for Initial Assessments and Annual Assessments of individuals.

During the first 30 days of placement, the consumer's functional status, service needs, and preferences shall be assessed in greater detail, in preparation for the development of the Individual Service Plan (see below), which shall be generated no later than 45 days after admission to a residential program, and annually, thereafter.

For providers who serve individuals under a home and community-based waiver, it is important to note that this plan is not the Person Centered Service Plan completed with the individual by their case manager. The Person Centered Service Plan is an overarching document that relates to and includes all services. However, person-centered planning principles (e.g., individuals shall have the freedom and support to control their own schedules and activities, have visitors of their choosing at any time, etc.) shall also be reflected in the Individual Service Plan.

The development of the Individual Service Plan (ISP) and annual ISP meeting is the responsibility of the provider supervisory staff. It should provide an opportunity for all members of the residential team, which includes the consumer, and when applicable his/her legal guardian, caregiver, or designated family members/significant others, to identify the individual's preferences, needs, and goals in a variety of functional domains and required assessments (see Functional Domains below).

After the first year of placement, members of the Individual Service Plan team meet annually to process and review the progress an individual has achieved over the previous year, as well as to address any factors which may have compromised, or altered, the attainment of individual and program goals.

The written Individual Service Plan represents the primary document which should stipulate in detail those services which the vendor has agreed to provide to a consumer. The ISP should also reflect and integrate information and input from other community-based providers (e.g., vocational or day programs). A draft ISP, as well as other required attachments, should be sent to the designated case manager for review, at least two weeks prior to the scheduled meeting. The actual ISP meeting will be contingent on receipt of these draft documents in advance of the scheduled meeting. Written feedback will be provided within one week's time,

after which it is expected that the residential services provider will modify the individual service plan document to include any requests for changes made by case management staff.

After review, the consumer, caregiver, legal guardians, designated family members or significant others, should be provided with a copy of the draft service plan prior to the scheduled ISP meeting. The draft ISP provided to the consumer should be in a format that is cognitively, linguistically and/or physically accessible to the consumer, and reflects cultural considerations of the consumer. The content of the individual service plan should be reviewed (by phone or during a scheduled appointment) with guardians, caregiver, designated family members / significant others, and the consumer **prior to** the meeting, by the designated program staff. Program staff are also expected to respond to concerns, other issues, or recommendations/requests made by the individual or his/her legal guardian. Any requests for substantial changes to the individual service plan or supporting documents made after the case manager has reviewed the draft document should be immediately communicated to the designated case manager **prior to** the service planning meeting.

Individual Service Plan Document

The residential Program Director/Manager, House/Site Manager, and Caregiver when applicable, shall be primarily and jointly responsible for developing the Plan for residential services. These staff shall also be responsible for soliciting and integrating information/input from other sources, including case management staff and clinical consultants or community-based providers when applicable. The typed individual service plan document shall include the subsections below (see template in Appendix J). Every ISP should be accompanied by a cognitively, linguistically and/or physically accessible version that is made available to and reviewed with the individual/guardian and family member, when applicable.

A. Cover sheet with identifying information to include:

- Name of consumer and DOB
- Address of consumer
- Name of Guardian(s), Rogers monitor, or other substitution decision-maker (when applicable) or designated family members(s) or significant others
- Address and phone number of guardians, or other substitute decision makers, family member(s) or significant others
- Current clinical providers (e.g., Psychiatry, Primary Care, etc.), their addresses, and phone numbers
- Known allergies and/or any medical or other precautions

B. Brief overview which highlights the individual's general status, their perceived accomplishments, progress in skill acquisition and significant events/issues which have occurred over the past year.

C. Functional Domains: Current Status and Goals / Objectives

Individuals shall be reviewed annually in each of the following areas; however, not every individual will have a goal in each domain based on individualized needs, abilities and preferences. Assessments of certain domains will require the use of specific standardized assessment tools that are appropriate to the individual's functional status and should be done on an annual basis. A comprehensive Assessment Tool can be found in Appendix I.

Service plan goals/objectives may vary from year to year. Every effort should be made to identify an individual's personal goals based on their abilities and interests in increasing their independence.

For each functional domain listed below, the following subsections should be included:

Current Functional Status: To include a detailed review of the consumer's capabilities, progress over the previous year, and significant events/issues which have compromised the individual's status with respect to each identified functional domain. The Current Status section should also review the results of any diagnostic and other required assessments performed by residential provider supervisory staff, or community-based providers to whom the consumer was referred for evaluation (e.g., neurologist, physical therapist, vocational specialist, etc.). A copy of all assessments should also be forwarded to the case manager at the time such assessments are performed. In addition, the individual service plan should detail, when indicated, implementation of recommendations made by clinical consultants or community-based specialists/service providers.

- **Goals and Objectives:** Goals for each identified functional domain for the coming year should be listed, and for each goal listed, specific objectives generated. Objectives should include implementation details – i.e., who, when, where, frequency, etc. Objectives may also include assessments to be performed or medical procedures to be scheduled, as well as information related to time frames and designated staff responsible for case management tasks in cases where assistance with completing the task is necessary.
- **General Health and Medical Management:**
 - Capacity to Self-Medicate *(See Policy)**
 - Smoking Cessation Education, if applicable**
 - Safe Smoking Assessment, if applicable**
- **Activities of Daily Living and Personal Care Support Needs ***

- **Assistive Technology and Adaptive Equipment Needs**
- **Community Living and Integration Skills Self Advocacy**
 - Money Management ***
 - Home and community safety ***
 - Use of transportation**
- **Psychological and Behavioral Health (to be written by the vendor's licensed mental health clinician)**
- **Assessed Restrictions / Conditions and Behavior Plans**
- **Day Services/Programming**
- **Leisure/Recreational Activities**
- **Vocational/Avocational Activities**
- **Social/Family Activities**

D. Individual Service Plan Attachments

This Service Plan should also be accompanied by the following attachments:

- **Schedule of Weekly Activities**
- **Current Medication Regimen** per MRC Medication Management Policy
- **Specialized/Prescribed Medical and Rehabilitative Protocols** (when applicable): To be generated and signed by the responsible and or licensed clinical provider (e.g., seizure management protocol, assistive technology protocol, physical therapy directives, pharmacologic directives, dysphagia protocol, etc.). Please refer back to the policy on Specialized Medical and Rehabilitation Protocols.
- **Current Behavioral Support Plan** (when applicable), which must be developed by a licensed mental health clinician with training in the development and monitoring of behavioral interventions with the population being served. Any restrictions or conditions must already be supported by a specific assessed need (see the Person-Centered Service Plan section). This plan must be reviewed and approved by the MRC/Community Based Services Behavior Intervention Plan Review team, if applicable.
- **Yearly Clinical Review** written by a licensed mental health clinician.
- **Comprehensive Assessment Tool.**
- **Copy of Service Plan related to** vocational or other community-based program(s) (e.g., day program), when applicable.

The Individual Service Planning Meeting

In scheduling the service planning meeting, every effort should **be made to facilitate** involvement and to accommodate the individual and his/her legal guardian, designated family member(s) or significant other(s). The meeting should occur in an office, or meeting space, which ensures the comfort, privacy, and maintenance of confidentiality.

The ISP meeting should be convened and chaired by the Program Director/Manager who is expected to facilitate input from the consumer and at a minimum the following other individuals:

- House/Site Manager or Caregiver(s)
- Service providers within the community, when available, but particularly when critical to the discussion or implementation of the individual service plan (e.g., MRC VR Counselor or day program staff)
- Legal Guardian (when applicable)
- Designated family member(s) or significant others as chosen by the individual or with the explicit permission of the consumer or legal guardian
- Case manager
- Clinical consultants as needed
- Licensed Mental Health Clinician if the consumer has a Behavior Intervention Plan.

For some individuals the service planning meeting represents a cognitively overwhelming and emotionally-provocative process. Therefore, in those instances it is recommended that the meeting be scheduled in two parts. For the first part of the meeting, the individuals specified above should meet to review the service plan. The provider should obtain input from the individual on the person's goals, preferences and interests. The second part of the meeting should include the individual, Program Director/Manager, Site/House Manager or Caregiver, and when applicable, the legal guardian. A modified and cognitively accessible list of the service plan goals/objectives and the behavioral support plan (when applicable) should be reviewed with, and provided to, the individual.

Following the individual service planning meeting, a final copy of the ISP must be approved and signed by the individual, and, when applicable, his/her legal guardian, and submitted to the case manager within 10 days. Signed copies should be kept in the person's file at the residential program and provided to the guardian, or, with the person's consent, to designated family member or significant other(s).

Monitoring and Modification of ISP

The monthly Progress Report (see Appendix H) should document the consumer's status, with respect to the attainment of service plan goals/objectives. These reports will also document any significant events or incidents, which have impacted the attainment of these goals/objectives or service delivery as stipulated in the individual service plan. Any significant changes in the document itself, however, **requires** the approval of residential service coordinator, the individual, or, when applicable, his/her legal guardian. MRC/Community Based Services review and approval is also required, with respect to any significant proposed changes to a Behavioral Support Plan. It is also expected that any significant changes in medical or clinical directives/protocols made by community-based providers will also be forwarded to the case manager in a timely manner. When indicated, a formal individual service plan review may be requested by the individual, his/her legal guardian, case manager, or the residential services provider in response to an unanticipated event which would substantially alter, or necessitate modification of the agreed upon Individual Service Plan.

ALCOHOL USE and DRUG ABSTINENCE

POLICY

MRC recognizes that individuals must have the freedom and support to control their own schedules and activities, and have access to food at any time. In addition, each individual has the rights of privacy, dignity and respect, and freedom from coercion and restraint. Finally, MRC and providers must ensure that their services optimize, but do not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.

However, clinical research and experience have substantiated that alcohol and drug use contribute significantly to the occurrence of disabling conditions, such as brain injuries. Further, use of alcohol and drugs serves to compromise recovery, functional capacity, and outcome.

IMPLEMENTATION

Any restrictions on an individual's access to alcohol must be supported by a specific assessed need and justified in the person-centered service plan. To consider an individualized alcohol restriction, the provider must go through the steps set forth under the "Person-Centered Service Plan" section in this manual.

In addition:

1. Individuals who also exhibit a past history of alcohol and/or other drug use will be offered substance abuse education, and, in particular, education regarding the potential consequences of continued substance abuse. Referral to appropriate support (e.g., AA) and therapeutic services will be facilitated by residential program staff, when indicated.
2. A risk protocol (as explained under [Clinician's Role](#)) shall be developed as needed for each consumer around alcohol or drug use. Any restrictions will be justified based on a risk assessment and a plan for monitoring, and removing, the continued restriction will be presented.
3. Impermissible use of drugs or alcohol by an individual in a residential program requires the completion of an Incident Report. Further, any illegal drugs discovered in a residence require the notification of the local police department by the Program Director/Manager for the purposes of confiscation. Please note that the possession of small amounts of marijuana (one ounce or less) has been decriminalized and is now a civil offense within the Commonwealth of Massachusetts.

APPROVED ABSENCE POLICY

POLICY

Individuals in group living residential programs have agreed, and have made a commitment, to participate in these programs, which have been specifically designed, developed and staffed to accommodate their care/supervision needs and to ensure the delivery of the services stipulated in each person's individualized service plan.

However, MRC and providers must ensure that their services optimize, but do not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. It is recognized that individuals may be absent from a residential program for several reasons, including but not limited to the following: short-term hospitalization (medical or psychiatric admission); admission to a subacute or rehabilitation program; social/recreation events; and scheduled vacations.

No absence from a program will be reimbursed to the provider except in the specific situations listed below. Absences which do not fall into one of the special categories listed below will be assumed to be covered under the provision of the "Utilization Factor" that was used to establish the rate to be paid for the service.

Approved absences must be applied for by submitting to MRC the "Consumer Absence Request/Approval Form" (Appendix N).

IMPLEMENTATION

If an individual requires an absence from a program because of illness beyond 14 consecutive sick days or 14 sick days that have been broken by a period of no greater than 7 days in a residential program, the Residential Supervisor may approve a continuation of the absence with reimbursement for certain periods. The Residential Supervisor's signature-approval is necessary in order for the Service Provider to bill for the 15th day to the 30th day absent. If the absence continues beyond 30 consecutive days in a residential program, both the Residential Supervisor and the Director of Community Based Services (or his/her designee) signature-approvals are necessary for the Service Provider to bill for further reimbursement. The dual approval covers billing from 15 up to 60 days absent from a residential program.

After 60 days absent from a residential program, a decision must be made as to the advisability of continuing the individual in the program. In no case may reimbursement continue after the 60th consecutive day. All other sick days are not billable, and must be assumed under the Utilization Factor.

Contract rates typically contain an allowance for planned routine absences (e.g. weekends home, vacation time, etc.) or for absences due to shorter-term illnesses. In cases in which an individual is expected to be out of a given residential program for more than 14 days/year/person for a planned, routine absence or where an individual is required to be absent from a residential program for more than 14 days/year/person as a result of incidents of shorter-term, recurring illness, the Residential Supervisor may approve billing for such planned absences. Billing will be allowed as if the individual were present and served. (Relevant data and justification referring to the Planned Absence must accompany the “Consumer Absence Request/Approval Form”). In no case may reimbursement continue after the 60th consecutive day. (This provision does not apply to non-residential programs.)

Non-Residential Services (SHIP / TBI services only)

If an individual requires an absence from a non-residential program because of illness beyond two weeks of regular authorized hours, the MRC Supervisor may approve a continuation of the absence with reimbursement for certain periods. The MRC Supervisor signature-approval is necessary in order for the Service Provider to bill from the third and fourth week absent from non-residential programs. For non-residential programs, allowable billing must be based on the regular weekly level authorized for the individual. If the absence continues beyond four weeks in a non-residential program, both the MRC Supervisor and the Director of Community Based Services (or his/her designee) signature-approvals are necessary for the Service Provider to bill for further reimbursement. The dual approval covers billing up to eight weeks absent from a non-residential program.

After eight weeks absent from a non-residential program, a decision must be made as to the advisability of continuing the individual in the program. In no case may reimbursement continue after the eighth consecutive week for non-residential services. All other sick days are not billable, and must be assumed under the Utilization Factor.

CLINICIAN'S ROLE

POLICY

Given the medical and neurobehavioral challenges of many of MRC's residential consumers, rates utilized by MRC under the rate structure established by Chapter 257 of the Acts of 2008 have been constructed to be inclusive of both staffing costs to support this population and for the essential supports of a licensed clinician.

Chapter 257 rates were established for residential programs based on medical and/or clinical acuity of all the consumers in a particular home. When the rates were promulgated, the number of clinical and nursing hours that were needed to support the consumers in a particular program were defined. At the time MRC contracted with providers, MRC made a decision to notify each Residential provider regarding the minimum number of hours they were expected to provide clinician and nursing coverage for each program. It should be stressed that these hours were the minimum number required each month to effectively provide comprehensive clinical care. When a new consumer moves into the program, when a consumer has a neurobehavioral or psychiatric crisis, or when a consumer simply requires additional clinical support, clinicians will be expected to work additional hours in order to provide adequate coverage.

The expectations of the clinician in the program are listed immediately below. As part of that responsibility is the completion of a yearly clinical review (see Appendix O).

IMPLEMENTATION

1. Program / Agency Clinician

All residential programs are expected to have a mental health clinician who is licensed to provide duties and responsibilities that will enhance the independence and safety of the consumers.

MRC policies state that the clinician must be licensed. Certification is different from licensing. Therefore, clinicians with a certificate must be supervised by a licensed mental health clinician with expertise and experience with brain injury and behavioral interventions. (Please note: MRC clinicians can assist with locating a clinician, if needed.)

Clinicians are expected to be very familiar with the history and clinical presentation of the consumers. It is also important they become familiar with the residential programs and the staff so recommendations are made which complement the milieu.

Clinicians are expected to support any restrictions on consumers with specific assessed needs and justify these restrictions in the consumers' ISPs.

The clinician's role will be comprehensive and should include all aspects of service planning including goals and treatment outlined in the ISP. The neuropsychologist in SHIP will annually review all components of the annual ISP process generated by the clinician.

See Appendix O for sample forms for use by the clinician.

WHEN A CONSUMER HAS EXPRESSED AN INTEREST IN A VACANCY IN THE PROGRAM, THE CLINICIAN WILL:

1. Review the record sent from SHIP.
2. Meet the consumer in his or her residence or current setting. Interview him or her for compatibility with others in the program.
3. Attend the transition meeting(s) and make clinical recommendations to enhance a successful transition into the program.
4. If necessary, write a Behavioral Intervention Plan (BIP) and train staff, before move.
5. Prior to moving in, train staff on the history and clinical issues for the consumer.
6. During the initial 45 days, provide:
 - a. Weekly check-ins with staff
 - b. Conduct necessary assessments
 - c. Help complete the Assessment Tool
 - d. Generate or make referrals necessary for completing appropriate Risk Protocols
 - e. Write Psychological and Behavioral Health section of the ISP
 - f. Attend the ISP meeting

ONGOING CLINICIAN REVIEW FOR THE PURPOSE OF THE CONSUMERS WELL-BEING IN THE PROGRAM WILL INCLUDE:

1. At least once a month, attend staff meetings and have a face-to-face meeting with any consumer with a BIP or behavioral guidelines.
2. Generate a crisis plan written for consumers with psychiatric or neurobehavioral concerns. This crisis plan should include an after-hours plan. Staff should be trained.
3. Be available by phone for clinical concerns. If there is a crisis of a psychiatric or neurobehavioral nature, be available within 24 hours, during the week, to assist staff. If the

event occurs over the week-end, be available to help staff on Monday. When the clinician is away, ensure alternative coverage.

4. Provide collateral consultations to other professionals as needed.
5. Provide training to staff as needed for the consumer's clinical needs.
6. Once a year:
 - a. Complete the Annual Clinical Review
 - b. Write the Psychological and Behavioral Health section of the ISP
 - c. Review and modify all Risk Protocols as needed
 - d. Assist completing the Assessment Tool
 - e. Submit new behavior intervention plan (BIP) to MRC's BIP Review Team.
 - f. Review and modify the BIP as needed
 - g. Attend the ISP if there is a BIP in place.

The neuropsychologist in the SHIP office will review these documents yearly.

7. Provide feedback to the guardians, parents or significant other as needed to promote stability and well-being for the consumer and the family.

ELOPEMENT POLICY for SITE-BASED PROGRAMS

POLICY

In situations where an individual has been assessed as having a history of intentional elopement from a site-based program, which for the purposes of this policy shall include shared home supports, it is expected that the provider develop specific anticipatory strategies to address and prevent either intentional elopement or an individual's wandering away from either the program or off-site activities.

The need for such a policy and approach should be identified during the initial assessment and addressed through the service planning process. The licensed mental health clinician shall be expected to develop this protocol.

This may also apply to other individuals who, secondary to cognitive impairment, may unintentionally wander or become lost while in off-site locations (e.g., shopping mall) or during unsupervised, independent excursions into the community. When applicable, the anticipatory/prevention strategies shall be developed in collaboration with other community-based programs in which the individual may participate, and when indicated, local police authorities, to facilitate coordinated, consistent management, and/or response, in the event of elopement.

In residential programs developed for individuals who have been assessed as having a high risk for elopement and if justified as a necessary condition or restriction under the person-centered service plan, an alarm system may be installed on some or all windows and doors to alert residential staff in the event a resident attempts to elope from the program.

IMPLEMENTATION

In the event an individual is determined to have eloped, or is found to be missing, the following procedures shall be followed:

1. The Program Director/Manager or On-call personnel shall be notified immediately.
2. If the individual is visible to program or caregiver staff, every effort should be made to facilitate their return to the program or scheduled activity. However, a provider staff person who is solely responsible for individuals other than the individual who has eloped shall never leave other individuals unattended to locate the individual who has eloped or is missing.
3. If an individual is located by staff but refuses to return to the program or other scheduled activity, a range of responses should be considered, depending upon the risk

associated with such a refusal or indications specified (when applicable) in the context of a behavior intervention plan. These responses may include offering accommodations or alternatives based on the individual's needs, requesting assistance from the individual's guardian, family or significant others, or contacting the local mobile crisis team, if appropriate. If initial interventions are unsuccessful or if the individual cannot be located within a reasonable period of time, as defined in the individual's service plan, a 911 call shall be placed to local police by the Program Director/Manager or On-call personnel. Police authorities shall be provided with pertinent information regarding the individual, including, but not limited to, the following details:

- Name of Individual
- Time and location where individual was last seen
- Age, attire, appearance, including identifying characteristics (e.g., hair color, eye color, etc.)
- Precipitating/antecedent events
- Possible destinations
- Information regarding any immediate medical concerns
- Contact information for the program, Program Director/Manager, and On-call personnel
- Name and phone number of legal guardian (if applicable) or other designated emergency contact person

The police shall also be faxed or otherwise provided with a copy of the individual's Emergency Fact Sheet.

4. The individual's legal guardian or designated emergency contact person shall be immediately contacted by the Program Director/Manager or On-call personnel and informed that the individual has eloped or is missing.
5. The Incident Reporting procedures shall be completed for all elopements (See Incident Reporting Policy).
6. When the individual is located, the Program Director/Manager or On-call personnel shall be primarily responsible for conferring with the individual, staff or caregiver and determining the need for additional clinical assessment by a physician or mental health professional. Should an individual exhibit obvious injury or psychiatric decompensation, or if the individual has been the victim of a sexual and/or physical assault, the individual must be taken to the nearest emergency room for evaluation, and the individual's primary care physician shall be contacted regardless of when the event was reported to have occurred.

7. In any situation where an individual in a site-based residential program, which shall include shared home supports, is transported to a hospital setting, provider staff or caregiver shall accompany and remain with the individual in the Emergency Department until he/she has been medically and/or psychiatrically evaluated and a clinical disposition determined.
8. The police authorities shall also be notified of any assault, rape, or other alleged crimes perpetrated against the individual. Staff must file a DPPC report (see incident reporting policy).

EMERGENCY RESPONSE MANAGEMENT and EMERGENCY EVACUATION SAFETY PLANS

POLICY

It is expected that qualified residential provider organizations will develop emergency response/management protocols and will comply with the Emergency Evacuation Safety Guidelines specific to Residential Supports as established by the Department of Developmental Services (DDS) (see Appendix K). In addition, provider organizations shall comply with 115 CMR 7.00 et seq, and in sections 7.02, 7.06 and 7.08 (2 and 3). The implementation guidelines delineated below shall also be completed. **References to DDS in these policies should be read as references to MRC.**

IMPLEMENTATION

1. The Residential Program Director/Manager will develop emergency response/management protocols through the identification of, collaboration with, and establishment of linkages with community-based service providers and resources, including the local police authorities; fire department; ambulance/rescue squad; hospitals; psychiatric treatment programs and screening teams; and substance abuse treatment programs. These protocols will address: a) repairs or other problems of an emergency nature within the residence; b) psychiatric/behavioral emergencies; c) medical emergencies; d) relocation plans.
2. Each emergency response/management protocol shall specify the following:
 - a. Names, rotation schedule (if applicable), and mechanisms for accessing designated provider organization staff who are primarily responsible for responding to emergencies
 - b. Detailed actions to be taken by residential program staff in response to emergencies
 - c. Contact information for all community-based resources
3. Copies of all Emergency Response and Management Protocols shall be provided to the staff of each residential program, who shall also be trained, on these protocols/procedures.
4. On-Call personnel who are responsible for responding to emergencies shall be available 24 hours/day, seven days/week (see On-Call Policy).

5. In addition to these protocols, the Residential Program Director/Manager will also develop emergency evacuation safety plans.
6. Emergency response/management protocols and emergency evacuation safety plans will be submitted to the Director of Residential Services for approval, as part of the proposed Plan of Care for a new residential program or when an individual transitions into an established residential program.
7. An Individual Assessment shall be completed for each individual annually in conjunction with the service planning process to ensure that the emergency evacuation safety plan meets each individual's needs.
8. Providers are expected to conduct repeat fire drills and/or consider and test revisions to safety plans following an unsuccessful evacuation until success is achieved. Documentation should be provided to the Residential Supervisor as required.

RELATIONSHIPS WITH FAMILY MEMBERS, SIGNIFICANT OTHERS, FRIENDS, and LEGAL GUARDIANS

POLICY

All providers must ensure that their services optimize, but do not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. Individuals have a right to maintain personal contacts and relationships with family members and friends. Residential staff are expected to encourage and assist individuals to communicate regularly with family members, significant others, friends and legal guardians.

In doing this, individuals have the right to determine who, when, and how frequently these contacts occur. In addition, as most residential programs have been developed for a group of individuals, guidelines have been established to accommodate each person's needs and to ensure the personal safety, privacy, and participation in scheduled activities of all who reside in a program.

IMPLEMENTATION

1. The Residential Program Director/Manager shall review the guidelines (see Appendix L) regarding family members, significant others, friends, and legal guardians prior to moving in to a community program, with both the individual and his/her designated contacts. After transition, any additional visitors/contacts specified by the individual shall likewise meet with the Residential Program Director/Manager to review the guidelines regarding family members and significant others on an as needed basis.
2. Each of the individual's designated contacts should be provided with a copy of the guidelines.
3. At the time of transition to a residential program, the Residential Program Director/Manager shall specify a staff member who will serve as the primary contact for family members, significant others/friends, and/or the individual's legal guardian. These designated contact persons shall be informed regarding mechanisms for contacting the provider's designated residential staff member. The residential staff person who serves as the primary contact should preferably be a Program Director/Manager, Site Supervisor, or other staff member with administrative/supervisory responsibilities.

4. For any incident in which a guardian, family member or significant other/friend in any way jeopardizes the safety of an individual, or in which a guardian, family member, significant other/friend is suspected of abuse or neglect, a report shall be filed to the responsible agency (see Obligatory Reporting Policy) immediately by the residential provider staff, who must also complete and submit an Incident Report (see Incident Reporting Policy).

HOME AND COMMUNITY-BASED SETTINGS FOR RESIDENTIAL HOMES

POLICY

As explained under Section II, "Home and Community-Based Settings (General)," the U.S. Department of Health and Human Services (HHS) recently moved away from defining home and community-based settings by "what they are not," and toward defining them by the nature and quality of individuals' experiences. That is, HHS via recent modifications to its HCBS regulations established a more outcome-oriented definition of home and community-based settings, rather than one based solely on a setting's location, geography, or physical characteristics. These changes maximize the opportunities for participants in HCBS programs to have access to the benefits of community living and to receive services in the most integrated setting and will provide alternatives to services provided in institutions.

IMPLEMENTATION

Conditions for all dwellings occupied by individuals, as well as day and employment services, are set forth earlier under Section II, "Home and Community-Based Settings (General)."

In a provider-owned or controlled residential setting, the following additional conditions must also be met:

1. The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, MRC and/or the provider must ensure that a lease, residency agreement or other form of written agreement will be in place for each individual, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
2. Larger homes can feel and appear institutional and may not fully meet the intent of recent regulations promulgated by the Center for Medicaid and Medicare Services (CMS). Any new settings contracted with MRC, therefore, will require that no more than four individuals may live in one home.
3. Each individual has privacy in their sleeping or living unit:
 - a. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. The door may be easily opened from the inside without a

key and the individual is able to unlock the door from the inside; at all times staff carry a key or have immediate access to a key to open the door in the event of an emergency.

Massachusetts regulations require that bedrooms with emergency exits / egresses which may be used by other individuals during emergencies may not have lockable entrance doors; individual(s) who occupy these bedrooms must be afforded a reasonable expectation of privacy from staff and other individuals.

- b. Individuals sharing units have a choice of roommates in that setting.
 - c. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- 4. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
 - 5. Individuals are able to have visitors of their choosing at any time.
 - 6. The setting is physically accessible to the individual.
 - 7. Any modification of the additional conditions must be supported by a specific assessed need and justified in the person-centered service plan.

LEASES

POLICY:

As part of new settings requirements, the U.S. Department of Health and Human Services (HHS) required providers to establish legally enforceable agreements with individuals. These legally enforceable agreements can be comparable to a lease. The intent of this requirement is to safeguard individuals against an arbitrary or capricious eviction from their home.

The legally enforceable agreement shall provide the individual with the same responsibilities and protections from eviction that tenants have under the landlord/tenant law(s) in Massachusetts as well as the county or town/city where the individual resides.

The rental agreement must be signed by the provider and the individual, his/her guardian, or his/her legal representative.

For settings in which landlord/tenant laws do not apply, the provider or caretaker must ensure that a lease, residency agreement or other form of written agreement will be in place for each individual, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.

IMPLEMENTATION:

Each residential provider must have a separate rental agreement with each individual. These rental agreements must be written as an enforceable lease, and have certain terms:

- The rental agreement must set forth the name, address, and phone number of the provider, the person responsible for maintenance, and the person to whom the tenant can give copies of formal notices, complaints, or court papers.
- The rental agreement must state that the landlord cannot simply take possession of the rental unit or change the lock to the individual's rental unit. In addition, the lease must state that the landlord must provide space that is safe, clean, and in compliance with the Massachusetts Sanitary Code.
- The rental agreement must explain that if important changes need to be made to the residential agreement, the provider or the individual may request a meeting with the individual's full Individual Service Plan team. At this meeting, modifications to the individual's Individual Service Plan can be discussed. This meeting must take place within 30 days of the request.

- If the provider receives a security deposit, the rental agreement must show the amount paid, and must explain the tenant's rights to that security deposit money.
- The provider must make sure that the tenant is given a legible copy of the rental agreement.
- If applicable, the rental agreement may state that smoking is allowed only in designated areas outside the home, and is not allowed in any room inside the home.
- The rental agreement must not include illegal terms such as:
 - The tenant must pay for the cost of repairing ordinary wear and tear to the apartment.
 - The tenant must pay for repairs to parts of the building beyond the tenant's apartment.
 - The tenant may not sue the landlord or report violations of the Sanitary Code.
 - The tenant may not join a tenants' union.
 - The tenant must pay a late fee if a rent payment is even one day late. (A lease or rental agreement may permit the landlord to charge a late fee if a rent payment is 30 or more days late.)

MEDICAL MANAGEMENT POLICIES

1. GENERAL HEALTH REQUIREMENT

POLICY

All individuals shall be supported by residential program staff with respect to maintenance of their general health, prevention/progression of disease, and addressing, diagnosing, and treating any identified physical problem or disorder. Individuals shall also be assisted in complying with all medically prescribed treatments and directives recommended by their primary care physicians, medical specialists, rehabilitative or other clinicians. These efforts shall be evidenced in documentation of the supports delineated below, which shall be incorporated as specific objectives in each individual's service plan.

IMPLEMENTATION

1. The residential program will work with each individual to identify a primary care physician (PCP) prior to transitioning into the program. The PCP shall preferably be located in close proximity to the residential program; have admitting privileges at a local hospital in the event of a medical emergency; and be experienced in addressing the medical needs of persons with disabilities.
2. Residential staff will work with each individual to schedule an annual physical and routine, age-appropriate laboratory, screening and diagnostic testing. Screening tests should, at a minimum, include Pap smears and mammography for women; colonoscopy (age 50 or older); prostate evaluation for men, and other tests specified in practice guidelines, established by the American Medical Association.
3. All individuals will be provided with ongoing, health education by trained professionals. Should an individual exhibit difficulty in reading, visually accessing (secondary to visual impairments), or understanding (e.g., secondary to aphasia, cognitive compromise, etc.) the information regarding the health education, alternative methods for ensuring the individual's comprehension and retention of the information should be employed (e.g., audiotaping, large print format, re-wording for cognitive accessibility). Educational training sessions will, at a minimum, focus upon the potentially serious medical consequences of illegal drug use, alcohol and smoking. When applicable, individual health educational sessions will be provided on the nature and management of other medical conditions, such as seizures, diabetes, dysphagia, sexually-transmitted

diseases, psychotropic medication, hepatitis and other medical conditions. Supports provided around health education and health maintenance efforts shall be documented in progress reports.

4. Residential staff will work with each individual to refer each individual to an appropriate clinician to assess, diagnose and treat all physical and mental health concerns, identified or reported by the individual, his/her legal guardian (when applicable), or residential staff. Documentation regarding clinical assessments, diagnostic procedures, and clinical recommendations shall be made available to individuals or their legal guardians (when applicable), as well as their case manager. With written permission from the individual or guardian, this information can be shared with significant others, designated representative and relevant providers.
5. At this time, the use of marijuana for medical reasons is banned by the Federal government. Until further guidance is received, waiver provider staff should not assist consumers with the purchase or use of marijuana for medical purposes.

2. MEDICATION MANAGEMENT

POLICY

Qualified residential provider organizations shall be responsible for ensuring that residential staff have been certified under the Medication Administration Program (MAP) curriculum (see Supplemental Training for Residential Providers Policy), and that MAP guidelines regarding the administration of prescribed medications are utilized. In addition, all residential programs shall ensure that all prescribed and over-the-counter (OTC) medications, as well as administration equipment (e.g., syringes) shall be stored in a locked cabinet or room within the residential program. Medications prescribed, or taken, by individuals should be clearly labeled and separated within the locked storage cabinet or room. The provider organization shall also ensure that medications are accurately dispensed and that all medication administration be appropriately documented.

IMPLEMENTATION

1. A typed Current Medication Regimen record shall be placed in each individual's file, as well as a medication log notebook. This Medication Regimen document shall always be current and include the following information:
 - a. Names (both generic and brand) of each prescribed medication and specific indications
 - b. Dosage and schedule of administration for each medication
 - c. Information regarding possible side effects which should be monitored by residential staff
 - d. Name and phone number of the prescribing physician
 - e. Information regarding allergies to medication
 - f. Names of OTC medications and administration guidelines
2. A copy of the Current Medication Regimen record shall accompany all individuals to scheduled medical appointments or any other medical encounters (e.g., emergency room).

3. For any errors made in the administration of medication, the prescribing physician or pharmacist, or when available, the residential program nurse shall be immediately contacted. In addition, an Incident Report and Medication Occurrence Report (MOR) shall be completed (see Incident Reporting Policy) and the Program Director/Manager, or on-call personnel, contacted. If qualified medical staff are not immediately available to evaluate the individual's condition and potential risks associated with the medication error, emergency medical care should be secured.
4. For individuals who exhibit a history of allergic reaction to medication, the Program Director/Manager will ask if the individual will wear a Medic Alert bracelet or necklace and/or carry a Medic Alert card.
5. If an individual declines medication, residential staff should seek to understand the nature of the individual's concern and reason for refusal. If appropriate, staff will assist the individual in communicating their concerns or questions to the prescribing medical professional. When this is not successful and the lack of compliance with taking prescribed medication places the individual at risk, the Residential Program Director/Manager will work with the individual to obtain a clinical assessment from the prescribing physician (e.g., psychiatrist). If the individual's non-compliance with prescribed medication places him/her at risk for immediate and/or serious medical/health consequences (e.g., refusal of insulin injection), such situations necessitate emergency intervention which may include hospitalization.
6. Residential providers are responsible for communication with day providers and others around new or changes to protocols, medication administration and medication supply.
7. Providers are expected to bill the MAP expense to the appropriate state agency.

3. ASSESSMENT of CAPACITY to SELF-MANAGE MEDICATIONS

When indicated, individuals who have not been adjudicated incompetent with respect to making medical decisions, and who have not been determined to require a Rogers monitor, should be assessed to determine their capacity to manage prescribed medications.* Such evaluations shall be performed by a qualified, licensed clinician (e.g., Program Nurse, Primary Care Physician), who is thoroughly familiar with the individual's clinical history, cognitive capacity and functional skills, as evidenced and documented by program staff. The use of a standardized assessment tool should also be included in the assessment process (e.g., MacArthur Competence Assessment Tool for Treatment).

Massachusetts law and ethical practice guidelines require that individuals shall be competent, with respect to making treatment decisions (e.g., informed consent to medication), and that

individuals exhibit the requisite competence to participate in treatment or follow treatment directives, which includes prescribed medications. When an individual's competence is obviously impaired or judged to be potentially compromised, a clinical evaluation of competence is indicated and necessary. With respect to medication management and the ability to self-medicate, the following competencies shall be assessed:

- Mental Status
- Willingness, desire, and capacity to learn to self-medicate
- Physical capacity to self medicate (e.g., load and inject a syringe; remove medications from blister pack, etc.)
- Knowledge of prescribed medications and their indications
- Knowledge of, and ability to remember and adhere to, prescribed dose and schedule of administration
- Knowledge of contraindications and side effects of prescribed medications, as well actions to be taken should these occur
- Ability to follow universal precautions when indicated (e.g., syringe preparation, suppository insertion)
- Risk Level – e.g., history of suicide attempt by overdosing; past abuse of prescribed medications; past history of trafficking prescribed medications, etc.

Based upon the data derived from an assessment of these domains, informed decisions may be made regarding the capacity of an individual to self-medicate. While an individual may be judged to be incapable of self-managing his/her medications at the time he/she is assessed, a re-evaluation should be completed in response to documented improvement in the individual's cognitive/behavioral capacity. Should someone who is initially judged to be capable of self-managing his/her medication exhibit cognitive/psychiatric decompensation (e.g., onset of a dementing disorder), a re-evaluation would likewise be indicated. The need for re-evaluation should be addressed at least annually as part of the service planning process, as well as on an as needed basis, when indicated. The need for re-evaluation should include the following indicators:

- Change in mental status
- Improvement/decline in cognitive status

- Change in the complexity of a prescribed medication protocol which calls into question the capacity of the individual to self-medicate
- Change in risk level or occurrence of significant incident related to medication administration

***Note:** Prescribed and OTC medications shall, however, be stored in a locked cabinet/room within the residential program (see Policy Re: Medication Management).

MONEY MANAGEMENT and STORAGE of VALUABLES

POLICY

Goals and objectives regarding the development of money management skills, to the extent possible, shall be incorporated into each individual's service plan. In addition, residential provider organizations shall provide, within the residence, secure place(s) for individuals to safely store spending money, ATM cards, checkbooks, credit cards and other financially-related materials/information (e.g., bank statements), as well as valuables (e.g., jewelry, watches, etc.). In general, it is assumed that the individual has a right to control his/her money unless they have a guardian or other legal representative designated to manage their funds.

IMPLEMENTATION

1. The Residential Program Director/Manager shall assume primary responsibility for ensuring the safe storage of individuals' monies, valuables, and other financially-related material in either a secure, central area within the residence (e.g., staff office), or for encouraging individuals to store these items in a personal lock box, locker or other secure location within their room. If staff have stored money or valuables in a central area within the residence, the individual should be given a receipt for these possessions.
2. Residential staff shall not take or utilize any individual's ATM/credit card(s) or checkbook, but may accompany or supervise individuals during money management tasks, as stipulated in the individual's service plan.
3. Individuals shall be encouraged and assisted, when indicated, with respect to opening a bank account. Individuals should be informed about the risk of carrying substantial sums of money on their person or keeping these funds within their home.
4. When applicable, residential provider staff are expected to cooperate with an individual's legal guardian, power of attorney, representative payee, or conservator, in managing an individual's finances and expenditures.
5. In certain programs who serve individuals who have been assessed as exhibiting a history of behavioral or psychiatric disorders, access to monies and ATM/credit card(s) may be restricted in order to address high risk behaviors (e.g., accessing illegal drugs, elopement, etc.), as part of a behavioral management plan that is discussed with and agreed to by the individual or substituted decision maker (if applicable) prior to implementation.

When the provider is assigned as the representative payee for an individual or manages the individual's funds, the provider will have a system in place for tracking all expenses and income. This information is available to the individual and/or the guardian at any time.

ON-CALL POLICY

POLICY

All qualified residential service provider organizations shall train and designate On-Call personnel to be available to residential programs, 24 hours/day, 365 days/year. Personnel chosen and designated for On-Call duty shall hold positions within the provider organization at a supervisory and/or administrative level, or may be licensed nurses, or mental health clinicians, who are employed by the provider organization. While larger scale provider organizations may designate more than one person to assume specific on-call responsibilities, there shall be a person, or persons, who are always available to residential staff and able to address and respond to the following:

- Emergencies related to the residence itself, to include, but not be limited to the following situations: loss of electrical power; flooding; fire; loss of heat or cooling systems; loss of water supply; need for repair of fixtures, appliances or other relevant household items.
- Need to relocate or evacuate individuals, in response to eviction, natural disasters (e.g., hurricanes, blizzards, etc.) or in the event the residence becomes uninhabitable.
- Incidents involving individuals and which necessitate filing of an Incident Report (see Incident Reporting Policy).

IMPLEMENTATION

1. The provider organization's executive director, or designated administrative staff, shall be primarily responsible for ensuring that all staff assuming On-Call responsibilities are prepared and trained, with respect to all emergency response protocols developed by the provider organization. In addition, persons who are assigned responsibility for responding to incidents, as defined in the Incident Reporting Policy, shall participate in mandatory trainings developed and periodically provided by MRC.
2. A list of On-Call personnel and their access phone numbers shall be kept current, be posted within the residential program's staff office and be provided to the supervisory staff of MRC and the Waiver Units. In addition, this designated list of on-call staff will be provided to the individual's legal guardian or other designated family members.
3. All repair and other identified needs related to the residential property shall be addressed immediately.

4. In the event that individuals in a residential program need to be relocated or evacuated secondary to natural disaster, weather conditions, or the compromised operation or status of the residence, the supervisory staff of MRC and the Waiver case managers, shall be notified immediately and provided with detailed information and a proposed plan of action.
5. Relocation of individuals necessitates both a verbal and written incident report, which must be completed for each individual who is relocated.

PROGRAM FEES

(also known as ROOM AND BOARD or CHARGES FOR CARE)

POLICY

All individuals in a residential program, their legal guardian or other substitute decision makers (when applicable) are required to contribute to the costs associated with their residential program – specifically, room and board.

IMPLEMENTATION

- 1) Program fees for services administered by MRC (covering residential services administered through SHIP): Individuals shall contribute \$250 per month (or less, depending on income and/or expenses as listed under Hardship Exception / Adjustment to Program Fees). All individuals must have at least \$200 per month for personal needs. Program fees shall be collected by, and paid directly to, the provider organization, which in certain instances also serves as the individual's representative payee. Individuals living in housing funded by the U.S. Housing and Urban Development will have their program fees calculated using a different formula.
- 2) Program fees shall be paid on a monthly basis, and designated residential program staff shall be responsible for ensuring that individuals are aware of, and have managed their available monies appropriately, to meet this program expectation.
- 3) For individuals and/or legal guardians who are non-compliant with this policy, the case manager should be notified.
- 4) Hardship Exception / Adjustment to Program Fees. For an individual who has necessary expenses but does not have sufficient funds in their monthly personal needs stipend to pay for these expenses in a particular month, the monthly program fee may be reduced by an amount that will enable the individual to pay such expenses. The case manager, the individual, and the individual's ISP/POC team will make such a determination. Necessary expenses may include, but are not limited to, legal obligations such as alimony and child support, and medical expenses.

PET AND SERVICE ANIMAL POLICY

POLICY

Pets are permitted in residential programs contingent upon the individual(s)' ability and agreement to (a) assume primary, or share (e.g., among housemates), responsibility for caring for the pet; and (b) financially support the pet (e.g., veterinary care, food, etc.). There must be physical space within the residence to accommodate the pet, and the pet must not pose any potential risk to the individual or other individuals served by the program. Potential risks include, but are not limited to, dangerous breeds of dogs; venomous snakes, fish, or other animals; animals to which other individuals exhibit allergic reactions; or any animals which provoke an adverse psychological response (e.g., significant fear/phobic reaction) among individuals within a program.

Massachusetts and Federal laws require residential programs to permit service animals (see below for definition and caring for a service animal). Service animals are not considered to be pets.

IMPLEMENTATION OF PET AND SERVICE ANIMAL POLICY

1. The Residential Program Director/Manager shall assume primary responsibility for processing a request made by one or more individuals to own and care for a pet or service animal within a residential program. This process shall include the obtaining of approval from all the individuals within the program and the Program Director/Manager's confirming that no individual or staff within the program exhibits a history of allergic, or other adverse response to the chosen pet or service animal.
2. An area within the residence must be designated for the pet or service animal and storage of pet or service animal supplies. This designated area should not interfere with the operation of the residential program or compromise access/use of common areas by other individuals within the program.
3. Should the individual(s) demonstrate that he/she is no longer able to care for a chosen pet or service animal, the Residential Program Director/Manager shall assume responsibility for developing an intervention plan, and if this should fail, for seeking alternative options for the pet or service animal.

IMPLEMENTATION OF PET POLICY

4. Owning and caring for a pet potentially provides an opportunity for individuals to develop and/or apply budgeting, planning, organizational, and leisure skills. However, the individual(s) shall, prior to purchasing or obtaining a pet (e.g., from a shelter program), be educated and made aware of all aspects of the pet's care and expectations, with respect to his/her responsibilities, which shall be delineated in writing accompanied by a daily pet care checklist.
5. Written permission must be obtained from the Program Director/Manager regarding the bringing of any pets onto the premises of any residential program by staff or visitors.

IMPLEMENTATION OF SERVICE ANIMAL POLICY

6. Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals.
7. Residential programs generally must allow service animals to accompany people with disabilities in all areas of the facility where these individuals are normally allowed to go, even if state or local health codes prohibit animals in these areas.
8. Service animals must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.
9. When it is not obvious what service an animal provides, only limited inquiries are allowed. Staff may ask two questions: (1) is the dog a service animal required because of a disability, and (2) what work or task has the dog been trained to perform.
10. A person with a disability cannot be asked to remove his/her service animal from the premises unless: (1) the dog is out of control and the handler does not take effective action to control it or (2) the dog is not housebroken. When there is a legitimate reason to ask that a service animal be removed, staff must offer the person with the disability the opportunity to obtain services without the animal's presence.
11. People with disabilities who use service animals cannot be isolated from other people, treated less favorably than other people, or charged fees that are not charged to other patrons without animals. In addition, if a residential program requires a deposit or fee to be paid by residents with pets, it must waive the charge for service animals.

PROGRAM PARTICIPANT EXPECTATIONS

POLICY

All individuals in residential programs are encouraged to follow the basic Program Participant Expectations established for all residential programs. These guidelines were developed and designed to ensure the safety, health, well-being, and program participation for individuals, as well as to facilitate cooperation and mutual respect among individuals.

IMPLEMENTATION

- 1) The Residential Program Director/Manager shall assume primary responsibility for reviewing the Program Participant Expectations (see Appendix M) with a residential candidate and his/her legal guardian (when applicable), prior to transition to a residential program.
- 2) A copy of the Program Participant Expectations shall be provided to each individual and his/her legal guardian (when applicable). Should an individual exhibit difficulty in reading, visually accessing (e.g., secondary to visual impairments), or understanding (e.g., secondary to aphasia, cognitive compromise, etc.) the Program Participant Expectations, alternative methods for ensuring the individual's comprehension and retention of the information included in the Program Participant Expectations should be employed (e.g., audio taping, large print format, re-wording for cognitive accessibility). For individuals or guardians whose primary language is not English, the Program Participant Expectations should be translated into his/her primary language.
- 3) Residential staff or PCA staff (when applicable) shall provide assistance to individuals who exhibit physical challenges, with respect to the completion of personal care and hygiene tasks, delineated in the Program Participant Expectations.
- 4) Program Participant Expectations may need to be re-reviewed periodically, especially when secondary to psychiatric or cognitive impairments (e.g., memory disorder) exist and/or when non-compliance with these guidelines has occurred.
- 5) When indicated (e.g., in behavioral residential programs), the Program Participant Expectations may need to be supplemented by an Individualized Behavior Management Plan, designed to address behavioral/psychiatric symptoms or problematic behaviors not specified in the basic Program Participant Expectations, or to promote compliance with the behavioral expectations delineated in the Program Participant Expectations. These plans shall be developed by the Licensed Mental Health Clinician for the program (see the Clinician's Role section within this Manual).

RECORD KEEPING

POLICY

A file shall be developed for each individual residing in a residential program. Each individual's program file shall be kept electronically or in a loose leaf binder and stored in a locked file cabinet or room within the residential program, where they are accessible to residential program staff, the Waiver case manager and MRC staff during annual review. The individual's record must be available to the individual, legal guardian or lawfully authorized representative, and case manager upon request:

The individual's file shall contain the following documents in divided subsections of the binder:

- Emergency Fact Sheet which should be copied to accompany an individual in the event of an emergency room visit or hospitalization
- Copy of a guardianship decree or other documentation related to substitute decision-makers
- Copies of current release forms
- Typed list of current medications and their indications for use; schedule of administration; dosages; prescribing physician contact information; list of possible side effects
- Service Plan
- Specialized Medical or Other Protocols (e.g., dysphagia protocol)
- Behavior Management/Support Plan (if applicable)
- Copies of Incident Reports for the current fiscal year
- Copies of records related to medical or other clinical consultations
- VNA records (when applicable)
- PCA records (when applicable)
- Miscellaneous (e.g., pertinent historical records)

As part of each individual's annual review, the individual's file shall be updated and records pertaining to the previous year, shall be archived in a secure (i.e., locked) storage area.

In addition, residential staff shall maintain a shift log and communication book to facilitate communication between shifts of residential staff. This document shall also be kept in a locked file cabinet or room within the residence, and log/communication notes shall be archived periodically.

ROOM/PERSONAL POSSESSIONS SEARCH

POLICY

All individuals in a residential program and their legal guardians (when applicable) shall be provided, at the time an individual is being considered for a residential placement, with a copy of the Program Participant Expectations (see Appendix M). The Program Participant Expectations shall be reviewed prior to transition.

Even though individuals are to be afforded autonomy and independence in their daily activities and physical environment, individuals must agree to refrain from bringing certain items into the residence which may potentially pose a risk to themselves, other individuals, or staff. In certain residential programs which serve individuals who have been assessed as exhibiting a history of high risk and/or dangerous behavior, additional items may be designated as contraband (see Sharps Policy).

The following search policy will be followed when residential staff have reason to believe that these prohibited items have been brought into, or are hidden within, the residential program or among an individual's personal possessions and present a danger to the individual and/or other individuals and staff in that home. In these instances, a room and/or possession search may be indicated and conducted, in accordance with the implementation guidelines delineated below.

IMPLEMENTATION

1. Residential staff will inform the Residential Program Director/Manager or On-Call personnel in the event that a room and/or personal possessions search would appear to be indicated. The contraband items believed to have been brought into, or hidden within, the residence should be specified to the extent possible and the basis for their belief that such items are present in the home described.
2. A room and/or personal possessions search may also be warranted in the event an individual threatens to harm him/herself, other individuals, or staff. Residential staff should be particularly vigilant about such threats in residences where access to certain items (e.g., matches, knives, etc.) has not been restricted previously.
3. The Residential Director/Manager or On-Call personnel shall be primarily responsible for determining the need to conduct a room and/or personal possessions search and for documenting why the decision to conduct a search or not was reached.

4. Residential staff shall ask to speak with the individual privately and preferably within the staff office. The individual, and when applicable, his/her legal guardian, should be apprised of the perceived need to conduct a room and/or personal possessions search.
5. Residential staff should discuss with the individual, in a calm and non-provocative manner, the reasons for conducting a room and/or personal possessions search. If not significantly agitated, the individual will be allowed to be present for this search.

It is preferable and advised that at least two residential staff be responsible for completing a room and/or personal possessions search, so that one staff person may devote his/her attention to the search process, while the other staff person can be available to address the individual's response, questions, and concerns. In programs that serve individuals who exhibit a history of aggressive behavior, or in circumstances where the individual's mental status appears to be acutely compromised or deteriorated, which at times may be secondary to drug or alcohol use, two staff persons may be needed to address the individual's response to the room and/or personal possessions search. In the event the individual's psychiatric presentation or behavior causes serious concerns regarding the safety of the individual or others, 911 shall be called immediately, and if determined necessary, the emergency services crisis program, and the room and/or personal possessions search process shall not be initiated in these circumstances.

6. While staff may need to examine the content of the individual's clothing (e.g., pockets, socks, shoes, etc.) during a search, residential staff shall request the individual's compliance and voluntary participation in this process. An examination of clothing, as well as other personal possessions (e.g., back pack, pocket book, etc.) shall preferably be conducted in the staff office. Two staff should be available for this.
7. Under no circumstances shall a residential staff person ask an individual to expose any body area/part, or touch/examine an individual's person during a personal possessions search.
8. Should staff have reason to believe that an individual has hidden contraband items in another individual's room, or other locations within the residence, these areas shall also be searched. The same steps described above shall be followed, with respect to the need to search the room and/or personal possessions of another individual. Such additional searches shall be conducted consecutively, and not at the same time.
9. An Incident Report shall be filed whenever a room and/or personal possessions search has been completed (see Incident Reporting Policy). A plan for addressing the individual's non-compliance with the Program Participant Expectations and/or other

policies (e.g., Sharps Policy) shall subsequently be generated by the licensed mental health clinician.

10. An individual's room and personal possessions will not be routinely searched except in the following circumstances utilizing this procedure: certain individuals, who have been assessed as having a history of high risk and/or dangerous behaviors, or who repetitively access/bring contraband items into the residence, may require a search of his/her personal possessions, whenever he/she has participated in off-site activities within the community. In such instances, the need to conduct routine searches of his/her personal possessions after community excursions may be indicated. These interventions shall be incorporated into an Individualized Behavioral Management Plan, the provisions of which are reviewed and agreed to by the individual and his/her legal representative, if applicable, and which can be reviewed and amended at any time at the request of the individual. Incident reports need not be completed for each routine search, unless the outcome of these searches is positive (e.g., finding a weapon, drugs, etc.), or the circumstances of the search would necessitate the completion of an Incident Report (e.g., involvement of law enforcement, altercation between individuals, etc.).

SHARPS

POLICY

This policy only applies to individuals who have been assessed as having behavioral or psychiatric disorders and there is a high risk for aggression involving sharps. In some instances, their clinical presentations have been complicated by a premorbid history of mental illness and/or post-traumatic stress disorder (PTSD). Behavioral symptoms may be evidenced in episodic aggression, self-injurious, suicidal, sexually disinhibited and other behaviors which may place the individual, staff, or others at risk.

For these reasons, programs who serve these individuals shall restrict and control access to sharp items, tools or instruments defined below, as part of the programmatic design and behavioral management plan regarding these residences. This risk factor should be identified during the initial assessment and addressed during the service planning process. Initiation and enforcement of a Sharps Policy may also occur in response to the unanticipated development of high risk behaviors by an individual.

However, all residential programs shall ensure secure storage of any tools, utensils or other devices which may pose potential risk for program participants due to unsupervised or improper use.

IMPLEMENTATION

1. The Residential Program Director/Manager shall be primarily responsible for ensuring that the Sharps Policy is enforced in all residential programs **which have been determined to require the implementation of this policy.**
2. Access to the following items shall be limited and utilization (when applicable) shall be under the direct supervision of staff (e.g., razor for shaving):
 - All carving or serrated knives, metal knives, forks, and sharp/pointed serving/cooking utensils (e.g., barbecue forks)
 - Scissors
 - Needles (e.g., sewing, knitting, etc.)
 - Pocket/tool knives
 - Metal hair pins
 - Metal nail clippers
 - Razors, including disposable and electric razors
 - Metal tools

- Metal wire
 - Metal lids from cans
 - Any other items known to constitute a “sharp” (e.g., glass in photo frames).
3. All sharps shall be stored in a locked storage cabinet or room.
 4. A typed inventory list of all sharps which may be utilized by staff (e.g., cooking utensils) or an individual under direct supervision (e.g., razor) shall be generated by the Residential Program Director/Manager. Following any activity necessitating use of these items, designated residential staff shall be responsible for ensuring that these items have been collected and returned to locked storage. In addition, the entire inventory of sharps should be reviewed at least weekly, or more often if necessary.
 5. Sharps utilized for cooking and food preparation shall never be left in a dishwasher, sink, or kitchen area.
 6. The Residential Program Director/Manager, or On-Call personnel, shall be contacted immediately should any sharps be determined to be missing.
 7. A room or personal possession search shall be instituted to recover missing sharps, or in the event that an individual is suspected of being in possession of undocumented sharps (see Room/Personal Possession Search Policy).
 8. In residential programs in which access to sharps has not been limited, the Program Director/Manager shall nonetheless ensure that any tool, utensil, or other device that could potentially cause unintentional harm to an individual, secondary to improper or unsupervised use, be securely stored and utilized by individuals only under the direct supervision of program staff.

SMOKING

POLICY

A smoke-free environment, within the residence, shall be maintained by residential program staff. Smoking of legal substances by individuals is permitted in designated areas, located away from entrances and outside residential programs. Additional implementation guidelines are delineated below.

IMPLEMENTATION

1. All individuals shall be offered education annually, regarding the addictive, carcinogenic, and other physically deleterious consequences associated with smoking cigarettes (including electronic cigarettes) and cigars, as well as the use of other tobacco products (e.g., chewing tobacco).
2. All individuals who wish to smoke in a designated area outside a residential program shall be routinely assessed (using guidelines under "Clinician's Role" within this Manual) with respect to his/her capacity to safely engage in this activity with or without supports or supervision. If staff supervision is required for safety, every effort will be made to accommodate the individual's preferred smoking schedule without disruption to the program.
3. Under no circumstances shall cigarettes, cigars, or tobacco products be used as reinforcers in the context of a behavior support program (see Policy regarding Prohibited Behavioral Interventions). However, smoking cessation strategies may be implemented with the consent of the individual or his/her legal guardian.
4. In residential programs which serve any individual who has been assessed as having certain high risk behaviors or a history of arson, all smoking-related igniting devices shall be stored in a locked area. Items to be locked include lighters, lighter fluid, matches, and other incendiary devices.
5. Staff employed by residential provider organizations shall not smoke within residential programs (i.e., within the house/apartment) and shall in no way promote smoking by individuals. Related to the latter, staff breaks, during which time they may choose to smoke, shall be scheduled not to coincide with smoking breaks scheduled by individuals. Further, in residential programs which provide for only one (1) overnight staff member to supervise and be responsible for individuals, this sole staff person shall not leave the residence for the purpose of smoking.

SUPPLEMENTAL TRAINING for RESIDENTIAL STAFF

POLICY

In addition to the policies for all qualified providers, residential provider organizations are additionally responsible for ensuring that all residential staff are oriented and trained in the following categories and topic areas:

General Training Requirements

- Medication Administration Program (MAP) training and certification, developed in collaboration with the Massachusetts Department of Public Health
- Content of the MRC Practices, Policies and Procedures and Supplemental Policies for Group Living Residential Program Providers

Individual-Specific Training Requirements

During the first month of their employment, the Program Director/Manager shall also ensure that all residential staff are held responsible for reading and comprehending the following:

- All individual-related documents, to include, but not be limited to the following:
 - Clinical History
 - The individual's Service Plan and related assessments
 - Specialized Protocols regarding the management of seizures, dysphagia, utilization of assistive technology devices, transfer/transport of individuals, ADL assistance, and any other individual-specific care protocols
 - Behavioral Intervention Plan (if applicable)
- Any other individual-specific training and/or documents

Residential provider organizations shall not expect, or require, any newly-hired staff working in group living programs, who have yet to complete the required trainings for all providers and those specific for residential providers, to be independently responsible for the care, or sole management, of individual(s). Newly-hired staff, who have not yet completed these training requirements may, however, care for or provide services to individuals, under the direct supervision of a staff member who is on-site and who has completed all required trainings.

TELEPHONE, CABLE and INTERNET USAGE

POLICY

In order to optimize autonomy and independence, residential program shall install and maintain phone service for use by individuals in residential programs, and these phones shall be available to individuals to receive and make calls and must offer individuals a reasonable level of privacy in making and receiving calls. The cost of this phone service, which should include a long-distance flat rate provision, is absorbed by the program. However, the phone line (i.e., phone and jack) utilized by individuals should be separated from any answering or fax machines utilized by program staff.

Some residential programs also make available to individuals the use of a computer, within common area space, and access to the Internet. However, no confidential information or program-related data should be entered or stored on computers designated for use by individuals, who should also be provided with, and taught to utilize, passwords for personal e-mail. Computers installed for use by individuals are not to be utilized by residential program staff, and the cost of the computer and Internet service is absorbed by the provider.

Should an individual wish to purchase/install a cell phone, landline phone service, subscribe to a cable/Internet service, or purchase his/her own computer, the costs associated with these products/services shall be entirely assumed by the individual, or his/her legal guardian or representative payee (when applicable). However, for any individual who has been assessed as having a history of high risk behavior, or victimization, secondary to Internet or phone contacts, access to private phones and/or computers may be denied or limited, as part of a behavioral management plan and the service planning process. Limitations on an individual's communication access shall be discussed with and explained to the individual, and their legally authorized representatives (if applicable), and in all instances be the least restrictive limitation that is clinically appropriate and effective. Limitations on communications access must be regularly reviewed.

UNSUPERVISED TIME IN RESIDENCE/COMMUNITY

POLICY

To the extent possible, individuals should be supported in attaining and exercising independence, and in participating in meaningful activities within the community, including employment opportunities, in the absence of supervision. However, based on individualized assessments, some individuals may need assistance or direct supervision secondary to their behavior management needs, cognitive impairment, physical challenges, and/or medical status. Plans for increasing independence as well as unsupervised time should be incorporated into the service planning process.

IMPLEMENTATION

With respect to considering the ability of an individual to independently engage in activities within the community without supervision and/or be at home without supervision, the following steps shall be completed:

1. Completion of a home safety/risk assessment or community safety/risk, reviewed and approved by a licensed mental health clinician, in collaboration with program staff.
2. Depending upon the findings generated by the home and community safety assessment, a plan shall be developed in conjunction with the individual designed to facilitate the individual's goals for independence. This plan shall be developed by a licensed mental health clinician and include graduated steps, as well as both a definition of the circumstances under which an individual may be left alone/unsupervised within the residence and a definition of the circumstances and specific activities in which the individual may participate within the community and in the absence of supervision.
3. A behavioral contract, which includes the stipulated plan, shall be developed by the licensed mental health clinician with the individual and his/her legal guardian (when applicable).
4. Plans developed to promote independence within the community shall also incorporate training, when applicable, regarding utilization of public transportation (see Transportation Policy).

5. All staff who work directly with the individual shall be trained, with respect to the implementation of the plan; methods for monitoring the individual's behavior/response; and other responsibilities (e.g., securing the residence, mechanisms for accessing staff, etc.).
6. Should an individual not follow the agreed upon plan and behavioral contract designed to facilitate unsupervised time within the residence or community, or should any unanticipated events or behaviors of clinical concern occur, the Residential Program Director/Manager shall be responsible for immediately contacting the clinician who developed the plan. The individual's participation in unsupervised activities shall be suspended at that point, until the individual's status and ability to successfully participate in the plan has been thoroughly re-assessed.

VACATION POLICY

POLICY

It is the expectation that qualified residential provider organizations will support and facilitate the development of the recreational/social skills of all individuals. These efforts shall be documented and evidenced in each individual's service plan as specific behavioral objectives, which may include vacation planning. Vacation planning shall always include the individual and his/her legal guardian, as well as family members and significant others when applicable and if permitted by the individual. Additional implementation guidelines are reviewed below.

IMPLEMENTATION

1. The Residential Program Director/Manager shall be responsible for ensuring that vacation planning skills and related activities are incorporated in the service planning process.
2. Vacation planning shall reflect an understanding and accommodation of the individual's abilities, challenges, financial resources, and specific needs, to include personal care, medication administration, behavioral management and implementation of specialized care protocols.
3. As a planned vacation represents a type of leave of absence (LOA) (see Approved Absence Policy), the MRC case manager shall be informed of any planned vacations which are not expected to exceed more than 14 days per year. Any absences which exceed the maximum number of days require the approval of the MRC Residential Supervisor.
4. For SHIP funded programs, staff and other associated travel costs related to a recreational group experience shall be assumed within the existing contract obligations. However, individuals are expected to financially contribute to the costs of such events.
5. Individuals may choose to plan vacations, which require the assistance/supervision of a residential staff member of the provider organization. In these instances, the individual, or his/her legal guardian, shall assume all costs related to travel, accommodations, and salary for the staff member who accompanies him/her on vacation. The provider organization shall develop a method for selecting and training residential staff who accompany individuals on vacations. In addition, staff shall comply with all established policies and procedures established for residential programs, and in particular, policies

related to staff expectations and requirements, when accompanying individuals on vacations.

6. Any vacation which entails travel outside of the Commonwealth of Massachusetts, regardless of the duration, requires the approval of the MRC Residential Supervisor. A detailed plan, which shall include the complete itinerary (e.g., travel methods, accommodations, etc.) shall be submitted with the request for approval.

APPENDICES

APPENDIX A: Behavioral Intervention Plan Review Form

**Statewide Head Injury Program (SHIP)
Massachusetts Rehabilitation Commission**

BEHAVIOR INTERVENTION PLAN (BIP) REVIEW FORM

A. Identifying Information	
Name:	DOB (Age):
Legal Status:	Roger's Monitor: Yes No
Resident's Primary Language:	BIP Author:
Guardians' Primary Language:	BIP Author Role:
Residential Program:	BIP Date:
Service Coordinator:	BIP Review Date:

B. BIP Required Elements	Present	Not Present	Comments
1. Client information (name, DOB, age, legal status, primary language)			
2. Consent/assent by individual and guardian, if applicable			
3. BIP author and role/position			
4. BIP implementation date			
5. Behavioral profile or summary (clinical, functional analytic, and/or target behavior history; must include behavioral data to support BIP)			

5a. Document positive interventions and supports used previously			
5b. Document less intrusive methods of meeting this need that have been tried but did not work			
5c. Provide a clear description of the condition that is directly proportionate to the specific assessed need			
6. Evidence of coordination with an outside provider, if applicable (e.g., medication treatment)?			
7. Target behaviors identified and defined			
8. Behavior interventions or procedures are clearly identified			
9. Crisis and/or adverse response plan			
10. Data collection methods identified (e.g., dimensions of behavior, context, interval)? Include how the ongoing effectiveness of the modification would be measured			
11. BIP review interval/date specified			
12. Specify additional considerations for this resident or plan:			

C. BIP Quality Review	Yes	No	Comments/Recommendations
1. Is the BIP author a licensed clinician?			
2. Is the BIP written in plain language with non-technical terms (easily understood by resident given their level of cognition and staff)?			
3. Are BIP target behaviors identified in clearly observable and measurable terms?			
4. Desired alternate or replacement behaviors are identified?			
5. Are methods for teaching alternate/replacement behaviors identified?			
6. Methods of staff response to the target behavior(s) are clearly identified?			
7. Does the BIP specify who/which staff will respond to the target behavior(s)?			
8. Does the BIP include interventions to increase adaptive behavior? If so, are reinforcement procedures clearly identified (who will provide reinforcement, when it is available, and how much is available)?			
9. Does the BIP include interventions to decrease maladaptive behavior (time-out, response cost, loss of privileges)? If so, is the criterion for fading reduction techniques identified?			

10. Does the BIP include any SHIP prohibited behavioral interventions (e.g., excessively restrictive or intrusive procedures, restraint, denial of access to food)?			
11. Does the BIP include a backpack and/or room search procedure for contraband? If so, was an assessment conducted and documented to support the procedure?			
12. Does the BIP target (a) home alone time and/or (b) independence in the community? If so, was a safety risk assessment conducted and adequately documented?			
13. Does the BIP include a "level system"? If so, is there an assessment and rationale supporting its development (e.g., safety risk assessment) and is it appropriate for the risk determination?			

14. Is a crisis and/or adverse response plan adequately specified and clinically appropriate?			
15. Are safety concerns adequately addressed and clinically appropriate?			
16. Is the schedule of when, how and by whom the BIP will be reviewed clearly specified and reasonable (e.g., new plans should be reviewed within 30 days)?			

17. Will these interventions and supports cause no harm to the individual?			
18. Other considerations (note below and comment):			

D. BIP Review Committee Determination

Determinations must specify (please check):

_____ Approved without revision

_____ Approved with Required Modifications

_____ Disapproved with Required Modifications

_____ Requires Immediate Cessation Due to Violations of SHIP Policies and Procedures and/or Ethics Determinations

Additional Comments:

Deadline for Resubmission of Behavior Intervention Plan:

E. BIP Review Committee Participant List and Signature of BIP Review Chair

Chair:

Date:

APPENDIX B: Confidentiality Form

CONFIDENTIALITY TEMPLATE FORM

All provider staff shall maintain a policy of strict confidentiality regarding information pertaining to an individual.

However, Massachusetts State Laws specify certain circumstances when professionals may be required to disclose confidential information. These include the following circumstances:

- a. An individual is judged to pose a danger to self.
- b. An individual communicates his/her intent to harm another identified individual. The law requires that the identified victim(s) be warned and/or that information be released (e.g., to police authorities) to protect the potential victim(s).
- c. If a provider knows or suspects that a child under the age of 18 is being sexually, physically, or emotionally abused, or neglected, he/she is mandated by state law to file a report (51A) with the Department of Children and Family Services (DCFS).
- d. If a provider knows or suspects that a physically or mentally disabled person between the ages of 18 and 59 is being sexually, physically, or emotionally abused, financially exploited, or has died as a result of abuse, he/she is mandated by state law to file a report (19C) with the Disabled Persons Protection Commission.
- e. If a provider knows or suspects that an elderly person (i.e., age 60 and older) is being physically or emotionally abused, financially exploited, or has died as a result of abuse, he/she is mandated by state law to file a report with the Executive Office of Elder Affairs.
- f. A judge orders a provider to disclose confidential information. In such instances, provider's legal counsel, the individual's legally authorized representative, and the MRC legal office should be notified of this request, prior to the release of confidential or protected health information.

I have read, understand and have received a copy of the Confidentiality Policies.

Signature of Individual

Date

Signature of Legal Guardian (if applicable)

Date

APPENDIX C: Incident Report Form

Date IR Sent: _____ **Method:** **E-Mail** **Fax** (check method)

(1) Unexpected/Suspicious Death

- ☐ Accident
- ☐ Suicide
- ☐ Unusual Circumstances
- ☐ Other Unexpected/Sudden Death

(2) Suicidal/Self-Injurious behavior

- ☐ First Known Attempt
- ☐ Repeat Attempt
- ☐ Expressed Suicidal Ideation or Intention
- ☐ Other Self-Injurious Behavior
- ☐ Other Threat to Harm Self

(3) Unexpected Hospital Visit

- ☐ Medical Hospitalization
- ☐ Psychiatric Hospitalization
- ☐ E.R. Visit
- ☐ Emergency Services Team Evaluation

(4) Near Drowning

- ☐ Bathtub
- ☐ Swimming Pool
- ☐ Other Body of Water

(5) Assault or Threatened Assault

- ☐ Sexual Assault – Alleged Victim
- ☐ Sexual Assault-Alleged Perpetrator
- ☐ Threat of Sexual Assault – Alleged Victim
- ☐ Threat of Sexual Assault – Alleged Perpetrator
- ☐ Physical Assault – Alleged Victim
- ☐ Physical Assault – Alleged Perpetrator
- ☐ Threat of Physical Assault – Alleged Victim
- ☐ Threat of Physical Assault – Alleged Perpetrator

(6) ☐ Missing Person/Elopement

(7) ☐ Medical Treatment Resulting from Injury

(8) Fire

- ☐ Intentional – Started by Individual

(10) Physical Altercation

- ☐ Individual to Individual – Alleged Victim
- ☐ Individual to Individual – Alleged Perpetrator
- ☐ Individual to Staff

(11) Property Damage

- ☐ Damage of Agency/Provider Property
- ☐ Damage of Personal Property
- ☐ Damage of Public/Community Property
- ☐ Damage of Another Individual's Property

(12) Theft

- ☐ Alleged Victim
- ☐ Alleged Perpetrator

(13) Other Criminal Activity

- ☐ Alleged Victim
- ☐ Alleged Perpetrator

(14) Transportation Accident

- ☐ Agency-Funded Transportation
- ☐ Provider Transportation
- ☐ Public Transportation
- ☐ Private Vehicle
- ☐ Pedestrian
- ☐ Recreational Vehicle
- ☐ Bicycle
- ☐ Other

(15) ☐ Emergency Relocation

(16) ☐ Unplanned Transportation Restraint

(17) ☐ Onset of possible Seizure Activity

(18) ☐ Behavioral/Psychiatric Decompensation

(19) Medication Administration Error or Non-Compliance

- ☐ Medication Administration Error by Staff
- ☐ Medication Administration Error by Other Caretaker
- ☐ Non-compliance with Prescribed Medications or Other Medical Directives-Program Participant

☐ Intentional – Not Started by Individual ☐ Accidental – Started by Individual ☐ Accidental – Not started by Individual ☐ Fire of Unknown Origin (9) Suspected Mistreatment ☐ Alleged Victim of Psychological Abuse ☐ Alleged Victim of Verbal Abuse ☐ Alleged Omission – Failure to Provide Needed Supports ☐ Alleged Omission – Failure to Provide Needed Supervision	☐ Non-Compliance with Prescribed Medications or Other Medical Directives – Other Caretaker (20) ☐ Use of Drugs and/or Alcohol (21) Other ☐ Staff Involvement with Law Enforcement ☐ Behavioral Incident in the Community ☐ Behavioral Incident Involving Law Enforcement ☐ Incident Necessitating a Room/Possessions Search ☐ Ongoing or Escalating Series of Minor Events ☐ Community Complaint ☐ Other
---	--

B. 1. Time incident occurred: _____ AM/PM

B.2. Duration of incident _____

C. Where did incident occur? _____

D. Did this incident occur under program staff supervision? ___ Yes ___ No

E.1. Was there any Injury? ☐ Yes ☐ No

E.2. Cause of Injury – **Check all that Apply**

☐ Inflicted by self	☐ Fall	☐ Insect/Animal Bite
☐ Inflicted by staff	☐ Equipment	☐ Motor Vehicle
☐ Inflicted by peer	☐ Restraint-Related	☐ Seizure
☐ Inflicted by other	☐ Transfer/Handling	☐ Other
☐ Environmental	☐ PICA/Eating Non-food items	☐ Unknown

E.3.. If Other Specify: _____

E.4. Type of Injury – **Check all that apply**

☐ Abrasion/Cut	☐ Burn	☐ Head Injury	☐ Sprain/Strain
☐ Bite	☐ Choking	☐ Poison	☐ Internal
☐ Bruise	☐ Fracture	☐ Puncture	☐ Other

E.5. If Other Specify: _____

F. Describe in detail the precipitants, actual events, persons involved and any personal injury (including staff), or property damage that occurred:

II. RESPONSE

Date/Time AM/PM

Date/Time AM/PM

____ DPPC ____ DCF ____ DPH ____ Office of Elder Affairs

If yes, who was contacted? _____

Date/Time AM/PM

By Whom? _____

D. Was Law Enforcement notified? ☐ Yes ☐ No

If yes, specify which Law Enforcement agency was notified? _____

Name of Law Enforcement Representative _____

Date/Time AM/PM

Actions taken by Law Enforcement agency: _____

E. Did incident require verbal report to participant's case manager? Yes ____ No ____

If yes, who was contacted? _____ Date/time AM/PM: _____

By whom? _____

F. Describe staff interventions which took place in response to the incident:

G. Was medical attention needed and/or sought? Yes No.

1. If yes, where, or to whom, was individual taken for medical treatment? _____

2. When?

Date/Time AM/PM

3. Describe medical treatment provided: _____

***NB: Attach reports/documentation for all medical treatment, including ER encounters, medical or psychiatric hospitalization, or emergency team evaluations.**

Print Name of Person Completing Report

Date

APPENDIX D: Incident Categories and Definitions

INCIDENT CATEGORIES and DEFINITIONS

1. Unexpected/Suspicious Death – Any death that is sudden, unanticipated or suspicious. This excludes any expected, foreseen or imminent death from natural causes.

- **Accident** – any death resulting from accidental causes, such as the result of a car accident or choking incident.
- **Suicide** – any death resulting from a conscious act to take one's own life.
- **Unusual Circumstances** – any suspicious death, such as one resulting from foul play or a drug overdose.
- **Other Unexpected/Sudden Death** – any other unexpected or unanticipated death that does not fit into another secondary incident type.

2. Suicidal/Self-Injurious Behavior

- **First Known Attempt**
- **Repeat Attempt**
- **Expressed Suicidal Ideation or Intention**
- **Other Self-Injurious Behavior**
- **Other Threat to Harm Self**

3. Unexpected Hospital Visit – This category is for an unplanned emergency visit to an acute care medical or psychiatric hospital for the purpose of evaluation and treatment of an immediate medical or psychiatric concern. This would not include a hospital visit that is part of routine care, scheduled visit, medical treatment protocol (e.g., a protocol for replacing a feeding tube, even though the timing for this visit may not be planned, but is an expected step in an individual's medical treatment) or planned procedure (e.g., scheduled surgery).

- **Medical Hospitalization** – This category would be used only when an individual is admitted as an inpatient to the hospital for medical treatment as a result of the

- unexpected hospital visit. It would not be used if the individual is only seen and treated in the emergency room, even if the time spent in the emergency room is extensive.
- **Psychiatric Hospitalization** – This category would be used only when an individual is admitted as an inpatient to the hospital for psychiatric treatment as a result of the unexpected hospital visit.
 - **E.R. Visit** – This category would be used when any assessment and/or treatment provided is through the emergency room as a result of the unexpected hospital visit, regardless of the amount of time spent in the emergency room.
 - **Emergency Services Team Evaluation** – Emergency psychiatric evaluation.
4. **Near Drowning** – Any water incident that almost results in the individual's drowning and requires emergency response.
- **Bathtub**
 - **Swimming Pool**
 - **Other Body of Water**
5. **Assault or Threatened Assault** – This category includes threatened or intentional physical attacks that cause, or may cause, severe physical or emotional harm to an individual.
- **Sexual Assault – Alleged Victim** – This category is used when an individual is the alleged victim of any unwanted sexual advance, such as exposing oneself in a sexual way, inappropriate sexual touching and up to and including rape.
 - **Sexual Assault – Alleged Perpetrator** – This category is used when an individual is the alleged perpetrator of any unwanted sexual advance, such as exposing oneself in a sexual way, inappropriate sexual touching of another person and up to and including rape.
 - **Threat of Sexual Assault – Alleged Victim**
 - **Threat of Sexual Assault – Alleged Perpetrator**
 - **Physical Assault – Alleged Victim** – This category is used when an individual is the alleged victim of a serious physical attack with such force to cause, or potentially

cause, serious injury. An example would be if someone grabs the individual around the throat and is in danger of choking, but for the intervention of staff.

- **Physical Assault – Alleged Perpetrator** – This category is used for the alleged perpetrator when an individual physically attacks someone with such force as to cause, or potentially cause, serious injury. An example would be an individual grabbing someone around the throat with a danger of choking, but for the intervention of staff. Another example would be an assault on staff that causes injury requiring medical treatment.

- **Threat of Physical Assault – Alleged Victim**

- **Threat of Physical Assault – Alleged Perpetrator**

6. Missing Person/Elopement – This category should be used whenever any individual is missing from, or has intentionally eloped from, a residential or other community-based program.

7. Medical Treatment Resulting From Injury – This category is appropriate when there is medical treatment generally beyond first aid. This would include life saving interventions such as the Heimlich maneuver and CPR. This category also includes wound closure or treatment/evaluation of injury related to seizure activity, by a medical professional or other treatment provided in a health care practitioner's office or on site by agency medical personnel (RN, LPN, etc.). This would also include evaluation of a possible injury by emergency personnel in response to 911 or consultation with poison control even if the individual were not transported to an emergency room.

8. Fire – Any incident involving a fire in an individual's environment that requires active involvement of fire personnel or equipment.

- **Intentional – Started By Individual** – This category would be used when an individual receiving services purposely starts a fire, such as making a conscious decision to burn papers or material in their home or other community-based program.
- **Intentional – Not Started By Individual** – This category would be used when someone other than an individual receiving service purposely starts a fire in the individual's environment.
- **Accidental – Started By Individual** – This category would be used when an individual receiving services starts a fire accidentally, such as causing a grease fire in the kitchen or toast catching on fire that requires intervention by fire personnel.

- **Accidental – Not Started By Individual** – This category would be used when someone other than an individual receiving service accidentally starts a fire, such as a staff person causing a grease fire in the kitchen or toast catching on fire that requires intervention by fire personnel.

- **Fire of Unknown Origin**

9. Suspected Mistreatment – This category includes any intentional or negligent action or omission that exposes an individual to a serious risk of physical or emotional harm. This category could be used both if the perpetrator of the suspected mistreatment is a staff person, family member/guardian, person from the general community or another individual receiving services, as long as the suspected mistreatment is determined to expose an individual to a serious risk of physical or emotional harm.

- **Alleged Victim of Psychological Abuse** – This category includes acts other than verbal, which may inflict serious emotional harm, invoke fear or humiliate, intimidate or demean an individual or potentially seriously damage an individual's self respect. An example would be a housemate regularly not letting an individual into the family room to watch TV with others so that the individual is afraid to come into the room. Another example would be if a staff person hides something of value from the individual as a way of making fun of or intimidating the individual.
- **Alleged Victim of Verbal Abuse** – This category includes verbalizations that may inflict serious emotional harm, invoke fear or humiliate, intimidate or demean an individual or potentially seriously damage an individual's self respect. An example would be a staff person or a housemate who always makes fun of an individual, telling him to shut up or calling him names, which makes the individual very nervous and afraid to talk.
- **Alleged Omission – Failure To Provide Needed Supports** – This category is used for failure to provide services and supports determined to be necessary or otherwise required by law, regulation or contract. Examples would be staff not following nurse's or doctor's orders and providing needed treatment to ensure timely resolution of a medical condition; failure to follow specialized medical protocols (e.g., dysphagia protocol); failure to follow other rehabilitation treatment protocols (e.g., range of motion, positioning, etc.).
- **Alleged Omission – Failure To Provide Needed Supervision** – This category is used for failure to provide supervision determined to be necessary or otherwise required by law, regulation or contract. An example would be a staff person leaving an individual who needs ongoing supervision alone in a van while going into a store.

10. Physical Altercation – This category would be used when there is a physical encounter from one individual receiving service to other individual(s) receiving services or to staff that causes some emotional distress or minor physical injury requiring no more than first aid intervention. Examples could include one individual receiving services pushing a peer and grabbing her snack, or punching or slapping a housemate with no observable injury.

- **Individual to Individual – Alleged Victim**
- **Individual to Individual – Alleged Perpetrator**
- **Individual to Staff**

11. Property Damage – This category includes intentional damage to, or destruction of property, that is typically more than \$200 or of less monetary value, but significant personal value to the owner. For example, a pen would not typically reach the threshold for reporting, but if the pen had been a gift from a favorite relative that had died and the destruction caused significant distress, it would be reportable.

- **Damage of Agency/Provider Property** – This category includes damage to property that is owned by a state agency or the provider.
- **Damage of Personal Property** – This category includes property that is solely an individual's own property. An example would be damage to a television set that is the property of the individual committing the damage.
- **Damage of Public/Community Property** – This category includes property in the community at large. Examples would include damage to a neighbor's property or other community sites such as restaurants or stores.
- **Damage of Another Individual's Property** – This category includes property owned solely or in part by other individual(s). An example would be damage to a television set that is owned solely or in part by a housemate.

12. Theft – Unlawful taking of money, other financial assets and/or personal property that is reported to DPPC and/or law enforcement.

- **Alleged Victim**
- **Alleged Perpetrator**

13. Other Criminal Activity – Criminal activity not included under incident type of theft or property damage, such as identity theft or drug possession. This category should be used for new, not remote, events.

- **Alleged Victim**
- **Alleged Perpetrator**

14. Transportation Accident – This category would be used for traffic accidents where there was a potential for serious harm.

- **Agency-Funded Transportation** – This category includes vehicles owned by a state agency.
- **Provider Transportation** – This category includes transportation by staff of the provider of services using a vehicle owned by the provider.
- **Public Transportation** – This category includes all forms of public transportation including bus, train, cabs, etc.
- **Private Vehicle** – This category includes any privately owned vehicle (e.g., taxi, ambulance).
- **Pedestrian** – This category is used if an individual was a pedestrian injured in a traffic accident.
- **Recreational Vehicle** – This category is used if an individual was a passenger in a recreational vehicle, such as a boat, at the time of the accident.
- **Bicycle** – This category is used if an individual was riding a bicycle at the time of the accident.
- **Other**

15. Emergency Relocation – Individual(s) relocation on an emergency basis due to fire, local disaster, weather conditions, or as a result of immediate eviction.

16. **Unplanned Transportation Restraint** – The use of physical holding or a mechanical device to keep an individual safe during transportation that has not been planned for in the individual's ISP.

17. Onset of Possible Seizure Activity -This category is used when an individual exhibits possible seizure activity for the first time and which has not been previously diagnosed.

18. Behavioral/Psychiatric Decompensation – This category is used when an individual's mental status has significantly changed. Examples would include the development of psychotic symptoms, pronounced disinhibition, or other behavioral/psychiatric symptoms that have intensified or have not been observed previously.

19. Medication Administration Error or Non-Compliance

- **Medication Administration Error by Staff**
- **Medication Administration Error by Other Caretaker**
- **Non-Compliance with Prescribed Medications or other Medical Directives-Program Participant**
- **Non-Compliance with Prescribed Medications or other Medical Directives–Other Caretaker.**

20. Use of Drugs and/or Alcohol

21. Other – This category covers incidents that do not easily fit into one of the other incident types.

- **Staff Involvement with Law Enforcement** – This category includes situations where a staff person is involved with law enforcement related to an unlawful activity of the staff person and not relating to individuals served. An example would be if the police arrest a staff person for drug possession.
- **Behavioral Incident in the Community** – This category is used for an unusual incident in the community that draws attention to the individual by the community at large. An example would be an individual needing to be restrained while in the community and the incident was observed by members of the community at large.
- **Behavioral Incident Involving Law Enforcement** – This category is used when law enforcement presence is needed because an individual is out of control and

cannot be managed by staff. This incident could occur in the community or at the program site.

- **Incident Necessitating Room/Possessions Search** – This category is used when a search is conducted, but is not part of a neurobehavioral treatment plan (i.e., not scheduled as routine).
- **Ongoing or Escalating Series of Events** – This category is used when there are a series of events, each of which do not individually constitute an incident, but when viewed holistically, constitute a pattern that should be reported and addressed. An example would be an individual who is starting to fall frequently. Although there is no injury, staff are feeling these falls may be an indication of something changing for the individual.
- **Community Complaint** – This category is used for a complaint by a community member. An example is a complaint made by a neighbor about noise from individuals in a residential home.
- **Other** – This category is used for incidents that do not fit another incident type. This category should rarely be used because most incidents that are reportable would likely fit into one of the identified categories.

APPENDIX E:
Medication Occurrence Form

**Massachusetts Rehabilitation Commission
Medication Administration Program
MEDICATION OCCURRENCE REPORT (side one)**

Agency Name		Date of Occurrence	
Individual's Name		Time of Occurrence	
Site Address (street)		Site Telephone No.	
City/Town Zip Code		.	
A) Type Of Occurrence (As per regulation, contact MAP Consultant)			
1	Wrong Individual	4	Wrong Dose
2	Wrong Medication (includes medication given without an order)	5	Wrong Route
3	Wrong Time (includes a 'forgotten' dose)		
B) Medications(s) Involved			
	Medication Name	Dosage	Frequency/Time
As Ordered:			
As Given:			
As Ordered:			
As Given:			
As Ordered:			
As Given:			

C) MAP Consultant Contacted (Check all that apply)			
Type	Name	Date Contacted	Time Contacted
Registered Nurse			
Registered Pharmacist			
Licensed Practitioner			
D) Hotline Events			
Did any of the events below follow the occurrence? Yes No			
If yes, check all that apply below, and within 24 hours of discovery call to notify DPPC at 1-800-426-9009 or DPH			
Medical Intervention (see Section E below)	Serious Illness	Injury	Death
E) MAP Consultant's Recommended Action			
Medical Intervention Yes No If Yes, Check all that apply.			
Health Care Provider Visit	Lab Work or Other Tests	Clinic Visit	
Emergency Room Visit	Hospitalization		
Other: Please describe			
F) Supervisory Review/Follow-up			
Contributing Factors: Check all that apply. If none apply, check none (7)			
1	Failure to Properly Document Administration	4	Medication Had Been Discontinued
2	Medication not Available (Explain Below)	5	Improperly Labeled by Pharmacy
3	Medication Administered by Non-Certified Staff (includes instances of expired or revoked Certification)	6	Failure to Accurately Record and/or Transcribe an Order
		7	None
Narrative: (If additional space is required, continue in box F-1)			
Print Name		Print Title	Date

Contact phone number	E-mail address
-------------------------------------	---------------------------

MEDICATION OCCURRENCE REPORT FORM (side two)

Agency Name		Date of Occurrence	
Individual's Name		Time of Occurrence	
Site Address (street)		Site Telephone No.	
City/Town Zip Code			

F-1) Supervisory Review/Follow-up [continued from section F)]

Use this section if needed for additional narrative.

APPENDIX F: Transition Plan

TRANSITION PLAN FORMAT

- 1) Updated information regarding residential site and home modifications, when indicated. Confirmation of date when residence would be ready for occupancy.
- 2) Emergency Evacuation Safety Plan: Status regarding content and completion.
- 3) Status regarding equipment and assistive technology needs (when applicable), as well as personal needs (e.g., clothing).
- 4) Staff Hiring and Training: Confirmation of date when residential staff will have been hired. Schedule of required trainings, in accordance with the MRC manual of Practices, Policies and Procedures for Residential Programs, as well as training of direct care staff with respect to the personal care of the consumer. When applicable, a PCA evaluation and hiring of PCA staff will be considered and completed.
- 5) Specific plan for addressing medical transition needs, to include: scheduling of appointments with a primary care physician and other clinical specialists, when indicated (e.g., psychiatry for medication management; speech and language pathologist for dysphagia protocol, etc.); transfer of prescriptions for medication; visiting nurses, etc.
- 6) Specific plan regarding day services and other community-based programs/services, and status of referrals to these programs.
- 7) Review of financial status and needs (e.g., application for SSI/SSDI benefits, transfer of bank accounts, funds, etc.).
- 8) Plan for transitioning and orienting consumer into the residential program. This should include provisions for:
 - a. Site visits by consumer, guardian, and/or designated family/significant other(s).
 - b. Graduated plan for visitation, to include an overnight stay (MRC-funded placements only when indicated).
 - c. Plan for introducing consumer to housemate(s).
 - d. Status regarding review of required program documents with consumer, guardian, and/or designated family/significant others, including Program Participant Expectations, Confidentiality Policy, Program Fees Policy, etc., as well as a Behavioral Management plan (when applicable).
 - e. Plan for moving personal possessions.
 - f. Designated date for consumer to move into the residential program.

APPENDIX G:

Initial Assessment and ISP Tasks and Timeframes

INITIAL ASSESSMENT and ISP TASKS and TIME FRAMES

New Residential Consumers:

- | | |
|--|--|
| 1. Review of Referral Packet, On-site Assessment, and decision by provider | Within 2 weeks of referral |
| 2. Meeting with residential candidate and guardian (when applicable) and/or designated contact to review planned program | Within 1 week of acceptance |
| 3. Scheduling of Transition Planning Meeting | Within 1 month of anticipated transition date |
| 4. Transition Plan submitted by Case Manager | Within 1 week of Transition |
| 5. Completion of Initial Assessment and ISP Planning Meeting | 30 days after placement |
| 6. Draft ISP and Required Attachments submitted to case manager | 45 days after placement |
| 7. Feedback to residential program re: ISP provided by case management staff | Within 1 week of receipt |
| 8. ISP meeting | Within 2 weeks after draft ISP sent for review |
| 9. Final draft of ISP presented to individual, when applicable, and his/her legal guardian or designated family member/significant other | Within 1 week after ISP meeting |

Current Residential Participants, Annual Timeframes:

- | | | |
|----|---|---|
| 1. | ISP meeting date established | To coincide with the anniversary of the start of services |
| 2. | Written assessments, clinical paperwork, behavior plans, draft ISP due to the Residential Coordinator | Two weeks prior to the annual ISP meeting |
| 3. | ISP finalized | Within one week after the annual ISP meeting |

APPENDIX H: Required Annual Assessment

REQUIRED ANNUAL ASSESSMENT

During the first year of placement in a residential program, the Residential Program Director/Manager shall prepare and submit monthly Progress Reports to the case manager. After the first year of placement and depending upon the needs and status of the individual, Progress Reports may continue to be required monthly or on a bi-monthly or quarterly basis and per the discretion of the case manager. These Progress Reports should briefly summarize the status of the consumer, with respect to the time period and the following categories of information.

Significant Events: To include a description of any significant changes in the medical, behavioral, or functional status of the individual or the implementation of the Individual Service Plan.

Progress: With respect to the goals/objectives delineated in the Individual Service Plan (ISP)

Recommendations: With respect to the implementation of Individual Service Plan goals/objectives; additional services and/or recommended assessments/referrals.

Other Significant Information: Related to the individual and/or his/her support system (e.g., family).

APPENDIX I:

Recommended Standardized Assessment Tools

Section 1

Consumer Name:		Date of Assessment:	
Name of Staff Completing:		Title of Staff Completing:	

Address:	
Telephone:	
Cell Phone:	
Email:	
Date of Birth:	
Social Security Number:	
Primary Disability:	
Other Conditions/Disorders:	
Allergies:	

Guardian(s) Name:	
Guardian(s) Address:	
Guardian(s) Telephone:	
Guardian(s) Cell Phone:	
Guardian(s) Email:	

Essential Contact Information:

Name/Relationship	Address:	Telephone:	Email:

Section 2

Legal Status

☐ Presumed Competent

Substitute Decision Maker:

Check any and all that apply.

	☐ Rep Payee	☐ Guardian	☐ Conservator	☐ Trustee
Name(s)				
Address(s)				
Phone number(s)				
Authority/Terms				

Check one:

☐ **A.** No apparent need for substitute decision maker at this time.

☐ **B.** Need for current substitute decision maker evaluated and continues to be appropriate.

☐ **C.** Need for substitute decision maker apparent:

Describe the behaviors that indicate impaired judgment or functioning such that the individual is incapable of making informed decisions.

☐ **D.** Current substitute decision maker no longer needed:

Describe the change or increase in skill functioning and recommendations that the substitute decision maker is no longer necessary.

His/her needs, strengths, abilities and preferences as they pertain to this area:

Is this an ISP need area? Yes ☐ No ☐ if yes, will it be an ISP goal? Yes ☐ No ☐

If no, reason for deferral?

Section 3

Benefits and Entitlements**Financial Entitlements:**

Benefits and Entitlements	policy #'s, dollar amounts, dates of application, etc.	Benefits and Entitlements	policy #'s, dollar amounts, dates of application, etc.
☐ Aid to Families with Dependent Children		☐ Social Security Disability Income (SSDI)	
☐ Supplemental Security Income (SSI)		☐ Unemployment	
☐ Veteran's Benefits		☐ Food Stamps	
☐ Fuel Assistance		☐ Other:	
☐ Section 8			

Health Insurance:

Health Insurance	insurance numbers	Health Insurance	insurance numbers
☐ Blue Cross		☐ Common Health	
☐ Medex		☐ HMO: Name:	
☐ Medicare		☐ Medicaid (Mass Health)	
☐ Self-insured		☐ Private: Name:	

Comments:

--

Section 4

Psychosocial

Social and Environmental supports:

Family members and any persons the client considers to be members of his/her family:

Name	Relationship	Frequency of contact

Significant others/key support people, including staff:

Name	Relationship	Frequency of contact

Comments regarding above relationships, if significant, including current and historic importance of the relationship and the preferred contact by the client:

--

Interactions with his/her neighborhood and extended community:

	Independent	Verbal assist	Staff assist	Not able	Able but doesn't
Uses local restaurants/shops	☐	☐	☐	☐	☐

Locates community resources (AA, library, food banks, etc.)	☐	☐	☐	☐	☐
Demonstrates appropriate community interactions	☐	☐	☐	☐	☐
Participates in voting process	☐	☐	☐	☐	☐
Uses public transportation	☐	☐	☐	☐	☐
Has driver's license	☐	☐	☐	☐	☐
Uses local bank	☐	☐	☐	☐	☐
Can access recreational activities (movies, sports, etc.)	☐	☐	☐	☐	☐
Can use the post office to send and receive mail	☐	☐	☐	☐	☐
Can access laundromat, dry cleaners etc.	☐	☐	☐	☐	☐
Client is able to function independently in the community.	☐	☐	☐	☐	☐

His/her needs, strengths, abilities and preferences as they pertain to this area:

Is this an ISP Need Area? Yes ☐ No ☐

If yes, will it be an ISP goal? Yes ☐ No ☐ If No, reason for deferral:

Section 5

Cultural and Ethnic Factors:

Race	Ethnicity/Culture	Past religious affiliation	Current religious affiliation

Past and current importance to this individual of his/her ethnic or cultural background, race, and religion/religious beliefs.

His/her needs, strength's, abilities, and preferences pertaining to this area:

Is this an ISP need area? Yes ☐ No ☐ if yes will it be an ISP goal? Yes ☐ No ☐
 If no, reason for deferral?

--

Section 6

Vocational/Avocational

Complete all applicable lines below:

☐ Currently employed: ☐ Not employed

☐ Employed full time. ☐ Employed part time. Current weekly income:

Name/Location:

Start date:

☐ Attends day program:

Name/Location:

Start date:

☐ Is of retirement age.

☐ Currently does not participate in vocational/day activities.

If employed or attending a day program, complete the following. Otherwise go to next section:

	Independent	Verbal assist	Staff assist	Not able	Able but doesn't
Gets to and from site	☐	☐	☐	☐	☐
Attends as scheduled consistently	☐	☐	☐	☐	☐
Calls job/program if unable to attend	☐	☐	☐	☐	☐
Is able to negotiate with supervisors	☐	☐	☐	☐	☐

His/Her needs, strengths, abilities and preferences as they pertain to this area:

--

Job readiness and skills:

	Independent	Verbal assist	Staff assist	Not able	Able but doesn't

Identifies and sets vocational or day programming goals	☐	☐	☐	☐	☐
Researches vocational/day programming options	☐	☐	☐	☐	☐
Organizes, follows through on job/school/program search	☐	☐	☐	☐	☐
Completes applications	☐	☐	☐	☐	☐
Has interviewing skills	☐	☐	☐	☐	☐

Past employment, volunteer work, day program, etc.:

☐ No previous experience.

☐ Previous experience unknown/not recalled.

Work Site/Day Program	Location	Dates

His/her needs, strengths, abilities and preferences as they pertain to this area:

--

Is this an ISP need area? Yes ☐ No ☐

If yes, will it be an ISP goal? Yes ☐ No ☐ If No, reason for deferral?

--

Educational Background:

	Where attended	Diploma/ College Degree(s)	Relevant dates	Area(s) of study if applicable
School(s)				
GED				
College(s)				

Significant past educational achievements, interests, problem areas and/or known or suspected learning disabilities:

--

☐ No current interest or future plans in this area.

☐ Current school participation and/or educational plan: Describe participation or plan below.

His/her current needs, strengths, abilities and preferences as they pertain to this area:

--

Is this an ISP need area? Yes ☐ No ☐ If yes, will it be an ISP goal? Yes ☐ No ☐

If no, reason for deferral.

--

Section 7

Functional Skills

Health Care, Medication, and Self Medication:

	Independent	Verbal assist	Staff assist	Not able	Able but doesn't
Recognizes symptoms of psychiatric illness	☐	☐	☐	☐	☐
Recognizes symptoms of physical illness	☐	☐	☐	☐	☐
Is able to take medications as prescribed	☐	☐	☐	☐	☐
Understands types of medications, purposes, and symptoms prescribed for	☐	☐	☐	☐	☐
Is able to read and understand prescription bottles	☐	☐	☐	☐	☐
Is able to identify individual medications	☐	☐	☐	☐	☐
Demonstrates knowledge of doses, frequency of doses, and special instructions, if any	☐	☐	☐	☐	☐
Is familiar with common side effects, if any	☐	☐	☐	☐	☐
Is able to verbalize potential side effects to Dr. or staff	☐	☐	☐	☐	☐
Makes and keeps appointments with psychiatrist as needed	☐	☐	☐	☐	☐

Makes and keeps appointments with PCP's etc, as needed	☐	☐	☐	☐	☐
Is able to negotiate changes as need	☐	☐	☐	☐	☐
Is able to call in prescription refills as needed (timely)	☐	☐	☐	☐	☐
Is able to get refills/new scripts from doctors as needed	☐	☐	☐	☐	☐
Is able to follow PCP, dentist and psychiatrists recommendations	☐	☐	☐	☐	☐
Is able to manage/supervise and administer own medications	☐	☐	☐	☐	☐
Is able to safely administer OTC medications	☐	☐	☐	☐	☐

☐Self-medicating with approval of prescribing HCP's: Yes ☐ No ☐

☐Receives external assistance with medications from

His/her needs, strengths, and abilities and preferences as they pertain to this area:

--

Is this an ISP need area? Yes ☐ No ☐ If Yes, will it be an ISP goal? Yes ☐ No ☐

If no, reason for deferral?

--

Does the client have a DNR? Yes ☐ No ☐

Does the client have a Health Care Proxy? Yes ☐ No ☐

If yes, complete the following:

Name(s)	
Address(s)	
Phone number(s)	
Details:	

Is this an ISP need area? Yes ☐ No ☐ If Yes, will it be an ISP goal? Yes ☐ No ☐

If no, reason for deferral?

--

Smoking/Safe Smoking:

Does the client smoke? Yes ☐ No ☐ if yes, how much:

Is there an interest in smoking cessation? Yes ☐ No ☐

His/her needs, strengths, and abilities and preferences as they pertain to this area:

Is the client able to safely engage in this behavior? Yes ☐ No ☐

If no, is there safe smoking plan in place? Yes ☐ No ☐

If yes, please describe:

Personal and Household Skills:

	Independent	Verbal assist	Staff assist	Not able	Able but doesn't	N/A
Wears clean, weather and age appropriate clothing that fit	☐	☐	☐	☐	☐	☐
Is able to provide self with hygiene and household supplies	☐	☐	☐	☐	☐	☐
Is able to wash, dry, and put away laundry	☐	☐	☐	☐	☐	☐
Showers regularly, using soap (3x's weekly)	☐	☐	☐	☐	☐	☐
Brushes teeth daily	☐	☐	☐	☐	☐	☐
Washes hair regularly with shampoo	☐	☐	☐	☐	☐	☐
Able to clip finger and toe nails	☐	☐	☐	☐	☐	☐
Cleans room/apartment, dusts,	☐	☐	☐	☐	☐	☐
Keeps kitchen and bathroom clean	☐	☐	☐	☐	☐	☐
Is able to plan a menu/shopping list	☐	☐	☐	☐	☐	☐
Makes healthy food choices	☐	☐	☐	☐	☐	☐
Shops for food	☐	☐	☐	☐	☐	☐

Prepares simple meals	☐	☐	☐	☐	☐	☐
Prepares and disposes of food safely	☐	☐	☐	☐	☐	☐
Is able to safely operate a stove, microwave and toaster	☐	☐	☐	☐	☐	☐
Is able to follow dietary recommendations	☐	☐	☐	☐	☐	☐

His/her needs, strengths, abilities and preferences as they pertain to this area:

Is this an ISP need area? Yes ☐ No ☐ If yes, will it be an ISP goal? Yes ☐ No ☐

If no, reason for deferral?

Section 8

Finances/Money Management

Does the client have a rep-payee? Yes ☐ No ☐

	Independent	Verbal support	Staff assist	Not able	Able but doesn't	Rep payee
Has a general understanding of his/her finances	☐	☐	☐	☐	☐	☐
Prepares a budget and lives within income	☐	☐	☐	☐	☐	☐
Pays bills on time	☐	☐	☐	☐	☐	☐
Has bank account and is able to manage	☐	☐	☐	☐	☐	☐
Is able to save for future needs	☐	☐	☐	☐	☐	☐
Is able to set limits, does not give \$ away	☐	☐	☐	☐	☐	☐
Is able to provide self with basic necessities	☐	☐	☐	☐	☐	☐

Is the client a beneficiary of a trust? Yes ☐ No ☐ Unknown ☐

Comments:

Does the client have a pre-paid burial arrangement? Yes ☐ No ☐

If yes, complete the following:

Name(s)	
Address(s)	
Phone number(s)	
Details:	

His/her needs, strengths, abilities and preferences as they pertain to this area?

--

Is this an ISP need area? Yes ☐ No ☐ If yes, will it be an ISP goal? Yes ☐ No ☐
if no, reason for deferral?

--

Section 9**Safety and Self Preservation****A. Evacuation:**

	Yes	No
Can this person safely evacuate independently from his/her home in two and a half minutes or in a timely manner from a day/work setting during an emergency?	☐	☐
Does the individual need assistance or supports to facilitate a safe and timely evacuation?	☐	☐
If yes, please describe in the space below. (e.g. verbal prompts, physical assistance, adaptive equipment).		
Can the individual recognize a fire or other emergency that signals danger and would require evacuation?	☐	☐
Can the individual call 911 for help?	☐	☐
Can the individual call staff for help?	☐	☐

Can the individual respond to a fire/evacuation alarm when asleep as well as when awake?	☐	☐
If no, please describe assistance needed, below.		
Is the individual ambulatory?	☐	☐
*If no, can he/she transfer independently?	☐	☐
If no, describe what type of assistance (e.g. 1 person transfer, 2 person transfer, hoist lift) is needed, below.		
Does the individual need assistance walking?	☐	☐
If yes, please describe the assistance is needed, i.e. Gait-belt, walker, staff guidance etc.		
Is the individual hard of hearing?	☐	☐
If yes, describe what special adaptations are necessary to assure safe and timely evacuation below.		
Is the individual visually impaired?	☐	☐
If yes, describe what special adaptations are necessary to assure safe and timely evacuation below.		
Are there other conditions (e.g. seizures, medications, medical diagnoses) that might effect evacuation time?	☐	☐
If yes, please describe below.		
Will the person cooperate when necessary?	☐	☐
If no, please describe what interventions are necessary to assure safe and timely evacuation below.		
Can the individual leave his/her home or workplace through the appropriate main exit or through an alternative exit if the main exit is blocked?	☐	☐
Are there any necessary environmental modifications needed by this individual?	☐	☐
If yes, please describe what environmental adaptations are necessary to assure safe and timely evacuation below.		

B. Home Safety

	Uses safely without supervision	Uses safely with supervision	Does not use	Unsafe use
Stove/Oven (gas/electric)	☐	☐	☐	☐
Oven	☐	☐	☐	☐
Garbage Disposal	☐	☐	☐	☐
Microwave	☐	☐	☐	☐
Toaster/Toaster Oven	☐	☐	☐	☐
Electric Grill/ Fry Pan	☐	☐	☐	☐
Blender	☐	☐	☐	☐
Coffee Maker	☐	☐	☐	☐
BBQ Grill	☐	☐	☐	☐
Dishwasher	☐	☐	☐	☐
Washing Machine	☐	☐	☐	☐
Dryer	☐	☐	☐	☐
Scissors/knives	☐	☐	☐	☐
Cleaning Supplies	☐	☐	☐	☐
Hair Dryer	☐	☐	☐	☐
Curling Iron	☐	☐	☐	☐
Electric Razor	☐	☐	☐	☐
Disposable Razor	☐	☐	☐	☐
Computer	☐	☐	☐	☐
Hot Water Regulation	☐	☐	☐	☐
TV/DVD	☐	☐	☐	☐
Snow Blower/Lawn Mower	☐	☐	☐	☐
Swimming Pool	☐	☐	☐	☐
Doors	☐	☐	☐	☐
Windows	☐	☐	☐	☐
Electrical Fans	☐	☐	☐	☐
A/C Units	☐	☐	☐	☐
Bathtub	☐	☐	☐	☐
Shower	☐	☐	☐	☐
Toilet	☐	☐	☐	☐
Electrical Outlets	☐	☐	☐	☐
Stairs	☐	☐	☐	☐
Candles/Matches	☐	☐	☐	☐

Has a House Key	☐	☐	☐	☐
-----------------	--------------------------	--------------------------	--------------------------	--------------------------

Describe any concerns that affect individual's safety at home.

--

His/her needs, strengths, abilities and preferences as they pertain to this area:

--

Has a risk assessment for home alone been completed by clinician? Yes ☐ No ☐

If yes, is there a plan in place for the individual to be home without supervision? Yes ☐ No ☐

If no, reason for deferral?

--

Is this an ISP need area? Yes ☐ No ☐ If yes, will it be an ISP goal? Yes ☐ No ☐

If no, reason for deferral?

--

C. Community Safety

	Independent	Verbal assist	Staff assist	Not able	Able but doesn't
States/shows name/address/phone number	☐	☐	☐	☐	☐
Uses a cell or telephone if verbal	☐	☐	☐	☐	☐
Carries identification	☐	☐	☐	☐	☐
Wears medical jewelry for emergency purposes	☐	☐	☐	☐	☐
Stays with group	☐	☐	☐	☐	☐
Navigates curbs, crowds etc.	☐	☐	☐	☐	☐
Given 5 community signs can indicate their meaning (e.g. exit, restroom, do not enter, stop/ do not walk, walk	☐	☐	☐	☐	☐
Finds way to 3 places in neighborhood	☐	☐	☐	☐	☐
Identifies 2 landmarks in neighborhood	☐	☐	☐	☐	☐
Uses a crosswalk button	☐	☐	☐	☐	☐
Looks both ways before crossing streets	☐	☐	☐	☐	☐
Keeps inside crosswalks	☐	☐	☐	☐	☐

Stays on sidewalks	☐	☐	☐	☐	☐
Walks close to the edge of the street facing oncoming traffic when there are no sidewalks,	☐	☐	☐	☐	☐
Exhibits proper behavior when riding in a vehicle.	☐	☐	☐	☐	☐
Fastens vehicle seat belt appropriately.	☐	☐	☐	☐	☐
Demonstrates safety skills in parking lots and driveways.	☐	☐	☐	☐	☐
Gives accurate destination to others when requested or needed	☐	☐	☐	☐	☐
Identifies 2 safety measures for safe night travel (e.g. flashlight, light-colored clothing etc)	☐	☐	☐	☐	☐
Identifies 2 sources of help if needed (e.g. police, fireman etc)	☐	☐	☐	☐	☐

Describe any concerns that affect independent access to the community:

His/her needs, strengths, abilities and preferences as they pertain to this area:

Has a risk assessment for independent community access been completed by clinician? Yes ☐ No ☐

If yes, is there a plan in place for independent community access? Yes ☐ No ☐

If no, reason for deferral?

Is this an ISP need area? Yes ☐ No ☐ If yes, will it be an ISP goal? Yes ☐ No ☐

If no, reason for deferral?

Section 10

Person Centered Planning

CLIENT PREFERENCES: (of the identified need areas): this should always be on the last or signature page of the assessment

--

Special Interests, Aspirations:

--

Signature:	
Typed/Printed Name:	
Agency/Title:	
Date:	

APPENDIX J:

Individual Service Plan Templates

Sample Individual Service Plan Template (ISP)

Agency Name

Address

City, State ZIP

Phone number

Individual Service Plan

Name of Individual:

Name

Current Address:

Address

City, State ZIP

Phone number

Date of Birth:

MM/DD/YY

Date of Injury:

MM/DD/YY

Date of ISP:

MM/DD/YY

Written by:

Name, Title

Reviewed by:

Name, Title

Service Provider:

Agency Name

Address

City, State ZIP

Phone number

Service Coordinator/:

Name

Case Manager

Address

City, State ZIP

Phone number

Director of Res. Services:

Name

Address

City, State ZIP

Phone number

Senior Site Supervisor:

Name

Address
City, State ZIP
Phone number

Parents/Guardian: **Name (specify relationship)**
Address
City, State ZIP
Phone number

Rep-payee: **Rep-payee name**
Contact info if other than service provider

Primary Care Physician: **Name**
Address
City, State ZIP
Phone number

Neurologist: **Name**
Address
City, State ZIP
Phone number

Psychiatrist: **Name**
Address
City, State ZIP
Phone number

Therapist/Clinician: **Name**
Address
City, State ZIP
Phone number

Dentist: **Name**
Address
City, State ZIP
Phone number

Gynecologist: **Name**
(if applicable) Address
City, State ZIP
Phone number

Ophthalmologist: **Name**
 Address
 City, State ZIP
 Phone number

Pharmacy: **Name**
 Address
 City, State ZIP
 Phone number

Add any other specialists: **Name**
 Address
 City, State ZIP
 Phone number

Current Medication List

Medication Name:	Dose:	Time:	Duration: (daily or PRN)	Reason for Use:	Date Ordered or D/C:

Known Allergies:	Historic/Anticipated Reaction(s):	Expected Response/Treatment:

Assessment of Functional Domains

*Individuals are to be reviewed annually in each of the following areas; however, not every area will have an identified goal depending of the individualized interests, needs, abilities, and preferences. Assessments of certain areas will require the use of specific standardized assessment tools that are appropriate to the individual's functional status. These assessments are denoted below with an *.*

1. General Health and Medical Management

- Diagnosis(s); Medical history: Chronology of medical appointments (one year)
- Brief overview of current medical status and any significant medical/health events/changes
- Summary of specialized/prescribed medical and rehabilitative protocols
- Summary of guardianship or proxy status and/or any related needs
- Results of Assessment for Capacity to Self-Medicate*, Safe Smoking and Smoking Cessation Interests and Support Needs *(if applicable)*
- Summary of progress /challenges/obstacles on previous ISP goals *(if applicable)*

New Goal(s): (complete for each identified goal area)

- Statement of overall goal/interest
- Measurable objective(s) necessary to accomplish goal
- Person(s) responsible for implementation and monitoring
- Benchmark of success/progress

2. Activities of Daily Living and Personal Care Support Needs

- Brief summary of status/skills/preferences/identified support needs
- Self-preservation status (i.e. evacuation needs, compliance, challenges)
- Summary of progress /challenges/obstacles on previous ISP goals *(if applicable)*

New Goal(s): (complete for each identified goal area)

- Statement of overall goal/interest
- Measurable objective(s) necessary to accomplish goal
- Person(s) responsible for implementation and monitoring
- Benchmark of success/progress

3. Assistive Technology and Adaptive Equipment Needs

- Brief summary of any assistive technology/adaptive equipment the person is currently using.
- Identified support/equipment needs
- Summary of progress /challenges/obstacles on previous ISP goals *(if applicable)*

New Goal(s): (*complete for each identified goal area*)

- Statement of overall goal/interest
- Measurable objective(s) necessary to accomplish goal
- Person(s) responsible for implementation and monitoring
- Benchmark of success/progress

4. Community Living and Integration Skills

- Brief summary of status/interests/challenges
- Results of required assessments: Self-Advocacy; Money/Financial Management*; Home and Community Safety; Transportation
- Summary of progress /challenges/obstacles on previous ISP goals (*if applicable*)

New Goal(s): (*complete for each identified goal area*)

- Statement of overall goal/interest
- Measurable objective(s) necessary to accomplish goal
- Person(s) responsible for implementation and monitoring
- Benchmark of success/progress

5. Psychological and Behavioral Health

- Brief summary of status/supports/needs
- Summary of progress/effectiveness of behavior plan (*if applicable*)
- Summary of progress /challenges/obstacles on previous ISP goals (*if applicable*)

New Goal(s): (*complete for each identified goal area*)

- Statement of overall goal/interest
- Measurable objective(s) necessary to accomplish goal
- Person(s) responsible for implementation and monitoring
- Benchmark of success/progress

6. Day Service/Programming

- Brief summary of current services/interests/challenges
- Summary of progress /challenges/obstacles on previous ISP goals (*if applicable*)

New Goal(s): (*complete for each identified goal area*)

- Statement of overall goal/interest
- Measurable objective(s) necessary to accomplish goal
- Person(s) responsible for implementation and monitoring
- Benchmark of success/progress

7. Leisure/Recreational Activities

- Brief summary of typical activities/significant events
- Summary of current interests and any identified challenges
- Summary of progress /challenges/obstacles on previous ISP goals *(if applicable)*

New Goal(s): *(complete for each identified goal area)*

- Statement of overall goal/interest
- Measurable objective(s) necessary to accomplish goal
- Person(s) responsible for implementation and monitoring
- Benchmark of success/progress

8. Vocational/Avocational Activities

- Brief summary of current services/interests/challenges
- Summary of progress /challenges/obstacles on previous ISP goals *(if applicable)*

New Goal(s): *(complete for each identified goal area)*

- Statement of overall goal/interest
- Measurable objective(s) necessary to accomplish goal
- Person(s) responsible for implementation and monitoring
- Benchmark of success/progress

9. Social/Family Activities

- Brief summary of current relationships/frequency of visits/interests/challenges
- Summary of progress /challenges/obstacles on previous ISP goals *(if applicable)*

New Goal(s): *(complete for each identified goal area)*

- Statement of overall goal/interest
- Measurable objective(s) necessary to accomplish goal
- Person(s) responsible for implementation and monitoring
- Benchmark of success/progress

Weekly Schedule

Provide detail of the peak hours of activities on a typical week for this person. The time blocks/calendar can be modified to make it more useful for the person.

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7 AM	Bed	Shower	Shower	Shower	Shower	Shower	Bed
8 AM	Meds Shower	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Meds Shower
9 AM	Breakfast	Work	Work	Work	Library	Visit brother	YMCA
10 AM	Room Clean	Work	Work	Work	Visit mother	Library	YMCA
11 AM	Free time	Work	Work	Work	Visit mother	Library	Personal Shopping
12 PM	Lunch	Work	Work	Work	Lunch	Lunch	Studying
1 PM	Movies	Work	Work	Work	Lunch	Lunch	Studying
2 PM	Movies	Work	Work	Work	Treadmill	Chores	Studying

3 PM	Movies	Work	Work	Work	Treadmill	Chores	Studying
4 PM	Nap	Work	Work	Work	Nap	Treadmi ll	Studying
5 PM	Nap	Work	Work	Work	Nap	Nap	House Activity
6 PM	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
7 PM	Relax	Chores	Target	Relax	Relax	Relax	Relax

Data Collection Summary

Completed to provide a view of the entire year using the results of data tracked for identified goals and reported in monthly progress notes. A brief description of each goal should be listed to make for an easier flow of reading.

Month/Year Goal Description	Nov 2010	Dec 2010	Jan 2011	Feb 2011	Mar 2011	Apr 2011	May 2011	Jun e 2011	July 2011	Aug 2011	Sept 2011	Oct 2011	Avg %

Additional Attachments to be included here:

1. Risk Protocols.
2. Current Behavioral Intervention Plan.
3. Annual Clinical Review.
4. Annual Assessment Tool.
5. Copy of Service Plan related to other community-based programs, if applicable.
4. Copy of Additional Service Plan that is accessible to individual and/or guardian

(e.g., cognitively; linguistically; visually; etc.)

5. Any additional information/assessments applicable to the provision of services/service planning.

I have reviewed and agreed to [Name of Person] ISP:

_____	_____
Name of Person	Date

_____	_____
Name, Guardian	Date

_____	_____
Name, Senior Site Supervisor	Date

_____	_____
Name, Director of Residential Services	Date

I have reviewed and agreed to [Name of Person] behavior intervention plan:

_____	_____
Name of Person	Date

_____	_____
Name, Guardian	Date

_____	_____
Name, Senior Site Supervisor	Date

Name, Director of Residential Services

Date

APPENDIX K: Emergency Evacuation Safety Guidelines

EMERGENCY EVACUATION SAFETY PLAN MANUAL

I. Introduction

Provider agencies of day, residential, and site based respite supports are required to develop a safety plan for each service site. The purpose of the safety plan is to demonstrate how all individuals supported at a specific site would be supported to evacuate safely in an emergency.

The safety plan process outlines the procedure for compliance with the safety section of the DDS regulations, 115 CMR 7.08, which is used as a guide for MRC providers. It recognizes that individual safety should be viewed in a holistic manner, as safety is composed of a number of inter-related factors including individual capabilities and needs, staff support and training, environmental modifications and adaptive technology.

Provider agencies shall complete Emergency Evacuation Safety Plans using a standardized format. There are separate forms for work/day supports and for residential supports (which includes site based respite supports).

Individuals who receive less than 15 hours a week of provider agency support will not utilize the Emergency Evacuation Safety Plan format to address evacuation safety. The involved MRC staff and the provider agency should address the safety needs of these individuals through other processes.

II. Individual Assessments

A. Introduction

The cornerstone of the Emergency Evacuation Safety Plan is an assessment of the unique capabilities and needs of each individual. It is from this assessment that a determination is made concerning the adaptations an individual may require in order to be safe in their residential or work/day support. The assessment of each individual's capabilities and needs is combined with the assessment of other individuals being supported at the same residential or work/day location to form the basis for the location specific Emergency Evacuation Safety Plan.

The Individual Service Plan (ISP) is the most appropriate context for this assessment to be completed. An assessment must be made of the safety and ability of the individual to

evacuate (with or without assistance) their home within 2 ½ minutes or their work/day support in a timely manner. The assessment should describe the supports needed (i.e., skill teaching, staffing assistance, environmental modifications) to assist the individual to be as independent and safe as possible.

As with any assessment conducted as part of the ISP process, the individual safety assessment should be guided by the following principles:

1. It should focus on strengths and abilities rather than weaknesses. Therefore, it should focus on providing “safe roads to independence” rather than an exclusive focus on risk prevention.
2. It should result in a determination of which supports are the least restrictive and most appropriate for the individual.

B. When Assessments Should Be Done

The individual safety assessment should be completed at the time of the Individual Service Plan development, with follow-up assessments as determined necessary by the Individual Service Plan team. The assessment and safety strategies associated with it should be reviewed by the team when the individual’s health, mobility or other capabilities affecting safety and evacuation change.

C. Guidelines

In order to assess an individual’s skills and abilities to evacuate the home or work/day support in the event of an emergency, the Individual Service Plan team must ask the following key questions:

- 1. Can the individual recognize danger or an alarm that signals danger?**
- 2. Can the individual respond appropriately to danger or an alarm that signals danger?**
- 3. Can the individual evacuate in 2 ½ minutes from a residential support or in a timely manner from a day/work support with or without assistance? If the answer to this question is “yes,” are any supports being provided?**

Guidelines

Members of the ISP team need to come to the ISP meeting prepared to answer the above questions. There are a number of effective formats that can be used to arrive at these

answers. Provider agency staff, service coordinators and others should use tools that have been effective in the past, that include both individual responses to specific questions, knowledge of staff or family familiar with the individual, and actual observations of behavior in emergency situations or drills. Regardless of what format is utilized, the Individual Service Plan team must be able to determine the following:

- Can the individual recognize a fire or other emergency that would require evacuation?
- Can the individual call 911 or staff for help?
- Can the individual leave their home or workplace through the appropriate main exit or through an alternative exit if the main exit is blocked?
- Can the individual respond when they are asleep as well as when they are awake?
- Can the individual respond independently, or do they need verbal and/or physical prompts or hands-on physical assistance?

4. If the individual is not able to evacuate independently, what are the individual characteristics that affect his or her ability in these areas; e.g. health, mobility cognitive level, behavior?

Guidelines

If an individual cannot recognize danger or respond appropriately, it is important for the ISP team to understand why this is so. The primary rationale for assessing these areas is so that the team may more appropriately determine what types of supports an individual needs.

The ISP team should review the following domains:

a. Health

- What conditions exist that might impede an individual's response time, or which may be exacerbated under the stress of an emergency? This would include conditions such as heart disease, stroke, seizure disorder, Alzheimer's disease, mental illness, cerebral palsy, and respiratory illness such as asthma.
- Is the person ambulatory, non-ambulatory, or in need of assistance to walk? Can the person transfer independently?

- Is the person hearing impaired or visually impaired?
- Is the person taking any medications that might impede response time?

b. Cognitive Level

- Is the person able to understand and follow directions?
 - Can the person communicate his or her needs?
 - Can the person be educated to understand and respond to emergency situations?

c. Social and Behavior Needs

- Will the person cooperate when necessary?
- Does the person become anxious easily?
- Is the person afraid of unfamiliar people, such as a new or relief staff person?

5. What supports are necessary to assist the individual to evacuate safely within 2 ½ minutes from a residential support or in a timely manner from a work/day support?

Guidelines

The final and most important question that must be answered for the individual safety assessment relates to what supports need to be provided in order to assist an individual to safely evacuate a home in 2 ½ minutes or a work/day support in a timely manner. In all likelihood, there will be a variety of supports that will be used in combination. It is incumbent upon the ISP team to consider those supports that are the least intrusive measures available to support an individual. They should be respectful of an individual's dignity, privacy and need for as much independence as possible. The ISP team should look at the following:

- What supports are currently in place? Are they sufficient?
- What are the most effective methods to help the individual become familiar with and responsive to an Emergency Evacuation Safety Plan?
- What adaptive devices (e.g., bed shakers, visual alarms, enhanced 911

systems, walkers, wheelchairs) can be provided to assist an individual in an emergency?

- What environmental modifications (e.g., first floor bedroom, proximity to exit) should be considered?
- What staffing supports and what staff training are required?

D. Summary

When completed, the individual assessment should provide the individual, family, Area Director, service coordinator and provider agency with a thorough analysis of the person's support needs. The next step, which is outlined in Section III, details the components of the Emergency Evacuation Safety Plan.

III. Emergency Evacuation Safety Plan Guidelines

A. Introduction

Emergency Evacuation Safety Plans must be completed on the forms located in the appendix of this manual. There is a separate Emergency Evacuation Safety Plan form for work/day supports and for residential supports (which includes site based respite supports).

Although each plan will be developed in a specified format, each Emergency Evacuation Safety Plan will be unique to each residential, respite or work/day location. Individuals, staff (if present), and the residential, respite or work/day location itself will vary; therefore each location's approach to safety will be different. There will be different ways to achieve safety in different settings and with different individuals.

Three key building blocks are examined through the Emergency Evacuation Safety Plan: individual needs, the physical environment and staff. A careful analysis of these three factors will determine the character and emphasis of each plan.

The Emergency Evacuation Safety Plan formats contain 10 key areas and are intended to be a reflection of the capacities of the individuals being supported. The plan should assure safety, but it should not restrict or overprotect people or interfere with their activities. Individuals should not be considered passive "benefactors" but should be integral contributors to their safe evacuation from their residential or work/day location.

The 10 elements that are addressed in the Emergency Evacuation Safety Plan are:

1. Environmental standards
2. Individual abilities and safety strategies
3. Adaptive technology
4. Group interactions/dynamics
5. Staff
6. Evacuation
7. Fire Drills

8. Methods to notify police, fire, emergency personnel, provider on-call staff, families and MRC
9. Transportation and immediate temporary resettlement
10. Continuity of services and supports

In each location, the interplay of these ten factors will vary and this will be reflected in the Emergency Evacuation Safety Plan. For example, one scenario could be four individuals with a long history of successful evacuations during fire drills living in a single story ranch house. The house design is basic. There is nothing unusual about the house or the home environment that would cause excess risk. The individuals do not have any special mobility or health concerns. Based on an assessment of all these factors, the Emergency Evacuation Safety Plan would be very straightforward in addressing the required elements.

On the other hand, should these variables change in any way, the provider may need to change the emphasis of the plan. Should the design of the home be such that it poses additional risk, then adaptations such as a fire suppression system may be considered. Should the individuals have hearing deficits, then adaptive equipment such as flashing strobe lights and bed shakers could be tied into a fire alarm system.

B. Emergency Evacuation Safety Plan Documents

Please note that the actual Emergency Evacuation Safety Plan documents themselves have basic instructions for completing the forms that will make the documents easier to complete and understand. Through this manual more complete guidelines for completing the plans are provided and are divided into five distinct categories: homes providing 24 hour supports, homes providing less than 24 hour a day supports but more than 15 hours per week of support, site based respite supports and work/day supports.

C. Revised Emergency Evacuation Safety Plans

If individuals do not evacuate in 2 ½ minutes from a residential support or in a timely manner from a work/day support, it is the provider's responsibility to notify the appropriate case manager or regional coordinator of the issue and how the evacuation need is being addressed. Depending on the circumstances, the need could be addressed in one of the following ways:

Verbal Plan for Resolution – This action would be appropriate for a situation that has just developed and the provider is determining whether this is an ongoing issue. For example, one individual who has typically exited independently does not exit within 2 ½ minutes during an

asleep drill. The provider would inform MRC staff of the difficulty and could state that another drill will be done within a specified period of time to see if this difficulty needs further intervention.

Addendum to Existing EESP – This action would be appropriate for a situation that is considered temporary in nature and requires a short term response. For example, in the illustration outlined above, the provider may determine after doing another drill that this situation requires a more involved intervention, such as a short term teaching program so the individual understands the importance of exiting during practice drills. The provider would inform MRC staff of the ongoing difficulty and submit an addendum to the existing EESP outlining the training program to be implemented and the length of time expected for resolution.

Revised EESP – This action would be appropriate for a situation that requires a permanent revision to the safety plan. In the above example, the provider may find that the teaching program is not successful in ensuring that the individual again exits independently during asleep fire drills. In order to ensure safe evacuation at night, staff need to physically prompt the individual to evacuate. Since this situation now requires a permanent change in the supports provided for safe evacuation, MRC staff should be notified and a revised EESP submitted for approval.

D. Plans for Homes Providing 24-Hour Supports

COMPONENTS	DDS REGULATORY REQUIREMENTS (used as a guide for MRC)		
1. Individual Safety Strategies	Derived from Assessments in ISP		
2. Group Interactions	115 CMR 7.08(3)(b)2 Provider Analysis		
3. Environmental Standards	Provider Leased/Owned 115 CMR 7.07(1)-(8) a. two means of egress b. fire extinguisher c. interconnected smoke detectors d. sealed vertical chutes e. no locks on bedrooms with access to egress f. locks on bedroom doors with no access to an egress g. bedroom at grade for people with mobility impairments h. no smoking in bedroom	Individually Leased/ Owned 115 CMR 7.07(1)-(2)	<u>PLANS</u> <u>FOR</u> <u>HOMES</u> <u>PROVIDING</u> <u>24 HOUR</u>
4. Adaptive Technology	115 CMR 7.08(3)(b)4 Derived from Assessments in ISP		<u>SUPPORTS</u>
5. Staff	115 CMR 7.06(3)(a)-(e) a. 3 or more individuals requiring assistance: 2 staff at all times b. 5 or more individuals, 2 or more requiring assistance: 2 staff at all times; c. 1 or more requiring assistance: Required staff must include 1 overnight awake		

6. Evacuation	115 CMR 7.08(3)(b)6 2 ½ minutes with or without assistance	
7. Fire Drills	115 CMR 7.08(3)(b)7 a. Quarterly drills b. Two of which shall be night-time	
8. Notification to Police/Fire	115 CMR 7.08(3)(b)8 Provider knowledge of local resources	
9. Transportation/ Resettlement	115 CMR 7.08(3)(b)9 Provider/MRC Collaboration	
10. Continuity of Services & Supports	115 CMR 7.08(3)(b)10 Provider/MRC Collaboration	

Homes Providing 24 Hour Supports

Introduction

The guidelines in this section refer to all situations where individuals are receiving 24-hour provider agency staffed supports in homes when those supports are offered and controlled by a public or private provider agency. Provider agencies offering 24-hour supports are required to develop Emergency Evacuation Safety Plans even if the individuals own or lease their own home. In this latter instance all components of the Emergency Evacuation Safety Plan will apply except for the environmental requirements of 115 CMR 7.07 outlined under “General Safety Requirements.”

The guidelines in this section are intended to provide the safeguards necessary for individuals who require the greatest level of support in order to live safely in their homes. As such, the key building blocks of staffing and environmental requirements rely heavily on the regulatory and building code requirements as applicable in 115 CMR Chapter 7.00.

Provider agencies proposing alternatives to any of the requirements in 115 CMR 7.06 (3) (a)-(e) (staffing requirements), 7.07 (environmental standards), or 7.08 (safety), must recognize that there will be a substantial “burden of proof” imposed upon them to demonstrate how alternative approaches safeguard individuals whom they support.

Specific Guidelines For The Plan

GENERAL INFORMATION

Date of Completion – date the plan is developed

Agency – provider agency’s full name

Address of Residential Support – address of home for which the plan is developed

Names of Individuals Served At Site – names of all individuals living in the home

Home is owned/rented/leased by – indicate in box provided whether the provider agency or all of the individuals living in the home own/rent/lease the home

Type of Residential Support – put an X in the box for “24 Hour Staffed Home.”

Type of Building – put an X in the appropriate box that best describes the home. Only one box should be marked. Fill in, as appropriate, the number of floors in the home, including the basement, or the floor(s) the home is located on in a multiple family or apartment building.

When identifying the floors that bedrooms are located on, use the following guide:

Basement – partially below ground floor.

1st floor – ground level floor

2nd floor – floor one story above ground level

ENVIRONMENTAL STANDARDS

Fire Safety Equipment – put an X in as many boxes as apply for this home. Under “other,” list any additional equipment that is not included; e.g. fire extinguishers in other parts of the home beyond the kitchen.

Floor Plan – a floor plan should be developed, using page 13 of the EESP form, for each floor of the home used by the individuals living in the home. Add additional pages as needed. Each egress should be clearly marked using the possible egress types provided on the form. These are:

- a. Interior Stairs
- b. Elevator
- c. Door to Exterior Stairs to Grade
- d. Door Directly to Grade
- e. Handicap Accessible Ramp
- f. Basement Interior Stairs
- g. Basement Stairs to Grade
- h. Door to common hallway to egress(s) – this would typically be found in a multiple family or high rise apartment/condominium
- i. Other (describe)

The floor plan provides important information needed for MRC staff to fully evaluate the Emergency Evacuation Safety Plan. This plan will clearly show the layout of the home, the location and type of egress for each floor, proximity of egresses to bedrooms and distance of egresses from each other.

GENERAL SAFETY REQUIREMENTS

This section ensures that regulatory requirements addressing safety in homes and respite facilities providing 24 hour staffed supports are in place. By putting an X in each box, the provider agency is confirming that the site is in compliance with the regulations either because the situation does not exist in the home or respite facility, such as there are no vertical chutes in a home, or that the proper precautions are in place should the situation exist, e.g. all individuals in a home that require physical assistance to evacuate have bedrooms located on a floor at grade level. If there is not an X in each box, there must be a proposed alternative identified as outlined in the following section.

The first question in this section addresses egresses from the home. There need to be two means of egress from floors at grade level. Other floors need to have one means of egress

and one proven, usable escape route leading to grade. This means that the escape route has been tested to ensure individuals can safely use the escape route in an emergency with or without staff assistance.

PROPOSED ALTERNATIVES

This section would only be completed if an agency is proposing an alternative to the environmental standards outlined in the regulations under 115 CMR 7.07. Since a provider agency would need to provide compelling evidence, it should be very rare that an alternative would be proposed. The agency would need to provide the following information:

- Identification of the regulation standard for which an alternative is proposed.
- Clear description of the proposed alternative to the standard.
- Explanation of why the standard is not needed.
- How the proposed alternative will assure that a comparable level of safety is achieved.

INDIVIDUAL ABILITIES AND SAFETY STRATEGIES

The first component of this section gives a snapshot of the needs of individuals supported at this location. Answer each of the following questions as they apply:

1. *Does the level of ability (cognitive) of any individual prevent or limit their ability to evacuate independently in 2.5 minutes?*
2. *Does any individual have mobility issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
3. *Does any individual have health related issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
4. *Does any individual have social or behavioral issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
5. *Does any individual need adaptive devices or equipment to ensure safe and timely evacuation?*

If the answer to all of the questions above is no, skip the rest of this section and go to the section on group interactions. If the answer to any of the questions above is yes, the following information on the chart provided in the Emergency Evacuation Safety Plan form needs to be completed for each individual supported in the home.

Instructions for completing the individual chart

If any individual living in the home has needs that affect safe evacuation, the individual chart should be completed for every individual living in the home even if an individual is independent in evacuation. This gives the involved MRC staff a comprehensive picture of everyone living in the home. Instructions for the specific elements of the chart are as follows:

Ability to Evacuate – this section should include a comprehensive description of each individual's ability to evacuate and those individual characteristics that could affect timely evacuation.

Staff Assistance Provided – this section should include the most extensive staff assistance required to evacuate as outlined in the following list.

- a. Independent – individual requires no assistance to evacuate.
- b. Verbal Prompt – individual requires only verbal direction to evacuate.
- c. Physical Prompt – individual requires only light physical prompt to evacuate, such as a light directional touch on the arm, after which the individual evacuates independently.
- d. Physical Escort – individual requires actual physical assistance to evacuate, such as staff physically guiding the individual out of the home.
- e. Full Physical Assistance – individual is totally dependent on staff for evacuation, such as physical transfer to a wheelchair needed for evacuation.

Adaptive Devices/Equipment Needed – this section should identify any supportive devices needed by an individual including wheelchair, walker, bed shaker, etc.

GROUP INTERACTIONS

This section addresses any interactions between the individuals in the home that could positively or negatively affect any individual's ability to evacuate. For example, one individual could push housemates during evacuation so that others refuse to evacuate. In another example, one individual could verbally encourage others to evacuate, enhancing other housemates' evacuation skills.

EVACUATION PLAN

All of the information previously provided in this document culminates in the actual development of the evacuation plan. Before developing the plan, the following questions need to be answered:

Minimum ratio of staff to individuals during awake hours – This should be the lowest ratio that would ever be present in the home during the hours individuals are typically awake. For example, if there are typically 2 staff on in the afternoon but during early evening hours there is one staff present to four individuals, the minimum ratio would be 1:4. The actual evacuation plan needs to describe how one staff person will safely evacuate the four individuals.

Minimum ratio of staff to individuals during asleep hours – Again, this should be the lowest ratio that would ever be present in the home during the overnight hours. The agency needs to identify whether staff are asleep or awake staff during the overnight hours. The agency also needs to identify what are considered the asleep or overnight hours. For example, in one home the hours may be from 11 p.m. to 7 a.m. while in another home these hours may be from 10 p.m. to 6 a.m.

The above questions give the reviewing MRC staff additional context for the actual evacuation plans that follow.

Evacuation Plans

A separate plan needs to be developed for awake and asleep hours.

Each evacuation plan should be presented in a bullet point format.

Each evacuation plan needs to clearly articulate the sequencing of individual evacuation, using the information provided in the Individual Abilities and Safety Strategies section of the plan. Each evacuation plan needs to clearly describe the staff support provided for safe evacuation, again using the information provided in the Individual Abilities and Safety Strategies section. If the use of any adaptive device or equipment affects safe, timely evacuation, the specific staff assistance needed to address this should be outlined here, e.g., staff needs to lower a bed rail or put on an individual's brace. If more than one staff person is needed for safe evacuation, each staff person's role should be clearly outlined and include how each staff person is trained to understand their specific role. One way to do this could be to label staff as A or B with staff knowing their role based on their specific job position or being informed at the beginning of their work day which person(s) each would support.

Amount of time needed for safe evacuation

This should be the maximum time needed to evacuate all individuals safely. For existing homes, this amount should be based on the results of fire drills during the previous year. For new homes the time should be based on individual assessments. The amount of time should never be more than 2 ½ minutes unless a Fire Safety Equivalency System (FSES) waiver has been processed and approved by appropriate MRC staff.

Primary Escape Route

This should be the exit(s) that would typically be used during an evacuation unless it is blocked.

Secondary Escape Route

This should be the exit(s) that would typically be used if the primary escape route was blocked.

Central Meeting Place

This should be the place where everyone will meet when all have safely evacuated the home.

FIRE DRILLS

DDS regulations 115 CMR 7.08 require that fire drills be conducted quarterly, with two of those drills being conducted during asleep hours. The provider agency should fill in the requested information to outline how many drills are conducted annually during awake and asleep hours. Additionally, the provider agency needs to identify the range of hours during which asleep fire drills will take place.

Any deviation in the number, schedule and/or format of the fire drills that is different from what is required by regulation must be clearly identified along with the reason for the change and a description of how individual safety will not be compromised.

METHODS TO NOTIFY POLICE, FIRE, EMERGENCY PERSONNEL, FAMILIES, DMR

It is important to have clear procedures for notifying others of an emergency. Provider agencies need to acknowledge in this section that staff understand the procedures for notifying emergency personnel and describe what that procedure is. Additionally there needs to be a description of how other key people would be contacted.

Key people to be contacted should include appropriate MRC staff for each individual supported at the site.

TRANSPORTATION AND IMMEDIATE/TEMPORARY RESETTLEMENT

It is important that provider agencies have a well thought out plan of how to support individuals after an emergency. Therefore, provider agencies need to describe the plans for immediate shelter; temporary resettlement if needed including transportation plans; staff knowledge of these plans; and plans for the continuity of services and supports.

PROVIDER ASSURANCE FORM

This form needs to be completed by the provider and signed by the provider and submitted with the EESP to the appropriate MRC staff. This form must be signed by the Director of MRC's Community Based Services or his/her designee, signifying approval of the EESP as submitted.

APPENDIX L:

Families and Significant Others Guidelines

Residential Guidelines Regarding Family Members, Significant Others, Friends, and Legal Guardians

Residential program staff should respect and actively facilitate individuals' efforts to maintain their relationships with designated family members, significant others, friends, and guardians. At the same time, staff as well as family members, significant others, friends, and guardians should recognize each individual's freedom and support to control his/her own schedules and activities and to have visitors of his/her choosing at any time.

Given that most individuals served in residential programs live in apartments or houses that are shared with other individuals, the following guidelines have been established to promote personal safety and to accommodate the needs, personal space, and scheduled activities of all who reside in the program. Family members, significant others, friends, and legal guardians are, therefore, asked to respect and support the following:

- 1) Visitors are requested and advised to contact the residential program staff in advance to ensure that the individual is available, present, and willing to have visitors (i.e., not during planned program activities or times devoted to personal care / activities of daily livings). Visitors are also requested and advised to make arrangements with program staff during visits in consideration of the needs of other individuals. Any restrictions or limitations on an individual's ability to control who or when people can visit would have to result from an assessment by a qualified clinician and be clearly detailed in the individual's person-centered service plan.
- 2) To place telephone calls to individuals or program staff during times which do not conflict with planned program activities or times devoted to personal care / activities of daily livings, and in consideration of the needs of other individuals.
- 3) To visit with individuals in the common areas, or in an individual's space/room, but to not enter the rooms/personal space assigned to other individuals.
- 4) To comply, whether on-site or off-site, with all program policies, procedures and prescribed treatments/interventions developed for an individual and agreed to as part of the individual's service plan. These include, but are not limited to the following:
 - Medication administration
 - Specialized medical directives (e.g., dysphagia protocol, seizure management, etc.)

- Drug and alcohol abstinence
 - Behavioral Management Plans
 - Use of seatbelts during transport
 - Any other protocols developed to ensure an individual's safety, well-being, and attainment of service plan goals/objectives
- 5) To recognize that the decoration and contents of the common areas are jointly determined by the individuals and facilitated, when necessary by staff.
 - 6) To understand that vehicles leased or purchased by the program or MRC are for transport of individuals only.
 - 7) To maintain communication with the residential program's designated staff contact person, via scheduled phone conferences or meetings, the frequency of which will be determined mutually. In addition, it is expected that family members, significant others, and guardians will inform staff of any significant events/issues that may affect an individual or the residential program.
 - 8) To communicate with residential staff and other individuals in a respectful and courteous manner.
 - 9) To understand that, except for court-appointed legal guardians, staff will communicate information to family members, significant others/friends only with the written consent of the individual. It should also be understood that an individual may limit the nature/content of information staff are permitted to share and that the individual has the right to withdraw his/her consent at any time.
 - 10) To understand that residential staff are expected to maintain strict confidentiality, with respect to information related to other individuals in the program.
 - 11) To understand that residential staff are obligated to report any suspected or substantiated, incidents of abuse or neglect involving any participant (ages 18-59) to the Disabled Persons Protection Commission (DPPC). Staff are also obligated to report any suspected, or substantiated, abuse or neglect of a child under 18 years of age to the Department of Children and Family Services (DCFS), and if 60 years or older, to the Executive Office of Elder Affairs.
 - 12) To obtain explicit written permission from the Program Director/Manager prior to bringing any pets into the residential program.

APPENDIX M: Program Participant Expectations Guidelines

PROGRAM PARTICIPANT EXPECTATIONS

PROGRAM PARTICIPATION

Welcome to your new home! Because you will be living with others in your new home, it is important to have consistent expectations for everyone living together. These expectations should optimize your independence in making life choices, and ensures your right to privacy, dignity and respect. At the same time, these expectations will help other program participants with their own independence in making life choices and ensures their rights to privacy, dignity, and respect. Staff support is available to you in carrying out many of these tasks

- ◆ I understand that I can participate in developing and completing the goals in my service plan.
- ◆ I understand that I can attend and participate in all medical appointments, take all medications as prescribed, and to follow all of my doctors' orders and instructions.
- ◆ I understand that I can consider and participate in all other needed clinical services, to which I have agreed and consented, which may include substance abuse and/or psychiatric treatment.
- ◆ I understand that I, or my representative payee, will be required to pay room and board on a monthly basis. Information about the exact cost of room and board, the method of calculating that cost, and procedures for making payment will be discussed with me prior to entering the program.
- ◆ I understand that I am responsible for paying for my own personal phone, internet or cable usage.

PERSONAL CARE AND HYGIENE

- ◆ I am willing to keep my room clean on a daily basis.
- ◆ I am willing to clean up the kitchen, bathroom, and toilet areas each time as needed.
- ◆ I am willing to maintain good hygiene.
- ◆ I am willing to keep all personal items in my bedroom or other assigned storage space.
- ◆ I am willing to wash clothing and bedding at least weekly.
- ◆ I am willing to help with house chores.

- ◆ I understand that residential staff, or my PCA, will assist me in completing tasks that are physically challenging.

PERSONAL SPACE

- ◆ I understand I cannot wear clothes with slogans or images of pornography, drugs, or any illegal activity.
- ◆ I am willing to wear clothes that cover all private body parts when in common areas.
- ◆ I understand I cannot enter rooms of housemates without my housemate's permission.
- ◆ I understand I cannot borrow or lend money to staff or my housemates.
- ◆ I am willing to always talk to staff and housemates respectfully. I agree not to use loud or abusive language or to make threats to others.
- ◆ I understand I cannot insult others by making negative comments about their race, ethnic group, age, religion, sex, or sexual orientation.
- ◆ I am willing to keep the volume of my radio, TV, CD, etc. at a level that cannot be heard outside my room.

SAFETY

- ◆ I understand that all medication, including prescribed and over-the-counter medication (such as aspirin) will be kept by staff in a locked area. However, if I have been assessed to be able to self-administer my medications, I will be given the option of having a locked space in my room where I can keep my medications.
- ◆ I understand I cannot bring any object into the house that might cause injury to myself or my housemates, including any object that is or could be used as a weapon.
- ◆ I understand and am aware of the dangers associated with personal or internet contact with strangers.
- ◆ I am willing to talk with staff about any situation or person that I feel may harm or threaten me.
- ◆ I understand that a room search and/or personal possession search will be conducted if there is reason to believe that I have items that could be dangerous, or present a risk to myself or others.
- ◆ I understand that individuals may smoke only in designated smoking areas.
- ◆ I understand I cannot take part in illegal activities.

DRUGS

- ◆ I understand I cannot use illegal drugs.
- ◆ I understand I cannot bring any illegal drug-related item into the house (such as syringes, pipes, etc.)

Signature of Individual

Date

Signature of Legal Guardian (if applicable)

Date

Provider Staff Member

Date

APPENDIX N: Approved Absence Form

MASSACHUSETTS REHABILITATION COMMISSION CONSUMER ABSENCE REQUEST / APPROVAL FORM

A. Long Term Illness (*Request to voucher for services in the event of a consumer's long term illness.*)

Check appropriate space.

Residential Programs Only

365 Day/Year Prog. (First 14 Days Sick Unbillable)

Non-Residential Programs Only

250 Day / Year Prog. (First two weeks Sick Unbillable)

Long-Term Illness 15-30 Days _____

(Residential Supervisor Signature Necessary)

Long-Term Illness 3-4 weeks _____

(MRC Supervisor Signature Necessary)

Long-Term Illness 31-60 Days _____

(Residential Supervisor and Director's Signature Necessary)

Long-Term Illness 4-8 weeks _____

(Supervisor & Director's Signature Necessary)

Comments:

OR

B. Planned Vacancy (*Request to voucher for services in the event of Planned Vacancy*)

Residential

Planned Vacancy _____

(Attach Copy of justification/documentation to support request)

Consumer Name	Contract ID #
Provider Agency:	Program Name
Consumer Soc.Sec.#:	Agency Contact Person:
Period to be Covered: (Start) (End)	

Justification for Request:

Approved By:

Contract Monitor: _____ Date: _____

MRC Residential Supervisor: _____ Date: _____

Director of Community Based Services: _____ Date: _____

Request Denied: (State Reason)

APPENDIX O: Annual Clinical Review and Risk Protocol

FACE SHEET FOR ANNUAL CLINICAL REVIEW

NAME:

DATE:

List all protocols for behaviors, skills and conditions and where they appear.

Behavior/Skill/ConditionProtocol Type (BIP, ISP or Risk Protocol)**Circle any of these symptoms observed in this consumer.**

- | | | |
|---------------------|-------------------------------|--------------------------|
| 1. Abulia/Isolation | 9. Homicidal Tendencies | 16. Restlessness |
| 2. Agitation | 10. Hallucinations | 17. Physical Aggression |
| 3. Apathy | 11. Impaired Executive Skills | 18. Personality Change |
| 4. Aphasia | 12. Impaired Insight | 19. Sleep Disorder |
| 5. Delusions | 13. Impaired Judgment | 20. Sexual Disinhibition |
| 6. Dysarthria | 14. Impulsivity | 21. Suicidal Ideation |
| 7. Distractibility | 15. Serious Memory Problems | 22. Verbal Aggression |
| 8. Other | | |

Circle any of these risk factors in this consumer's history.

- | | | |
|----------------------|-----------------------------------|-----------------------------|
| 1. Anxiety | 9. Elopement/Wandering | 17. Migraines |
| 2. Balance Problems | 10. Fall Risk | 18. Movement Disorder |
| 3. Bipolar Disorder | 11. Gait Disorder | 19. Neglect Syndrome |
| 4. Confusional State | 12. Homelessness | 20. Relationship Abuse |
| 5. Hearing Problems | 13. Legal Problems | 21. Seizure Disorder |
| 6. Diabetes | 14. Loss of Pain Sensation | 22. Self-Injurious Behavior |
| 7. Vision Problems | 15. Loss of Temperature Sensation | 23. Substance Abuse |
| 8. Dizziness/Vertigo | 16. Medication Side Effects | 24. Other _____ |

ANNUAL CLINICAL REVIEW

Name:

Date:

Review Period:

Brief Summary of Consumer's Year Including Significant and Positive Life Events/Changes

Status Update Over the Past Year:

1. Does consumer have a BIP?
2. Mental status presentation and changes:
3. Psychiatric Treatments (1:1 therapy, hospital admissions):
4. Current psychiatric medications and any changes:
5. Significant incident reports:

Mayo-Portland Adaptability Inventory-4		
	Raw Score	Standard Score
I. Ability Subscale		
II. Adjustment Subscale		
III. Participation Subscale		
IV. Subtotal of Raw Scores I-III		
V. Sum of Scores for Items 22-24		
VI. Subtract V from IV=Total Score		

Recommendations

1. Status of last year's recommendations:

2. Recommendations for the coming year:

Name of Clinician

Position of Clinician

Signature of Clinician

Date

ANNUAL CLINICAL REVIEW

For any restrictive strategies, provide the following details:

<i>Restriction</i>	<i>Reason for Restriction</i>	<i>History of Interventions</i>	<i>Current Interventions</i>	<i>Plan for Future</i>

RISK PROTOCOLS

Step 1:

It is the intent of all SHIP residential programs to offer as much choice and community access as possible. When it is necessary to impose restrictions for safety, certain steps will be uniformly taken to ensure these restrictions are kept to a minimum.

These steps are:

- An assessment of the relevant skill, behavior or condition. This assessment must give a history of the consumer's difficulties in this area making it necessary to restrict it. In addition, a history of interventions attempted to strengthen this skill or behavior must be described.
- A clear description of the protocol to implement.
- Data collection to demonstrate changes in the skill, behavior, or condition.
- Time limits for periodic reviews to determine if the modification is still needed.

Step 2:

Risk assessments and protocols can be developed in three ways. These choices reflect that the different skills, behaviors and conditions are so varied that differing formats will facilitate ease and clear communication. These choices are:

- **Behavioral Intervention Plan (BIP)**
 - If the restriction involves behavioral dyscontrol, it must be developed in the BIP. These plans must always be approved by the BIP committee, and staff must be trained to follow the plan.
- **Individual Service Plan (ISP)**
- **Risk Protocols** (This choice is attached to this document).

Examples of neurobehavioral/psychiatric behaviors and conditions requiring restrictions could include: Alcohol use, caffeine use, smoking, agitation or physical aggression, elopement, problematic sexual behavior, seatbelt modifications, and suicidal behavior.

Examples of medical conditions requiring a protocol could include: aspiration, diabetes, fall risk, seizures, medication non adherence, bowel programs and dietary modifications.

RISK PROTOCOL

NAME:

DATE:

SKILL, BEHAVIOR OR CONDITION _____

HISTORY OF NEED AND INTERVENTIONS:

ANTECEDENTS/SYMPTOMS TO MONITOR:

REQUIRED STEPS TO FOLLOW:

WHEN TO CALL 911/CRISIS TEAM:

WHAT TO DO WHILE WAITING FOR HELP:

DATA COLLECTION:

MONITORING FOR LESS RESTRICTIONS:

NAME/SPECIALTY OF MEDICAL PROVIDER

SIGNATURE OF PROVIDER

NAME/POSITION OF CLINICIAN

SIGNATURE OF CLINICIAN

APPENDIX P: Day Services Site Review Tool Elements

MRC DAY SERVICE SITE REVIEW TOOL

PHYSICAL SITE STANDARDS	Met	Not Met	NA	Findings		Requested Follow Up	Date Follow up Due	Comments
New or Expanded Site								
New Day Site has Occupancy permit issued by local community								
New Day Services site has passed the Fire Inspection by the local community or Department of Public Safety								
Program Areas								
All space associated with the day service site is fully accessible including administrative, program, bathroom, and kitchen space								
Day service site has a private room for 1:1 service delivery								
Rest/quiet room available in programs with on site service delivery								
Area is secure for wanders (if applicable)								

There are no dangerous conditions (hazards, broken/cracked floors, torn rugs, dangerous items protruding from walls/entranceways)								
Outside spaces are safe/clean								
Program space and furniture is in good condition								
All program areas are clean, sufficiently sized and sufficiently equipped (e.g., has enough chairs).								
Equipment available for re-positioning wheelchair users, where applicable								
Hoyer lift on site (Assurance that equipment would be obtained if consumer referral requires it)								
Entrances and Exits								
Doorways/ramps/entrance appear to be accessible, upon visual inspection (a minimum of two exits/entrances must be accessible and if there are greater than two exits/entrances 50% of them must be accessible, i.e. 6 exits/entrances requires 3 accessible.)								

Entrances and doors open easily by hand without the use of keys during program hours								
Presence of electric door opener (if any participant is unable to open the door independently)								
Entrances/exits are not blocked								
All Exits are visible								
Emergency								
Emergency exit plan/map is conspicuously posted (easy to read for members with poor vision. Minimum font size of 14) and adequate								
Fire extinguisher in kitchen & each program area; refill date satisfactory								
Day service site has documentation showing fire drills are completed quarterly and that employees/volunteers participate in the drills								
Fire and CO detectors are visible and in good working order								
Emergency phone numbers are posted								

Written plan available for all staff who assist in fire drills								
Day Service site has an updated file/binder (hard copy) in a locked area containing the following information on each participant: recent photograph, name/phone of MD, diagnosis, special treatments or medications, insurance information, name/contact information for family/legal representative, MRC or DDS case manager/service coordinator/program coordinator name & phone number								
Bathrooms								
Day Service site has 2 accessible toilets for every 25 members. Urinals may not be counted.								
General sanitary condition of the bathroom is acceptable								
All toilets allow for privacy								
Fixtures are in good condition and work properly								

Bathrooms have adequate supply of paper products and soap, and other supplies like gloves, anti-bacterial soaps, cleaners, etc.								
Kitchen								
Kitchen area appears sanitary								
All appliances and work/surface areas are clean and in good condition								
Staff wear gloves to serve/prepare ready to eat foods								
Improper food handling procedures were not observed								
Dishes/glasses and cooking utensils/pans are clean								
Dishwasher on site for sanitization of dishes								
Appropriate cleaning supplies and instructions on site for proper food preparation								
Kitchen is accessible to all consumers								
If the kitchen space is shared with another program there needs to be adequate access and a schedule of use								
Food Storage								

Both open and unopened food is stored in the refrigerator, freezer or cabinets under proper conditions of temperature, light, sanitation and security								
Poisons, chemicals or other potentially harmful products are not stored with food/drink								
There is no indication of pest problem								
Refrigerator, stove and microwave are clean and in good condition when applicable								
General Health and Safety								
There is at least one first aid kit which is accessible and adequately stocked								
There is a lock box or safe area for all medications								
There are sufficient supplies for infection control and universal precautions.								
Access to Community								
Program site is accessible to public transportation or has an accessible vehicle								

Program site is located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community. Sites located in industrial parks or business parks do not meet this requirement.								
--	--	--	--	--	--	--	--	--

PARTICIPANT/PROGRAM	Met	Not Met	NA	Findings		Requested Follow Up	Date Follow up Due	Comments
Program Description including integration into the community								
Sample Schedule								
Assessments completed within 60 days of intake/admission								
ISPs include as needed:								
a. Cognitive remediation								
b. Communication skills								
c. Functional living skills								
d. Behavior adaptation								
e. Rehab. Therapies								
f. Coordination of access to community support services, including mental health, substance use, recreation								

g. Community Integration activities/tasks are connected to functional goals in the ISP								
Community Integration a. Over the course of a year a minimum of three (3) community activities are offered per week which are varied and focus on areas such as physical activities, artistic activities, retail activities, recreational activities and educational activities								
b. Community activities are designed to provide exposure to opportunities for community integration								
c. Activities provide individualized choices and are integrated into service planning								
Therapeutic or goal-directed activities are provided, and individualized based on random file review								
Necessary clinical expertise sought and integrated based on random file review								
Flexibility of program structure to meet diverse Participants' needs								
Presence of sufficient staff to meet participant needs								

Participant Case Records include at a minimum:								
a. Safety information identified above								
b. Current service plan and current progress notes. Goals and Objectives are clearly defined and incorporate consumer input.								
c. Signed review of Human Rights Policies, Mandated Reporting, and Complaint Procedure Process								
d. Copies of current release forms								
e. Typed list of current meds and purpose; schedule dosages; prescribing MD contact info; list of possible side effects; allergies								
f. Medical and functional status								
g. Specialized medical and other protocols								
h. Behavior management plan								
i. Records of medical or clinical consultations								

POLICY/ PRACTICE	Site has Process/Policy	Documentation all staff are trained in practice/policy		Findings	Met Y/N	Requested Follow-up	Date Follow-up due	Comments
Human Rights								

a. Individual designated to inform Participant, et al of Human Rights								
b. Written copies of Human Rights policy available								
Complaint Policy and Procedure								
a. Complaint policy and Procedure is on site								
b. Individuals informed of complaint procedure and given copy								
DPPC								
a. Individuals informed of DPPC Reporting Process and given copy								
b. DPPC Hotline number posted in common area								
Implementation of person-centered planning								
Confidentiality/Release of Information								
a. Individuals are informed of Confidentiality Policies								
b. Consumer release forms are kept in consumer record and updated as they expire.								
Documentation of Auto Insurance Coverage by Agency for Staff								
Infection control plan re: occupational exposure to blood-borne illness (must follow CDC/OSHA guidelines)								
Emergency Response Plan								
Response to allegations of loss, theft or damage of Participant property								

PERSONNEL/STAFF	Site has Process/Policy	Documentation all staff are trained in practice/policy		Findings	Met Y/N	Requested Follow-up	Date Follow-up due	Comments
Day Service Organizational Chart								
Staff Schedule and FTEs								
TB Testing								
a. Policy								
b. Results								
Job Descriptions and Resumes of Persons in the positions:								
a. Program Director - Masters in health or human services, or bachelors plus 5 years experience with individuals with ABI, 2 years supervisory experience.								
b. Senior Staff (for programs with more than 28 participants) - Bachelors degree in rehabilitation or related field and 2 years experience working with individuals with ABI when applicable								
c. Life skills Staff High school diploma and 2 years experience working with people with disabilities								
d. Other								
Staff to client ratio of 1:4-6								
a. Number of Staff								

b. Number of Participants Daily Average								
Staff Training Topics Provided								
a. ABI overview								
b. Mandated & Critical incident reporting, including forms and instructions								
c. Confidentiality and informed consent								
d. Person Centered Planning								
e. Professional Behavior and Boundaries								
f. CPR/First Aid								
g. Infection Control/Universal Precautions								
Personnel files include at a minimum:								
a. Resumes								
b. Documentation CORI checks completed								
c. Results of reference checks								
d. Performance evaluations								
e. Training/in-service certificates								
f. Copy of license, if app.								
g. Copies of Relevant Supervision Notes/ Progressive Discipline								

APPENDIX Q:
New Site Review Tool Elements for Residential Services

“New” Site Assessment for Residential Services

Provider:_____ **Site Address:**_____ **Date:**_____

of proposed residents:_____

Area of Site	Guideline	Meets	Does Not Meet	Comments/Actions to be taken
Land	Any standing water? (Flood zone)			
	Is land perked?			
	Does land have ledge (need to build around this)?			
	Any power lines, towers, dumps, toxic waste in the area?			
	Public sewer or septic?			
	Public water or well?			
	Water quality?			
	Get a price on a similar piece of land in the neighborhood to compare price.			
Built Site				
Bedrooms	# of bedrooms:			
	Clean?			
	Door width wide enough for wheelchairs/equipment?			
	Distance to nearest egress?			
	Size of bedrooms: spacious enough for consumers			
	Windows: work and provide enough light			
	Room height is acceptable			
	At least two outlets, electric light switch			
	Room can be personalized			
	Adaptive equipment will fit into space			
Bathrooms	# of bathrooms:			
	Has working sink w/ hot and cold			
	Has working toilet/adapted as needed			
	Has proper ventilation			
	Access okay: enough space to maneuver			
	Has tub or shower w/ working faucets, bars or adaptive equipment, roll in/lifts?			

	Has window/ample light			
	Bathroom tiles, etc., in good order			
	Has a grounded outlet			
	Bathroom ceiling high enough			
Common Areas	# of common area spaces:			
	Doorways wide enough?			
	Clean?			
	Large enough for group needs & physically accessible to accommodate wheelchairs			
	Enough wall outlets			
	Has electric fixtures/ample lighting			
	Windows work			
	Floors in good condition			
	Stairways in good condition/railings sturdy			
	Stairways safe: treads, etc. in good repair			
Kitchen, pantry, dining area	Space ample: Kitchen Pantry Dining Room			
	Doorways wide enough?			
	Accessibility for cooking or eating?			
	Clean?			
	Counters in good repair			
	Windows work/ample lighting			
	Access okay			
	Enough outlets			
	Food storage area ample			
	Workable stove/oven			
	Sink with hot/cold faucet			
	Cabinet space ample			
Laundry	Washer/dryers in good repair			
	Accessibility?			
	Space to fold laundry			
Fire Protection	Ample smoke detectors in each room			(per local fire protection assessment)
	Sprinkler system?			
	Ample ABC fire extinguishers/carbon monoxide detectors			
Attic/basement/storage areas	Storage area enough for # of consumers			
	Space free from excess clutter, water damage, leaks, dampness.			

	Ample windows/lighting			
Egresses	Doorways wide enough			
	Door in good repair/does not stick, minimal glass			
	Stairs/ramps in good repair			
	Ample lighting at doorway, inside and outside			
	Enough egresses (minimally 2)			
Heating/cooling System	In good repair, inspected.			
	AC units: available, or room for them.			
	Estimate of monthly bill available			
House Exterior	Gutters, downspouts, siding, house appearance acceptable/siding washed, gutters working			
Yard/outside	Any access to water (pool, pond, etc.) blocked by fence			
	Sidewalks?			
	Driveway safe, without pot holes			
	Parking area acceptable			
	Sheds, storage areas, garage in good repair, free from debris			
	Area for privacy and socialization Available?			
Community	Street traffic acceptable for consumers			
	Community amenities available/shopping			
	Emergency services close enough for consumers			
	Access to doctors/hospitals/ambulances			
	Access to public transportation			

Any further recommendations/comments:

Reviewer: _____ **Date:** _____

APPENDIX R:

Monthly Monitoring Tool Elements for Residential Services

Provider/Site: _____

Reviewer: _____

Date: _____

Service Category	Service				
Assessments	Functional skills				
	ADL skills				
	Budgeting				
	Safety				
	Medication				
	Other				
ISP	ISP completed on time				
	Goals are relevant and meaningful				
	*Data being collected				
	*Monthly progress notes				
BIP	Current BIP in place				
	Reviewed by BIP committee				
	*Data collected				
	*Data reviewed				
	*Effective				
	Other				
Medical	*Any Medical concerns				
	Annual physical				
	*Other specialists being seen (list)				
	Routine screenings completed (i.e. pap, mammogram)				
	*Dental appointments				

	Med audit completed and followed up on				
	*Med overview and med dispensation logs reviewed				
	Other				
Financial	Budget Plan (include health expenses)				
	*Transaction records/cash on hand				
	Audits completed				
Community Living	*Quality of outings				
	Other				
Family	*Family involvement				
	*Concerns				
Health and Safety	*Fire drills occurring regularly				
	*Able to evacuate within 2 1/2 minutes				
	Specialized protocols required (list)				
	*Protocols in place and accessible				
	Staff trained in protocols				
Incidents	*Any incidents not reported				
	*Review of incident triggers completed				
	Other				

Environment	Summary of Personal Space				
	Summary of House				
Staffing	Staffing concerns				
	Staff meetings				
	Staff trainings				
	Other				
Summary	Recommendations				
	Previous recommendation follow-up				
Consumer Update	Update				

Name: 0
Date: 1/0/1900

**Service Review
Recommendations:**

0

Previous recommendation follow-up:

0

Update:

0

0

**Residential Program Coordinator
SHIP**

Name: 0

Date: 1/0/1900

Service Review Recommendations:

0

Previous recommendation follow-up:

0

Update:

0

0

**Residential Program Coordinator
SHIP**

Name: 0

Date: 1/0/1900

Service Review

Recommendations:

0

Previous recommendation follow-up:

0

Update:

0

0

**Residential Program Coordinator
SHIP**

Name: 0

Date: 1/0/1900

Service Review Recommendations:

0

Previous recommendation follow-up:

0

Update:

**Residential Program Coordinator
SHIP**

0

APPENDIX S:
Annual Monitoring Tool Elements for Residential Services

Massachusetts Rehabilitation Commission
Community Living Division
Residential Services

Oversight Monitoring Tool

Date of Review: _____

Provider: _____

Site: _____

Reviewer: _____

Policies/ Procedures	Compliant	Partially Compliant	Deficient	Comments
Current CL-MRC policies on site/accessible to staff				
Provider Safety Plan and Emergency Response Plan on site/accessible to staff				
House meeting minutes documented (every 2 weeks)				
Monthly staff meeting minutes				
Staff Training & Development	Compliant	Partially Compliant	Deficient	Comments
Behavior Plans				

Core Training for managers				
Complaint Resolution Procedure				
CPR				
First Aid				
MAP – at least one certified staff per shift				
Seizure Management				
Specialized Protocols (if applicable)				
Incident/Obligatory Reporting				
Infection Control/Universal Precautions				
Transportation				

Non-Violence Crisis Intervention						
Annual Staff Satisfaction Evaluations Conducted						
Performance Evaluations Conducted Annually						
Residential Support Plan Development			Compliant	Partially Compliant	Deficient	Comments:
ISP Assessments Completed (e.g. self med. ADL's etc.)						
Clinical Paperwork Completed						
Residential Support Plans are current						
Behavior Plans completed, reviewed and monitored						
Specialized Protocols attached to residential support plan						

Service Plan Implementation	Compliant	Partially Compliant	Deficient	Comments:
ISP Current and in file				
Picture/Signature page included				
Data being collected on current goals				
Consumer Training	Compliant	Partially Compliant	Deficient	Comments:
Annual DPPC training				
Annual review of Complaint Policy				
Annual Smoking Cessation training (if applicable)				
Annual Program participant expectations				
Annual Family/Visitor Policy reviewed				
Healthcare and Medication Management	Compliant	Partially Compliant	Deficient	Comments:
Medical issues followed up on				

Medications are kept in a locked storage area and according to MAP policy				
Documentation of internal medication administration procedures completed at least every six months				
Medication orders current and signed by prescribing physicians				
Medication dispensation logs completed correctly				
Medication dispensation errors				
Medication side effect sheets				
System in place for countable substances				
Documentation of Annual Physical/Primary Care Physician Appointments				
Documentation of Dental Appointments				
Documentation of other Community Medical Specialist Appointments				

Consumer Finances	Compliant	Partially Compliant	Deficient	Comments:
Financial review				
Benefit review				
Program fees collected				
Home Safety/ Fire Safety	Compliant	Partially Compliant	Deficient	Comments
First aid kits stocked and available				
Flashlights in home				
Emergency procedures posted				
Emergency phone numbers posted				
Documentation of quarterly fire drills conducted successfully (<i>2 asleep/2 awake drills</i>)				

Everyone can successfully evacuate the home in 2 ½ minutes				
At least one approved smoke detector and carbon monoxide detector on each level of the home.				
If a home is larger than 1200 square feet, another smoke detector is required (MA building codes).				
Multiple smoke detectors are located outside of sleeping areas.				
If the home has a sprinkler system, it is inspected annually.				
Adaptive devices are used as needed for fire evacuation (bed shakers, or lights)				
ABC fire extinguishers are located in the kitchen and on each floor and are inspected annually.				
No combustible/ flammable materials stored in the home.				
Home Environment				

Outdoors	YES	NO	N/A	COMMENTS
Yard/lawn grass cut and maintained. Landscaping in keeping with the neighborhood.				
Free from clutter.				
Outdoor grill in good repair.				
Garbage receptacles covered.				
Rakes, lawnmowers stored.				
Sheds, decks, patios in good repair.				
Swimming pools in good repair/covered as needed.				
Outside of home paint/siding/clapboards in good repair.				
Gutters free from clutter.				
Chimney inspected				
Railings/entryways safe and maintained.				
Working locks on egresses.				
Lights sufficient outside of home.				

Doorbells operational.				
Driveway maintained and free from potholes/uneven terrain (clear of snow, ice, wet leaves, debris, etc.)				
Safe-design ashtrays are available as needed				
Pathways to egresses kept clear				
Home has two means of egress from all floors at grade level, and one mean of egress and one escape route from all other floors leading to grade.				
Ramps are maintained.				
Indoors	YES	NO	N/A	COMMENTS
Interior ceilings, walls floors, stairways maintained.				
Furniture in good repair.				
Home is clean and free from rodents or insects.				
No general rubbish/clutter.				
If there are pets, they are maintained in a sanitary condition.				

Windows and doors work and are weather tight.					
Curtains and shades allow for privacy.					
No overloaded wall receptacles, extension cords are safe.					
No electrical wiring running through doorways, or areas frequently traveled through.					
AC units, humidifiers, dehumidifiers are in good repair/ stored when not in use.					
No portable heaters.					
Sufficient water pressure and hot water tests between 110 and 130 degrees.					
Bedroom: 1		YES	NO	N/A	COMMENTS
Bedroom personalized:					
Natural light sufficient, ventilation sufficient.					

Bedroom free from excessive clutter/clean					
Other:					
Bedroom: 2		YES	NO	N/A	COMMENTS
Bedroom Personalized:					
Natural light sufficient, ventilation sufficient.					
Bedroom free from excessive clutter/clean					
Other:					
Bedroom: 3		YES	NO	N/A	COMMENTS
Bedroom personalized:					
Natural light sufficient, ventilation sufficient.					

Bedroom free from excessive clutter/clean					
Other:					
Bedroom: 4		YES	NO	N/A	COMMENTS
Bedroom personalized;					
Natural light sufficient, ventilation sufficient.					
Bedroom free from excessive clutter/clean					
Other:					
Bedroom: 5		YES	NO	N/A	COMMENTS
Bedroom personalized:					
Natural light sufficient, ventilation sufficient.					

Bedroom free from excessive clutter/clean				
Other:				
Bathroom:	YES	NO	N/A	COMMENTS
Bathroom is clean, free from any signs of mold/mildew.				
Fixtures are operable.				
Has Soap, Towels.				
Accommodations/equipment as needs				
Cleansers stored properly.				
Bathroom:	YES	NO	N/A	COMMENTS
Bathroom is clean, free from any signs of mold/mildew.				
Fixtures are operable.				
Has Soap, Towels.				
Accommodations/equipment as needs				

Cleansers stored properly.				
Kitchen	YES	NO	N/A	COMMENTS
Has a sink, operable stove, oven and refrigerator.				
Appliances are operable and accessible.				
Fixtures and food cabinets are in good repair and clean.				
Any cleansers are stored away from food, and are accurately labeled.				
Basement, Laundry, Attic, Heating Equipment	YES	NO	N/A	COMMENTS
Washer/dryer are properly vented, maintained, and lint-free.				
Fuse box/fuses are labeled.				
The furnace/boiler has been inspected within the past year.				
The home is kept at a comfortable temperature.				
Fireplaces, wood stoves are not used.				
OFFICE	YES	NO	N/A	COMMENTS
Staff office tidy and organized				

Consumer information/belongings safeguarded				
---	--	--	--	--

Direct care staff Turnover during past year:	Yes	No	Comments:
House manager turnover past year:	Yes	No	Comments:

Any Additional Comments regarding Annual Review:

Provider: _____

Site: _____

Recommendations from Annual Survey

Recommendation	Due Date	Provider Signature/Date of Completion

Additional comments from provider:

Signature signifying completion of all recommendations of

Annual Review: _____

***Please e-mail or FAX to Caroline Christen, Residential Services Supervisor at BI+SSCSD/MRC**

