

REAL LIVES LAW WORK PLAN

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SECTION	TASK	STATUS	COMMENTS/NOTES
1.(a)	This section defines terms used: chosen planning team; commissioner; DDS, financial management service; independent facilitator; individual budget; individual service plan (ISP); person centered plan (PCP); and self-determination (SD).	NA	See Real Lives Law Section 1.(a) for definitions. This document was distributed to the Self Determination Advisory Board on January 9, 2015.
1.(b)	DDS shall offer SD to all individuals eligible through the DDS. SD shall be based on the participant's judgment and preferences set for in their PCP. ...not Mass Health eligible but otherwise eligible for DDS may participate.	The Implementation Group to develop standard process. Regional Liaisons to oversee implementation.	<p>DDS Posts a document titled "The Individual Choice, Portability and Provider Selection 2010 User Guide for Individuals and Families" on the DDS internet site. The document was distributed to all individuals and guardians at the Annual ISP in 2010, and offered at each subsequent ISP meeting. Comprehensive information about self-directed service options needs to be further developed to distribute to individuals and guardians at service junctures.</p> <p>All services provided in Autism Waiver program are self- directed. SD services are also an option for people participating the in Department of Elementary and Secondary Education Program.</p> <p>All of the waiver services available on the 3 DDS Home and Community Based Waivers are posted on the DDS website.</p> <p>The <i>Choosing Which Service Method is Best for Me</i> brochure can be found on the DDS website and was presented to the SDAB at the March 4th meeting. The Implementation Group is currently revising this document.</p>
1.(c)	Establish [Self Determination] Advisory Board (SDAB) to advise DDS on efforts to implement, publicize, evaluate, improve, and develop information regarding SD. The SDAB shall compile and continually update a list of participants chosen planning teams who are willing to volunteer to discuss their experiences in SD with individuals considering the SD option in their ISP and shall provide said list to DDS. The composition of the SDAB is detailed in this section.	SDAB established. Implementation Group is responsible for the	The advisory board shall consist of: the longest serving member of the disabled persons protection commission, or a designee, who shall serve as chair; 19 individuals appointed by the commissioner; 1 of whom shall be a member of the department, 1 of whom shall be a member of an advocacy organization, 1 of whom shall represent taxpayers, 1 of whom shall have experience with consumer protection, 1 of whom shall have experience with self - determination models, 1 of whom shall have experience with non-

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		development of a list of volunteers.	<p>profit and for-profit services markets and competition and services for persons with disabilities, 1 of whom shall have experience with financial management services, 1 of whom shall be an independent facilitator; 1 of whom shall be a provider of direct services, supports or goods and 10 of whom shall be a participant or family member, legal representative or guardian of a participant; 1 individual appointed by the disabled persons protection commission; 1 individual appointed by the office of the inspector general; and 1 individual appointed by the office of the state auditor.</p> <p>All members were seated by December 2014. See attached list of appointed members. Members shall serve a term of three years.</p> <p>The scheduled meetings for 2015 are: January 9, 2015, March 4, 2015, May 6, 2015, July 15, 2015, September 9, 2015, and November 4, 2015.</p>
1.(d)	The DDS and the SDAB shall develop informational materials and training for the DDS staff regarding SD. Training to include concept and practice of SD, inform DDS staff about the mechanics of SD, including, but not limited to, the development of individual budget selection, purchase and use of services, supports and goods by participants; information regarding the types of services that may be utilized; about the selection and supervision of the vendors; the respective roles of independent facilitator, financial management service and the DDS.; methods of identifying and reporting instances of suspected waste, fraud and abuse. DDS to educate all staff except janitorial, maintenance, secretarial, on all service options including, but not limited to, SD annually.	In progress	<p>Materials handed out at the 1/9/15 meeting were: DDS Self Determination Policy; Implementing the Principles of Participant Direction in Everyday Lives –State Advisory Committee Presentation, November 14, 2008; Summary of DDS Report to the Governor and Legislature, Implementation of a Self Determination Model at the Department of Developmental Services, July 2009; The Massachusetts Medicaid Home and Community Based Waiver Program “Choice Portability, Provider Selection” June 23, 2010; DDS Self-Directed Supports Pilot 2012 – 2013; Real Lives Law August 6, 2014.</p> <p>Additional informational materials to be provided at 3/4/15 meeting include: Choosing Which Service Method is Best for Me</p>

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			<p>Brochure; SDAB appointed member list; DDS ISP forms and End Notes; DDS Waiver Services Definitions; MA Participant Directed Program Required Packets Forms per Service; MA Participant Directed Program New Provider Paperwork Matrix; PPL on line budget as seen through the portal; DDS ISP appeal documents; PPL Timesheet/invoice; PPL Monthly Budget Expenditure Report; Agency with Choice Qualified Providers; and CORI form.</p> <p>A standard training program is currently in development with a target completion date of April 2015 which will be presented to the SDAB at the May meeting. All DDS staff specified will be trained by August 2015 and annually thereafter.</p>
1.(e)	DDS shall		
	(1) facilitate and assist in the preparation of a PCP, ISP, and individual budget for each participant, and if applicable, the selection of a financial management service or independent facilitator;	Completed	<p>The DDS Area Office provides the support broker functions which include the development of a PCP and/or ISP and an individual budget. Regional Liaisons are working with the Area Offices to develop Support Broker capacity and SD enrollment. Support Brokers utilize person centered practices & help individuals translate their vision into a support plan. An ISP and Individual Budget are routinely completed for each participant. DDS contracts with PPL to provide financial management services for all participants. Copies of the ISP forms were provided to SDAB at the March 4th meeting.</p>
	(2) collect and disclose information to participant about providers and vendors.; ..in a format that employs standard categories of services,	Completed	<p>The Service Definitions Participant Directed Programs 10-2-14 document is provided to the Support Brokers to assist them in</p>

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	supports and goods and enables a participant or their chosen team to compare various combinations of possible budget expenditures; ...shall include the cost of goods, on a per unit basis, and rates of supports and.... include the cost to be charged...if specific cost is not available use average rates for such services.....		<p>their role with individuals to determine appropriate services and correct rates. (A copy of this document was provided to SDAB members at the March 4th meeting.) If there is no maximum rate associated with the service, the individual can negotiate a rate with the prospective provider based upon the individual's budget allocation. Rates must meet Department of Labor rules related to minimum wage and overtime. Most DDS services have established rates. Where there are maximum allowable rates those are determined through the Commonwealth of Massachusetts rate regulations set by the Center for Health Information and Analysis. They represent the agency rates set for traditional services.</p> <p>Service providers, during the credentialing process, have the opportunity to agree to be listed in a public database within the PPL portal in the event they are willing to work for other interested individuals.</p>
	(3) set minimum qualifications and guidelines for financial management service providers and independent facilitators; provided that they owe a fiduciary duty; and further DDS shall provide a list to each participant of the qualified persons or organizations to act as such;	Completed	In February 2008, DDS issued a Request for Response (RFR) for fiscal intermediary service to support individuals who choose to direct their own supports. After reviewing proposals a contract was awarded to Public Partnerships Limited (PPL). The RFR outlines the qualifications and guidelines for the contract for PPL in providing the fiscal intermediary services to DDS individuals and families. Additionally, a steering committee meets with PPL regularly to discuss and resolve any service or contract issues. The contract is amended as needed. Through its website and other reports PPL provides a list of current persons or organizations that are qualified to provide supports to DDS individuals.

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			<p>The current contract began July 1, 2008 and will end on June 30, 2016. Prior to that, DDS will issue an RFR for this service. A contract will be awarded to a provider to continue this service to DDS individuals beyond June 30, 2016 with no break in service.</p> <p>Through the credentialing process within the PPL portal, there is a set of minimum qualifications for potential providers to meet. These minimum qualifications are part of approved DDS Adult Waiver Application to Centers for Medicare and Medicaid Services and meet both state and federal standards. During this process, potential providers must attest to those minimum qualifications and the DDS Waiver Management Unit processes and approves the paperwork before services can be rendered.</p>
	<p>(4) in accordance with ss (i) set individual budgets annually in fair, equitable and transparent manner in consult with the participant and their ISP;....standard format, breakdown into standard categories determined by DDS, including, but not limited to, services, supports goods; and ...shall specify whether the service, support or good has a rate that was negotiated by DDS ;</p>	Completed	<p>DDS makes a full range of self-directed supports available from which a participant and ISP team can build a support model. Each support is assigned a service code. (A copy of the PPL MA Participant Directed Program Required Packet Forms per Service was provided to SDAB members at the March 4th meeting.) There are standard support categories with rate ranges that include both waiver and non-waiver billable goods and services. The process of setting an allocation (the individual budget) for the support model takes into consideration input from the individual/family and DDS Support Broker around information including: prioritization of need, resources from other state and federal agencies, private resources, clinical and unique needs of the individual. The DDS Area Director determines the allocation based on the information from the team and availability of resources. A copy of the PPL Provider Service Matrix was provided to the SDAB members at the March 4th meeting.</p>

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	(5) in consultation w/ SDAB, review the existing methodology and develop alternative method for computing and adjusting individual budgets as needed;	Review current process with SDAB.	Utilizing the Participant Directed Program rate structure, the chosen goods, and services are entered into an existing budget format in the PPL portal. The budget provides subtotals & totals and is set up to process allowable payments within the allocation. Portal budget development/amendment is made by the DDS Support Broker. Budgets are reviewed on a regular basis with the participant/family. Budgets are adjusted based on changes in need, utilization or circumstances accordingly. A sample budget was provided to SDAB members at the March 4 th meeting.
1.(e)	(6) ensure value of individual budget is equivalent to amount DDS would have spent through a traditional service model... DDS shall develop an appeals process for decisions re individual budgets;		If there is disagreement around an allocation, DDS would utilize the existing ISP appeal process. Appeal Forms were provided to the SDAB at the March 4 th meeting.
	(7) establish a process for providing funds in a timely manner.... without experiencing an interruption in service;	Completed Regional Liaisons to oversee consistent implementation.	For SD services provided through PPL, funds are made available to participants and their providers in a consistent manner without interruption. Occasionally human error will result in a delay, i.e. error on a timesheet, someone forgetting to sign an invoice etc. PPL makes a real time report available on the portal to view pending timesheets which identify the problem so that it can be corrected. PPL also provides customer service Monday through Friday during east coast business hours to assist individuals, families and DDS support brokers in problem solving. DDS support brokers work with individuals, families and providers to resolve pending issues, reduce errors and prevent future problems. Copies of the PPL Timesheet and Invoice forms were provided to SDAB members at the March 4 th meeting. For Agency With Choice services, funds are provided through the traditional contracting mechanisms.
	(8) promulgate standard forms on which the financial management		PPL provides an annual expenditure report to DDS through the

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	service for each participant shall annually report the person's total expenditures for the year to DDS; provided that the report shall facilitate the collection of information under clause (2);	Completed	web portal. Monthly reports are provided to all participants and DDS Support Brokers through either the web portal or a paper copy.
	(9) approve a qualified financial management service provider.....see law.....provided further that DDS may opt to not require a participant to use a financial management service if the person uses Agency With Choice model under section 1915(c) of the Social Security Act...;	Completed	<p>As stated in section 1.(e)(3), DDS contracts with a qualified financial management service provider for individuals and families that choose to self-direct their supports. Additionally, DDS offers “agency with choice” (AWC) as a service delivery method. Adults enrolled in one of the Department’s Home and Community Based Waiver Programs may select to use an AWC to manage employees/workers to deliver one or more services.</p> <p>The AWC model of service delivery is a co-employment model that offers a way to support individuals and families to engage in self-determination and self-direction. Duties are split between the agency which serves as the employer of record and the individual/family who serves as the managing employer. This model supports individuals who want some level of control but who desire assistance with certain employment related duties and responsibilities. A list of qualified AWC providers was provided to SDAB members at the March 4th meeting.</p> <p>The RFR for this service was issued in April 2010. The contracts that were awarded from this RFR began July 1, 2010 and will end on June 30, 2018. Prior to that, DDS will issue an RFR for this service. Contracts will be awarded to providers to continue this service to DDS individuals beyond June 30, 2018 and there will be no break in service delivery.</p>
	(10) monitor the expenditures of individual budgets;	Completed	Participants, families and DDS Support Brokers have portal access to view budget details and monitor utilization. PPL provides

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		Regional Liaisons to oversee consistent implementation.	payment only for expenditures that are authorized in the individual budget. Budgets may be adjusted based on utilization, satisfaction and or changing circumstances. Standard practices including 'frequency of review' are being established by the Regional Liaisons.
	(11) make efforts to ensure participant are reasonably representative of diversity of people eligible for services from DDS;		
	(12) facilitate individual and family understanding of SD and related issues of budgeting, planning, service and provider selection and staff and employee management;	Ongoing	DDS Support Brokers work individually with participants and families to plan and budget based on their vision and needs. Support Brokers provide guidance, support and facilitation to increase learning & comfort with the process based on the participant/family's experience. Support Brokers provide guidance around recruitment and employee management. The Regional Liaisons will develop: 1) training for participant/family & Support Brokers on tools for employee management such as developing job descriptions, advertising etc., 2) Peer & Family support opportunities to share learning and best practice.
	(13) provide information on DDS website re all service options including, but not limited to, SD and options for residential placements... at a minimum with SD (i) control own annual budget, (ii) person directs decision making process and determines supports to be utilized, (iii) system is flexible, person may tailor supports to meet their own needs; and further website shall provide other information as determined by DDS in consultation with SDAB;	.	The DDS publication: "THE MASSACHUSETTS MEDICAID HOME AND COMMUNITY-BASED WAIVER PROGRAM Choice, Portability, Provider Selection- A User Guide for Individuals & Families" can be found on the DDS website reviews the supports and rights for those DDS individuals who participate in DDS self-directed services.
	(14) provide information in (13) to individuals upon: (A) notify to an individual of priority for services; (B) at commencement of development support plan; (C) commencement of renewal of support plan; (D) annual	The Implementation Group will develop a	DDS Posts a document titled "The Individual Choice, Portability and Provider Selection 2010 User Guide for Individuals and Families" on the DDS website. The document was distributed to all individuals and guardians at the Annual ISP in 2010 and is

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	notification to person who declined a support plan of their option to participant in the individual support plan: (E) entry to DDS turning 22 program;	standard process and Regional Liaisons will oversee local implementation.	<p>offered at each subsequent ISP meeting. Comprehensive information about self-directed service options needs to be further developed to distribute to individuals and guardians at service junctures.</p> <p>All services provided in the Autism Waiver program are self-directed. All of the waiver services available on the waiver are posted on the DDS website.</p>
	(15) provide information on providers of SD services, supports and goods through its website or another means as determined by DDS;	See Section 2	Comprehensive information specific to providers of SD services supports and goods is being developed to be posted on the website per Section 2 of this statute. Please see comments in Section 2.
	(16) hold meetings, briefings, as necessary, with providers, organizations and businesses to offer intro and on-going information on SD and discuss ways DDS can work with parties to establish and improve services, supports and goods that facilitate SD;		Implementation group will develop a plan to provide training to providers. The Regional Liaisons will develop strategies to support and train a large variety of providers (including individual providers, organizations, businesses and non-profit agencies) with the goal to improve services, supports and goods that facilitate self-direction.
	(17) ensure person and their chosen planning team comprehend and commit to appropriate means of identifying, monitor, prevent and report to DPPC suspected instances of abuse or neglect of participants, including financial abuse;	Completed	People who receive services are provided information and training on Human Rights topics including identifying and reporting to DPPC suspected abuse and mistreatment. All agency and provider staff participate in mandatory training and are mandated reporters of suspected abuse and mistreatment including financial abuse. All service sites have posted phone numbers and information on how to contact DPPC to report suspected abuse and mistreatment.
	(18) provide in consult with SDAB an annual report to chairs of the House and Senate Ways and Means and to the Chairs of the Joint		

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	Committee on Children, Families, and Persons w/ Disabilities not later than September 1 ; (i) any modification or improvements made by DDS on the administration of SD, (ii) recommended legislation, (iii) assessment of performance of providers, vendors and persons who received funds for services, supports and goods(iv) number of participants using SD in previous year, (v) number of participants per region, (vi) types and amounts of services, supports and goods purchased under SD in a manner that facilitates year to year comparisons, (vii) ranges and averages for expenditures from all individual budgets, including adjustments made (pursuant to subsection (i), and (viii) the number who withdrew voluntarily from the option;		
	(19) provide except as necessary to comply with privacy laws, any information requested by Attorney General, State Auditor, Inspector General, senate or house committees on post audit and oversight, DPPC, any DDS, agency or law body investigating suspected neglect or physical, emotion or financial abuse. The Superior Court to have jurisdiction over disputed requests for information.		DDS will comply and provide as requested.
1.(f)	Participation in SD shall be available to anyone who receives services from DDS and agrees to the following: (1) the person and their chosen team are responsible for implementation of the PCP and ISP including hiring or purchasing necessary services, supports and goods; (2) the person will use financial management service unless an exception applies; and (3) the person, their planning team and their ISP team members attend orientation prior to enrollment to including, but not limited to, concept and practice, budgeting, planning, service and provider selection, staff and employee selection and the roles of independent facilitators, financial management service and DDS;	The Implementation Group to develop a process and Regional Liaisons to oversee consistent implementation.	Information about the self-direction process (to prospective participants/families) is currently available largely in the Metro and Northeast Regions of DDS through individual, group and family meetings. The Regional Liaisons are working to develop standard practices in all areas and regions. Individual orientation is provided to all participants and providers by the broker as part of the enrollment process in the Participant Directed Program.

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	provided that no person is required to attend more than 1 orientation per year if working with multiple participants.		
1.(g)	Participation shall be voluntary. A person may choose to take part or seek other DDS services at any time; provided the individual budget shall follow the person who seeks other DDS services. DDS shall not require or prohibit participation in SD as a condition of, or delivery of, services, supports or goods otherwise available.	This is the current practice.	
1.(h)	If someone voluntarily terminates SD or stops participation due to a medical event or other change in condition, DDS shall provide for the person's transition to other eligible services or supports. Transition shall include develop of new ISP which reflects services, supports and goods to meet the person's needs and objectives. DDS will ensure no gap in services, supports or goods in the transition period.	This is the current practice.	When a person has a changing need and/or chooses a different model of service delivery, the Area Office, provider and team member's work together to transition the individual to the new service arrangements. The team makes every effort to ensure there is no gap in services during the transition. Changes in services and service models require a modification of the ISP.
1.(i)	DDS in consult with the person and their chosen planning team, shall determine the initial and any revised budget for the participant. The amount shall be available to the person each year for purchase of SD, services, supports or goods. It may be recalculated by DDS based on the needs of the person. It shall not be increased to cover the cost of an independent facilitator; except as provided by DDS through regulation. Employees of entities providing services, supports and goods to participants shall be eligible for a proportional amount of any additional appropriation designated for the increase of salary for workers employed by DDS or its providers. Funds not spent by annual budget revert to DDS. DDS shall consider adjusting a budget when a participant does not use all funds in their budget w/in the designated year.	Completed	DDS makes a full range of self-directed supports available from which a participant and ISP team can build a support model. Each support is assigned a service code. The supports are standardized in allowable rates with caps and include both waiver and non-waiver billable goods and services. The process of setting an allocation (individual budget) for the support model takes into consideration prioritization of need, resources from other state and federal agencies, private resources, clinical and unique needs of the individual. Budgets are reviewed during the year and annually and revised based on utilization and changing needs.
1.(j)	SD option contingent on federal financial participation. In adopting or modifying regulations, DDS shall seek to maximize federal financial participation in, or funding or reimbursement for, SD.	Completed	For those individuals who apply for and are eligible for one of the 3 DDS Adult Waivers, DDS is able to claim for and receive Federal Financial Participation (FFP) from the federal government. Meaning that for every waiver dollar spent on an individual, the

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			Commonwealth of Massachusetts will receive back \$0.50. The waiver management unit works closely with Area Offices and DDS revenue to ensure that FFP is collected whenever applicable.
1.(k)	The financial management service provider shall provide the person and DDS with monthly individual budget statement in a format specified by DDS through regulation.	Completed although not specified in regulation.	PPL makes a monthly budget statement available to all participants and DDS Support Brokers. The information in the budget statement meets DDS requirements. A sample PPL Monthly Budget Expenditure Report was provided to SDAB members at the March 4 th meeting.
1.(l)	DDS in consult with SDAB shall determine which persons will be subject to CORI checks as a condition or providing services, supports or goods and promulgate or amend regulations as necessary..., provided that participants shall not be required to pay the cost of checks required under this subsection.	Completed	DDS and PPL require CORI checks for direct care/support workers (Independent Contractors and Employees) and family members who provide waiver billable supports. A copy of the CORI form was provided to the SDAB members at the March 4 th meeting.
1.(m)	(1) Any chosen planning team member, SDAB, mandated reporter of DPPC, and other persons involved in the preparation or implementation of SD plan who suspects, by action or inaction, financial abuse, including, but not limited to, mismanagement, misappropriation or waste of participants SD funds or individual budget shall immediately report such actions or inactions to the DPPC. DPPC shall evaluate and forward the report to the appropriate law enforcement or state agencies and forward all reports of suspected financial abuse to the State Auditor. DPPC shall provide an annual itemization to the Chairs of the Joint Committee on Families, Children and Persons with Disabilities detailing the number, types, geographic locations of specific reports and the agency (or agencies) to which the complaint was referred.	Ongoing	DPPC's current practice is to forward reports of financial abuse to the appropriate law enforcement or state agency. DPPC has coordinated with the State Auditor's Office and forwarded all reports of financial abuse received by DPPC for November & December of 2014. DPPC is working with State Auditor and DDS to implement most efficient system for sending & receiving reports of financial abuse.
1.(n)	DDS shall adopt and modify regulations to implement this section.		
1.(o)	The State Auditor, pursuant to..., shall audit the SD option as the Auditor determines necessary and shall make recommendations to DDS, the House and Senate Ways and Means Committee and Joint		

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	Committee on Children, Families and Persons with Disabilities about changes in law or regulation that may improve the efficiency of the SD option, decrease costs, improve services or prevent waste, fraud or abuse.		
1.(p)	The Attorney General or the DDS may independently investigate any allegations of mistreatment, waste, abuse, fraud or breach of any explicit or implied duties under this section. The Attorney General or DDS, on behalf of the participant, may seek to recover any monies lost due to mismanagement, waste, abuse, fraud or breach of any explicit or implied duties under this section in the superior court.		All complaints regarding mistreatment and abuse are filed with DPPC. When a complaint is screened out due to being outside the scope and authority of DPPC, (e.g. waste, fraud), DDS will refer the matter to other authorities, or if appropriate, conduct an investigation of the matter. DDS will seek to recover money lost based on the outcome of the investigation.

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SEC 2	<p>DDS shall submit a report to Chairs of House and Senate Ways and Means Committee and of the Joint Committee on Children, Families and Persons with Disabilities on the feasibility and cost of facilitating participant access to comparative information by making available searchable online repository of providers of SD services, supports and goods, not later than 6 months from effective date of act. Report may be limited to providers serving multiple participants, who receive \$75k or more of SD funds per year, within the 2 years preceding the year in which DDS requires said info, or any other provider that voluntarily submits information to DDS. Said report shall also include a proposed method to establish standardized units and descriptive categories for the searchable website. Such standard units and descriptive categories may include:</p> <ul style="list-style-type: none"> (i) organization structure, history and performance, including, but not limited to, (A) the complete legal name of the provider, vendor or supplier, (B) legal structure and org type, (C) accreditation and licensure status, (D) web address location and recent formal audits, reports and investigations and (E) contact info and website information; (ii) services, supports and goods offered at each geographic location by provider including, but not limited to, (A) hours and schedules of availability of each service, support or good; (B) populations served, (C) provisions regarding the supervision, storage and dispensation of prescription meds and (D) any special non-standard eligible or requirements or restrictions; (iii) facilities available and in good operating condition at each 	<p>Draft Report has been submitted to EOHHS for review and approval.</p>	<p>The Department of Developmental Services completed a report in response to the reporting requirements specified in the Real Lives Law. The Department is currently in discussion with the INDEX, a program of the UMASS Medical School, to design the data repository system. The INDEX is a web based data search engine that gathers and delivers information about programs, providers, and services for people with disabilities throughout Massachusetts. They have developed the DisabilityInfo.org and the Massachusetts Network of Information Providers (MNIP) websites both of which provide disability-related information to the public free of charge.</p> <p>The INDEX has offered a proposal quote that includes modifying INDEX's existing technology to capture the information specified in the law such as: Organization Name, Address, Contact Email, Website, Transportation Options, Accessibility Features, Hours of Operation, Services offered, Populations served, Accreditation, etc. The proposal also includes as part of Index's standard service the commitment of accessibility, compatibility with assistive technologies, support of the application and its users as part of INDEX's existing support structure, purchase and management of the domain name and hosting the system in INDEX's datacenter.</p> <p>The legislative report is currently being reviewed by EOHHS prior to its submission to the legislature.</p>

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	<p>geographic location including , but not limited to, (A) precise street address of each geographic location (B) availability or proximity of public transportation (C) hours of operation and (D) accessibility by mobility impaired individuals;</p> <p>(iv) medical and non-medical professional staff at each geographic location including, but not limited to, (A) number of staff in each category, (B) education and professional attainments of staff, (C) ratio of staff to client for each shift and (D) average tenure in yrs. and mo., of staff who work at least 16 hr/wk; and</p> <p>(v) characteristics of individuals receiving services, supports and goods at each geographic location including, but not limited to, number of clients, age range and gender distribution. If DDS finds a form or alternative form of the searchable online repository is not cost prohibitive, DDS shall develop and implement the repository within 18 mo. of the date of this act.</p>		

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SEC 3	Subject to appropriation, DDS shall contract with an independent research organization or academic institution not later than 8/1/19 to evaluate SD authorized in Section 19.... and recommend improvements to the SD option.		
Sec 4	Notwithstanding.... to the contrary, DDS shall only approve 1 qualified financial management service provider under clause (9) subsection (e) of Sec 19 of Chap 19B. DDS shall hold a meeting, briefing or orientation at least annually under clause (16) of subsection (e) of Section 19 and 19B.		
SEC 5	Section 4 is repealed. <i>[See Section 8]</i>		
SEC 6	DDS shall advertise on its website that SD is a new service option available for individuals receiving services from DDS for 2 years from date of act. <i>[Current to 8/6/16]</i>	DDS is preparing the posting per statute.	Request for posting has been submitted to the EHS Webservice.
SEC 7	The State Auditor, pursuant to..., shall audit the SD option established under..., at least once during the first 4 years of its operation. <i>[By 8/18]</i>		
SEC 8	Effective date of Section 5 is 3 years from date of this act. <i>[8/6/17]</i>		