

**DEPARTMENT OF DEVELOPMENTAL SERVICES
OFFICE OF QUALITY MANAGEMENT
LICENSURE AND CERTIFICATION
*FOLLOW UP PROCESS***

**Appendix O
revision 2021**

INTRODUCTION:

Sixty (60) days following the Service Enhancement meeting (SEM), Follow-up is conducted on all licensing indicators which were Not Met during the survey identified as Areas Needing Improvement (ANI) within the Provider Report. Follow-up is conducted for each of these ANI's regardless of licensure level.

Ninety (90) days following the Service Enhancement meeting (one-month post 60 day follow-up) issues that are Not Met at Follow-up are referred to the Area Offices/Office of Human Rights for further follow-up and remediation. A process for "closing the loop" has been developed to ensure that all indicators which remain not met at 60 day follow-up are tracked and reviewed by the Area Office, and the Provider has an additional opportunity to correct issues identified within the licensure survey long before the next Licensure survey occurs.

DDS posts Provider reports and Follow-up Reports on the [Web](https://www.mass.gov/lists/dds-provider-licensing-reports). (<https://www.mass.gov/lists/dds-provider-licensing-reports>). Providers are typically licensed for Two Years; therefore, Follow-up Reports reflect information on a provider at that particular point in time.

SIXTY (60) DAY FOLLOW- UP PROCESS: OQE or Provider Completes

Depending on the outcome of the survey review, Follow-up will be conducted either by the OQE, or by the Provider. Follow up is conducted by Service Grouping:

- **Provider completes** when the overall percentage of indicators which are met is 90-99%.
 - While the provider is not required to select a new sample, they are expected to correct the issues systemically, and not merely for the particular NOT MET location/individual/organizational indicator ratings in the original sample.
- **OQE completes** when the overall percentage of indicators which are met is 89% or below and/or when the Provider fails to meet one or more critical indicators.
 - A new sample will be selected and will be comprised of individuals that were selected in the licensure review and new individuals to evaluate that corrective action was taken across all the service types.
 - The sample size is dependent on the provider's overall score. For example;
 - If deferred because one or more critical indicators are not met, a full sample (equal in size to the original survey sample) will be selected,
 - If a provider receives a Two-Year License with Mid-cycle Review (between 59% and 79% indicators Standard met), a full sample (equal in size to the original sample) will be selected.
 - If the provider received an 80-89% overall in licensure indicators with no critical indicators not met, a **reduced sample** will be selected.

GUIDANCE FOR CONDUCT AND COMPLETION OF PROVIDER FOLLOW-UP PROCESS:

Immediately following the SEM meeting, the Provider should be encouraged to begin to correct the Areas Needing Improvement (ANI's) identified in the survey. The intent is to ensure that systemic corrections are effective across all locations, not just those that were part of the survey. The follow-

up template noting areas needing improvement that will be assessed in 60 days time is submitted to the Provider with the final Provider report and license.

Within 60 days, the Provider completes the Follow-up form noting the actions taken to correct the areas as well as noting the current status of resolution on all not met licensure indicators.

Completion of the Provider Follow-up Report:

- The fields for “Indicator #”, “Indicator” and “Area Needing Improvement” are pre-populated with information from the survey.
- Process utilized to correct and review the indicator must include the following information:
 - Analysis of what led to the “Not Met” rating/ANI during the OQE survey (what was the system breakdown)?
 - Describe what **correction to the system** was made to address the issue/issues that led to the “not met”/ANI rating?
 - Describe how the revised system was **tested** to evaluate whether or not the correction was effective/successful?
- Status at follow-up:
 - Conduct a full assessment of the Provider’s effectiveness in addressing / meeting the indicator.
 - Describe the outcome of the corrective action taken. While success in implementing a systems change may be noted, this section should demonstrate the outcome of the changes.
 - For example the tracking of training was improved. Then a review of training records showed that as of December 1 all staff had received the mandated training.
- Rating:
 - What was the rating of this indicator when, 60 days post SEM, the agency evaluated/tested the revised system – this will be either “Met” or “Not Met”.

Sample Provider Follow-up Report

Summary of Ratings

Administrative Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L65
Indicator	Restraint reports are submitted within the required timelines.
Area Need Improvement	5 of the 10 restraint reports submitted to the DDS Area Office were not submitted within the required timelines. The agency needs to ensure that restraint reports are submitted within required timelines.
Process Utilized to correct and review indicator	Review of the five restraint reports identified as not meeting the submission timelines determined that the staff person responsible for

	submitting the reports was not in the office during the timeframe in which review and submission was required. The agency has implemented a practice of identifying an alternate secondary staff who will be responsible for review and submission of restraint reports when the primary reviewer is out of the office. This system was implemented effective November 1, 2019; the system was evaluated on December 1, 2019.
Status at follow-up	On December 1, 2019 a HCSIS report was run; three restraint reports had been generated during this timeframe. The primary reviewer was on vacation during one of the report submission timeframes. The secondary reviewer submitted the restraint reports to DDS within the required timelines.
Rating	Met

Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L63
Indicator	Medication treatment plans are in written format with required components.
Area Need Improvement	Six medication treatment plans did not define behaviors addressed by medications in observable terms. The agency needs to ensure that medication treatment plans include objective, observable definitions of behaviors treated by medications.
Process Utilized to correct and review indicator	The Clinical Director will now review plans prior to their finalization. Managers have been trained by the Clinical Director regarding how to write and implement medication treatment plans. This system revision was implemented on December 1, 2019 and tested on January 1, 2019.
Status at follow-up	On January 1, 2019 the Director of Residential Services and the Clinical Director randomly selected six medication treatment plans for review; five of the six plans defined behaviors

	treated by medications in observable terms, and data collection for these behaviors was occurring.
Rating	Met

GUIDANCE FOR CONDUCT AND COMPLETION OF DDS FOLLOW-UP PROCESS:

Immediately following the SEM meeting, the Provider should be encouraged to begin to correct the Areas Needing Improvement (ANI's) identified in the survey. The intent is to ensure that systemic corrections are effective across all locations, not just those that were part of the survey. The follow-up template noting areas needing improvement that will be assessed in 60 days' time is submitted to the Provider with the final Provider report and license.

The sample selection for follow-up is more purposeful and targeted to identified service types. If, for instance, a provider did not meet the standard in its residential supports for a particular indicator, but the particular standard was 100 % met within the placement service, then the sample for follow-up would be selected from its 24 hour residential service.

The sample for follow-up concentrates on those locations and individuals for whom the indicator(s) are relevant. Therefore, in advance of the follow-up, the provider prepares a list of applicable individuals to randomly select from for any "specialty indicator" that pertains to a sub-set of individuals served. For example, if the indicator "Special diets are followed" was not met, the provider will identify the locations where individuals have special diets. Sites/ individuals will be randomly selected to ensure that the provider has corrected items systemically.

When QE is conducting the follow-up, the provider will be informed of which indicators will be reviewed in which service types and will asked to identify applicable individuals for specific indicators (within 45 days post- Service Enhancement meeting).

One day prior to the QE follow-up, the provider will be informed of the specific locations and individual audits. The Team Leader will coordinate the follow-up process with the Provider Liaison.

Follow-up is conducted 60 days post- Service Enhancement meeting. Follow-up will start with a meeting with the administrative staff. There are several indicators that require validation on site. However, there may be certain items that could be verified through review of documentation occurring at the administrative offices. To the extent possible, the Team Leader should work with the Provider Liaison to determine the most efficient but thorough way to accomplish the review.

Within 60 days, the DDS completes the Follow-up form noting the actions taken to correct the areas as well as noting the current status of resolution on all not met licensure indicators. OQE completes the follow-up report, and as applicable issues the license for agencies previously in deferred status.

Completion of the DDS Follow-up Report:

- The fields for "Indicator #", "Indicator" and "Area Needing Improvement" are pre-populated with information from the survey.
- Process utilized to correct and review the indicator must include the following information:
 - Analysis of what led to the "Not Met" rating/ANI during the OQE survey (what was the system breakdown)?

- Describe what **correction to the system** was made to address the issue/issues that led to the “not met”/ANI rating?
- Describe how the revised system was **tested** to evaluate whether or not the correction was effective/successful?
- Status at follow-up:
 - Conduct a full assessment of the Provider’s effectiveness in addressing / meeting the indicator.
 - Describe the outcome of the corrective action taken. While success in implementing a systems change may be noted, this section should demonstrate the outcome of the changes.
 - For example the tracking of training was improved. Then a review of training records showed that as of December 1 all staff had received the mandated training.
- Rating:
 - What was the rating of this indicator when, 60 days post SEM, the agency evaluated/tested the revised system – this will be either “Met” or “Not Met”.

Sample DDS Follow-up Report

The Follow-up report resembles the Provider Follow-up report with one exception as the indicators are scored for the sample, and listed in the scoring row.

Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L15
Indicator	Hot water
Area Need Improvement	The hot water temperature was tested at nine locations. The hot water temperature at two of these locations exceeded the allowable limits. The agency needs to ensure that hot water temperatures are within allowable limits of 110-120 degrees.
Status at follow-up	Hot water temperatures at all locations measured within the acceptable range, and agency systems to monitor hot water temperatures had been strengthened. (6/6)
#met /# rated at follow-up	6/6
Rating	Met

Area Office /Office of Human Rights (post 30 day) Follow-up Process:

1. OQE sends a standard form indicating each indicator that was Not Met subsequent to 60-day Licensure to the Area Director and/or Regional Human Rights Specialist. Please see routing attachment for the relevant party. There are some Providers who cut across several Areas. The Regional Director can make the determination as to which Area Office is charged with working with the Provider on ensuring follow-up. The AD/HRS works with provider to resolve and monitor the correction of areas needing improvement. It is expected that this will occur 30 days after the OQE/Provider follow-up has been completed.
 - a. The responsibility for follow-up is determined based on the areas needing improvement.
 - i. Areas needing improvement related to human rights and restraints will be sent to the Human Rights Specialist for follow-up.

- ii. Other areas needing improvement will be sent to the relevant Area Director for follow-up to be completed by AD or designee.
2. Thirty (30) days following the QE or Provider Follow-up, the standard form for reporting the actions taken to correct the areas needing improvement is returned to the appropriate Regional QE Director by the HRC and/or by the AO.

Staff in the OQE will be available to provide technical assistance and, in some cases, complete the follow up review per request of the Area Director due to the complexity that may be involved with specific deficiencies.

Guidelines for completion of the Regional/Area Office section:

- **Date** - Complete 30 days after QE or Provider Follow-up
- **AO/ HR Actions** – Note all actions taken to ensure resolution
- **Provider Status** - Specifically outline where the Provider is with regard to compliance with the Area Needing Improvement
- **Rating by AO** - note Met or Not Met. To be rated as Met, the issue should be resolved systemically, and not just for those in the original sample.

Below are examples of the post follow-up standard form with completed sections:

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	Assessments were not submitted within the required time frames for three of the individuals. The agency needs to ensure that assessments are submitted to the DDS area office at least 15 days prior to the scheduled ISP meeting.
Status at follow-up	One ISP within the support of IHS had occurred in the past 60 days. For this individual, the agency did not meet the required timelines for the submission of ISP assessments. The agency <u>need</u> to ensure that required assessments are submitted at least 15 days prior to the scheduled ISP meeting.
#met /# rated at followup	0/1
Rating	Not Met
Post 60 Day Area Office/HRC Follow-up (Performed 30 days later) Expected Area Office Follow Up Date: 5/25/2019	
Forwarded to	Area Director
AO/Provider Actions	Nine ISP's took place within the post <u>60 day</u> f/u. 8 out of 9 did not meet required timelines for submission.
Provider Status Rating by AO/HRC (Met or Not Met)	Not Met