DEPARTMENT OF DEVELOPMENTAL SERVICES
LICENSURE AND CERTIFICATION
PROVIDER FOLLOW-UP REPORT

Provider: Aspire Living and Learning

Provider Address: 80 Erdman Way, Suite 103A , Leominster

Name of Person Completing Form: Rachelle Asante

Date(s) of Review: 14-NOV-23 to 17-NOV-23

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports	2 Year License	2/5

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Summary of Ratings

Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by Provider

Indicator #	L88
Indicator	Strategies implemented
Issue Identified	5/5 Met Employment 5/9 Met CBDS For multiple individuals, there is no data to support goal or no progress summaries in HCSIS
Actions Planned/Occurred	As described in a previous section of the report, Aspire is actively working to increase data collection across residential programs. We anticipate that the monthly report of each program's data collection rates and Adult Services Leadership goal of 5% increase in behavioral data collection quarterly will lead to an increase in data collected for ISP goals. In addition, beginning in October, we plan to begin internally auditing staff meeting agendas, as there is an agency expectation that data review is included in staff meetings. Staff meeting attendance forms are uploaded into our Training Management System along with the staff meeting agendas. This will allow for easy auditing to take place at any time, from any location. A training will be conducted in September 2023, showing Program Managers how to run a report from Therap on ISP data collection. This will also be added to as a standing agenda item to monthly staff meetings. By 12.31.23 Program Managers will be required to add the semi-annual progress summary due date to their Outlook calendars which will be verified by the Program Director.
Process Utilized to correct and review indicator	Aspire trained their Program Managers and Shared Living Coordinators how to run a report from Therap on ISP data collection. This will also be added to as a standing agenda item to monthly staff meetings for programs. By 12.31.23 Program Managers will be required to add the semi-annual progress

	summary due date to their Outlook calendars which will be verified by the Program Director.
Status at follow-up	This is in progress as the deadline for internal implementation is December 2023.
Rating	Not Met

Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L94 (05/22)
Indicator	Assistive technology
Area Need Improvement	For fifteen individuals, support needs and the potential benefits of assistive technology had not been assessed. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and provide these supports when a need is identified.
Process Utilized to correct and review indicator	Aspire has developed and begun implementation of a new Assistive Technology Assessment process. Across service areas, 5 AT assessments have been completed thus far with the expectation that the new AT assessment will be completed for every person Aspire Living & Learning supports at the time of their upcoming ISP. This will result in completion of all AT Assessments by August 2024.
Status at follow-up	This is a work on progress. AT Assessments are being completed for each individual supported in preparation for their ISP.
Rating	Not Met

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

Indicator #	L65
Indicator	Restraint report submit

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Area Need Improvement	Of twenty-three restraint reports reviewed, six were not submitted within the required timelines. The agency needs to ensure restraint reports are written and submitted to DDS within the required timelines.
Process Utilized to correct and review indicator	GER (internal reporting system) and HCSIS report is generated by the Administrative Assistant 3 times per week and shared with Project Directors. The Intervention Review Team sends a reminder to team members 2 times per week to ensure that all restraints are entered in GER and HCSIS.
Status at follow-up	Ran HCSIS report on 11/15/23- Range 8/1/23-11/15/23. and the timelines were met for submission. An oversight process has been put in place where the Director of Clinical Services, Director of Adult Services, and QE/Training Manager are in direct communication with the PM and PD where the restrain took place, and are monitoring HCSIS for completion of reports in accordance with the deadline.
Rating	Met

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

Indicator #	L76
Indicator	Track trainings
Issue Identified	7 of 20 employees sampled fully met the standard with complete training records.
Actions Planned/Occurred	A new mandatory training tracking grid has been developed for managers to monitor all staff's trainings, with an implementation date of July 7th. We will audit for compliance with this tool by the end of September 2023. Staff training records are audited by our quality team 2x/year in July and December. The auditing process includes the use of a JotForm, which has been developed for this purpose. The JotForm is emailed

	to the Program Manager, Program Director, and Director of Adult Services. Action items are outlined in the JotForm with a deadline for completion. Once completed, the 2nd level manager must spot check for accuracy and approve the completion of the action items. All of these steps are tracked within the JotForm. Action Plans are created for necessary areas of need with identified timelines.
Process Utilized to correct and review indicator	Process Utilized to correct and review indicator Staff training records are audited by our quality team 2x/year in July and December. The auditing process includes the use of a JotForm, which has been developed for this purpose. The JotForm is emailed to the Program Manager, Program Director, and Director of Adult Services. Action items are outlined in the JotForm with a deadline for completion. Once completed, the 2nd level manager must spot check for accuracy and approve the completion of the action items. All of these steps are tracked within the JotForm. Action Plans are created for necessary areas of need with identified timelines.
Status at follow-up	In addition to the self-maintained training tracking grid and the JotForm auditing process mentioned above, Administrative Assistant generates a monthly training report from Aspire Living & Learning's electronic training system within Therap. This report is shared with the entire Adult Service team. The mandatory training grids have been completed across all service areas and submitted to the Director of Adult Services to show compliance. In addition to the self-maintained training tracking grid and the JotForm auditing process mentioned above, Administrative Assistant generates a monthly training report from Aspire's electronic training system within Therap. This report is shared with the entire Adult Service team.
Rating	Met

Indicator #	L83
Indicator	HR training

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Issue Identified	13 of 20 employees sampled met this standard; the majority of those that did not meet the standard were recently expired in July 2023.
Actions Planned/Occurred	A new mandatory training tracking grid has been developed for managers to monitor all staff's trainings, with an implementation date of July 7th. We will audit for compliance with this tool by the end of September 2023. Staff training records are audited by our quality team 2x/year in July and December. The auditing process includes the use of a JotForm, which has been developed for this purpose. The JotForm is emailed to the Program Manager, Program Director, and Director of Adult Services. Action items are outlined in the JotForm with a deadline for completion. Once completed, the 2nd level manager must spot check for accuracy and approve the completion of the action items. All of these steps are tracked within the JotForm. Action Plans are created for necessary areas of need with identified timelines.
Process Utilized to correct and review indicator	Staff training records are audited by our quality team 2x/year in July and December. The auditing process includes the use of a JotForm, which has been developed for this purpose. The JotForm is emailed to the Program Manager, Program Director, and Director of Adult Services. Action items are outlined in the JotForm with a deadline for completion. Once completed, the 2nd level manager must spot check for accuracy and approve the completion of the action items. All of these steps are tracked within the JotForm. Action Plans are created for necessary areas of need with identified timelines.
Status at follow-up	Status at follow-up In addition to the self-maintained training tracking grid, and the JotForm auditing process mentioned above, Administrative Assistant generates a monthly training report from Aspire Living & Learning's electronic training system within Therap. This report is shared with the entire Adult Service team. Aspire also in the process of having the program HRO's receive training to become trainers, in an effort to increase training resources. Currently agency only have 1 Human Rights trainer, which can make it difficult to get all of the staff trained.

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Rating	Met