

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

Provider: BEHAVIORAL ASSOCIATES OF
MASS _____

Provider Address: 20 Townsend Road, Unit 6 , Attleboro

Name of Person Ayelet Kantor
Completing Form: _____

Date(s) of Review: 27-FEB-24 to 04-MAR-24

| Follow-up Scope and results : | | |
|--|------------------------------|-----------------------------------|
| Service Grouping | Licensure level and duration | # Indicators std. met/ std. rated |
| Residential and Individual Home Supports | 2 Year License | 8/8 |

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

| | |
|------------------------------|--|
| Indicator # | L70 |
| Indicator | Charges for care calc. |
| Area Need Improvement | in two homes, letters for charges of care for two in six individuals were not present at home, agency need to ensure that individuals and guardians are informed of how charges of care were calculated. |

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

| | |
|---|--|
| Process Utilized to correct and review indicator | BEHMA changed the process for charges of care to start at the beginning of each year. A Charge of Care letter will be sent to all Guardians then, reminding them to send the Social Security Award letter to the office. The office will then create the charge of care letter based on the award letter and send it promptly to the parents with explanations of any adjustment made. |
| Status at follow-up | The charge of care letters were sent out to parents who did not produce a Social Security Award letter yet. Charge of care letters for clients who already have it are in process. |
| Rating | Met |

| | |
|---|--|
| Indicator # | L86 |
| Indicator | Required assessments |
| Area Need Improvement | Required assessments for 5 individuals were submitted late for ISP, agency need to ensure that required assessments are submitted within timelines. |
| Process Utilized to correct and review indicator | The program developed an internal process to direct and monitor the ISP process following the proper timelines. The QA coordinator utilizes the HCSIS process management report to facilitate timeliness by reminding managers of upcoming deadlines and to provide oversight on the process. The Associate director follows up when support to staff is needed. In addition, HCSIS data entry roles were approved to allow certain assistant managers to enter progress reports and assessment data into HCSIS. |
| Status at follow-up | The process has been in place since 2/20/2024. |
| Rating | Met |

| | |
|--------------------|-----|
| Indicator # | L87 |
|--------------------|-----|

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

| | |
|---|--|
| Indicator | Support strategies |
| Area Need Improvement | Support strategies for 4 individuals were submitted late for ISP, agency need to ensure that support strategies for goals and objectives are submitted within timelines. |
| Process Utilized to correct and review indicator | A weekly oversight process has been initiated to monitor the submission of ISP data into HCSIS on time. In addition, the managers will be trained to write goals, objectives, and support strategies. The 'Enhancing Person Centered Planning Using the Charting the Lifecourse Framework' training is scheduled for 3/19/2024 and the 'Writing Meaningful Goals/Objectives/Strategies' training is scheduled for 4/23/24 and will include all the managers and some assistant managers. |
| Status at follow-up | The process has been in place since 2/20/2024. |
| Rating | Met |

| | |
|---|---|
| Indicator # | L90 |
| Indicator | Personal space/ bedroom privacy |
| Area Need Improvement | In one home, bedrooms for three individuals did not have locks, agency need to ensure that there are locks on bedrooms that do not lead to egress to provide individuals with privacy in their own space. |
| Process Utilized to correct and review indicator | The program placed locks on all residence's clients' doors |
| Status at follow-up | Clients who are interested in locking their rooms get support and training in locking and unlocking their rooms. |
| Rating | Met |

| | |
|--------------------|-----|
| Indicator # | L91 |
|--------------------|-----|

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

| | |
|---|---|
| Indicator | Incident management |
| Area Need Improvement | Two incident reports were not reviewed on time, agency need to ensure that incident reports are reviewed as mandated by regulation. |
| Process Utilized to correct and review indicator | The licensing audit identified three incidents that were reported or finalized out of the allowed time range. The three incidents required nurses to input information prior to finalizing the incident. BEHMA changed the process to provide nurses supervision capacity to finalize HCSIS reports to prevent delay. The supervisors will ask the nurse to finalize incidents involving medical information and will ensure that the finalizing is done in time. |
| Status at follow-up | Identified nurses will be able to close incidents on time. |
| Rating | Met |

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

| | |
|---|--|
| Indicator # | L48 |
| Indicator | HRC |
| Area Need Improvement | One voting with specialized skills did not attend 4 of 8 meetings, and one member has a financial conflict, agency need to ensure that voting members attends meetings as required, and that members do not have a financial conflict. |
| Process Utilized to correct and review indicator | A new nurse member was voted in during the HRC February's meeting and there was a renewed commitment from our legal member who was out due to birth-related leave. |
| Status at follow-up | HRC membership composition is now complete, including one client member. |
| Rating | Met |

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

| | |
|---|---|
| Indicator # | L65 |
| Indicator | Restraint report submit |
| Area Need Improvement | The agency needs to ensure restraint reports are submitted within required timelines. Seven of nine were submitted and/or finalized late. |
| Process Utilized to correct and review indicator | BEHMA has added a column in the incident management follow up system to document the HRC review date. This will help identify incidents not reported and add them to the upcoming HRC meeting's agenda. |
| Status at follow-up | All the incidents that were not reported during the license audit were reported in the February HRC meeting. |
| Rating | Met |

| | |
|---|---|
| Indicator # | L66 |
| Indicator | HRC restraint review |
| Area Need Improvement | The agency needs to ensure all restraints are reviewed by the Human Rights Committee. Two of nine were not reviewed by the Human Rights Committee (HRC) within 120 days of occurring. |
| Process Utilized to correct and review indicator | BEHMA has added a column in the incident management follow up system to document the HRC review date. This will help identify incidents not reported and add them to the upcoming HRC meeting's agenda. |
| Status at follow-up | All the incidents that were not reported during the license audit were reported in the February HRC meeting |
| Rating | Met |