

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

Provider: BEHAVIORAL HEALTH
NETWORK INC

Provider Address: 417 Liberty Street , Springfield

Name of Person Brian Ross
Completing Form:

Date(s) of Review: 01-SEP-23 to 31-OCT-23

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	6/6

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

Summary of Ratings

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

Indicator #	L67
Indicator	Money mgmt. plan
Area Need Improvement	Two out of seven funds management plans did not include a training plan with learning strategies to further independence. The agency will need to ensure when the ISP team agrees the person would benefit from a funds management training plan, that the plan it develops includes learning strategies to enhance the individual's independence managing their own funds.
Process Utilized to correct and review indicator	The Residential Supervisors were retrained in how to write a skill building plan that promotes skill development and independence. Training plans with learning strategies to further independence was added to the deficient Money Management Plans reviewed in the 2023 OQE survey. The plans were rewritten with individual's input to encourage more participation and independence. To assure compliance moving forward, all Money Management Plans will include an individualized education plan with a focus on skill building and independence.
Status at follow-up	100% of all Money Management Plans submitted during the months of September and October 2023 were compliant with OQE standards.
Rating	Met

Indicator #	L69
Indicator	Expenditure tracking
Area Need Improvement	For two out of eight individuals whose expenses were reviewed, expenditures either were not documented on the tracking sheet or

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

	balances were not accurately tracked. The agency needs to strengthen its implementation of individuals' plans as written, including the need to document expenditures when they occur and to validate reported balances as accurate.
Process Utilized to correct and review indicator	<p>All residential direct care staff and supervisors were retrained in the Funds Management Plan and procedures. All Residential Supervisors were trained in providing enhanced oversight of in-house accounting and tracking with the expectation that they review all in-house accounts weekly for accuracy and to take immediate action if there are issues.</p> <p>On a monthly basis, the Program Directors review reconciled in-house accounts to assure that the supervisors did their weekly checks and that all issues were addressed. They then submit the reviewed in-houses to fiscal. The Residential Director assures that the Program Directors meet the set expectations.</p>
Status at follow-up	In the months of Sept and October 2023, all in-houses were reviewed, and any issues were corrected. 100% of the in-houses during this time were deemed to be accurate.
Rating	Met

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For two of eight individuals, required ISP assessments were not submitted to DDS within required timelines. The agency will need to ensure that ISP assessments are submitted to the service coordinator at least fifteen days prior to the ISP meeting.
Process Utilized to correct and review indicator	All Residential Supervisors and Program Directors were retrained in ISP timelines and process. The Program Directors have ISP tracking charts that inform them of upcoming ISPs and when documentation is due. The Program Directors have to document

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

	when the ISP materials are submitted, and they document any issues. The Residential Director runs ISP Management Reports on a monthly basis to assure compliance and assesses the ISP workflow process to assure all components of the ISP are completed within the set timelines.
Status at follow-up	88% of ISPs submitted during the months of September and October 2023 were compliant with OQE standards.
Rating	Met

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For two of eight individuals, the provider support strategies were not submitted to DDS within required timelines. The agency will need to ensure that provider support strategies are submitted to the service coordinator at least fifteen days prior to the ISP meeting.
Process Utilized to correct and review indicator	All Residential Supervisors and Program Directors were retrained in the ISP timelines and process. The Program Directors have ISP tracking charts that inform them of upcoming ISPs and when documentation is due. The Program Directors have to document when the ISP materials are submitted, and they document any issues. The Residential Director runs ISP Management Reports on a monthly basis to assure compliance and assesses the ISP workflow process to assure all components of the ISP are completed on time.
Status at follow-up	88% of ISPs submitted during the months of September and October 2023 were compliant with OQE standards.
Rating	Met

Indicator #	L91
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DEPARTMENT OF DEVELOPMENTAL SERVICES
LICENSURE AND CERTIFICATION
PROVIDER FOLLOW-UP REPORT

Indicator	Incident management
Area Need Improvement	For six out of nine locations, incident reports were not submitted or reviewed within the required timelines. The agency needs to ensure incidents reports are submitted and reviewed within required timelines.
Process Utilized to correct and review indicator	All Residential Supervisors and Program Directors were retrained in the DDS 4-part training that includes the reporting modules with an emphasis on timelines. The Supervisors and Program Directors were also trained in how to request extensions from DDS when an individual is hospitalized. The Supervisors are required to report the incident report number of new incidents to the program director within 24 hours of the incident. The Program Directors are required to confirm to Residential Director that the incident report has been finalized. Weekly, the director runs an Aging Incident Management Report to assure compliance and appropriate follow-up.
Status at follow-up	82% of all Incident Reports submitted during the months of September and October 2023 were compliant with OQE standards.
Rating	Met

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

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	Three out of nine restraints did not meet required timelines for reporting. The agency will need ensure restraints are reported and reviewed with mandated timelines.
Process Utilized to correct and review indicator	All Program Directors and Supervisors were retained in the DDS Restraint Reporting training. The Supervisors are required to report the restraint incident information to the Program Director within 24 hours of the incident. The Program Directors are required to confirm with the Residential Director that the restraint report was finalized.

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

	Weekly, the Director runs an Aging Incident Management Report to assure compliance and appropriate follow-up.
Status at follow-up	100% of all Restraint Reports submitted during the months of September and October 2023 were compliant with OQE standards.
Rating	Met