

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

Provider: BERKSHIRE COUNTY ARC INC

Provider Address: 395 South St. POB 2 , Pittsfield

Name of Person Chris Andrews
Completing Form: _____

Date(s) of Review: 19-MAR-24 to 21-MAR-24

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports		2/4
Residential and Individual Home Supports	2 Year License	4/8

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Summary of Ratings

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

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	Three individuals were subject to environmental restrictions in their homes that were necessary for the safety of one or more housemates, but mitigation plans had not been developed for them or shared with their guardians. For another person, the mitigation plan was not implemented as written. The agency needs to ensure that when environmental restrictions are warranted, those who do not require the restrictions have mitigation plans developed and their guardians are informed.
Process Utilized to correct and review indicator	All 10 current individuals with restrictive practices that may affect others in the household were reviewed as to required components and presence of mitigation strategies for the other individuals.
Status at follow-up	All but one current plan met the required components and had mitigation strategies; however, none had guardian acknowledgement of restriction and mitigation strategies. BCARC is working on the best strategy to accomplish that part.
Rating	Not Met

Indicator #	L64
Indicator	Med. treatment plan rev.
Area Need Improvement	For two individuals with medication treatment plans, the plans had not been incorporated into their ISP where agreement to such plans occurs. For two others who were taking antipsychotic medications and were not their own legal decision-makers, no current Rogers order was in place. The agency needs to ensure that the medication

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	treatment plans it develops are uploaded to HCSIS or otherwise provided to the service coordinator to incorporate in the ISP. The agency also needs to work with the person's service coordinator to ensure Rogers orders, when required, are current.
Process Utilized to correct and review indicator	Current treatment plans for individuals cited have been uploaded into HCSIS. For RO that was cited as needing a Rogers order that was incorrect; his guardian ship paperwork specifies that "the guardian has no authority to make any decisions involving healthcare, including treatment with anti-psychotic medication". For SG we are trying to obtain a copy of his order. A list of individuals that require Rogers orders was compared to a list of individuals with current Rogers orders in our system. We have created a spreadsheet with all needing rogers, if present and expiration date that will be reviewed quarterly.
Status at follow-up	We have 28 individuals that require Rogers orders, 17 are current. 60.7% current.
Rating	Not Met

Indicator #	L71
Indicator	Charges for care appeal
Area Need Improvement	For six individuals, the charges for care letter had not been sent to the individual's guardian. The agency needs to ensure that all charges for care letters, inclusive of appeals rights, are sent to guardians.
Process Utilized to correct and review indicator	SSA auditors have specified sending the charges for care letter with right to appeal to guardians only if they are also representative payee for the individual. BCARC strictly adheres to this directive and there is no plan to change this practice as that could jeopardize future SSA audits.
Status at follow-up	86 DDS and ABI individuals have guardians, we mailed care/appeal letters to 41 outside (non-BCARC) representative payees. 41.8%

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Rating	Not Met
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Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For four individuals, ISP assessments were not submitted to DDS within required timelines. The agency needs to ensure that ISP assessments are submitted to DDS at least 15 days prior to the ISP.
Process Utilized to correct and review indicator	BCArc has a current system in place that checks and reports on HCSIS submission timeline compliance, on a monthly basis. A review was done of all DDS and ABI individuals that had submission requirements during the first quarter of 2024.
Status at follow-up	Status at follow-up 92.1% compliance in meeting HCSIS timelines for required assessments.
Rating	Met

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For three individuals, provider support strategies were not submitted to DDS within required timelines. The agency needs to ensure that provider support strategies are submitted to DDS at least 15 days prior to the ISP.
Process Utilized to correct and review indicator	BCArc has a current system in place that checks and reports on HCSIS submission timeline compliance on a monthly basis. A review was done of all DDS and ABI individuals that had submission requirements during the first quarter of 2024.
Status at follow-up	Of the individuals who had submission requirements during the first quarter of 2024, 93.7% were in compliance in meeting HCSIS timelines for required support strategies.

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Rating	Met
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Indicator #	L91
Indicator	Incident management
Area Need Improvement	At eight locations, reportable incidents were not submitted within the required timelines. The agency needs to ensure that incident reports are submitted to DDS and finalized as required.
Process Utilized to correct and review indicator	We instituted a new process at the end of January where a file process management report is run in HCSIS for all programs, and then an email is sent out at the beginning and end of each week regarding all incidents/restraints that need attention. I ran the aging incident summary and detail reports for the first quarter of 2024 (excluding day/employment incidents).
Status at follow-up	80.2% of reports met the submission and finalization timelines.
Rating	Met

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

Indicator #	L5
Indicator	Safety Plan
Issue Identified	Discovered that Safety Plan for one site (Northview) was out of date (expired 9/28/23)
Actions Planned/Occurred	Updated Safety Plan immediately and submitted to DDS for approval on 12/29/23.
Process Utilized to correct and review indicator	Updated Safety Plan immediately and submitted to DDS for approval on 12/29/23.
Status at follow-up	All day/employment safety plans reviewed to check for expiration. No expired safety plans found.

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Rating	Met
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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 seven individuals there was no indication that the individuals had been assessed to identify any assistive technology that may benefit the individual's independence. The agency needs to ensure that all individuals it supports in day settings are assessed for ways assistive technology may foster their independence.
Process Utilized to correct and review indicator	Adaptive Support Assessments (our agency version of the DDS suggested tool) are being completed for all non-residential CBDS individuals (assessments for residential individuals are in place). Employment individuals assessments occur and are job specific, they are recorded in their evaluations (surveyor indicated that this would meet the guidelines for employment services).
Status at follow-up	There are currently 51 individuals between the two CBDS programs that we reviewed; 7/51 (14%) of individuals had completed adaptive support assessments in our electronic file (all were from residential).
Rating	Not Met

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

Indicator #	L48
Indicator	HRC
Area Need Improvement	The membership composition and quorum requirements for the agency's human rights committee were not fully maintained according to provisions of its bylaws and for the majority of the two-year period review. The agency needs to support its human rights

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	committee to meet composition requirements and formally remove as voting members anyone known to have a financial interest in the agency.
Process Utilized to correct and review indicator	Corrections to the meeting minutes were made, by-laws will be reviewed to ensure conformance to all the requirements. All voting members will meet the DDS requirements of the committee.
Status at follow-up	There has been one HRC meeting during the review time period (first quarter 2024). Meeting notes were reviewed and found to follow requirements.
Rating	Met

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	Five out of six restraint reports were not submitted to DDS within the required timelines. The agency needs to ensure that all reports of physical restraint are submitted within three days of occurrence and reviewed by the restraint manager within five days of the restraint occurring.
Process Utilized to correct and review indicator	Using the Restraint time line report in HCSIS for the dates 01-01-24 through 03-31-24, we had five restraints; two of which occurred in residential settings.
Status at follow-up	Based on this report neither residential restraint met both required timelines.
Rating	Not Met