

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

Provider: CAPE ABILITIES _____

Provider Address: 895 Mary Dunn Road , Hyannis _____

**Name of Person
Completing Form:** _____

Date(s) of Review: 26-APR-23 to 28-APR-23 _____

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports	2 Year License	1/6

Summary of Ratings

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

Indicator #	L60
Indicator	Data maintenance
Area Need Improvement	For the one BSP reviewed, data was not being recorded for a behavior plan. The agency needs to ensure that data is consistently maintained and used to determine the efficacy of behavioral interventions.

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Process Utilized to correct and review indicator	The daily notes form has been modified to include a section where staff will fill out behavioral data for each day an individual attends the program. This form has been approved by the Clinical Department and will be implemented 5/1/2023.
Status at follow-up	14 Employment and Day Services individuals were audited for the follow up. Of these individuals, only 4 have BSPs that require behavioral data to be recorded. Due to the new form not being implemented, this indicator has not been met. While L60 is currently not met, we anticipate it will be met starting May 2023.
Rating	Not Met

Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	For the three medication treatment plans reviewed, data was not being taken to assist the treating clinician to assess the efficacy of treatment. The agency needs to ensure medication treatment plans are followed with required components.
Process Utilized to correct and review indicator	The daily notes form has been modified to include a section where staff will fill out behavioral data for each day an individual attends the program. This form has been approved by the Clinical Department and will be implemented 5/1/2023.
Status at follow-up	14 Employment and Day Services individuals were audited for the follow-up. Of these individuals, only 2 have Medication Treatment Plans that require behavioral data to be recorded. Due to the new form not being implemented, this indicator has not been met. While L63 is currently not met, we anticipate it will be met starting May 2023.
Rating	Not Met

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Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For nine of thirteen individuals assessments were not submitted within the required timelines. The agency needs to ensure that assessments are submitted to the DDS Area Office at least 15 days prior to the scheduled ISP meeting.
Process Utilized to correct and review indicator	The agency has created an Excel ISP Tracker, which includes all ISP assessment and support strategy deadlines. This tracker allows managers and directors to input the day of the ISP meeting for each individual, and the form automatically calculates what 15 days prior would be to mark the date. Managers and directors have also been instructed to utilize Outlook calendars by putting frequent reminders of deadlines for ISP components.
Status at follow-up	10 Employment and Day Services individuals had ISP assessments due between 2/28/23 - 4/24/23. Of those individuals, 1 did not have any assessments requested in HCSIS, 4 individuals' assessments were submitted within the required timelines, and 5 individuals' assessments were not submitted within the required timelines.
Rating	Not Met

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For seven of fourteen individuals support strategies were not submitted within the required timelines. The agency needs to ensure that assessments are submitted to the DDS Area Office at least 15 days prior to the scheduled ISP meeting.

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Process Utilized to correct and review indicator	The agency has created an Excel tracker for all ISP assessment and support strategy deadlines. This tracker allows managers and directors to input the day of the ISP meeting for each individual, and the form automatically calculates what 15 days prior would be. Managers and directors have also been instructed to utilize Outlook calendars by putting frequent reminders of deadlines for ISP components.
Status at follow-up	10 Employment and Day Services individuals had ISP assessments due between 2/28/23 - 4/24/23. Of those individuals, 1 did not have any support strategies requested in HCSIS, 3 individuals support strategies were submitted within the required timelines, and 6 individuals support strategies were not submitted within the required timelines.
Rating	Not Met

Indicator #	L94 (05/22)
Indicator	Assistive technology
Area Need Improvement	For eight of fourteen individuals it was noted in some instance the assistive technology assessments were not completed or strategies had not been developed to support individuals to maximize their independence in daily living skills or employment. The agency needs to ensure individuals have assistive technology to maximize their independence.
Process Utilized to correct and review indicator	The agency re-evaluated its Assistive Technology (AT) Assessment form. QE and the VP of Programs & Services created a thorough 6-page assessment form, which is divided into 9 categories where AT may be utilized by persons served. After consulting DDS OQE about this form, the agency decided to take a step back and look at the bigger picture of how to assess and bring AT to individuals to support higher levels of independence. The agency also consulted Jennifer Petersen, SE Regional DDS

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	<p>Director of Supportive Technology for AT training and education. On 4/7/2023, Jennifer provided AT training to all managers, directors, and the Executive Team.</p> <p>Agency leadership has determined that staff need more education about 1) what AT is, 2) where/how to locate AT resources, and 3) how to go from assessing an individual's AT need to obtaining/trialing/securing AT for them.</p> <p>The agency is now working with managers and directors to take a bigger picture, full circle approach to bringing AT to persons served. This will start with providing direct training on the assessment; then completing next steps to research, find, trial and secure AT for their individuals.</p> <p>Starting May 2023, the agency is pivoting to take a more comprehensive, strategic approach to AT, and plans to take the following steps:</p> <p>Build an AT Resource Site on SharePoint, including links to websites w/AT ideas, articles, etc.</p> <p>Ensure Leadership works 1:1 with managers and directors on</p> <ul style="list-style-type: none">-Assessing individuals for AT-Analyzing the assessment to research and determine potential AT solutions-Obtaining/Trialing/Securing AT for individuals <p>The Executive Team has also implemented has also included enhancing and expanding AT within the agency as a key activity in Cape Abilities 2023-2026 Strategic Plan. It set the goal that 100% of individuals served who would like to use AT have access to it by 06/30/2026 (and then ongoing).</p>
Status at follow-up	The above-stated plan will go into progress for staff and persons served this May 2023.
Rating	Not Met

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

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	Two of three restraints were not submitted within 3 days of their occurrence. The agency needs to ensure that all restraint reports are submitted within required timelines.
Process Utilized to correct and review indicator	Training was conducted with managers and directors on 4/10/2023 reviewing L65 and the agency's process to immediately notify Megan Leyton, Clinical Director, and Restraint Manager if a restraint was used or if there is a question as to whether restraint was implemented.
Status at follow-up	One restraint occurred during the timeframe of the 60-day follow up and was submitted within 3 days of the occurrence. Accordingly, the agency has ensured that all restraint reports are submitted within required timelines since February 2023 and plans to continue to do moving forward.
Rating	Met