

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

Provider: Melmark New England _____

Provider Address: 461 River Rd. , Andover _____

Name of Person Completing Form: Alex Kishbaugh, Director of Adult Services _____

Date(s) of Review: 19-JUL-23 to 24-JUL-23 _____

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

Summary of Ratings

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

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

Indicator #	L94 (05/22)
Indicator	Assistive technology
Area Need Improvement	Four individuals did not have completed assistive technology assessment, with recommendations for new items. The agency needs to ensure that each individual is assessed on a regular basis, to determine any new areas of need. Assessments should contain a plan for obtaining new items to maximize independence.
Process Utilized to correct and review indicator	All four assessments were reviewed and edited to make the requested changes (documents can be shared upon request), which included ensuring ISP dates were listed for all clients and all clients had a recommendation for a new item, per the evaluator feedback given. Additionally, we reviewed the Assistive Technology template and have made adjustments for a document that will better reflect the needs of Melmark clients served that we plan to use going forward. These can be shared upon request.
Status at follow-up	Completed
Rating	Met