



**PROVIDER REPORT  
FOR**

**Mental Health Association,  
Inc.  
350 MEMORIAL DR  
Chicopee, MA 01020**

**March 05, 2025**

**Version**

**Public Provider Report**

**Prepared by the Department of Developmental Services  
OFFICE OF QUALITY ENHANCEMENT**

# SUMMARY OF OVERALL FINDINGS

<b>Provider</b>	Mental Health Association, Inc.
<b>Review Dates</b>	1/29/2025 - 2/4/2025
<b>Service Enhancement Meeting Date</b>	2/19/2025
<b>Survey Team</b>	Elsa Adorno Susan Dudley-Oxx Eric Lunden Melanie McNamara (TL) Marisa Himes Stephanie Baldwin
<b>Citizen Volunteers</b>	

## Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
<b>Residential and Individual Home Supports</b>	16 location(s) 22 audit (s)	Full Review	76/89 2 Year License 02/19/2025 - 02/19/2027		Certified 02/19/2025 - 02/19/2027
Residential Services	4 location(s) 6 audit (s)			Deemed	
ABI-MFP Residential Services	3 location(s) 6 audit (s)			Deemed	
Placement Services	5 location(s) 5 audit (s)			Deemed	
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Individual Home Supports	3 location(s) 3 audit (s)			Deemed	
Planning and Quality Management				No Review	0 / 0

## **EXECUTIVE SUMMARY :**

Mental Health Association (MHA) is a human service agency headquartered in Chicopee Massachusetts. The agency provides an array of services throughout the Greater Springfield area to people diagnosed with Intellectual and Developmental Disabilities, Acquired Brain Injury (ABI), as well as other mental health disorders, substance use, and homelessness. MHA operates service types that include: 24-hour residential services, ABI residential services, placement services, individual home supports, and emergency respite.

The scope of this 2025 Department of Developmental Services (DDS) survey conducted by the DDS Central West Office of Quality Enhancement, was a full licensure review of all the agency's licensable services. The survey was completed by interviewing key administrative and supervisory staff, observations, interviews with individuals and staff, review of environmental safety at the different sites, and review of relevant documentation. The agency was deemed for certification in consideration of their accreditation by CARF.

MHA demonstrated effective support systems in several licensing domains. This included areas related to personal and environmental safety, and competent workforce. MHA's property management company is responsible for the maintenance of the locations where individuals receive 24-hour residential services. The agency conducted monthly site visits that included reviews of home maintenance needs including the completion of required inspections. Site inspections conducted by OQE during the survey showed that agency homes were well maintained, inspections were current, and smoke and carbon monoxide detections systems were operational. Emergency Evacuation Safety Plans approved by DDS were in place and, were being followed in supporting individual's evacuation. Additionally, it was evident that support staff, including the placement service care provider, were compliant with agency policy and procedures for universal precautions and transmission prevention (including for the containment of transmittable viruses).

A noted area of strength for MHA across all service types was maintaining a competent work force. The agency ensured that support staff and care providers were current on DDS mandated trainings. MHA had an effective system for tracking the status of staff training. Staff were provided additional site-specific training and information needed to effectively support individuals' unique needs and preferences (including by using individual profiles and trainings pamphlet).

Across residential services, individuals were supported to prosper in different areas, including human rights and the assistive technology. Individuals were provided annual human rights training and guardians were provided information on human rights and grievance procedures. They were also afforded privacy when taking care of personal matters; could make and receive phone calls; and visitation from family and friends were encouraged. Individuals were assessed to determine their need for assistive technology. High-tech and low-technology options including computers, laptops, tablets and cell phones, calendars, electric toothbrushes, pill planners (to name a few) were used to support individuals to be more independent in various areas.

The survey also highlighted several licensure areas where additional attention is required from the agency. Organizationally, the human rights committee did not meet member attendance mandates; the agency needs to facilitate more regular attendance of HRC meetings by requisite members. The agency must also ensure the timeliness of restraint submission, finalization, and review by the human rights and review by the human rights committee. Medication treatment plans for individuals who are administered behavior modifying medication must be developed to contain all required components. They must also be submitted for ISP team review. When restrictive practices are in place, the agency must develop a written rationale as well as procedures to minimize the impact on others affected in a home. The agency must also develop written shared or delegated money management plans (plus a training plan unless contra-indicated) for individuals for whom they have funds

management responsibility. The plans must have individual/guardian agreement; funds must be spent strictly on the things that directly benefit the individual; and expenses must be well documented and tracked. Additionally, relative to charges for care, there must be written information shared with individuals'/guardians regarding the calculations and process for appealing the charges.

The result of the licensing review shows that Mental Health Association met 85% of licensing indicators in its residential services; the agency will thus, receive a Two-year License for its Residential and Individual Home Supports service groupings. Based on the score, the DDS Office of Quality Enhancement will conduct a follow-up on the licensing indicators that received a rating of Not Met within 60-days of the SEM.

Mental Health Association will also, receive a Two-year certification for its Residential and Individual Home Supports service groupings due to their CARF accreditation.

## **LICENSURE FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Organizational</b>	<b>7/10</b>	<b>3/10</b>	
<b>Residential and Individual Home Supports</b>	<b>69/79</b>	<b>10/79</b>	
Residential Services Individual Home Supports Respite Services Placement Services ABI-MFP Residential Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>76/89</b>	<b>13/89</b>	<b>85%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>13</b>	

### **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L48	The agency has an effective Human Rights Committee.	The agency's human rights committee did not meet mandates for requisite member attendance. The agency needs to support its human rights committee to meet all mandated requirements.
L65	Restraint reports are submitted within required timelines.	Seven restraint reports were not submitted and/or finalized within the required timeframes. The agency must ensure that restraint reports are submitted within three days and finalized within 5 days.

L66	All restraints are reviewed by the Human Rights Committee.	Six of seven restraints were not reviewed by the human rights committee within the required timeframes. The agency needs to ensure that restraints are reviewed by the human rights committee within 120 days of the restraint.
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**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:**

Indicator #	Indicator	Area Needing Improvement
L43	The health care record is maintained and updated as required.	For five of nineteen individuals, health care records did not include significant medical changes and accurate medical information. The agency must ensure that health care records are updated to be accurate and current; with updates occurring in HCSIS within 30 days for new diagnoses, immunization, or hospitalization.
L56	Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.	At three of four locations, environmental restrictions were not developed in a written plan that included all required components. When environmental restrictions within a home are necessary for one or more individuals, a written plan must be developed that includes teaching strategies aimed at eliminating need for the restriction. Strategies also need to be developed to mitigate the impact of the restriction on those who do not require it, and guardians need to be informed of these mitigation strategies. Additionally, all restrictive interventions must be reviewed by the human rights committee and incorporated into the individual's ISP.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For two of seven individuals, data was not collected for the implementation of behavioral interventions. The agency must ensure that behavior plan data is collected and utilized in treatment in accordance with behavior plans.
L63	Medication treatment plans are in written format with required components.	Medication treatment plans for fifteen individuals did not include required components. The agency must ensure that for individuals who are prescribed behavior modifying medications, a medication treatment plan is developed to include observable and measurable descriptions of the behaviors targeted for treatment; baseline data as well as suggested goal data for adjusting medications; specific procedures necessary to minimize risks.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	Funds management plans for five individuals did not address required components. When the agency assumes shared or delegated responsibility for managing an individual's funds, a plan must be developed that fully describes the agency's role in managing those funds. The money management plans must fully outline the agency's role in assisting individuals in the management and expenditure of funds. Agreement to the funds-management plan must be obtained from the individual or his/her guardian. Where identified, a training plan must be

		developed that will promote the individual's ability to manage more of their funds independently, over time.
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	For nine of sixteen individuals who received support from the staff or home care providers to manage their personal funds, no financial records were in place, for accounting and to show that expenditures directly benefited the individuals. Additionally, for some of the individuals for whom MHA is Rep Payee for, the agency was charging a fee for the Rep Payee services. The agency must develop an oversight mechanism to ensure that individuals are not paying for goods or services that are the obligation of the home provider or agency, and that fees are not charged for Rep Payee services.
L69	Individual expenditures are documented and tracked.	Tracking of expenditures was not occurring for four of eleven individuals who received support from their care providers to manage their funds. The agency needs to strengthen its oversight practices relative to the protection of individual's funds. There is a need to ensure that all required documentation of expenditures and tracking of funds complies with regulatory requirements and as described within specific funds management plans.
L71	Individuals are notified of their appeal rights for their charges for care.	For four of nineteen individuals receiving placement services, notification of their appeals rights for charges of care was not provided. The agency needs to ensure that competent individuals and or guardians need to receive information regarding appeals process when charges for care are charged.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For five of eleven individuals, ISP assessments were not submitted to DDS fifteen days prior to the ISP meeting. The agency needs to ensure that ISP assessments are submitted within the required timelines.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For four of eleven individuals, provider support strategies were not submitted to DDS fifteen days prior to the ISP meeting. The agency needs to ensure that provider support strategies are submitted within the required timelines.

## MASTER SCORE SHEET LICENSURE

Organizational: Mental Health Association, Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
PD L2	Abuse/neglect reporting	16/16	Met

L3	Immediate Action	<b>13/14</b>	<b>Met(92.86 % )</b>
L4	Action taken	<b>12/14</b>	<b>Met(85.71 % )</b>
L48	HRC	<b>0/1</b>	<b>Not Met(0 % )</b>
L65	Restraint report submit	<b>0/7</b>	<b>Not Met(0 % )</b>
L66	HRC restraint review	<b>1/7</b>	<b>Not Met(14.29 % )</b>
L74	Screen employees	<b>13/13</b>	<b>Met</b>
L75	Qualified staff	<b>3/3</b>	<b>Met</b>
L76	Track trainings	<b>20/20</b>	<b>Met</b>
L83	HR training	<b>20/20</b>	<b>Met</b>

### Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	6/6	3/3	5/5	2/2	6/6		<b>22/22</b>	<b>Met</b>
L5	Safety Plan	L	4/4	3/3	5/5	1/1	2/3		<b>15/16</b>	<b>Met (93.75 %)</b>
Ⓟ L6	Evacuation	L	4/4	3/3	5/5	1/1	3/3		<b>16/16</b>	<b>Met</b>
L7	Fire Drills	L	4/4				3/3		<b>7/7</b>	<b>Met</b>
L8	Emergency Fact Sheets	I	5/6	3/3	5/5	2/2	6/6		<b>21/22</b>	<b>Met (95.45 %)</b>
L9 (07/21)	Safe use of equipment	I	4/4	3/3			2/2		<b>9/9</b>	<b>Met</b>
L10	Reduce risk interventions	I	2/2		2/2				<b>4/4</b>	<b>Met</b>
Ⓟ L11	Required inspections	L	4/4	3/3	5/5	1/1	3/3		<b>16/16</b>	<b>Met</b>
Ⓟ L12	Smoke detectors	L	4/4	3/3	5/5	1/1	3/3		<b>16/16</b>	<b>Met</b>
Ⓟ L13	Clean location	L	4/4	3/3	5/5	1/1	3/3		<b>16/16</b>	<b>Met</b>
L14	Site in good repair	L	4/4	2/2	5/5	1/1	3/3		<b>15/15</b>	<b>Met</b>
L15	Hot water	L	4/4	3/3	4/5	1/1	3/3		<b>15/16</b>	<b>Met (93.75 %)</b>
L16	Accessibility	L	4/4	3/3	5/5	1/1	3/3		<b>16/16</b>	<b>Met</b>

L17	Egress at grade	L	4/4	3/3	5/5	1/1	3/3		<b>16/16</b>	<b>Met</b>
L18	Above grade egress	L	1/1	1/1	1/1		1/1		<b>4/4</b>	<b>Met</b>
L19	Bedroom location	L	4/4	1/1	2/2	1/1	3/3		<b>11/11</b>	<b>Met</b>
L20	Exit doors	L	4/4	3/3		1/1	3/3		<b>11/11</b>	<b>Met</b>
L21	Safe electrical equipment	L	4/4	3/3	5/5	1/1	3/3		<b>16/16</b>	<b>Met</b>
L22	Well-maintained appliances	L	4/4	2/2		1/1	2/3		<b>9/10</b>	<b>Met (90.0%)</b>
L23	Egress door locks	L	4/4			1/1	2/3		<b>7/8</b>	<b>Met (87.50%)</b>
L24	Locked door access	L	4/4		5/5	1/1	3/3		<b>13/13</b>	<b>Met</b>
L25	Dangerous substances	L	4/4	3/3		1/1	3/3		<b>11/11</b>	<b>Met</b>
L26	Walkway safety	L	4/4	3/3	5/5	1/1	3/3		<b>16/16</b>	<b>Met</b>
L28	Flammables	L	4/4	2/2		1/1	3/3		<b>10/10</b>	<b>Met</b>
L29	Rubbish/combustibles	L	4/4	3/3	5/5	1/1	3/3		<b>16/16</b>	<b>Met</b>
L30	Protective railings	L	4/4	3/3	5/5	1/1	3/3		<b>16/16</b>	<b>Met</b>
L31	Communication method	I	6/6	3/3	5/5	2/2	6/6		<b>22/22</b>	<b>Met</b>
L32	Verbal & written	I	6/6	3/3	5/5	2/2	6/6		<b>22/22</b>	<b>Met</b>
L33	Physical exam	I	6/6	2/2	5/5		6/6		<b>19/19</b>	<b>Met</b>
L34	Dental exam	I	6/6	2/2	5/5		6/6		<b>19/19</b>	<b>Met</b>
L35	Preventive screenings	I	6/6	1/2	5/5		5/6		<b>17/19</b>	<b>Met (89.47%)</b>
L36	Recommended tests	I	5/6	1/2	5/5		6/6		<b>17/19</b>	<b>Met (89.47%)</b>
L37	Prompt treatment	I	6/6	3/3	5/5	2/2	6/6		<b>22/22</b>	<b>Met</b>
L38	Physician's orders	I	4/5		3/3	2/2	5/6		<b>14/16</b>	<b>Met (87.50%)</b>
L39	Dietary requirements	I	3/3	0/1	3/3	1/1	5/5		<b>12/13</b>	<b>Met (92.31%)</b>
L40	Nutritional food	L	4/4	3/3		1/1	3/3		<b>11/11</b>	<b>Met</b>
L41	Healthy diet	L	4/4	2/3	5/5	1/1	3/3		<b>15/16</b>	<b>Met (93.75%)</b>

L42	Physical activity	L	4/4	3/3	5/5		3/3		<b>15/15</b>	<b>Met</b>
L43	Health Care Record	I	5/6	1/2	4/5		4/6		<b>14/19</b>	<b>Not Met (73.68%)</b>
L44	MAP registration	L	4/4	1/1		1/1	3/3		<b>9/9</b>	<b>Met</b>
L45	Medication storage	L	4/4	1/1		1/1	3/3		<b>9/9</b>	<b>Met</b>
L46	Med. Administration	I	5/6	1/1	4/4	2/2	5/6		<b>17/19</b>	<b>Met (89.47%)</b>
L47	Self medication	I					1/1		<b>1/1</b>	<b>Met</b>
L49	Informed of human rights	I	6/6	3/3	5/5	2/2	6/6		<b>22/22</b>	<b>Met</b>
L50 (07/21)	Respectful Comm.	I	6/6	3/3	5/5	2/2	6/6		<b>22/22</b>	<b>Met</b>
L51	Possessions	I	6/6	3/3	5/5	2/2	5/6		<b>21/22</b>	<b>Met (95.45%)</b>
L52	Phone calls	I	6/6	3/3	5/5	2/2	6/6		<b>22/22</b>	<b>Met</b>
L53	Visitation	I	6/6	3/3	5/5	2/2	6/6		<b>22/22</b>	<b>Met</b>
L54 (07/21)	Privacy	I	6/6	3/3	5/5	2/2	6/6		<b>22/22</b>	<b>Met</b>
L55	Informed consent	I					1/1		<b>1/1</b>	<b>Met</b>
L56	Restrictive practices	I	1/4						<b>1/4</b>	<b>Not Met (25.00%)</b>
L57	Written behavior plans	I	5/5				1/1		<b>6/6</b>	<b>Met</b>
L60	Data maintenance	I	3/5				2/2		<b>5/7</b>	<b>Not Met (71.43%)</b>
L61	Health protection in ISP	I	3/3	1/1	3/4		2/3		<b>9/11</b>	<b>Met (81.82%)</b>
L63	Med. treatment plan form	I	0/6	1/1	0/4		1/6		<b>2/17</b>	<b>Not Met (11.76%)</b>
L64	Med. treatment plan rev.	I	5/5	1/1	3/4		4/6		<b>13/16</b>	<b>Met (81.25%)</b>
L67	Money mgmt. plan	I	1/6	2/2	5/5		4/4		<b>12/17</b>	<b>Not Met</b>

										<b>(70.59 %)</b>
L68	Funds expenditure	I	3/6	2/2	1/5		3/3		<b>9/16</b>	<b>Not Met (56.25 %)</b>
L69	Expenditure tracking	I	3/5	2/2			2/4		<b>7/11</b>	<b>Not Met (63.64 %)</b>
L70	Charges for care calc.	I	6/6		5/5	2/2	6/6		<b>19/19</b>	<b>Met</b>
L71	Charges for care appeal	I	6/6		1/5	2/2	6/6		<b>15/19</b>	<b>Not Met (78.95 %)</b>
L77	Unique needs training	I	6/6	3/3	5/5	2/2	6/6		<b>22/22</b>	<b>Met</b>
L78	Restrictive Int. Training	L	2/3			1/1			<b>3/4</b>	<b>Met</b>
L79	Restraint training	L	1/1			1/1			<b>2/2</b>	<b>Met</b>
L80	Symptoms of illness	L	4/4	3/3	4/4	1/1	3/3		<b>15/15</b>	<b>Met</b>
L81	Medical emergency	L	4/4	3/3	5/5	1/1	3/3		<b>16/16</b>	<b>Met</b>
<sup>Pa</sup> L82	Medication admin.	L	4/4	1/1		1/1	3/3		<b>9/9</b>	<b>Met</b>
L84	Health protect. Training	I	3/3	1/1	3/3		3/3		<b>10/10</b>	<b>Met</b>
L85	Supervision	L	4/4	2/3	5/5	1/1	3/3		<b>15/16</b>	<b>Met (93.75 %)</b>
L86	Required assessments	I	2/5	1/2	3/4				<b>6/11</b>	<b>Not Met (54.55 %)</b>
L87	Support strategies	I	3/5	1/2	3/4				<b>7/11</b>	<b>Not Met (63.64 %)</b>
L88	Strategies implemented	I	2/5	3/3	5/5		6/6		<b>16/19</b>	<b>Met (84.21 %)</b>
L89	Complaint and resolution process	L					3/3		<b>3/3</b>	<b>Met</b>
L90	Personal space/ bedroom privacy	I	6/6	3/3	4/5		5/6		<b>18/20</b>	<b>Met (90.0 %)</b>

L91	Incident management	L	3/4	3/3	4/5	1/1	2/3		<b>13/16</b>	<b>Met (81.25%)</b>
L93 (05/22)	Emergency back-up plans	I	6/6	3/3	5/5	2/2	6/6		<b>22/22</b>	<b>Met</b>
L94 (05/22)	Assistive technology	I	6/6	3/3	4/5	2/2	6/6		<b>21/22</b>	<b>Met (95.45%)</b>
L96 (05/22)	Staff training in devices and applications	I	5/5	3/3			4/4		<b>12/12</b>	<b>Met</b>
L99 (05/22)	Medical monitoring devices	I	1/1		1/1		2/3		<b>4/5</b>	<b>Met (80.0%)</b>
<b>#Std. Met/# 79 Indicator</b>									<b>69/79</b>	
<b>Total Score</b>									<b>76/89</b>	
									<b>85.39%</b>	