

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

**Provider:** T.I.L.L. \_\_\_\_\_

**Provider Address:** 20 Eastbrook Rd. , Dedham \_\_\_\_\_

**Name of Person** Ed Castelli  
**Completing Form:** \_\_\_\_\_

**Date(s) of Review:** 23-OCT-24 to 24-OCT-24 \_\_\_\_\_

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

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

<b>Indicator #</b>	L35
<b>Indicator</b>	Preventive screenings

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Area Need Improvement</b>	For eight individuals, routine and preventative screenings had not occurred. The agency needs to ensure that individuals receive preventative health screenings in accordance with their age and sex. If an individual or guardian declines or a physician defers a preventative screening, the agency needs to maintain documentation of why the preventative screening did not occur.
<b>Process Utilized to correct and review indicator</b>	At the time of each annual physical, all preventive health screenings specific to the individual's sex and age will be reviewed and discussed with the PCP and guardian. The location and nurse will maintain a record of the required health screening(s) for each individual and it will be reviewed annually. If the guardian or individual declines the needed health screening, it will be noted on the paperwork with the specific reason why and DDS Service Coordinator will be notified.
<b>Status at follow-up</b>	The process is moving along nicely - there have been no refusals for required health screenings since implementation.
<b>Rating</b>	Met

<b>Indicator #</b>	L39
<b>Indicator</b>	Dietary requirements
<b>Area Need Improvement</b>	For two individuals who had medical conditions that required special dietary considerations, there were no special dietary recommendations, physician's orders or guidelines to address the individuals' unique dietary requirements. The agency needs must ensure that when medical conditions exist requiring special dietary considerations, that the physician is consulted, physician's orders or recommendations are obtained, and written guidelines are developed if special diets are required in managing individuals' medical conditions.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Process Utilized to correct and review indicator</b>	TILL continues to follow the requirements for assisting someone with special dietary requirements but has implemented an added measure of nursing review at the time of entry (if applicable), time of ISP and quarterly as part of the health care reviews. All feedback is provided to the site manager and if any follow-up is required, it will be completed timely.
<b>Status at follow-up</b>	The last two months of ISP's, nursing has reviewed anyone with any special dietary requirements to ensure that all components are in place, and it has worked successfully.
<b>Rating</b>	Met

<b>Indicator #</b>	L68
<b>Indicator</b>	Funds expenditure
<b>Area Need Improvement</b>	For nineteen individuals, the agency charged a monthly administrative fee for representative payee services for which it is contractually obligated to provide. The agency needs to ensure that individuals do not pay for items or services which are the responsibility of the agency.
<b>Process Utilized to correct and review indicator</b>	TILL consulted with the Bureau of Program Integrity who reviewed the updated guidance in the RFR. After discussing with the BPI, TILL has discontinued the collection of the representative payee fee for managing the individuals' funds and all the overall aspects of the representative payee responsibilities.
<b>Status at follow-up</b>	The information was reviewed with the accounting department and the monthly representative payee fee is no longer being collected.
<b>Rating</b>	Met

<b>Indicator #</b>	L86
--------------------	-----

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	For ten individuals, ISP assessments were not submitted to DDS within the required timeframe. The agency needs to ensure that ISP assessments are submitted to DDS fifteen days prior to the ISP meeting.
<b>Process Utilized to correct and review indicator</b>	A review of the requirements for ISP assessments submissions was completed with managers and coordinators along with the tool that breaks down the indicator. Alerts in HCSIS by individual will be additionally communicated by the supervisor through email to the program manager to ensure that the request is received along with a tracker that will be maintained by Systems and QA as an additional layer to ensure that ISP assessments are completed and submitted into HCSIS in a timely manner.
<b>Status at follow-up</b>	The tracker is in place and working successfully. Assessment requests in HCSIS since survey have been communicated additionally through supervisor to the program manager and submissions made within timeframe. DDS had not requested several on time making TILL's submission after the 15 days - otherwise, process is working well.
<b>Rating</b>	Met

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	For nine individuals, provider support strategies were not submitted to DDS within the required timeframe. The agency needs to ensure that provider support strategies are submitted to DDS at least fifteen days prior to the ISP meeting.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Process Utilized to correct and review indicator</b>	Much like the tracking of ISP assessments, we have taken the same approach to how we monitor ISP Support Strategies. A review of the requirements for ISP Support Strategies submissions was completed with managers and coordinators along with the tool that breaks down the indicator. Alerts in HCSIS will be additionally communicated by the supervisor through email to the program manager to ensure that the request is received along with a tracker that will be maintained by Systems and QA as an additional layer to ensure that ISP Support Strategies are completed and submitted into HCSIS in a timely manner.
<b>Status at follow-up</b>	The tracker is in place and works nicely. ISP Support Strategies requests in HCSIS since survey have been communicated additionally through supervisor and submissions made within timeframe.
<b>Rating</b>	Met

<b>Indicator #</b>	L89
<b>Indicator</b>	Complaint and resolution process
<b>Area Need Improvement</b>	At two ABI/MFP locations, the agency's complaint resolution process and resolution log were not present. Complaint resolution process and the logs must be present and accessible to individuals and staff at all ABI/MFP locations.
<b>Process Utilized to correct and review indicator</b>	There has always been a log present at each of TILL's ABI locations for individuals to be able to voice any grievances and/or concerns. Each location has a designated area, and all individuals are made aware of the location and process. There is a specific form that has always been accessible to the individuals at that location to make a written complaint. It is always kept in the designated area. Each manager maintains a log with the stage the complaint is in, and this is always available to the individual.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Status at follow-up</b>	TILL continues with the system we have always had in place with an added layer of accessibility for the individual to have access to what stage the complaint is in.
<b>Rating</b>	Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	At six of twenty-three sites, incidents were not submitted within the required timelines. The agency must ensure that incident reports are submitted within the required timelines in HCSIS.
<b>Process Utilized to correct and review indicator</b>	TILL has retrained all management staff in the timelines for incident reporting. The internal tracker is updated daily, and prompts are sent as needed to ensure timely submissions of incident reports.
<b>Status at follow-up</b>	Improvement was immediately seen. It was decided that the Incident Report Timelines will be an annual training for management and continue to be part of the initial management training upon hire.
<b>Rating</b>	Met

**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**

<b>Indicator #</b>	L9 (07/21)
<b>Indicator</b>	Safe use of equipment
<b>Area Need Improvement</b>	For four individuals, the DDS safety assessment was not completed in its entirety. The agency must evaluate individuals on all items on the DDS safety assessment using what it has observed and/or assistance rendered to the individual during using.
<b>Process Utilized to correct and review indicator</b>	A review of the Safety Assessment for each of the individuals yielded the discussion and implementation of a more specific and tailored assessment tool for the day setting. The present tool did not capture the day setting and, in many cases, areas were left blank. This assessment has been discussed and reviewed with the day teams, including the therapists.
<b>Status at follow-up</b>	Each day support individuals are in the process of having a revised Safety Assessment completed and reviewed by the teams. There will be updated at the time of the ISP and/or as modifications are required.
<b>Rating</b>	Met

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

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

<b>Indicator #</b>	L65
<b>Indicator</b>	Restraint report submit
<b>Area Need Improvement</b>	Six of nine restraint reports were submitted outside the required timelines. The agency must submit and finalize restraint reports within the required timelines.
<b>Process Utilized to correct and review indicator</b>	An email group has been created to alert all parties involved in restraint documentation. TILL clinicians have been re-trained in the timeline expectations.
<b>Status at follow-up</b>	There have been no late restraint reports since implementation.
<b>Rating</b>	Met