



Quality Assurance Policy

Date of Origin: March 10, 2015

Modification Date(s): 2/11/19

Date of Last Review: 11/12/24

I. Purpose

To explain the policy for how the agency collects, reports, shares, and applies quality assurance data to agency decision making and to ensure compliance with the certification requirements in 14-197 CMR Chapter 10 and Licensing Standards from the Department of Mental Health and Mental Retardation Division of Licensing.

II. Policy/Procedure

Quality Assurance is an ongoing process involving weekly, monthly, and annual activities that work to improve services and enhance the quality of care the agency provides. This includes input from staff, management, clients, guardians, referral sources and stakeholders.


Client Satisfaction surveys will be distributed to guardians/clients annually to ensure client feedback in program and the budget planning process. Surveys will be distributed to clients and families annually. Leadership will review the survey and disseminate feedback to all agency staff. The surveys will aid in determining future trainings and areas of focus for our programs.

BHH satisfaction surveys will be distributed to BHH guardians/clients bi-annually to ensure client satisfaction and to identify ways to improve this new service we are providing.

The Agency shall have an internal record review process that periodically determines and improves compliance with these standards and other policies and procedures. Each program has a record review checklist that is used to audit all client records.

Dashboard items are monitored and identified in each program area and reported to the CEO on a monthly basis. The dashboard is posted on the employee portal and discussed at staff meetings and management meetings.

At the end of each fiscal year quality assurance information will be considered during the development of organizational goals.



Scott Tash, CEO



Date