UCP of Western Massachusetts

PERFORMANCE AND QUALITY IMPROVEMENT (PQI) QUARTERLY *"Creative Compliance"* REPORT

FY26 Quarter 4 (April 1 – June 30, 2026) | Issued July 2026

VISION

Inspiring all to live a life without limits

MISSION

To empower all individuals with diverse abilities through advocacy, innovation, dignity and friendship.

Welcome

Welcome to UCP of Western Massachusetts' Quarter 4 Creative Compliance Report for Fiscal Year 2026. This report is intended for all stakeholders, including members, families, staff, community partners, board members, funders, and regulatory entities. It highlights the work of the PQI Committee and reflects UCP's continued commitment to transparency, collaboration, and continuous quality improvement.

FISCAL YEAR 2026 SCHEDULE OF REPORTS

QUARTERLY 1✓	QUARTERLY 2✓	QUARTERLY 3✓	QUARTERLY 4
July 1st-September 30th	**October 1st – December 31st**	**January 1st-March 31st**	**April 1st – June 30th**
*report comes out in October 2025	*report comes out in January 2026	*report comes out in April 2026	*report comes out in July 2026

Questions or ideas for next quarter's initiatives? Feedback on the report?
Email Justine Buckley, Director of Quality & Compliance, at **jbuckley@ucpwma.org**

QUARTER 4 UPDATES

In Quarter 4 of FY26, UCP of Western Massachusetts closed the fiscal year with strong performance in several programs and clear priorities for improvement in FY27. Merger planning with BFAIR also moved from announcement toward a structured project approach, with an executive steering committee assigning work to subject-matter workgroups and designated owners guiding timelines and deliverables. **Plans to Pursue an Intent to Merge.**

Year-end file-audit results demonstrate sustained strength in Assistive Technology, Remote Supports, DDS Shared Living, DESE/IFFS, and Family Support. The combined FY26 file-audit average came in at 88%, compared with the agency target of 90%. We made great progress throughout the year and finished the fiscal year right near our target.

Quarter 4 operational outcomes also showed important progress. Shared Living achieved 100% on its safety measure in April, May, and June. DESE/IFFS exceeded its 85% target in both regions throughout the quarter. Remote Supports reported 95% member engagement in June, and ABA met DPH service timelines in all three Q4 months.

Together, these results show that consistent measurement, timely review, and targeted follow-up can strengthen both service quality and regulatory compliance. FY27 priorities include improving below

BFAIR
Berkshire Family & Individual Resources

UCP®
of Western Massachusetts

UPDATE ON REGULATORY SURVEYS/ACCREDITATIONS

1. Department of Developmental Services (DDS) – Office of Quality Enhancement (OQE)

   • UCP is audited by the Office of Quality Enhancement and maintains licensure in good standing for Community Based Day Supports (CBDS), Community Integrated Employment Services (CIES), Remote Supports and Monitoring (RSM), and Shared Living (Placement Services). OQE is not due to return until 2028.

   • Merger planning will include a formal review of DDS contracts, licensing obligations, required notifications, committee structures, and continuity-of-service controls.

2. Behavioral Health Center of Excellence (BHCOE)

   • UCP's Specialty Service Provider (ABA) Program remains accredited through December 15, 2027, as previously reported. In December of 2027, re-accreditation will occur with ACQ because CASP recently acquired BHCOE. UCP submitted a change in contractor identity form to BHCOE and is completing all actions to carry over this accreditation as a part of the merger.

3. COA (Council On Accreditation)

   • UCP is transitioning from Council on Accreditation (COA) accreditation to the Commission on Accreditation of Rehabilitation Facilities (CARF) as part of our continued commitment to quality, accountability, and person-centered services. This transition also supports the organization's broader merger and integration efforts by establishing a unified accreditation framework for the combined organization.

CARF's standards are closely aligned with the services UCP provides and the populations we support. Its accreditation model places strong emphasis on measurable outcomes, individualized services, participant rights, risk management, organizational leadership, continuous quality improvement, and the meaningful involvement of individuals served. These priorities are consistent with UCP's mission and our existing Performance and Quality Improvement practices.

Transitioning to CARF will help UCP:
• Establish consistent quality and operational standards across programs, locations, and the merging organizations.
• Strengthen the use of data to evaluate program performance and participant outcomes.
• Promote person-centered planning, informed choice, independence, and community inclusion.
• Improve coordination among clinical, programmatic, administrative, and compliance functions.
• Create clearer connections between strategic planning, risk management, staff training, service delivery, and quality improvement.
• Support accountability to individuals served, families, employees, funders, regulators, and community partners.
• Identify opportunities for improvement through a structured and ongoing accreditation process.
• Position the combined organization for sustainable growth and the development of additional services.

This decision does not diminish the value of UCP's experience with COA. COA accreditation provided an important foundation for organizational quality and helped strengthen many of the systems currently in place. The transition to CARF represents the next stage in UCP's development and reflects the needs, services, and strategic direction of the combined organization.

The transition will require collaboration across all levels of the organization. Leadership, program teams, compliance and quality staff, human resources, clinical services, and administrative departments will work together to review current practices, identify gaps, update policies and procedures, strengthen documentation, and prepare employees for CARF expectations.

Ultimately, the purpose of this transition is not simply to achieve a new accreditation. It is to use the CARF framework to strengthen service quality, improve outcomes, support organizational consistency, and ensure that the individuals we serve remain at the center of our work.

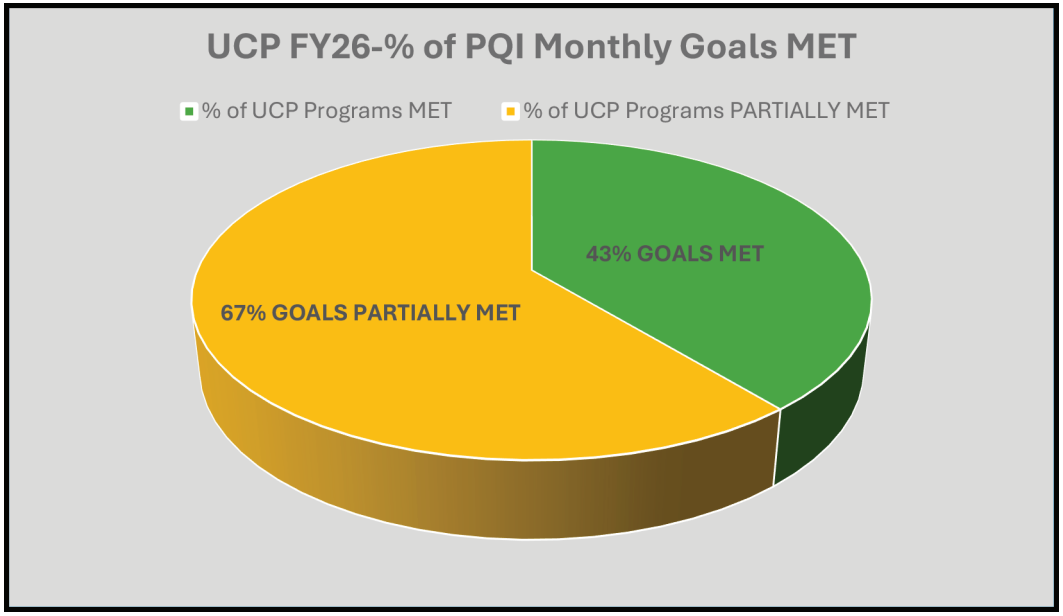
4. Other governing bodies included in ongoing oversight are DPH (Department of Public Health), MassHealth, and MassAbility.

- FY27 merger workgroups will map applicable contracts, reporting duties, approvals, and record-retention requirements before systems or processes are consolidated.

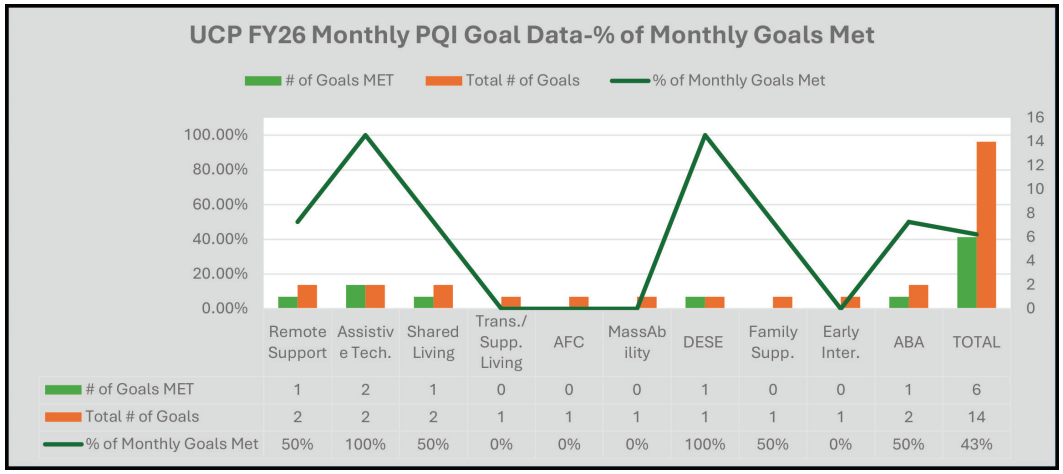
- Mass Health audited Adult Family Care in 2022-2023 and notified UCP of the results of that audit in June of 2026. UCP reviewed the results and submitted an extensive appeal within 30 days of the Mass Health notice of the audit results. Updates on results of that appeal will be shared within future Creative Compliance reports.

FY26 OUTPUTS & OUTCOMES – QUARTER 4 DETAIL

Programs continued to monitor progress toward their monthly Performance and Quality Improvement (PQI) goals and quarterly file audit requirements. During the reporting period, 67% of programs achieved progress and 43% of programs achieved goal-completion. Results were reviewed to identify positive performance trends, barriers to completion, and areas requiring additional follow-up or corrective action.



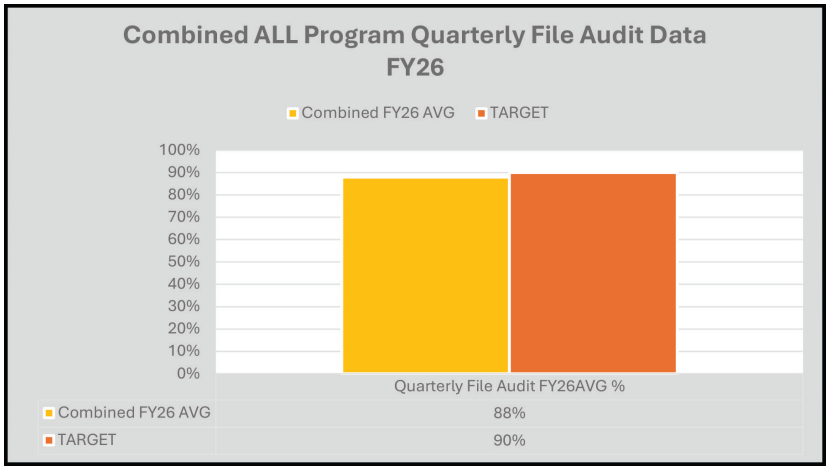
Programs that met or exceeded their monthly targets demonstrated consistent data collection, timely documentation, and active management oversight. When goals were not fully achieved, program leaders identified contributing factors and developed improvement strategies, including additional staff guidance, closer monitoring, revised workflows, and follow-up through the PQI process.



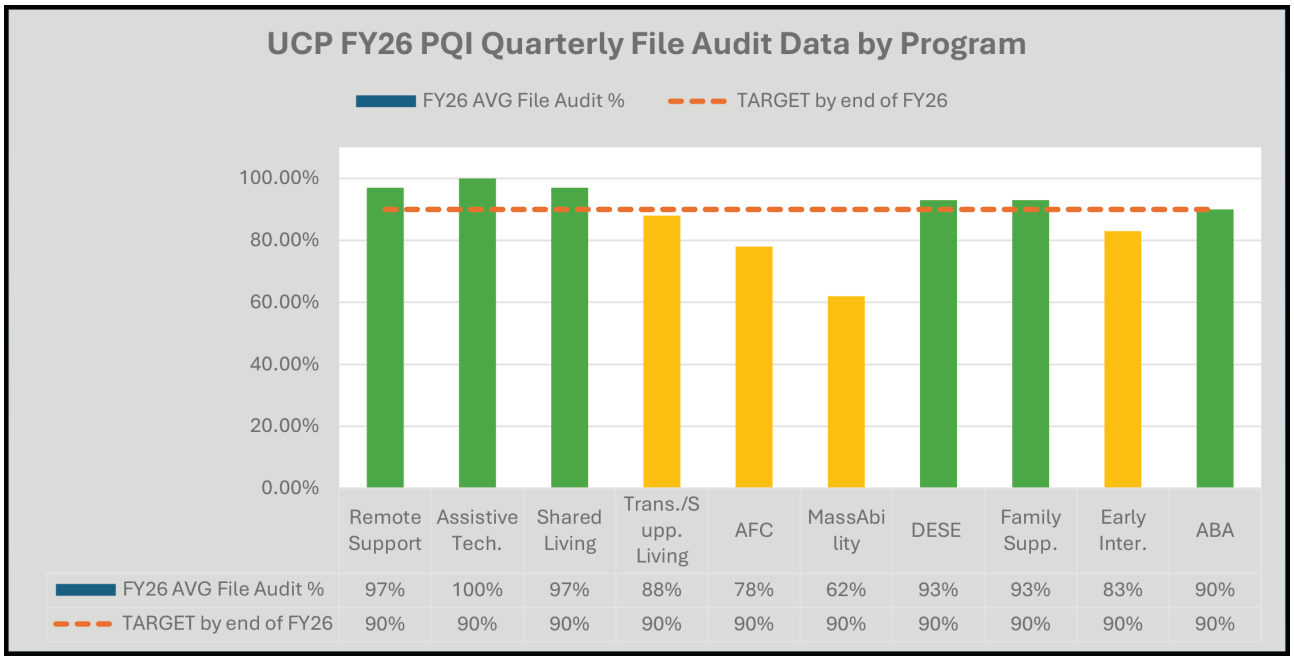
	Remote Support	Assistive Tech.	Shared Living	Trans./ Supp. Living	AFC	MassAbility	DESE	Family Supp.	Early Inter.	ABA	TOTAL
# of Goals MET	1	2	1	0	0	0	1	0	0	1	6
Total # of Goals	2	2	2	1	1	1	1	1	1	2	14
% of Monthly Goals Met	50%	100%	50%	0%	0%	0%	100%	50%	0%	50%	43%

ON TRACK

Quarterly file audits were completed at an overall rate of **88%** against the established audit goal of 90%. The audits evaluated documentation accuracy, timeliness, completeness, regulatory compliance, and alignment with organizational requirements. Findings were communicated to program leadership, and identified deficiencies were assigned for correction and follow-up.



Overall, the monthly PQI reviews and quarterly file audits continue to strengthen accountability, identify opportunities for improvement, and support consistent, high-quality services. Results will remain under review to ensure that corrective actions are completed, and improvements are sustained in future reporting periods.



QUARTER 4 QUALITY, COMPLIANCE, AND MERGER READINESS OVERVIEW

Quarter 4 closed with an agency-wide focus on sustaining high-performing programs, correcting areas below target, and preparing quality and compliance controls for the planned merger with BFAIR. Merger work is organized through an executive steering committee and expert workgroups with representation from BFAIR and UCP with assigned owners, timelines, and deliverables.
The following workgroups have been identified because these areas require coordinated review so that regulatory approvals, service continuity, data integrity, training obligations, and member protections remain in place throughout the transition:

- DDS Contracts
- MassAbility Contracts
- DPH Contracts
- MassHealth Contracts
- CARF Readiness
- BHCOE/ACQ
- Business and Program Vendor Contracts
- Training Integration
- EHR Systems
- Policies, Procedures, and Employee Handbook
- Insurance Credentialing
- Compensation, Health Insurance, PTO, and Holidays
- Strategic Plan
- Building Utilization
- Organizational Culture
- Clinical Integration
- Information Technology
- Committee Integration
- Caregiver Credentialing
- Berkshire Talking Chronicle
- Marketing/Branding
- Payroll System Transition
- Billing System Transition

We recognize that successful integration depends on open communication and the involvement of employees from both organizations. We value transparency, collaboration, and meaningful participation throughout this process. Workgroup members are encouraged to share their feedback, identify risks or concerns early, and recommend solutions that support a thoughtful and effective transition. Assignments may be updated as the project develops, additional expertise is needed, or new tasks are identified. Any changes will be communicated to the appropriate leaders, owners, and team members. Quarter 4 planning reinforces an essential control: no policy, system, contract, committee, or required process should be retired until ownership, regulatory impact, necessary approvals, record retention, and replacement controls are documented.

PROGRAM GROWTH & EXPANSION – AMHERST LOCATION

UCP's Amherst location completed FY26 as an operating, licensed program and continues accepting referrals. Quarter 4 quality priorities included incorporating the location into routine file audits, staff training, safety monitoring, and PQI reporting.

The $60,000 in DDS startup funding previously awarded supported the program's launch. Ongoing monitoring will focus on referral growth, staffing capacity, documentation quality, member outcomes, and compliance with OQE requirements.

Interested in learning more or scheduling a tour?
Please contact Katie Fiander at **kfiander@ucpwma.org**

COMPLIANCE: FREQUENTLY ASKED QUESTIONS (FAQ)

✓ **What should I do if I notice a potential compliance concern?**
Address any immediate safety needs and promptly report the concern through the appropriate supervisory, incident-reporting, or compliance channel.

✓ **What makes documentation compliant?**
Documentation should be accurate, timely, objective, complete, and consistent with the services provided

✓**Can I correct an error in documentation?**
Yes. Follow the organization's correction procedures. Never erase, backdate, delete, or improperly alter an original record.

✓**What happens after a concern is reported to UCP's Ethics and Compliance Reporting Line?**
The concern is reviewed to determine whether follow-up, corrective action, additional training, or an investigation is needed.

✓**How can staff prepare for an audit?**
Complete documentation on time, review records for accuracy, follow current policies, and promptly correct identified deficiencies.

✓**What is my role in quality improvement?**
Document accurately, report concerns, participate in training, provide feedback, and follow through on corrective actions.

Myth VS. FACT COMPLIANCE

Myth: A concern should only be reported when there is proof
FACT: Staff should promptly report reasonable concerns so they can be appropriately reviewed

Myth: Small documentation errors do not matter
FACT: Even minor errors can affect service continuity, billing, accountability, and compliance

Myth: Compliance is the responsibility of the Compliance Department
FACT: Compliance staff provide guidance, but every employee is responsible for compliant conduct

Myth: Corrective action is a form of punishment
FACT: Corrective action resolves concerns, reduces risk, and prevents recurrence

Myth: TExperienced employees do not need refresher training
FACT: Requirements and practices change, making ongoing training important for every role

KEY TAKEAWAYS

Ask questions when expectations are unclear

Complete documentation accurately and on time. Documentation tells the story of care

Correct errors according to established procedures

Compliance is part of everyone's daily responsibilities

QUARTER 4 QUALITY IMPROVEMENT INITIATIVES

1. Data Quality and Completeness —FY27 reporting will include continuing monthly targets and quarterly audit goals within the PQI committee but will also include transitioning away from the logic model format which is associated with COA accreditation guidelines and towards formats aligned with CARF accreditation.

2. Merger Quality Controls — Quality, compliance, risk, regulatory approvals, training, record retention, and continuity requirements will be embedded into workgroup plans.

Thank you for taking the time to join us for our "Creative Compliance" report.

WHAT DO I DO WITH THIS INFORMATION?

UCP of Western Massachusetts wants all our members, staff, stakeholders, and community members to know the status of the services UCP provides. Use this information to develop ideas, solutions, or critiques. Actively participate by sharing your thoughts with us.

Questions or ideas for next quarter's initiatives? Feedback on the report? Email Justine Buckley at **jbuckley@ucpwma.org**