



DRAFT Metro Region Report
2005 Community Practice Review

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INTRODUCTION

Process

The 2005 Community Practice Review (CPR) for the Metro Region took place in two stages: from October 17-28, 2005 and November 28 to December 9, 2005. The Metro Region supports 225 Jackson class members. Forty-three people, or 19%, of the class members in this region were reviewed.

Like last year, the 2005 Community Practice Review consisted of four phases. Since the details of each phase were outlined last year, only notable changes will be highlighted here.

Phase I Sample Selection, Review Preparation

September 14 through October 23

October 26 through November 25

Sample Selection: As in the past, at least one class member from each residential agency was represented in the sample. In addition, an effort was made to include at least one person from each of the day and case management agencies serving class members and to equitably choose the proportion of class members selected from a given agency.

Some of the 2005 CPR process improvements initiated as a result of comments and recommendations from LTSD/DOH central office personnel, LTSD Regional Office staff, case managers, providers and others included:

Enabling 24 hours to provide missing documentation.

Reviewers were instructed to document requests made to case managers and/or providers for documentation that was needed but missing from the file. Once a request was made to the case manager or provider for missing information, they were given 24 hours to make that material available to the reviewer for consideration during this review.

Providing written individual findings and recommendations during the week of the on-site Review.

In an effort to recognize good practice and swiftly correct identified problems, the individual findings and recommendations were presented in writing during the October 28th and December 9th Status Review meetings. This gave the Metro regional office staff, particularly each staff person identified to do follow up for each class member, an opportunity to seek clarification on relevant findings and recommendations. This also enabled RO staff the chance to provide historical or other available information (anecdotal or documentation). Regional Office staff also provided valuable feedback on wording and terminology to ensure clarity, accuracy and cultural sensitivity.

Additional Notes in the Protocol Document: In line with LTSD/DOH requests, the Protocol Document was updated to include more notes of clarification regarding what expectations were for specific questions. In addition, a few quality of life questions were added in order to provide more quantifiable information regarding the roles, memberships and relationships in which class members were engaged. In addition, reviewers were asked to specifically list all of the assistive technology/augmentative communication devices required and available.

Posting the Protocol Document on the Internet. In an effort to enable easy access to the exact questions that would be asked of people participating in the Review, the 2005 Community Practice Review Protocol Book, the Guide to the Regional Offices, Guide to Reviewers and Guide to Case Judges were posted on the web.

Phase II: On Site Information Gathering

October 17 -28, 2005
November 28 to December 9, 2005

Assignment of Reviewers and Case Judges:

All reviewers in the Metro Region were either Long Term Services Division or Department of Health Improvement staff. As always, LTSD staff could not review individuals within their own region.

Reviewers in addition to the Community Monitor included:

Charlene Cain, LTSD	George Perrault, DHI
Jeana Caruthers, DHI	Deb Russell, DHI
Gina D'Aguero, DHI	Donna Storey, DHI
Marti Madrid, DHI	Valerie Valdez, DHI
Michelle Patterson, LTSD	

Case judges included the following consultants to the Community Monitor:

Wanda Black	Keytha Jones
Sandra Clamp	Vicki Lund
Christina Crowe	

38 Agencies were involved in the review. Forty-three individual class members were visited during the review.

They receive services from:

- thirteen Independent Case Management Agencies (A New Vision, A Step Above, Amigo, Blue Sky, Carino, Connections Plus, DSLM, Esperanza, Friends Forever, IHAH, NMQCM, Peak and Unidas);
- thirteen day service providers (Adelante, ARCA, Community Options, Connections, Dungarvin, Goodwill, Journeys, LLC, RCI, ResCare, Share Your Care, SuVida, and VSA); and

- nineteen residential providers (Ability First, Acorns to Oaks, Active Solutions, Adelante, ARCA, Cuidando, Dungarvin, Expressions of Life, High Desert, Imagine, Journeys, LLC, New Pathways, Optihealth, Progressive, Radiant Living, ResCare, SuVida and TLC).

There were approximately 215 individuals interviewed and/or observed during this on site review.

Consultants involved in the review. As in past years, Ruby Moore, Supported Employment Consultant, reviewed and reconciled with reviewers/case judges the scores of all class members in the Supported Employment area. Ruby was present and on site during the Metro #1 review. Chris Heimerl, Behavioral Consultant and Sheela Stuart, Assistive Technology Consultant were also invited to participate by reviewing scores and providing feedback.

Phase III: Information clarification, data entry and data analysis.

October 31, 2005 to January 13, 2006

Protocol Books checked again for accuracy and data entered. The week following the on site reviews, the protocol books were reviewed for completeness, accuracy and clarity. Scores from the protocol books were entered into a database provided by DOH. Copies of the scoring sheets from the protocol books along with an electronic and hard copy version of the database was sent to DOH for a 100% quality check. Any questions/errors were corrected.

Meetings were held with 340 representatives of class members and planning teams post review. Consistent with the process in 2004, the Community Monitor developed a PowerPoint presentation highlighting the numerical results of the Metro Review. This presentation was shared with the Regional/LTSD Staff first and then at a group meeting with case managers, providers and LTSD state and regional staff. This meeting took place January 20, 2005.

In addition, individual meetings were held with representatives of each class member in the review and their Teams. Team representatives frequently included: the class member; his/her guardian/family members; day and residential providers; therapists; and case managers. These meetings offered an invaluable opportunity for an exchanged of information between the Community Monitor, the Regional Program Manager, Regional Office and State LTSD Staff and individual Teams. I extend a special thank you to the Metro Office for arranging and coordinating these meetings and to Class Members for coming and their Teams for exchanging such good information.

Follow up began December 16, 2005. Since there was some confusion last year regarding when follow up began, a specific date was set for when follow up was to officially begin.

December 16th was the start date for the Metro Region, which is one week following the on site review. The four working days following the Review were intended to provide an opportunity for the Community Monitor and the Regional Office staff to conduct a final review/edit of the individual findings and recommendations. All case managers and providers were to receive electronic and/or hard copies of the final individual findings and recommendations by October 7th.

Phase IV: Editing/Writing

January 2, 2006 to February 5, 2006.

The information gathered as a part of this process was brought together, analyzed and forms the foundation of this report.

INDIVIDUALS WITH IMMEDIATE OR SPECIAL NEEDS

There were three individuals (7%) reviewed who were identified as “needing immediate attention”. Individuals who are identified as “**needing immediate attention**” are individuals for whom urgent health, safety, environment and/or abuse/neglect issues have been identified, which the team is not successfully and actively in the process of addressing in a timely fashion. In line with a request from DHI, an incident report is to be filed on behalf of individuals identified in this category. Immediate follow up/intervention is requested by the Community Monitor for these individuals.

Seven individuals (16%) of the forty-three reviewed were identified as needing “special attention”. Individuals identified as “**needing special attention**” are individuals for whom issues have been identified that, if not addressed, are likely to become an urgent health and/or safety concern. The Community Monitor requested follow up/intervention and feedback take place on identified items as quickly as possible but in no instance to exceed 60 days. Details of each person’s situation were given to Regional Office staff during the review week. Highlights of the issues are in the individual write-ups provided directly to LTSD and relevant case managers and providers.

Case Management Agencies Supporting People with Immediate or Special Needs

Agency	Persons in sample	Immediate Need	Special Attention	Total
Blue Sky	1		1	1
Carino	4		3	3
IHAH	5	2		2
Unidas	9	1	3	4

**Provider Agencies
Supporting People with Immediate or Special Needs**

Agency (day & home)	Persons in sample	Immediate Need	Special Attention	Total
Active Solutions	1		1	1
Adelante	15	1		1
ARCA	4	1		1
Dungarvin	3		1	1
Expressions of Life	2	1		1
Goodwill	1		1	1
Imagine	4		1	1
LLCP	7		3	3
New Pathways	2		1	1
RCI	3		1	1
ResCare	7	1	1	2
Share Your Care	3	1		1

*Some individual(s) have day services with one provider and residential services with another so the total number of persons may come out higher than the sample number and/or the total number of individuals with Immediate or Special Needs

EXPECTATIONS FOR GROWTH

It is critically important when supporting persons to have an appropriate and positive expectation for growth. The absence of such expectations typically results in self fulfilling prophecy . . . little or no improvement or progress due to minimal investment in change.

Findings regarding expectations for growth depict somewhat more positive results than in 2004, but overall the scoring suggests major remaining challenges. In only 19 of 43 instances was the IDT found to have an adequate expectation for individual growth (44% as compared to 16% in 2004).

Of support persons, case managers (responsible for advocating on the individual's behalf) were *least* likely to have an appropriate expectation of growth (58% this year and 30% in 2004). Both residential and day support staff made larger improvements, going from 33% in 2004 to 67% in 2005. But at least one-third of all support persons remain without an appropriate expectation for growth.

It was positive to observe an increase (65% in 2005, up from 50% in 2004) in the percentage of persons surveyed who were found to have achieved clear progress in the past year.

The scoring table for this data can be found in the Appendix on page 14.

Practice Challenges:

- 24 of 43 (56%) IDT teams did not have an appropriate expectation of growth for the persons they support.
- 18 of the case managers (42%) did not have an appropriate expectation of growth for the persons they support
- 14 of both the day and residential direct staff (33%) did not have an appropriate expectation of growth for the persons they support.

QUALITY OF LIFE

Some improvement was noted in all but two of the eighteen areas relevant to quality of life. Most notable were improvements in certain areas of choice-making (where and with whom to live: 87%, and where and with whom to work: 82%); having daily choices and appropriate autonomy over one's life (70% up from 54%); and having cultural preferences accommodated (100% up from 81%).

Four areas demonstrate the need for significant focus and effort. Only 57% of the individuals in the sample (6 CND) are offered a range of opportunities for participation in each life area, a slight improvement over 54% in 2004. A related focus area is the lack of opportunities for 4 of the 7 retired persons to engage in activities of interest during the day (43% down from 80%) Only 38% (down from 53% in 2004) have guardians who could be described as actively involved in the person's life and service planning. Finally, 12 individuals were found to only partially, not fully, be treated with dignity and respect.

The scoring table for this data can be found in the Appendix on page 14.

SATISFACTION

As in 2004, the region scored consistently high in this area. The most notable change was observed in the number of persons who were found to be satisfied with their current services, 73% (up from 46% in 2004). The remainder of the satisfaction scores were between 81% and 100%. Of those, as in 2004, four were scored 100%.

The scoring table for this data can be found in the Appendix on page 15.

Noteworthy Practice:

- Of the 23 persons for whom it could be determined, 20 were found to have the opportunity to make informed choices about where and with whom to live (87% up from 54%)
- All of the 39 persons for whom a finding could be made had their cultural preferences accommodated (100%, up from 81%)
- Of the 38 people for whom it could be determined, 34 were found to be provided the assistance necessary to participate meaningfully in the planning process (89%, up from 61%)

Practice Challenges:

- Of the 7 retired persons in the sample, only 3 had adequate opportunities to engage in activities of interest during the day. (43%, down from 80%)
- 25 of the 40 individuals for whom it was applicable had guardians with limited or moderate participation in their life and service planning. (62%, up from 44%)

Noteworthy Practice:

- Of individuals for whom a determination could be made:
- 9 got along with the case manager (100%, 34 CND) and 5 found their case manager helpful (100%, 38 CND);
 - 25 got along with their day program/employment staff (100%, 17 CND, 1 N/A); and
 - 34 got along with their residential provider staff (100%, 9 CND).

ASSESSMENTS

Assessments provide important information about the individual and act as a major component from which to do individual planning. Without adequate assessments, individual planning tends to be inadequately informed.

Slight improvement was noted for each of the four questions relevant to assessment, but compliance remains below 50% in each instance. The 2004 results ranged from 22% to 38% compliance and the 2005 scoring ranges from 23% to 49%.

The team did not arrange for and obtain all of the needed, relevant assessments in 77% of the sample. In 51% of the sample assessments were not found to be adequate for planning. Even with the assessments that were present, in 44% of the sample the recommendations in the assessments were not adequately used in planning.

The scoring table for this data can be found in the Appendix on page 15.

Practice Challenges:

- For 23 of the 43 individuals, teams did not adequately consider what assessments the person needs for individual planning. (53%)
- Teams for 33 of the 43 persons in the sample did not arrange for and obtain the needed, relevant assessments. (77%)
- 22 of the persons in the sample did not have assessments adequate for planning. (51%)
- For 24 of the persons in the sample the recommendations from assessments were not adequately used in planning. (55%)

ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES

There are many factors relevant to evaluating the adequacy of planning and adequacy of services. Overall scoring indicates that the region, between 2004 and 2005, invested resources in improving this area. Some improvement is noted with all indicators. This improvement is commendable. Yet, it is notable that scores for 14 of the 23 indicators remain below 50%. And the ultimate question, "Overall is the ISP adequate to meet the person's needs?" is answered "yes" for only 16% of the sample (3% in 2004).

Areas of major improvement includes: 60% of the sample had their IDTs developed by an appropriately constituted IDT (up from 35%); 65% of the sample has ISP goals related to achieving the person's long term vision (35% in 2004); 64% of the sample had ISPs containing a specific crisis plan that meets the person's needs (33% in 2004); 70% had their direct service staff trained on the implementation of the ISP (49% in 2004); and 74% of the sample's direct service staff were able to describe their responsibilities in providing daily care/support to the person (up from 62%).

Practice Challenges:

- 7 of 43 individuals had an ISP adequate to meet their needs. (16%)
- Only 3 of those 7 adequate ISPs were being fully implemented. (43%)
- 21 of 43 people had an ISP that contained an adequate long term vision. (49%)

There have been improvements in the use of the functional supports assessments in individual planning. That assessment was found to give adequate guidance to achieving the person's long-term vision in 53% of instances, up from 27% in 2004. In addition, the functional supports assessment was used as the basis for goal development in 49% of instances, up from 35% in 2004.

There remain several areas requiring major improvement. Perhaps the largest challenge in developing the ISP revolves around issues of the ISP containing adequate specificity. In only 33% of the sample was the ISP found to include criteria by which the team can determine when the goal(s) have been achieved; for 35% of the sample the ISP objectives were found to not be adequately specific and relevant so as to assist the person in achieving his/her goals; 30% of the ISPs in the sample contained strategies sufficient to ensure consistent implementation of the services planned; and, in only 33% of the sample was the ISP found to have integrated into the plan the recommendations and/or objectives of ancillary providers (e.g., BT, OT, SLP, PT). While each of these areas demonstrated some improvement probably reflecting the increase in technical assistance and training offered by the Metro Office staff, it is important to continue to reinforce and build improved practice in this area.

Regarding the instances (36) in which the ISP was found to not be fully adequate, only ten persons (28%; 14% in 2004) were found to have services adequate to meet the person's needs.

The scoring table for this data can be found in the Appendix on pages 16.

INDIVIDUAL SERVICE PLANNING

Improvements in practice are recognized in this area as well. All of the seven protocol questions relevant to this category revealed at least some increased compliance. The highest level of compliance is 72%, with two in the 60% range, one in the 50% range, and the remaining 3 were below 50%.

Major and urgent challenges remain. As previously noted, less than 20% of ISPs were determined to be adequate to meet the person's needs, an increase from 8% in 2004. Less than half of the sample (35% in 2005, 24% in 2004) was found to have a program of the level of intensity adequate to meet the person's needs. These findings relate to the core of supports provided to the individual and indicate an area that requires significant system attention.

The scoring table for this data can be found in the Appendix on page 17.

Noteworthy Practice:

- 31 of the 43 persons in the sample had an ISP that contains a functional supports assessment based on a long-term vision. (72%, up from 57%)
- 29 people also had adequate access to and use of generic services and natural supports. (67%, up from 49%)

Historical Scoring: Overall Adequacy/Intensity of ISP					
Question	2000	2001	2002	2004	2005
Does the person have an ISP that addresses living, learning/working and social/leisure that correlates with the person's desires and capabilities, in accordance with DOH regulations?	87%	97%	73%	57%	63%
Does the person have an ISP that contains a functional supports assessment based on a long-term view?	76%	87%	88%	57%	72%
Does the person receive services and supports recommended in the ISP?	74%	66%	73%	54%	56%
Does the person have adequate access to and use of generic services and natural supports?	53%	76%	67%	49%	67%
Is the person adequately integrated into the community?	58%	66%	58%	35%	47%

TEAM PROCESS

Some improvements were noted in team process, but the overall outcome remained low, indicating the need for much more focus on making the process work. 70% of individual teams convened meetings as needed due to changed circumstances and/or needs, up from 39% in 2004 (13 N/A). Also 74% of teams were found to have had adequate communication among team members between meetings to ensure the person's program can be/is being implemented (up from 57% in 2004). Team process also played a more significant role in planning and implementing change for 11 of the 14 people who changed residential or day providers during the past year.

The scores remain low for follow up. Individual members of the IDT were found to be following up on their responsibilities in 28% of the sample (30% in 2004).

The bottom line is that for 88% of the sample (81% in 2004) the IDT process was not found to have been adequate for assessing, planning, implementing and monitoring of services. So while regional improvements are recognized and appreciated, the outcome of those improvements has yet to factor into the overall functioning of the process.

The scoring table for this data can be found in the Appendix on page 17.

Noteworthy Practice:

- For 21 of the 30 individuals' applicable, teams convened meetings as needed due to changed circumstances and/or needs. (70%)
- 32 of 43 persons have teams with adequate communication between meetings. (74%)

Practice Challenges:

- 31 of 43 persons had teams with individuals who were not following up on their responsibilities. (72%)
- The IDT process for 38 persons was not adequate for assessing, planning, implementing and monitoring of their services. (88%)

HEALTH RELATED NEEDS

Consistent with the level of improvement noted in the team process section, there was evidence that the IDT discussed the person's health related issues in 70% of instances (43% in 2004).

But health related needs remain inadequately addressed and understood by the key people responsible for supporting these individuals. In only 33% of instances (up from 24% in 2004) was the person's health supports/needs found to be adequately addressed. Team members interviewed were able to describe the person's health related needs in only 23% of instances (32% in 2004). 58% of residential services support staff, 42% of case managers and 55% of Day/Employment staff were able to describe the person's health needs. This leaves approximately half of the persons without key staff who know enough about the health needs of the people they support.

The scoring table for this data can be found in the Appendix on page 18.

Noteworthy Practice:

- 70% of IDT's discussed the person's health-related needs.

Practice Challenges:

- 33 of 43 persons (77%) had team members that could not adequately describe their health-related needs.
- 29 people did not have their health supports/needs being adequately addressed. (67%)

DAY/EMPLOYMENT SERVICES AND SUPPORTED EMPLOYMENT¹

Scores for Day/Employment increased from the 2004 review, however scores for Supported Employment remained very low. Notable areas of improvement were that 76% of Day direct services staff received training on implementing the individual's ISP (up from 53%) and 62% of Day direct service staff (44% in 2004) had adequate input into the person's ISP. Also, double the percentage of staff (33% to 67%) had an appropriate expectation of growth for the individual. While these indicators demonstrate significant improvement, there remains need for extensive improvement.

Challenges remain for these very important workers. 76% of Day direct support staff were found to adequately "know" the person (67% in 2004). If staff do not adequately "know" the individual they support, mistakes can too easily occur.

In regard to staff turnover, review notes reveal that approximately two years is the amount of time the average Day direct care staff has been with the class member whom they support in this sample. This number is deceptively high, as 27 of the 42 staff interviewed had been on the job with the class member for less than two years. There are 9 staff members who have been on the job for four years or more, and one class member has enjoyed the stability of having the same staff person for 10 years. The longevity of the staff providing day services did not effect the scoring as much as expected, as the 45% of staff who could not adequately describe the person's health-related needs consisted of both long-term staff and more recent hires.

Noteworthy Practice:

- 26 of 42 persons had day direct service staff with adequate input into their ISP. (62%)
- 32 individuals had staff who received training on implementing the ISP. (76%)

Practice Challenges:

- 14 individuals did not have a career development plan that met their needs. (78%)
- 78% of persons identified for supported employment were not provided that service in accordance with DOH standards

¹ There was one person in this sample who does not receive day services at the families' request, and was not scored

23 of 43 persons were recommended to have a supported employment assessment. Yet only 57% had received such an assessment (down from 76% in 2004) and the assessments that were performed conformed to DOH regulations in only 30% of instances (up from 0%). 22% of persons who should have career development plans had such plans which were based on assessments and designed to meet the individual's needs.

17 of 43 individuals were identified as needing supported employment. But the actual involvement of individuals in supported employment remains low and is decreasing. Only 33% of persons for whom it was applicable were actually receiving supported employment (down from 40%).

The scoring table for this data can be found in the Appendix on pages 18.

Historical Scoring: Supported Employment					
Question	2000	2001	2002	2004	2005
Need an employment assessment?	47%	50%	69%	89%	53%
Need supported employment?	34%	24%	36%	49%	42%
Receive supported employment assessment?	94%	89%	68%	76%	57%
Assessment conforms to DOH Regs?	56%	84%	50%	76%	26%
Has a Career Development Plan?	38%	56%	33%	6%	22%
Is supported work in line with requirements?	38%	44%	42%	22%	11%

BEHAVIOR

Significant improvement was noted with regard to behavior support services. Twenty-two persons were identified by reviewers as needing behavior services. Adequate behavioral support assessments had been completed for 71% (up from 63% in 2004) and behavior support plans that meet the person's needs were developed out of the behavior assessments for 83% of individuals (up from 58% in 2004). 78% of persons were found to be receiving behavioral support services consistent with their needs (up from 57% in 2004).

Challenges remain. 57% of staff were trained on implementation of the individual's behavior support plan. While an improvement over 2004, it still leaves a large number of staff who do not know how to effectively implement the behavior support plan, thus leaving the plan effectively only a paper document. Also, in 43% of instances behavior support services were not integrated into the individual's ISP.

Practice Challenges:

- 12 of those 25 persons for whom it was applicable had staff who had not been adequately trained on the behavior support plans. (43%)
- 10 persons did not have behavior support services adequately integrated into their ISP. (43%)

The scoring table for this data can be found in the Appendix on page 19.

Historical Scoring: Behavior					
Question	2000	2001	2002	2004	2005
Does the person need behavioral services?	68%	71%	70%	62%	51%
Have adequate behavioral assessments been completed?	65%	93%	74%	65%	77%
Does the person have behavior support plan developed out of the behavior assessments that meet the person's needs?	81%	93%	83%	58%	79%
Have the staff been trained on the behavior support plan?	77%	85%	100%	38%	57%
Does the person receive behavioral services consistent with his/her needs?	69%	85%	91%	57%	82%
Are behavioral support services integrated into the ISP?	15%	52%	35%	30%	59%

ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION

In this section, one area revealed marked improvement. 84% of the persons needing adaptive equipment had received all of it (up from 74% in 2004).

The challenge remains great in the other areas in this section. 41% of the persons needing assistive technology had received all of it (down from 68% in 2004). Only 38% of persons needing communications assessments had completed such assessments (39% in 2004).

The scoring table for this data can be found in the Appendix on page 19.

Practice Challenges:

- 17 of the 29 persons identified to need assistive technology had not received all of it. (59%)
- 24 of the 39 persons identified to need communication assessments and services had not adequately received them. (62%)

Historical Scoring: Adaptive Equipment/Augmentative Communication					
Question	2000	2001	2002	2004	2005
Has the person received all adaptive equipment needed?	58%	75%	92%	74%	84%
Has the person received all assistive technology needed?	68%	73%	93%	68%	41%
Has the person received all communication assessments and services needed?	64%	63%	68%	39%	38%

CASE MANAGEMENT SERVICES

The scores suggest that concerted effort had been made to improve the practice in case management. 91% of case managers were identified as both “knowing” the person and having received training on topics needed to assist in meeting the needs of the person. There was also significant improvement (38% to 65%) in documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP.

Major challenges remain. Only 44% of case managers were able to describe the individual’s health related needs (down from 49% in 2004). 44% of case managers were found to not provide case management services at the level needed by the person (down from 62% in 2004). 42% of case managers did not have an appropriate expectation of growth for the person.

In regard to length of service affecting scoring, it is noteworthy that the average Case Management length of service for these individuals is five years. Also, CMs on the job for 13 months or less did not score as well, overall, as CMs who had been working for a class member for 9 years or more, which is not unexpected. However, the fact that almost half of CMs in the sample do not provide services at the level needed reveals a lack of follow-through and professional practice that is unrelated to the amount of time they have had on the job.

The scoring table for this data can be found in the Appendix on page 20.

Noteworthy Practice:

- 39 of the 43 case managers received training on the topics needed to assist him/her in meeting the needs of this person. (91%)
- 39 of the case managers “know” the person they support. (91%)

Practice Challenges:

- 19 of 43 persons did not have case management services provided at the levels needed. (44%)
- 25 case managers were not adequately able to describe the person’s health related needs. (58%)

RESIDENTIAL SERVICES

Compared to the 2004 review, overall there were no major shifts in scoring in this area. One exception is that 67% of residential direct services staff were found to have an appropriate expectation of growth for the individual (up from 38% in 2004).

There remains significant room for improvement regarding expectation for individual growth and, also as previously noted, the ability of staff to describe the individual’s health related needs.

The scoring table for this data can be found in the Appendix on page 20.

Noteworthy Practice:

- 39 of 43 residential direct service staff “know” the person. (91%)
- 38 of 43 residential direct service staff had received training on implementing the person’s ISP and the same number were able to describe his/her responsibilities in providing daily care/supports. (88%)

Appendix: Scoring Tables

Scoring table for *Expectations for Growth* section – page 5

<i>cnd=can not determine</i>	Response	% Yes
84. Based on all of the evidence, in the opinion of the reviewer, has the person achieved progress in the past year?	28 Yes 12 Partial 3 No	65%
85. Overall, does the IDT have an appropriate expectation of growth for this person?	19 Yes 24 Partial	44%
31. Does the case manager have an appropriate expectation of growth for this person?	25 Yes 17 Partial 1 No	58%
42. Does the [day] direct service staff have an appropriate expectation of growth for this person? (1 person does not receive day services)	28 Yes 14 Partial	67%
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	29 Yes 14 Partial	67%

Scoring table for *Quality of Life* section – page 6

<i>cnd=can not determine</i>	Response	% Yes
86. Was the person provided the assistance and support needed to participate meaningfully in the planning process? (5 CND)	34 Yes 3 Partial 1 No	89%
87. Is the Person offered a range of opportunities for participation in each life area? (6 CND)	21 Yes 15 Partial 1 No	57%
88. Does the person have the opportunity to make informed choices: (21 CND)	16 Yes 5 Partial 1 No	73%
<ul style="list-style-type: none"> ▪ 89. About where and with whom to live? (20 CND) 	20 Yes 2 Partial 1 No	87%
<ul style="list-style-type: none"> ▪ 90. About where and with whom to work/spend his/her day? (21 CND) 	18 Yes 3 Partial 1 No	82%
<ul style="list-style-type: none"> ▪ 91. About where and with whom to socialize/spend leisure time? (18 CND) 	20 Yes 4 Partial 1 No	80%
97. What is the level of participation of the legal guardian in this person's life and service planning? (3 N/A)	Active: 15 Moderate: 15 Limited: 10	37.5% Active 37.5% Moderate 25% Limited
100. If the person is retired, does he/she have adequate opportunities to engage in activities of interest during the day? (36 N/A)	3 Yes 4 Partial	43%
101. Does the person have daily choices/appropriate autonomy over his/her life?	30 Yes 11 Partial 2 No	70%
102. Have the person's cultural preferences been accommodated? (4 CND)	39 Yes	100%
103. Is the person treated with dignity and respect?	31 Yes 12 Partial	72%

Scoring table for *Satisfaction* section – page 6

<i>cnd=can not determine</i>	Response	% Yes
104. Overall, is the person satisfied with the current services? (32 CND)	8 Yes 3 Partial	73%
105. Does the person get along with the case manager? (34 CND)	9 Yes	100%
106. Does the person find the case manager helpful? (38 CND)	5 Yes	100%
107. Does the legal guardian find the case manager helpful? (3 N/A, 13 CND)	22 Yes 4 Partial 1 No	81%
108. Does the person have adequate food and drink available? (6 CND)	36 Yes 1 Partial	97%
109. Does the person have adequate transportation to meet his/her needs? (1 CND)	38 Yes 3 Partial 1 No	90%
110. Does the person have sufficient personal money? (9 CND)	29 Yes 5 Partial	85%
111. Does the person get along with their day program/employment staff? (1 N/A, 17 CND)	25 Yes	100%
112. Does the person get along with the residential provider staff? (9 CND)	34 Yes	100%

Scoring table for *Assessments* section – page 7

	Response	% Yes
57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts?	20 Yes 22 Partial 1 No	47%
58. Did the team arrange for and obtain the needed, relevant assessments?	10 Yes 33 Partial	23%
59. Are the assessments adequate for planning?	21 Yes 21 Partial 1 No	49%
60. Were the recommendations from assessments used in planning?	19 Yes 23 Partial 1 No	44%

Scoring table for Adequacy of Planning and Adequacy of Services section – pages 7 & 8

	Response	% Yes
62. Was the ISP developed by an appropriately constituted IDT?	26 Yes 17 Partial	60%
64. Overall, is the long-term vision adequate?	21 Yes 21 Partial 1 No	49%
65. Overall, does the functional supports assessment give adequate guidance to achieving the person's long-term vision?	23 Yes 18 Partial 2 No	53%
66. Overall, is the functional supports assessment used as the basis for goal development?	21 Yes 19 Partial 3 No	49%
67. Overall, do the goals in the ISP include criteria by which the team can determine when the goal(s) have been achieved?	14 Yes 25 Partial 4 No	33%
68. Overall, are the ISP goals related to achieving the person's long-term vision?	28 Yes 13 Partial 2 No	65%
69. Overall, do the ISP goals address the person's major needs?	20 Yes 22 Partial 1 No	47%
70. Overall, are the objectives specific and relevant to assisting the person in achieving his/her goals?	15 Yes 20 Partial 8 No	35%
71. Overall, are the strategies sufficient to ensure consistent implementation of the services planned?	13 Yes 23 Partial 7 No	30%
72. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the goals, objectives and strategies of the ISP? (1 N/A)	14 Yes 21 Partial 7 No	33%
73. Does the ISP contain a specific crisis plan that meets the person's needs? (1 N/A)	27 Yes 13 Partial 2 No	64%
78. Overall, is the ISP adequate to meet the person's needs?	7 Yes 34 Partial 2 No	16%
79. If # 78 is rated "2", is the ISP being implemented? (36 N/A)	3 Yes 4 Partial	43%
80. If there is no ISP or if #78 is rated "0" or "1" are current services adequate to meet the person's needs? (7 N/A)	10 Yes 26 Partial	28%
81. Overall, were the direct service staff trained on the implementation of this person's ISP?	30 Yes 13 Partial	70%
82. Overall, were the direct service staff able to describe their responsibilities in providing daily care/support to the person?	32 Yes 11 Partial	74%

Scoring table for *Individual Service Planning* section – page 8

	Response	% Yes
61. Is there a document called an Individual Service Plan (ISP) that was developed within the last year?	43 Yes	100%
141. Does the person have an ISP that addresses living, learning/working and social/leisure that correlates with the person's desires and capabilities, in accordance with DOH regulations?	27 Yes 14 Partial 2 No	63%
142. Does the person have an ISP that contains a functional supports assessment based on a long-term view?	31 Yes 9 Partial 3 No	72%
143. Does the person receive services and support recommended in the ISP?	24 Yes 19 Partial	56%
144. Does the person have adequate access to and use of generic services and natural supports?	29 Yes 14 Partial	67%
145. Is the person adequately integrated into the community?	20 Yes 20 Partial 3 No	47%
147. Is the total program of the level of intensity adequate to meet this person's needs?	15 Yes 28 Partial	35%

Scoring table for *Team Process* section – page 9

<i>cnd=can not determine</i>	Response	% Yes
114. Are the individual members of the IDT following up on their responsibilities?	12 Yes 30 Partial 1 No	28%
116. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs? (13 N/A)	21 Yes 9 No	70%
117. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented?	32 Yes 11 Partial	74%
122. Has the person changed residential/day services in the last year? If Yes, was the change:	14 Yes 29 No	33%
122a. Planned by the IDT? (29 N/A)	11 Yes 2 Partial 1 No	79%
122b. Appropriate to meet needs? (29 N/A)	11 Yes 2 Partial 1 No	79%
123. Has the IDP process been adequate for assessing, planning, implementing and monitoring of services for this person?	5 Yes 38 Partial	12%

Scoring table for *Health Related Needs* section – page 10

	Response	% Yes
30. Was the case manager able to describe the person's health related needs?	18 Yes 23 Partial 2 No	42%
38. Was the [employment/day] direct service staff able to describe this person's health-related needs? (1 person does not receive day services)	23 Yes 17 Partial 2 No	55%
48. Was the residential direct service staff able to describe this person's health-related needs?	25 Yes 17 Partial 1 No	58%
54. Overall, were the team members interviewed able to describe the person's health-related needs?	10 Yes 32 Partial 1 No	23%
55. Is there evidence that the IDT discussed the person's health-related issues?	30 Yes 13 Partial	70%
56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed?	14 Yes 28 Partial 1 No	33%

Scoring for *Day/Employment Services and Supported Employment* section—page 10 & 11

<i>cnd=can not determine</i>	Response	% Yes
35. Does the day/employment direct services staff "know" the person? (1 person does not received day services)	32 Yes 10 Partial	76%
36. Does the direct service staff have adequate input into the person's ISP?	26 Yes 11 Partial 5 No	62%
37. Did the direct service staff receive training on implementing the person's ISP?	32 Yes 9 Partial 1 No	76%
42. Does the direct service staff have an appropriate expectation of growth for this person?	28 Yes 14 Partial	67%
125. In the opinion of the IDT or the reviewer, does the person need supported employment?	17 Yes 26 No	40%
126. Did the person receive a supported employment assessment? (21 N/A)	13 Yes 9 No	59%
127. Does the supported employment assessment conform to the DOH regulations? (23 N/A)	6 Yes 6 Partial 8 No	30%
128. Does the person have a career development plan (based on assessments) that meets the person's needs? (25 N/A)	4 Yes 6 Partial 8 No	22%
129. Is the person engaged in supported employment? (22 N/A)	7 Yes 14 No	33%

Scoring for *Day/Employment Services and Supported Employment* section, continued

<i>cnd=can not determine</i>	Response	% Yes
130. Is supported work provided in accordance with the following (26 N/A):	2 Yes 5 Partial 10 No	12%
▪ a. At least a 10 hour work week? (26 N/A)	3 Yes 14 No	18%
▪ b. Person earns at least ½ of minimum wage? (26 N/A)	5 Yes 12 No	29%
▪ c. Work setting is at least 50% non-handicapped co-workers? (26 N/A)	6 Yes 11 No	35%
▪ d. There is a reasonable expectation that the job will continue? (26 N/A)	8 Yes 9 No	47%

Scoring table for *Behavior* section – page 11

<i>cnd=can not determine</i>	Response	% Yes
131. Is the person considered by the IDT to need behavior services now? (1 N/A)	22 Yes 20 No	52%
133. Have adequate behavioral assessments been completed? (19 N/A)	17 Yes 3 Partial 4 No	71%
134. Does the person have behavior support plans developed out of the behavior assessments that meet the person's needs? (20 N/A)	19 Yes 2 Partial 2 No	83%
135. Have the staff been trained on the behavior support plan? (20 N/A)	13 Yes 8 Partial 2 No	57%
136. Does the person receive behavioral services consistent with his/her needs? (20 N/A)	18 Yes 3 Partial 2 No	78%
137. Are behavior support services integrated into the ISP? (20 N/A)	13 Yes 7 Partial 3 No	57%

Scoring table for *Adaptive Equipment/Augmentative Communication* section – page 12

<i>cnd=can not determine</i>	Response	% Yes
138. Has the person received all adaptive equipment needed? (11 N/A)	27 Yes 5 Partial	84%
139. Has the person received all assistive technology needed? (14 N/A)	12 Yes 12 Partial 5 No	41%
140. Has the person received all communication assessments and services? (4 N/A)	15 Yes 19 Partial 5 No	38%

Scoring table for Case Management section – page 13

<i>cnd=can not determine</i>	Response	% Yes
26. Does the case manager “know” the person?	39 Yes 3 Partial 1 No	91%
27. Does the case manager understand his/her role/job?	34 Yes 8 Partial 1 No	79%
28. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person?	39 Yes 3 Partial 1 No	91%
30. Was the case manager able to describe the person’s health related needs?	18 Yes 23 Partial 2 No	42%
33. Does the case manager provide case management services at the level needed by this person?	24 Yes 17 Partial 2 No	56%

Scoring table for Residential Services section – page 13

<i>cnd=can not determine</i>	Response	% Yes
44. Does the residential services staff “know” the person?	39 Yes 4 Partial	91%
46. Did the direct service staff receive training on implementing this person’s ISP?	38 Yes 4 Partial 1 No	88%
48. Was the residential direct service staff able to describe this person’s health-related needs?	25 Yes 17 Partial 1 No	58%
49. Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	38 Yes 5 Partial	88%
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	29 Yes 14 Partial	67%
53. Does the person’s residential environment offer a minimal level of quality of life? (1 CND)	34 Yes 8 Partial	81%