



## INTRODUCTION

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### Process

The 2005 Community Practice Review (CPR) for the Northeast Region took place from September 26 to September 30, 2005. The Northeast Region supports 46 Jackson class members. Seventeen people, or 37%, 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

August 17 to October 7, 2005

**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 September 30<sup>th</sup> Review Status Report. This gave the NERO 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

September 19 to September 30, 2005

**Assignment of Reviewers and Case Judges:**

All reviewers in the SE 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:

Susan Leonis, DHI	Marti Madrid, DHI
George Perrault, DHI	Deb Russell, DHI
Donna Storey, DHI	Valerie Valdez, DHI
Gina D'Agiero, DHI	Christine Wester, LTSD

Case judges included the following consultants to the Community Monitor:

Wanda Black	Christine Crowe
Vicky Lund	Sandra Clamp

**13 Agencies were involved in the review.** Seventeen individual class members were visited during the review. These seventeen people receive services from:

- four Independent Case Management Agencies (Visions, LVMC, Innovative Health at Home, Keetoni);
- eight day service providers (ResCare, Santa Maria el Mirador, Citizens for the DD, R-Way, Taos County Arc, Residential CRF, Las Cumbres, and Challenge NM); and
- eight residential providers (ResCare, Santa Maria el Mirador, R-Way, Citizens for the DD, Taos County Arc, Residential CRF, Las Cumbres, and Journeys).

**There were approximately 85 individuals interviewed during this 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. 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 3 to October 21, 2005

**Protocol Books checked again for accuracy and data entered.** The week following the on site review, 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.

**Meeting with representatives of individual's teams.** Consistent with the process in 2004, the Community Monitor developed a PowerPoint presentation highlighting the numerical results of the NE 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 October 19<sup>th</sup> and 20<sup>th</sup> 2005. In addition, individual meetings were held with representatives (approximately 72 people) of providers and case managers supporting each of the class members in the review. In some cases family members also attended. Some of the providers came with documentation and reports confirming action that had been taken to resolve issues identified as a part of the review.

**Follow up began October 7, 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. October 7<sup>th</sup> was the start date for the NE 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 7<sup>th</sup>.

Phase IV: Editing/Writing

October 21 to November 11, 2005.

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**

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There was one individual (6%) reviewed who was 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. An incident report is filed with DHI on behalf of individuals identified in this category. Immediate follow up/intervention is requested by the Community Monitor for these individuals.

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.

Six individuals (35%) of the seventeen 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

Case Management Agencies  
Supporting People with Immediate or Special Needs

Agency	Persons in sample	Immediate Need	Special Attention	Total
Visions	6	1	3	4
LVMC	5	0	0	0
IHAH	5	0	2	2
Keetoni	1	0	1	1
<b>Total</b>	<b>17</b>	<b>1</b>	<b>6</b>	<b>7</b>

Provider Agencies  
Supporting People with Immediate or Special Needs

Agency (day & home)	Persons in sample	Immediate Need	Special Attention	Total
ResCare	5	1	3	4
Santa Maria El Mirador	3	0	1	1
R-Way	1	0	1	1
Citizens for the DD	2	0	0	0
Taos County Arc	2	0	0	0
Residential CRF	1	0	0	0
Las Cumbres	1	0	0	0
Challenge NM	2	0	2	2
Journeys	1	0	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

Findings regarding expectations for growth were troubling, in part, because they depicted little or no change in practice from last year. In about one half of the sample (53%, down slightly from 56% in 2004) the Interdisciplinary Team was found to have an appropriate expectation of growth for the person.

Of support persons, residential services direct support staff were *least* likely to have an appropriate expectation of growth (65% this year and 63% in 2004). Case managers showed the most improvement in expectations of growth, going from 56% in 2004 to 71% in 2005.

It was positive to observe an increase (82% in 2005, up from 67% in 2004) in the percentage of persons surveyed who had achieved clear progress in the past year.

### Practice Challenges:

- 8 of 17 (47%) IDT teams did not have an appropriate expectation of growth for the persons they support.
- 5 of the case managers (29%) did not have an appropriate expectation of growth for the persons they support
- 3 of the day direct staff (18%) and 6 of the residential direct staff (35%) did not have an appropriate expectation of growth for the persons they support.

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

## QUALITY OF LIFE

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While there was no change in the percentage of the sample who have had opportunity to make informed choices (78%), there were noteworthy improvements in choice making in particular areas. 100% (up from 63% in 2004) had the opportunity to make informed choices about where and with whom to live; 78% (56% in 2004) had the same opportunity about where and with whom to work/spend his/her day; and 100% (56% in 2004) has the same opportunity regarding choices about where and with whom to spend leisure time.

Several factors indicative of improvement in quality of life were noted. 67% (up from 25%) of retired persons have adequate opportunities to engage in activities of interest during the day. 14 of 17 persons (82%) were found to be treated with dignity and respect (56% in 2004).

Two indicators were also troubling. Only one half of the sample (1 CND) is offered a range of opportunities for participation in each life area. And only 53% (down from 63% in 2004) have guardians who could be described as actively involved in the person's life and service planning.

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

### Noteworthy Practice:

- Of the 9 persons for whom it could be determined, 7 were found to have the opportunity to make informed choices (78%)
- All of the 15 persons for whom a finding could be made had their cultural preferences accommodated (100%)
- Of the 17 people in the sample, 14 were found to be treated with dignity and respect. (82%)

### Practice Challenges:

- Half (8 persons of the 16 for whom it could be determined) were offered a range of opportunities in each life area. (50%)
- 8 of the 17 individuals had guardians with limited or moderate participation in their life and service planning. (47%)

## SATISFACTION

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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, 83% (up from 43% in 2004). The remainder of the satisfaction scores were between 93% and 100%. Of those, five scores were the same as in 2004 and three scores showed slight improvement.

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

### Noteworthy Practice:

- Of individuals for whom a determination could be made:
- 6 got along with the case manager (100%);
  - 13 got along with their day program/employment staff (100%);
  - 15 got along with their residential provider staff (100%); and
  - 5 were satisfied with the current services. (83%)

## ASSESSMENTS

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While there remains significant room for improvement in this review area, the region is to be commended for the improvements realized in comparison to the 2004 findings. The 2004 results ranged from 19% to 50% compliance and the 2005 scoring ranges from 35% to 71%.

However the scores still suggest that there are major deficiencies in the way assessments are obtained and utilized. The team did not arrange for and obtain all of the needed, relevant assessments in 65% of the sample. In 41% of the sample assessments were not found to be adequate for planning. And even with the assessments that were present, in 29% of the sample the recommendations in the assessments were not used in planning.

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

### Noteworthy Practice:

Overall, findings in the area of assessments reflected improvement in the past year.

### Practice Challenges:

- Teams for 11 of the 17 persons in the sample did not arrange for and obtain the needed, relevant assessments. (65%)
- 7 of the persons in the sample did not have assessments adequate for planning (41%)

## ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES

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There are many factors relevant to evaluating the adequacy of planning and adequacy of services. While several improvements are noteworthy, this is perhaps the area with the greatest remaining challenges.

It was clear that there have been improvements in the use of the functional supports assessment in individual planning. That assessment was found to give adequate guidance to achieving the person's long-term vision in 65% of instances, up from 38% in 2004. In addition the functional supports assessment was used as the basis for goal development in 71% of instances, up from 19% in 2004.

While there remains significant need for improvement, similar increases were realized in specific scoring relating to goal development. In 2005 scores for these questions ranged from 41% to 76% compared to the 2004 scores that ranged from 13% to 31%.

### Practice Challenges:

- 5 of 17 individuals had an ISP adequate to meet their needs. (29%)
- The ISP's of 10 people were not developed by an appropriately constituted IDT. (59%)
- 10 of 17 people had ISP goals that address their major needs. (59%)
- 7 people had direct service staff that were not trained on the implementation of their ISP. (41%)

There remain several areas requiring major improvement. While a significant increase was noted (19% to 59%), only slightly over half of all ISPs were found to contain an adequate long-term vision. And in only 29% of instances was the ISP found to be adequate to meet the person's needs (6% in 2004).

Regarding those instances (12) in which the ISP was found to not be fully adequate, only three persons (18%; 20% in 2004) were found to have services adequate to meet the person's needs.

The ISP was developed by an appropriately constituted IDT in only 41% of instances, down slightly from 44% in 2004. Data then suggests that there was inadequate effort to obtain input from those team members not present. For team members absent from the IDT meeting, there was evidence of their participation in the development of the individual plan in only 33% of instances (40% in 2004).

Finally, follow through was missing in 41% (31% in 2004) of the sample in that direct services staff were found to not be adequately trained on the person's ISP.

*The scoring table for this data can be found in the Appendix on pages 16 & 17.*

## **INDIVIDUAL SERVICE PLANNING**

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Noteworthy improvements in practice are recognized in this area. Six of the seven protocol questions relevant to this category revealed at least some increased compliance. A noteworthy improvement was that almost twice as many people (82% as compared to 44% in 2004) were found to 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. Also noteworthy and commendable is the finding that 82% of persons (50% in 2004) were found to receive supports and services recommended in the ISP.

However major challenges remain. As previously noted, only 29% of ISPs were determined to be adequate to meet the person's needs, an increase from 6% in 2004. Less than half of the sample (41% in 2005, 25% 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.

### Noteworthy Practice:

- 14 of the 17 persons in the sample had an ISP that addresses the three life areas in accordance with DOH regulations. (82%)
- 14 people also received the services and supports recommended in their ISPs. (82%)

There was a slight reduction in the number of persons (69% to 65%) who were found to have adequate access to and use of generic services and natural supports. Although an increase from 19% in 2004, 59% of persons were found to be adequately integrated into the community.

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

- Practice Challenges:
- 6 of the 17 persons in the sample had adequate access to and use of generic services and natural supports. (35%)
  - 7 individuals were not adequately integrated into the community (41%)
  - 10 people had programs that were not of the level of intensity adequate to meet their needs. (59%)

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?	79%	84%	75%	44%	82%
Does the person have an ISP that contains a functional supports assessment based on a long-term view?	90%	89%	82%	63%	76%
Does the person receive services and supports recommended in the ISP?	67%	69%	70%	50%	82%
Does the person have adequate access to and use of generic services and natural supports?	57%	78%	73%	69%	65%
Is the person adequately integrated into the community?	63%	71%	66%	19%	59%

## 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. Reflecting a slight increase over 2004, 79% (up from 67%), of people were found to have records or facts existing to indicate that the team convened meetings as needed due to changed circumstances and/or needs. Also showing a slight increase were the findings in where there was found to be adequate communication among team members between meetings to ensure the person's program can be/is being implemented (76% in 2005, up from 69%). Team process also played a more significant role in planning and implementing change for the three persons who changed residential or day providers during the past year.

- Noteworthy Practice:
- 11 of the 14 applicable teams convened meetings as needed due to changes circumstances and/or needs? (79%)
  - 13 of 17 persons have teams with adequate communication between meetings. (76%)

The scores remain low for follow up. Individual members of the IDT were found to be following up on their responsibilities in 47% of the sample (25% in 2004).

The bottom line is that for 76% of the sample (69% 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, 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 18.*

Practice Challenges:

- 9 of 17 persons had teams with individuals who were not following up on their responsibilities. (53%)
- The IDT process for 13 persons was not adequate for assessing, planning, implementing and monitoring of their services. (76%)

## **HEALTH RELATED NEEDS**

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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 88% of instances (56% in 2004).

But health related needs remain inadequately addressed and understood by the key people responsible for supporting these individuals. In only 29% of instances (up from 13% in 2004) did the reviewer find the person's health supports/needs to be adequately addressed. Team members interviewed were able to describe the person's health related needs in only 29% of instances (38% in 2004). 59% of residential services support staff, 53% of case managers and 47% 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.*

Practice Challenges:

- 12 of 17 persons (71%) had teams that, overall, could not adequately describe their health-related needs.
- 12 people did not have their health supports/needs being adequately addressed. (71%)

## **DAY/EMPLOYMENT SERVICES AND SUPPORTED EMPLOYMENT**

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The majority of the scores in this section were not significantly different from the 2004 review. Two notable areas of improvement were that 88% of Day direct services staff received training on the ISP process (up from 50% in 2004); and 71% of Day direct service staff (44% in 2004) had adequate input into the person's ISP.

Challenges remain for these very important workers. 76% of Day direct support staff were found to adequately "know" the person (94% in 2004). If staff do not adequately "know" the individual they support, mistakes can easily occur.

One surprising indicator is that 18% of Day direct support staff (down from 44% in 2004) had received training in the provider's complaint process and on abuse, neglect and exploitation. These very important safeguards were nearly non-existent.

Specifically reflected in the area of supported employment were quite positive scores regarding the accomplishment of assessments. For those identified as needing a supported employment assessment, all (100%) had received it. Also 64% of those assessments (up from 33% in 2004) conformed to DOH regulations.

More than last year, there is confusion over the role and expectation of profiles. Last year, Community Integration Profiles were frequently done and the information gathered from those profiles was to be incorporated into the ISP. Generally, these profiles added more personal, current and meaningful information from which to build a better day for the person. This year, Personal Profiles have been done for some people and again, frequently, the information contained in these Profiles improves the person-centered information from which to build a meaningful day/life. While the Personal Profiles appear to improve the accuracy and richness of ISPs, the Regional staff are hesitant about asking Teams to participate in the development of a Personal Profile because they believe they do not have the authority to do so.

The actual involvement of individuals in supported employment showed some improvement but remains low. Of the ten persons who would be expected to be involved in or moving toward supported employment, 50% (up from 27% last year) were found to be so engaged. Of those, 30% were found to be working at least a 10 hour week, 50% were earning at least ½ of minimum wage, 50% were working in a work setting with at least half non-handicapped co-workers, and 50% had a reasonable expectation that the job would continue.

It is worth noting and thanking the NERO for facilitating the employment/move towards employment of two class members who have been waiting a very long time to get a job. One person switched providers by moving into the NE Region from another region. After this move, she attained a long standing desire to have a job. Another person also switched providers, this time within the NE Region, and as a result of this change began to more actively pursue employment and has had more success than in the past. Others may also have to change providers in order to become employed.

#### Noteworthy Practice:

- 12 of 17 persons had day direct service staff with adequate input into their ISP. (71%)
- 13 individuals had direct service staff who had received training on implementing the ISP. (76%)

#### Practice Challenges:

- Clarifying the use of Personal Profiles and the expectations regarding vocational assessments.
- 14 of the direct service staff did not have training on the complaint process and on abuse, neglect and exploitation. (82%)
- 6 of 10 individuals identified for supported employment services did not have a career development plan that met their needs. (60%)
- 5 of 10 persons identified for supported employment were not employed. (50%)

The scoring table for this data can be found in the Appendix on pages 18 & 19.

Historical Scoring: Supported Employment					
Question	2000	2001	2002	2004	2005
Need an employment assessment?	62%	100%	79%	75%	59%
Need supported employment?	46%	85%	71%	50%	59%
Receive supported employment assessment?	100%	100%	73%	79%	110% <sup>1</sup>
Assessment conforms to DOH Regs?	88%	92%	64%	29%	70%
Has a Career Development Plan?	100%	36%	50%	14%	40%
Is supported work in line with requirements?	83%	55%	30%	29%	30%

## BEHAVIOR

Significant improvement was noted with regard to integration of behavior support services into the ISP. For those who had behavior support plans (12) 50% had their support services integrated into the ISP (up from 23% in 2004). While this improvement is significant, it also indicates a major remaining challenge.

This critical area depicts a clear need for ongoing improvement. Of the 81% of those sampled who were considered by the IDT as needing behavior services, 75% had had a behavioral assessment completed (down from 85%).

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

### Practice Challenges:

- 4 of the 12 persons who had behavior support plans did not have plans that met their needs. (33%)
- 3 of those 12 persons had staff who had not been adequately trained on the behavior support plans. (25%)
- 6 persons did not had behavior support services adequately integrated into their ISP. (50%)

<sup>1</sup> 110% is based on the disengagement formula  $[126\text{Yes}]/[124\text{Yes}]$ , meaning that there were more people who received a supported employment assessment that were determined to need such an assessment.

Historical Scoring: Behavior					
Question	2000	2001	2002	2004	2005
Does the person need behavioral services?	62%	77%	71%	81%	76%
Have adequate behavioral assessments been completed?	88%	70%	40%	85%	82%
Does the person have behavior support plan developed out of the behavior assessments that meet the person's needs?	88%	70%	50%	62%	67%
Have the staff been trained on the behavior support plan?	88%	90%	90%	69%	75%
Does the person receive behavioral services consistent with his/her needs?	88%	60%	60%	77%	91%
Are behavioral support services integrated into the ISP?	13%	80%	60%	23%	55%

## **ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION**

In this section, one area revealed marked improvement. 67% of the persons needing adaptive equipment had received all of it (up from 45% in 2004). This still leaves one third of the sample without all of the adaptive equipment that has been identified as needed for the person to function effectively.

The challenge is even greater in the other areas in this section. 40% of the persons needing assistive technology had received all of it (up from 11% in 2004). And only 45% of persons needing communications assessments had completed such assessments (46% in 2004).

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

### Practice Challenges:

- 5 of the 15 persons identified to need adaptive equipment had not received all of it. (33%)
- 3 of the 5 persons identified to need assistive technology had not received all of it. (60%)
- 6 of the 11 persons identified to need communication assessments and services had not adequately received them. (55%)

Historical Scoring: Adaptive Equipment/Augmentative Communication					
Question	2000	2001	2002	2004	2005
Has the person received all adaptive equipment needed?	59%	73%	83%	45%	67%
Has the person received all assistive technology needed?	54%	60%	81%	11%	40%
Has the person received all communication assessments and services needed?	49%	51%	61%	46%	45%

## CASE MANAGEMENT SERVICES

The scores suggest that concerted effort had been made to improve the practice in case management. 94% of case managers were identified as both understanding his/her role and “knowing” the person. Both areas had scored 75% in 2004. Also, 100% of case managers (75% in 2004) were found to be available to the person.

Major challenges remain. First, in the area of support/supervision needed to do the job, only 59% were found to receive the type and level of support needed (down from 94% in 2004). Only slightly over half of case managers (53%) were able to describe the individual’s health related needs (up from 31% in 2004).

Overall, 65% of case managers were found to not provide case management services at the level needed by the person (down from 56% in 2004).

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

### Notable Practice:

- 16 of the 17 case managers supporting individuals in the sample understood his/her role/job. (94%)
- 16 of the case managers “know” the person they support. (94%)

### Practice Challenges:

- 7 of the 17 persons in the sample had case managers who had not received the type and level of support needed to do their job. (41%).
- 11 of 17 persons did not have case management services provided at the levels needed. (65%)

## RESIDENTIAL SERVICES

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Compared to the 2004 review, overall there were no significant shifts in scoring in this area. Two exceptions showed that 82% of residential direct service staff (50% in 2004) had received training in the ISP process and 94% of residential environments were found to offer a minimal level of quality of life (up from 88% in 2004).

Other than issues identified in other sections regarding need for improvement in expectation of growth for the individual and knowledge of the individual's health related needs, it should be noted that only 47% of residential direct services staff (up from 38% in 2004) had received training on the provider's complaint process and on abuse, neglect and exploitation.

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

### Noteworthy Practice:

- 14 of 17 residential direct service staff had training in the ISP process. (82%)
- 15 residential direct service staff were able to describe his/her responsibilities in providing daily care/supports. (88%)
- 16 of 17 persons in the sample had residential environments that offered a minimal level of quality of life. (94%)

## 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?	14 Yes 3 Partial	82%
85. Overall, does the IDT have an appropriate expectation of growth for this person?	9 Yes 8 Partial	53%
31. Does the case manager have an appropriate expectation of growth for this person?	12 Yes 5 Partial	71%
42. Does the [day] direct service staff have an appropriate expectation of growth for this person?	14 Yes 3 Partial	82%
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	11 Yes 6 Partial	65%

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

<i>cnd=can not determine</i>	Response	% Yes
87. Is the Person offered a range of opportunities for participation in each life area? (1 CND)	8 Yes 8 Partial	50%
88. Does the person have the opportunity to make informed choices: (8 CND)	7 Yes 2 Partial	78%
▪ 89. About where and with whom to live? (9 CND)	8 Yes	100%
▪ 90. About where and with whom to work/spend his/her day? (8 CND)	7 Yes 2 Partial	78%
▪ 91. About where and with whom to socialize/spend leisure time? (6 CND)	11 Yes	100%
95. Does this person know his/her guardian? (5 CND)	12 Yes	100%
96. Does this person believe the guardian is helpful? (13 CND)	2 Yes 2 No	50%
97. What is the level of participation of the legal guardian in this person's life and service planning?	Active: 9 Moderate: 6 Limited: 2	53% Active 35% Moderate 12% Limited
100. If the person is retired, does he/she have adequate opportunities to engage in activities of interest during the day? (11 N/A)	4 Yes 2 Partial	67%
102. Have the person's cultural preferences been accommodated? (2 CND)	15 Yes	100%
103. Is the person treated with dignity and respect?	14 Yes 3 Partial	82%

**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? (11 CND)	5 Yes 1 Partial	83%
105. Does the person get along with the case manager? (11 CND)	6 Yes	100%
106. Does the person find the case manager helpful? (15 CND)	2 Yes	100%
107. Does the legal guardian find the case manager helpful? (3 CND)	13 Yes 1 Partial	93%
108. Does the person have adequate food and drink available? (4 CND)	13 Yes	100%
109. Does the person have adequate transportation to meet his/her needs?	16 Yes 1 Partial	94%
110. Does the person have sufficient personal money? (2 CND)	15 Yes	100%
111. Does the person get along with their day program/employment staff? (4 CND)	13 Yes	100%
112. Does the person get along with the residential provider staff? (2 CND)	15 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?	12 Yes 5 Partial	71%
58. Did the team arrange for and obtain the needed, relevant assessments?	6 Yes 11 Partial	35%
59. Are the assessments adequate for planning?	10 Yes 7 Partial	59%
60. Were the recommendations from assessments used in planning?	12 Yes 5 Partial	71%

**Scoring table for *Adequacy of Planning and Adequacy of Services* section – page 7**

	Response	% Yes
62. Was the ISP developed by an appropriately constituted IDT?	7 Yes 10 Partial	41%
63. For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP? (5 N/A)	4 Yes 4 Partial 4 No	33%
64. Overall, is the long-term vision adequate?	10 Yes 7 Partial	59%
65. Overall, does the functional supports assessment give adequate guidance to achieving the person's long-term vision?	11 Yes 6 Partial	65%

**Scoring table for *Adequacy of Planning and Adequacy of Services* section (cont'd)**

	Response	% Yes
68. Overall, are the ISP goals related to achieving the person's long-term vision?	13 Yes 4 Partial	76%
69. Overall, do the ISP goals address the person's major needs?	10 Yes 7 Partial	59%
78. Overall, is the ISP adequate to meet the person's needs?	5 Yes 12 Partial	29%
79. If # 78 is rated "2", is the ISP being implemented? (12 N/A)	5 Yes	100%
80. If there is no ISP or if #78 is rated "0" or "1" are current services adequate to meet the person's needs? (5 N/A)	3 Yes 9 Partial	18%
81. Overall, were the direct service staff trained on the implementation of this person's ISP?	10 Yes 7 Partial	59%
82. Overall, were the direct service staff able to describe their responsibilities in providing daily care/support to the person?	14 Yes 3 Partial	82%

**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?	17 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?	14 Yes 3 Partial	82%
142. Does the person have an ISP that contains a functional supports assessment based on a long-term view?	13 Yes 4 Partial	76%
143. Does the person receive services and support recommended in the ISP?	14 Yes 3 Partial	82%
144. Does the person have adequate access to and use of generic services and natural supports?	11 Yes 6 Partial	65%
145. Is the person adequately integrated into the community?	10 Yes 4 Partial 3 No	59%
146. Overall, is the ISP adequate to meet the person's needs?	5 Yes 12 Partial	29%
147. Is the total program of the level of intensity adequate to meet this person's needs?	7 Yes 10 Partial	41%

**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?	8 Yes 9 Partial	47%
116. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs? (3 N/A)	11 Yes 3 No	79%
117. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented?	13 Yes 4 Partial	76%
122. Has the person changed residential/day services in the last year? If Yes, was the change: 122a. Planned by the IDT? (14 N/A) 122b. Appropriate to meet needs? (14 N/A)	3 Yes 14 No 2 Yes 1 Partial 3 Yes	18% 67% 100%
123. Has the IDP process been adequate for assessing, planning, implementing and monitoring of services for this person?	4 Yes 13 Partial	24%

**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?	9 Yes 8 Partial	53%
38. Was the [employment/day] direct service staff able to describe this person's health-related needs?	8 Yes 9 Partial	47%
48. Was the residential direct service staff able to describe this person's health-related needs?	10 Yes 7 Partial	59%
54. Overall, were the team members interviewed able to describe the person's health-related needs?	5 Yes 12 Partial	29%
55. Is there evidence that the IDT discussed the person's health-related issues?	15 Yes 2 Partial	88%
56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed?	5 Yes 12 Partial	29%

**Scoring for *Day/Employment Services and Supported Employment* section – page 11**

<i>cnd=can not determine</i>	Response	% Yes
35. Does the day/employment direct services staff "know" the person?	13 Yes 4 Partial	76%
36. Does the direct service staff have adequate input into the person's ISP?	12 Yes 2 Partial 3 No	71%
37. Did the direct service staff receive training on implementing the person's ISP?	13 Yes 3 Partial 1 No	76%
126. Did the person receive a supported employment assessment? (6 N/A)	11 Yes	100%

**Scoring for Day/Employment Services and Supported Employment section (cont'd)**

<i>cnd=can not determine</i>	Response	% Yes
127. Does the supported employment assessment conform to the DOH regulations? (6 N/A)	7 Yes 4 Partial	64%
128. Does the person have a career development plan (based on assessments) that meets the person's needs? (7 N/A)	4 Yes 2 Partial 4 No	40%
129. Is the person engaged in supported employment? (7 N/A)	5 Yes 5 No	50%
130. Is supported work provided in accordance with the following (7 N/A):	3 Yes 2 Partial 5 No	30%
▪ a. At least a 10 hour work week? (7 N/A)	3 Yes 7 No	30%
▪ b. Person earns at least ½ of minimum wage? (7 N/A)	5 Yes 5 No	50%
▪ c. Work setting is at least 50% non-handicapped co-workers? (7 N/A)	5 Yes 5 No	50%
▪ d. There is a reasonable expectation that the job will continue? (7 N/A)	5 Yes 5 No	50%

**Scoring table for Behavior section – page 12**

<i>cnd=can not determine</i>	Response	% Yes
131. Is the person considered by the IDT to need behavior services now? (1 N/A)	13 Yes 3 No	81%
133. Have adequate behavioral assessments been completed? (5 N/A)	9 Yes 3 Partial	75%
134. Does the person have behavior support plans developed out of the behavior assessments that meet the person's needs? (5 N/A)	8 Yes 3 Partial 1 No	67%
135. Have the staff been trained on the behavior support plan? (5 N/A)	9 Yes 2 Partial 1 No	75%
136. Does the person receive behavioral services consistent with his/her needs? (5 N/A)	10 Yes 2 Partial	83%
137. Are behavior support services integrated into the ISP? (5 N/A)	6 Yes 6 Partial	50%

**Scoring table for Adaptive Equipment/Augmentative Communication section – page 13**

<i>cnd=can not determine</i>	Response	% Yes
138. Has the person received all adaptive equipment needed? (2 N/A)	10 Yes 4 Partial 1 No	67%
139. Has the person received all assistive technology needed? (12 N/A)	2 Yes 3 Partial	40%
140. Has the person received all communication assessments and services? (6 N/A)	5 Yes 6 Partial	45%

**Scoring table for Case Management section – page 14**

<i>cnd=can not determine</i>	Response	% Yes
26. Does the case manager "know" the person?	16 Yes 1 Partial	94%
27. Does the case manager understand his/her role/job?	16 Yes 1 Partial	94%
29. Is the case manager available to the person?	17 Yes	100%
30. Was the case manager able to describe the person's health related needs?	9 Yes 8 Partial	53%
33. Does the case manager provide case management services at the level needed by this person?	6 Yes 11 Partial	35%
34. Does the case manager receive the type and level of support needed to do his/her job?	10 Yes 7 Partial	59%

**Scoring table for Residential Services section – page 14**

<i>cnd=can not determine</i>	Response	% Yes
44. Does the residential services staff "know" the person?	14 Yes 3 Partial	82%
46. Did the direct service staff receive training on implementing this person's ISP?	13 Yes 4 Partial	76%
47. Is the residence safe for individuals? (void of hazards?)	14 Yes 3 No	82%
48. Was the residential direct service staff able to describe this person's health-related needs?	10 Yes 7 Partial	59%
49. Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	15 Yes 2 Partial	88%
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	11 Yes 6 Partial	65%
53. Does the person's residential environment offer a minimal level of quality of life?	16 Yes 1 Partial	94%