



Northwest Region Report 2005 Community Practice Review

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INTRODUCTION

Process

The 2005 Community Practice Review (CPR) for the Northwest Region took place from August 15 to August 19, 2005. The Northwest Region supports 29 Jackson class members. Twelve people, or 41% 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

June 10 to July 10, 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 August 19th Review Status Report. This gave the NWRO 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

July 11 to July 15, 2005

Assignment of Reviewers and Case Judges:

All reviewers in the NW 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. Two reviewers continued to be “in training” so they each reviewed only one person.

Reviewers included:

Gina DeAgüero, DHI	Susan Leonis, LTSD
Deb Russell, DHI	Marti Madrid, DHI
Donna Storey, DHI	Mary Sanchez* DHI
Paula Sommers, LTSD*	

* = in training

Case judges included the following consultants to the Community Monitor:

Wanda Black Sandra Clamp Keytha Jones

10 Agencies were involved in the review. Twelve individual class members were visited during the review.

These twelve people receive services from:

- three Independent Case Management Agencies (Excel, Innovative Health at Home and Peak);
- seven day service providers (Disability Services, High Desert, Mosaic, PMS/Shield, ResCare, ZEE and Ramah Care Services); and
- six residential providers (Disability Services, High Desert Family Services, Mosaic, ResCare, ZEE and Ramah Care Services.).

There were approximately 60 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.

July 18 to August 26, 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. DOH then sent the 2005 CPR Data Reports to the Community Monitor.

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 NW Review. This presentation was shared with the Regional/LTSD Staff first and then at a group meeting with case managers, providers, LTSD state and regional staff. This meeting took place August 15th 2005. In addition, individual meetings were held with representatives (approximately 48 people) of providers and case managers supporting each of the class members in the review. Some 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 August 22, 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. August 22, is the start date for the NW Region, which is one week

following the on site review. The week following the Review provided 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 this date. The NWRO provided written directions to all case managers and providers regarding expectations and timelines for follow up, documentation and reporting timelines following the review.

Phase IV: Editing/Writing

August 22 to September 9, 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

There were no individuals 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. 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.

Two individuals (16.7%) of the twelve 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
Excel	6	0	0	0
IHAH	5	0	1	1
Peak	1	0	1	1
Total	12	0	2	2

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

Agency (day & home)	Persons in sample	Immediate Need	Special Attention	Total
Disability Services*	1	0	1*	1
High Desert	2	0	0	0
Mosaic	3	0	1**	1
PMS/Shield	2	0	0	0
Ramah Care Services	1	0	0	0
ResCare	3	0	0	0
ZEE	2	0	0	0

*Disability Services provides both day and home services to this individual with need for Special Attention.

**The need for Special Attention for this individual is at Mosaic's day service.

EXPECTATIONS FOR GROWTH

The IDT is identified as having an appropriate expectation of growth for 42% of the individuals in the sample (up from 23% in 2004). Also, 73% of persons were found to have achieved progress in the past year (up from 50% in 2004). This is very good news and all those who assisted individuals in making progress are to be commended.

Nevertheless, it must be noted that the consequence for persons whose IDTs do not have an appropriate expectation of growth can be very significant. As mentioned last year, the expectations staff hold of those for whom they work can affect every interaction, experience and planning opportunity. If the person is seen as 'able' then it is more likely that he/she will be supported to 'be able'. Conversely, if the person is seen as 'unable' to grow, develop and progress, then maintenance – or worse, regression – can become the outcome. Consequently, it is extremely important that each person be seen as 'able' to grow,

develop and progress. It is essential that each person be seen as capable, respectable, accomplished and competent in order to, first have and then successfully pursue his/her desired life outcomes. It is hard to over emphasize the importance of working with case managers and team members so that they are continually elevating their expectations regarding individuals whom they support.

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

QUALITY OF LIFE

Quite significant improvements in *practice* were evident in responses regarding the Quality of Life.

Of the people (10) for whom a determination could be made, 100% were provided the assistance and support needed to participate meaningfully in the planning process. In 12 of 12 instances (up from 83% in 2004) there was evidence to support that providers do not prevent individuals from pursuing relationships and that the providers are respecting the rights of the person.

Cultural preferences are being accommodated in 92% of instances (11 of 12). In 75% of cases, individuals have daily choices/appropriate autonomy over their lives. In 75% of cases, the person was found to be treated with dignity and respect. Of the people for whom a determination could be made (3) all of the individuals have opportunity to make informed choices about where and with whom to work/spend his/her day.

Other results frequently reflected improvement but with substantial improvement still needed. 58% of persons were offered a range of opportunities for participation in each life area. In only 50% of cases (same as 2004) was the person found to have the opportunity to make informed choices in multiple areas.

Four of 12 guardians were found to be actively involved, four were moderately involved, and four had very limited involvement.

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

Notable Practice:

- 10 individuals had the support needed to participate in the planning process. (2 CND)
- Providers do not prevent the person from pursuing relationships and are respecting the rights of 100% of those individuals in the sample.
- Cultural preferences are being accommodated for 11 (92%) individuals in the sample.
- 9 individuals (75%) have daily choices/appropriate autonomy over his/her life.

Practice Challenges:

- 7 people (58%) had Team members who did not have an appropriate expectation of growth for the person they support.
- 5 people (42%) were not offered a range of opportunities for participation in each life area.

SATISFACTION

Reviewers could not determine level of satisfaction with services for 9 of 12 persons.

Positively, of the 8-10 persons scored for the following questions, all persons were found: to have sufficient personal money; to get along with the residential provider; and to get along with the day program/employment staff.

There was a significant decrease from last year (88% to 55%) in the number of guardians who found the case manager to be helpful (6 Yes, 3 No and 2 Partial). Of the 5 rated No or Partial, 3 had case manager turnover in the past year.

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

Notable Practice:

Of individuals for whom a determination could be made

- 100% had sufficient personal money (10);
- 100% got along with their residential service staff (10);
- 100% got along with their day/employment staff (8);
- 100% have adequate food and drink (12);
- 83% have adequate transportation. (10).

Practice Challenges:

- Guardians of 5 individuals (45%) did not find the case manager helpful. In 3 of those instances there was a recent turnover of case management staff.

ASSESSMENTS

Regarding assessments, compliance now ranges from one third to slightly over one-half. Although that is low, it represents a significant increase from 2004. The highest score, 58%, related to the IDT considering what assessments the person needs and would be relevant to the team's planning efforts. In 42% of the cases the team did arrange for and obtain the needed assessments and in 33% of the instances the assessments performed were found to be adequate for planning. And in half of the cases the recommendations from the assessments were used for planning.

While the increases are positive and notable, it remains that in almost half of the cases the team did not identify and obtain or use the information they needed in order to be able to successfully, safely and effectively plan. It then becomes difficult, if not impossible, to successfully plan and implement for the individual when critical information is missing.

Seven people were identified as not having assessments adequate for planning. Reviewers notes indicate that OT and hearing and/or vision assessments were most frequently mentioned as needed but not available.

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

Practice Challenges:

- 8 people (67%) had assessments that were not adequate for planning.
- Ancillary service assessments (health and therapies) were most frequently missing, inadequate or not signed.
- 7 people (58%) did not have all needed, relevant assessments.

ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES

It is clear that significant effort has been made to ensure improvements in individual planning in the NW region. Typically $\frac{1}{2}$ to $\frac{3}{4}$ of the questions related to planning elements are answered positively, an increase generally from 40% or less in 2004.

Of particular note is a jump from 15% to 75% regarding the ISP goals addressing the person's major needs.

There was an increase (0% to 25%) of ISPs that were found to be adequate overall to meet the person's needs; i.e. in the sample of 12, 3 were found to meet the person's needs.

Regarding those 3 that were found to meet the person's needs, 2 were satisfactorily being implemented.

For the remainder of persons (9) whose ISP's were not or only partially adequate to meet the person's needs, only 2 of those were found to have current services adequate to meet the individual's needs.

Training has also improved. 58% of direct services staff (up from 38% in 2004) had evidence of training to implement the person's ISP, and 67% of direct services staff (up from 54% in 2004) could describe their responsibilities in providing daily care/support to the person.

Naturally the concern remains about the two/fifths of staff who were not adequately trained in implementation and the one/third of staff who could not describe their responsibilities with the individual.

The consequences of the above were found in the following responses to questions 146 and 147.

- 25% of the 2005 sample were found to have an ISP adequate to meet the person's needs (0% in 2004).
- 8% of the sample (same as in 2004) were found to have a program of the level of intensity adequate to meet this person's needs.

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

Notable Practice:

- 9 people (75%) had ISP goals which addressed the person's major needs – up from 15% in 2004.
- 9 people (75%) have FSA that give adequate guidance to achieving the long term vision.
- 9 people (75%) had their FSA used as the basis for goal development.
- 9 people (75%) had ISP's that contained specific arrangements for primary health (medical) care.

Practice Challenges:

- 3 people (25%) had an ISP adequate to meet their needs.
- 5 people (42%) had staff who were not adequately trained on the implementation of this person's ISP.
- 4 staff (33%) were not able to describe their daily care/supports responsibilities.

INDIVIDUAL SERVICE PLANNING

Some improvements were found in Individual Service Planning and its outcomes. There remains room and need for major improvements. In 2005, 58% of the sample could be described as having an ISP that addressed living, learning/working and social/leisure that correlates with the person's desires and capabilities and that are in accordance with DOH regulations. 100% of the sample had an ISP that contains a functional supports assessment based on a long-term view, up from 54% last year.

Regarding application or the PRACTICE of implementing the ISP, about the same number (42% this year, 38% last) receive the services and supports recommended in the ISP. While the remainder were receiving some of the services and supports recommended, they had not received all that had been identified in the plan as needing to be delivered.

More people this year (50% as compared to 23% last year) have access to and use of generic services and natural supports. More people (58% as compared to 38% last year) are described as adequately integrated into the community.

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

Notable Practice:

- 100% of the individuals in the sample had an ISP that contained a functional supports assessment based on a long-term view.

Practice Challenges:

- 7 of 12 individuals have an ISP that addresses living, learning/working and social/leisure that correlates with their desires and capabilities, in accordance with DOH regulations.

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?	82%	82%	75%	69%	58%
Does the person have an ISP that contains a functional supports assessment based on a long-term view?	100%	100%	92%	54%	100%
Does the person receive services and supports recommended in the ISP?	55%	73%	67%	38%	42%
Does the person have adequate access to and use of generic services and natural supports?	45%	82%	83%	23%	50%
Is the person adequately integrated into the community?	45%	82%	67%	38%	58%

TEAM PROCESS

Team process, or the PRACTICE of team members working together, did not reflect the same consistency of improvement as found elsewhere in the review. For two-thirds of the persons, the individual members of the IDT were not adequately following up on their responsibilities.

Only 33% of individual's teams were found to have adequate communication between meetings to ensure the person's program can be/is being implemented. For the others, some communication was evidenced, but not enough to ensure implementation.

Three of 12 persons had evidence of physical regression in the last year. Two had evidence of behavioral regression. Out of those findings of regression (involving a total of 4 individuals) the IDT was found to be adequately addressing the regression for 3 of 4 persons.

Three of 12 persons changed either residential and/or day services in the past year and in all 3 cases the change was planned by the IDT and the planned changes were found to be appropriate to meet the individual's needs.

Overall the IDT process was found to have been fully adequate for assessing, planning, implementing and monitoring services for only 1 person out of the 12 (8%) whereas last year the percentage was 15%.

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

Notable Practice:

- 3 of 12 persons in the sample changed direct care service providers within the past year – and each instance was appropriately planned for by the IDT.

Practice Challenges:

- 8 individual's IDT had members who were not adequately following up on their responsibilities.
- 4 people (33%) had teams which exchanged adequate communication between meetings to ensure program implementation.
- 1 person's IDT process was found to be fully adequate for assessing, planning, implementing, and monitoring.

HEALTH RELATED NEEDS

The Health section contains three questions, all of which displayed marked improvement in scoring, averaging an increase of 23%. Whereas in 2004 less than half of the persons had evidence that their IDTs discussed the person's health-related issues, in 2005 75% had evidence that their team had discussed those issues.

Also showing improvement - but still significantly below 50% with affirmative responses - was the ability of the team members interviewed to describe the person's health related needs (42% yes), and whether, in the opinion of the reviewer, the person's health-related supports/needs are being adequately addressed (25%).

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

Practice Challenges:

- 7 people (58%) had Team members who could not describe the person's health-related needs.
- 3 individuals (25%) had their health supports/needs adequately addressed.

DAY/EMPLOYMENT SERVICES AND SUPPORTED EMPLOYMENT

Significant improvement is noted in this area. The two largest scoring shifts occurred 1) in the day/employment environment being found to be generally clean, free of safety hazards and conducive to the work/activity intended (80% with 1 N/A and 1 CND) in 2005, 56% in 2004); and 2) regarding the day/employment direct services staff "knowing" the person (83% in 2005 and 62% in 2004).

Again, while significant improvements were observed, the scoring shows many class members are without the supports they need.

- While 83% of the day direct services staff know the person, only 50% of those knowledgeable direct services staff members had adequate input into the person's ISP.
- While 83% of the direct support staff persons can be described as "knowing" the person with whom they work, only 58% of day direct services staff could describe the person's health related needs (for which they are directly responsible during the day) and only 75% could describe their responsibilities in providing daily care/supports to the person.
- Only half of the day direct services staff were found to have an appropriate expectation of growth for the person.
- Only four of the 12 persons were found to be engaged in Supported Employment, ranging from 5 hours to 15 hours per week. An additional individual was self employed.

Notable Practice:

- 83% of day/employment staff "know" the individual they serve – up from 62% in 2004.
- Individuals with long-term staff (average of 3.4 years) were more likely to be engaged in Sup. Employment!

Practice Challenges:

- 58% of day staff could describe the person's health related needs.
- 50% of the day staff have an appropriate expectation of growth for the person.

- One factor demonstrated by the review notes is that persons with the most stable work/day staff are much more likely to be working. Individuals working had work/day staff who had been on the job an average of 3.4 years. Others had staff who had been on the job an average of about 1 year, with a low of less than one month and a high of 5 years. Staff for four of the individuals had been on the job for less than 3 months.
- Three people had work/day programs that were not being implemented.
- Four people needed updated profiles.
- Three people were found to be in inappropriate or not meaningful programs.

In 2005 two-thirds of those in the review (same as 2004) were recommended to have a supported employment assessment. Nine (75%) of those in the review were determined to need supported employment and 89% of those persons (up from 75% in 2004) had received a supported employment assessment. Of those assessments, 33% were found to conform to DOH regulations. Two partially conformed.

Two people (22%) were found to have career development plans (based on assessments) that meets the person’s needs. Three were found to have career development plans (Personal Profiles/Action Plans) that partially met DOH standards.

The scoring table for this data can be found in the Appendix on page 21.

Forty-four percent (50% in 2004) of the sample (3 were N/A) were engaged in supported employment. Of the four engaged in supported employment, three were working at least a 10-hour work week and earning at least ½ of minimum of wage. Four were found to be working in a setting with at least 50% non-handicapped workers, and in a job for which there is a reasonable expectation that it will continue.

Historical Scoring: Supported Employment					
Question	2000	2001	2002	2004	2005
Need an employment assessment?	45%	91%	17%	62%	67%
Need supported employment?	45%	27%	8%	46%	75%
Receive supported employment assessment?	100%	100%	100%	75%	100%
Assessment conforms to DOH Regs?	100%	100%	100%	13%	38%
Has a Career Development Plan?	100%	100%	100%	0%	22%
Is supported work in line with requirements?	80%	33%	100%	33%	33%

BEHAVIOR

Behavior supports showed marked improvement. In this sample the IDTs and surveyors agreed that 6 of the 12 persons in the sample needing behavior services.

For 5 of those 6 persons (83%) adequate behavioral assessments were found to have been completed (up from 75%). Of the five with behavioral assessments, all five were found to have behavior support plans that meet the person's needs and that were based on the assessments. For all five the staff had been trained to implement the behavior support plan. (100% compliance vs. 75% and 67% last year.)

Finally, for 4 of the 5 individuals, the reviewers determined that the person received behavioral services consistent with his/her needs, and that the behavior support services are integrated into the ISP. (80% compliance in comparison to 75% and 67% last year.)

The scoring table for this data can be found in the Appendix on page 22.

Notable Practice:

- For the individuals who were identified to need behavior support services (6 of 12), the supports provided showed marked improvement over 2004.
- 5 of the individuals who needed behavior support services had adequate behavioral assessments (83%).
- 4 of those 5 individuals received behavioral support services consistent with his/her needs, and those services are integrated into the ISP.

Historical Scoring: Behavior					
Question	2000	2001	2002	2004	2005
Does the person need behavioral services?	45%	45%	33%	38%	50%
Have adequate behavioral assessments been completed?	60%	80%	75%	60%	83%
Does the person have behavior support plan developed out of the behavior assessments that meet the person's needs?	60%	80%	75%	75%	83%
Have the staff been trained on the behavior support plan?	40%	100%	75%	50%	100%
Does the person receive behavioral services consistent with his/her needs?	80%	80%	50%	60%	67%
Are behavioral support services integrated into the ISP?	20%	40%	75%	40%	67%

ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION

Eight of the 12 persons in the sample were identified as needing adaptive equipment and seven of the 8 were identified as having received the needed equipment (88% up from 45% last year).

Eight of the 12 persons were also identified as needing assistive technology. Three (38%) had received all of the needed technology. Three had received some. And two had not received what they needed. The compliance score in 2004 was 64%.

Eleven of the 12 were identified to need communications assessments and services. Five of the 11 (45% had received all of the communications assessments and services needed (17% in 2004).

With regard to the entire sample, 99 devices were identified as needed and 85 of them were in place, 8 devices were missing, a communication device was not working, 3 items were not used in all environments (and should be), and a wheelchair was found to be uncomfortable and ill fitting. The missing devices were a hearing aid, 2 communication dictionaries, a swing for a Hoyer lift, a spoon, a communication device, grab bars, and an accessible van.

The scoring table for this data can be found in the Appendix on page 22.

Notable Practice:

- 88% of the individuals identified as needing adaptive equipment received the necessary equipment.

Practice Challenges:

- 5 of 8 individuals did not receive all assistive technology they needed.
- 6 of 11 individuals did not receive all communication assessments and services they needed.

Historical Scoring: Adaptive Equipment/Augmentative Communication					
Question	2000	2001	2002	2004	2005
Has the person received all adaptive equipment needed?	60%	70%	73%	45%	88%
Has the person received all assistive technology needed?	44%	60%	57%	64%	38%
Has the person received all communication assessments and services needed?	55%	36%	42%	17%	45%

CASE MANAGEMENT SERVICES

Overall significant improvements were found in Case Management Services with the greatest improvement in areas related to training (cm understands his/her role going from 69% in 2004 to 92% in 2005, and cm receives training on the topics needed to assist the individual 54%-100%).

In other areas there was some improvement, with significant additional improvement needed in order to assure that the individual has competent and effective case management support. CM able to describe the person's health related needs: 46%-67%

- CM has an appropriate expectation of growth for the person: 38%-67%

Thus training and working knowledge has improved some, but practice/application indicators remain low.

- Only 33% of the case manager's records contain documentation that the cm is monitoring and tracking the delivery of services as outlined in the ISP;
- 33% of the case manager's were determined to not adequately "know" the person;
- 25% of the case manager's were found to not be available to the person; and
- Only 50% of the case manager's (up from 31%) provide cm services at the level needed by the person.

The improvement reflects increased emphasis on training and the beginnings of putting that training into practice with appropriate supervision and accountability.

Other findings from Review Notes:

- 25% (3) of the cm's were identified as not fulfilling their cm responsibilities. In each of those 3 instances the cm had not visited in the home enough. This leaves the cm without adequate knowledge of what life is like in the home and without familiarity with the home direct support staff (who spend more time with the individual than anyone else).
- 67% had no turnover in case managers during the prior year. Four persons had turnover and one of those had three case managers during the prior year. Two of the cm's who had worked less than a year were reported to be fulfilling their role and responsibilities. One had been working since March and was as informed as needed. The other had missed home visits and was not familiar with the person's health concerns. During the review, this case manager described health issues that were not the health issues of the person she served in the sample.

Notable Practice:

- 92% of cm's understand his/her role.
- 100% of cm's received training on the topics needed to assist the individual.

Practice Challenges:

- 33% (4) of cm's do not adequately "know" the person.
- 25% (3) of cm's were not available to the person.
- 50% (6) of cm's do not provide services at needed levels.

The scoring table for this data can be found in the Appendix on page 23.

RESIDENTIAL SERVICES

Notable improvements were recorded regarding the individual's residence and the direct services staff who work with him/her.

- All residences were found to be safe (free of hazards), an increase from 75% in 2004.
- 92% of all residential environments (up from 67% in 2004) offered the person a minimal level of quality of life.
- 92% of residential direct services staff (up from 75% in 2004) were able to describe his/her responsibilities in providing daily care/supports to the person.

While there remain significant training gaps, improvements were recorded in the training of direct services staff.

- 25% more (up from 50%) did receive training on implementing the person's ISP.
- 67% (up from 33%) had received training in the ISP process.
- 50% (up from 17%) had received training on the provider's complaint process and on abuse, neglect and exploitation.

In human services systems undergoing planned improvements, it is not unusual for positive training outcomes to precede improvements in practice outcomes. The 2005 review reflects that. Practice indicators tended not to improve as much or at all.

- The same percentage as in 2004 (83%) of the residential direct services staff "know" the person.
- 9% fewer direct services staff (67% down to 58%) have adequate input into the person's ISP.
- 67% of these direct services staff (up from 50%) are able to describe the person's health related needs.
- 75% of these staff (up from 50%) have an appropriate expectation of growth for the person.

Thus, the great majority of the residential environments were free of hazards and offered the individual at least minimal quality of life. The training for staff had significantly improved. But in the areas of practice, the indicators remain troubling. Residential staff are the persons who spend the greatest amount of time with the individuals, but almost half of them do not have adequate input into the person's ISP, one-third of them cannot describe the person's health related needs, and one-fourth of them do not have an appropriate expectation of growth for the person.

Review notes reveal that, of the 12 individuals, only two had home direct support staff who had worked with the individual less than one year. Overall the identified staff averaged approximately 2.5 years with the person.

The scoring table for this data can be found in the Appendix on page 23.

Notable Practice:

- 92% of residential staff were able to describe his/her care/supports responsibilities.
- On average, residential staff have been with the individual for 2.5 years – two individuals had turnover within the last year.

Practice Challenges:

- 58% of residential staff have adequate input into the ISP.
- 33% of residential staff were not able to describe the person's health related needs.
- 25% (3) of residential staff do not have appropriate expectation of growth for the person.

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? (1 CND)	8 Yes 2 Partial 1 No	73%
85. Overall, does the IDT have an appropriate expectation of growth for this person? (2 CND)	5 Yes 7 Partial	42%

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? (2 CND)	10 Yes	100%
87. Is the Person offered a range of opportunities for participation in each of the life areas?	7 Yes 4 Partial 1 No	58%
88. Does the person have the opportunity to make informed choices: (8 CND)	2 Yes 2 Partial	50%
▪ 89. About where and with whom to live? (9 CND)	2 Yes 1 Partial	67%
▪ 90. About where and with whom to work/spend his/her day? (9 CND)	3 Yes	100%
▪ 91. About where and with whom to socialize/spend leisure time? (9 CND)	2 Yes 1 Partial	67%
92. Does the evidence support that providers do not prevent the person from pursuing relationships and are respecting the rights of this person?	12 Yes	100%
97. What is the level of participation of the legal guardian in this person's life and service planning?	Active: 4 Moderate: 4 Limited: 4	33% Active
101. Does the person have daily choices/appropriate autonomy over his/her life?	9 Yes 3 Partial	75%
102. Has the person's cultural preferences been accommodated?	11 Yes 1 Partial	92%
103. Is the person treated with dignity and respect?	9 Yes 3 Partial	75%

Scoring table for *Satisfaction* section – page 7

<i>cnd=can not determine</i>	Response	% Yes
104. Overall, is the person satisfied with the current services? (9 CND)	2 Yes 1 Partial	67%
105. Does the person get along with the case manager? (11 CND)	1 Yes	100%
107. Does the legal guardian find the case manager helpful? (1 CND)	6 Yes 2 Partial 3 No	55%
108. Does the person have adequate food and drink available?	12 Yes	100%
109. Does the person have adequate transportation to meet his/her needs?	10 Yes 2 Partial	83%
110. Does the person have sufficient personal money? (2 CND)	10 Yes	100%
111. Does the person get along with their day program/employment staff? (4 CND)	8 Yes	100%
112. Does the person get along with the residential provider staff? (2 CND)	10 Yes	100%

Scoring table for *Assessments* section – page 7

ASSESSMENTS	Response	% Yes
57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts?	7 Yes 5 Partial	58%
58. Did the team arrange for and obtain the needed, relevant assessments?	5 Yes 7 Partial	42%
59. Are the assessments adequate for planning?	4 Yes 8 Partial	33%
60. Were the recommendations from assessments used in planning?	6 Yes 5 Partial 1 No	50%

Scoring table for *Adequacy of Planning and Adequacy of Services* section – page 8

	Response	% Yes
69. Overall, do the ISP goals address the person's major needs?	9 Yes 3 Partial	75%
78. Overall, is the ISP adequate to meet the person's needs?	3 Yes 9 Partial	25%
79. If # 78 is rated "2", is the ISP being implemented?	2 Yes 1 Partial	67%
80. If there is no ISP or if #78 is rated "0" or "1" are current services adequate to meet the person's needs? (4 N/A)	2 Yes 7 Partial	22%
81. Overall, were the direct service staff trained on the implementation of this person's ISP?	7 Yes 5 Partial	58%
82. Overall, were the direct service staff able to describe their responsibilities in providing daily care/support to the person?	8 Yes 4 Partial	67%
146. Overall, is the ISP adequate to meet the person's needs?	3 Yes 9 Partial	25%
147. Is the program of the level of intensity adequate to meet this person's needs?	1 Yes 11 Partial	8%
66. Overall, is the Functional Supports Assessment used as the basis for goal development?	9 Yes 2 Partial 1 No	75%
65. Overall, does the Functional Supports Assessment give adequate guidance to achieving the person's long-term vision?	9 Yes 3 Partial	75%
74. Does the ISP contain specific arrangements for primary health (medical) care?	9 Yes 3 Partial	75%

Scoring table for *Individual Service Planning* section – page 9

	Response	% Yes
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?	7 Yes 5 Partial	58%
142. Does the person have an ISP that contains a functional supports assessment based on a long-term view?	12 Yes	100%
143. Does the person receive services and support recommended in the ISP?	5 Yes 7 Partial	42%
144. Does the person have adequate access to and use of generic services and natural supports?	6 Yes 6 Partial	50%
145. Is the person adequately integrated into the community?	7 Yes 5 Partial	58%

Scoring table for *Team Process* section – page 10

<i>cnd=can not determine</i>	Response	% Yes
113. Is there evidence that the ISP was reviewed by the team within the last 6 months? (3 N/A)	12 Yes	100%
114. Are the individual members of the IDT following up on their responsibilities?	4 Yes 8 Partial	33%
116. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs? (1 N/A)	8 Yes 3 No	73%
117. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented?	4 Yes 8 Partial	33%
119. Is there evidence or documentation of physical regression in the last year?	3 Yes 9 No	25%
120. Is there evidence or documentation of behavioral or functional regression in the last year?	2 Yes 10 No	17%
121. If #119 or 120 is Yes, is the IDT adequately addressing the regression? (8 N/A)	3 Yes 1 Partial	75%
122. Has the person changed residential/day services in the last year?	3 Yes 9 No	25%
▪ a. Was this change planned by the team? (9 N/A)	3 Yes	100%
▪ b. Was this change appropriate to meet the person's needs? (9 N/A)	3 Yes	100%
123. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?	1 Yes 11 Partial	8%

Scoring table for *Health Related Needs* section – page 11

	Response	% Yes
54. Overall, were the team members interviewed able to describe the person's health-related needs?	5 Yes 7 Partial	42%
55. Is there evidence that the team discussed the person's health-related issues?	9 Yes 3 Partial	75%
56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed?	3 Yes 8 Partial 1 No	25%

Scoring for Day/Employment Services and Supported Employment section – page 11/12

<i>cnd=can not determine</i>	Response	% Yes
35. Does the day/employment direct services staff “know” the person?	10 Yes 2 Partial	83%
36. Does the direct service staff have adequate input into the person’s ISP?	6 Yes 5 Partial 1 No	50%
38. Was the employment/day direct service staff able to describe this person’s health-related needs?	7 Yes 5 Partial	58%
39. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	9 Yes 3 Partial	75%
40. Did the direct service staff have training in the ISP process?	8 Yes 4 Partial	67%
41. Did the direct services staff have training on the provider’s complaint process and on abuse, neglect and exploitation?	4 Yes 8 Partial 2 No	33%
42. Does the direct service staff have an appropriate expectation of growth for this person?	6 Yes 6 Partial	50%
43. Is the day/employment environment generally clean, free of safety hazards and conducive to the work/activity intended? (1 CND; 1 N/A)	8 Yes 2 Partial	80%
124. Has the team, or the reviewer, recommended a supported employment assessment for the person?	8 Yes 4 No	67%
125. ...does the person need supported employment?	9 Yes 3 No	75%
126. Did the person receive a supported employment assessment? (3 N/A)	8 Yes 1 No	89%
127. Does the supported employment assessment conform to the DOH regulations? (3 N/A)	3 Yes 2 Partial 4 No	33%
128. Does the person have a career development plan (based on assessments) that meets the person’s needs? (3 N/A)	2 Yes 3 Partial 4 No	22%
129. Is the person engaged in supported employment? (3 N/A)	4 Yes 5 No	44%
130. Is supported work provided in accordance with the following (4 N/A):	3 Yes 1 Partial 4 No	38%
▪ a. At least a 10 hour work week? (4 N/A)	3 Yes 5 No	38%
▪ b. Person earns at least ½ of minimum wage? (4 N/A)	3 Yes 5 No	38%
▪ c. Work setting is at least 50% non-handicapped co-workers? (4 N/A)	4 Yes 4 No	50%
▪ d. There is a reasonable expectation that the job will continue? (4 N/A)	4 Yes 4 No	50%

Scoring table for *Behavior* section – page 13

<i>cnd=can not determine</i>	Response	% Yes
131. Is the person considered by the IDT to need behavior services now?	6 Yes 6 No	50%
132. In the opinion of the reviewer, does the person need behavior services?	6 Yes 6 No	50%
133. Have adequate behavioral assessments been completed? (6 N/A)	5 Yes 1 Partial	83%
134. Does the person have behavior support plans developed out of the behavior assessments that meet the person's needs? (7 N/A)	5 Yes	100%
135. Have the staff been trained on the behavior support plan? (7 N/A)	5 Yes	100%
136. Does the person receive behavioral services consistent with his/her needs? (7 N/A)	4 Yes 1 No	80%
137. Are behavior support services integrated into the ISP? (7 N/A)	4 Yes 1 No	80%

Scoring table for *Adaptive Equipment/Augmentative Communication* section – page 14

<i>cnd=can not determine</i>	Response	% Yes
138. Has the person received all adaptive equipment needed? (4 N/A)	7 Yes 1 Partial	88%
139. Has the person received all assistive technology needed? (4 N/A)	3 Yes 3 Partial 2 No	38%
140. Has the person received all communication assessments and services? (1 N/A)	5 Yes 5 Partial 1 No	45%

Scoring table for Case Management section – page 15

<i>cnd=can not determine</i>	Response	% Yes
26. Does the case manager “know” the person?	8 Yes 4 Partial	67%
27. Does the case manager understand his/her role/job?	11 Yes 1 Partial	92%
28. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person?	12 Yes	100%
29. Is the case manager available to the person?	9 Yes 3 Partial	75%
30. Was the cm able to describe the person’s health related needs?	8 Yes 4 Partial	67%
31. Does the case manager have an appropriate expectation of growth for this person?	8 Yes 4 Partial	67%
32. Does the cm record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP?	4 Yes 8 Partial	33%
33. Does the cm provide cm services at the level needed by this person?	6 Yes 6 Partial	50%

Scoring table for Residential Services section – page 16

<i>cnd=can not determine</i>	Response	% Yes
44. Does the residential direct services staff “know” the person?	10 Yes 2 Partial	83%
45. Does the direct service staff have adequate input into the person’s ISP?	7 Yes 5 Partial	58%
46. Did the direct service staff receive training on implementing this person’s ISP?	9 Yes 3 Partial	75%
47. Is the home safe for individuals? (void of hazards?)	12 Yes	100%
48. Was the residential direct service staff able to describe this person’s health-related needs?	8 Yes 4 Partial	67%
49. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	11 Yes 1 Partial	92%
50. Did the direct service staff have training in the ISP process?	8 Yes 3 Partial 1 No	67%
51. Did the direct services staff have training on the provider’s complaint process and on abuse, neglect and exploitation?	6 Yes 5 Partial 1 No	50%
52. Does the direct service staff have an appropriate expectation of growth for this person?	9 Yes 3 Partial	75%
53. Does the person’s home offer a minimal level of quality of life?	11 Yes 1 Partial	92%