



DRAFT Southeast Region Report 2005 Community Practice Review

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INTRODUCTION

Process

The 2005 Community Practice Review (CPR) for the Southeast Region took place from August 22 to August 26, 2005. The Southeast Region supports 43 Jackson class members. Fifteen people, or 35%, 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

July 15 to July 22, 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 had 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 26th Review Status Report. This gave the SERO 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 Regional Office 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.

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

August 22 to August 25, 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. Two reviewers continued to be "in training" so they each reviewed only one person.

Reviewers included:

Jeana Caruthers, DHI	Marti Madrid, DHI
George Perrault, DHI	Deb Russell, DHI
Donna Storey, DHI	Valerie Valdez, DHI
Vicki Lund * Consultant to the Monitor	

* = in training

The following individuals served as Case Judges.

Wanda Black	Christine Crowe
Vicky Lund	Keytha Jones
Lyn Rucker	

14 Agencies were involved in the review. Fifteen individual class members were visited during the review. These fifteen people receive services from:

- four Independent Case Management Agencies (DSLML, PRMC, J&J Home Care, and Sun Country);
- ten day service providers (ResCare, ENMRSH, Leaders, Tobosa, CARC, Casa Alegre, Door of Opportunity, Laurel Ridge and Peak); and
- ten residential providers (ResCare, ENMRSH, Leaders, Tobosa, CARC, Casa Alegre, Door of Opportunity, High Desert, Laurel Ridge and Peak).

There were approximately 75 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.

August 29 to September 22, 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 providers. Consistent with the process in 2004, the Community Monitor developed a PowerPoint presentation highlighting the numerical results of the SE Review. This presentation was shared with the Regional Staff first and then at a group presentation with case managers, providers and LTSD state and regional staff. This meeting took place September 21st 2005. In addition, individual meetings were held with each of the case management agencies and providers who support class members reviewed. 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. These meetings took place September 21 and 22nd.

Follow up began September 2, 2005. Since there was some confusion last year regarding when follow up began on the individual findings and recommendations, a specific date was set for when follow up was to officially begin. September 2nd

was set as the start date for the SE 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 SERO 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

October 3 to October 21, 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 two individuals (13%) 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.

Seven individuals (47%) of the fifteen 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
DSL	8	1	4	5
J&J Home Care	2	1	0	1
Laurel Ridge	1	0	1	1
PRMC	3	0	2	2
Sun Country	1	0	0	0
Total	15	2	7	9

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

Agency (day & home)	Persons in sample	Immediate Need	Special Attention	Total
Alliance	1	0	1	1
CARC	1	0	0	0
Casa Alegre	1	0	0	0
Door of Opportunity	1	1	0	1
ENMRSH	2	0	2	2
High Desert	2	0	1*	1
Leaders	2	0	1	1
Peak	1	0	0	0
ResCare	4	0	2*	2
Tobosa	2	1	1	2

*One individual has Day services with one provider and Residential services with another so the total number of persons in this category is higher by one number.

EXPECTATIONS FOR GROWTH

The IDT is identified as having an appropriate expectation of growth for 47% of the individuals in the sample (up from 27% in 2004). Of support persons, case managers were least likely to have an appropriate expectation of growth (though their numbers increased from 2004), while approximately 2/3 of day and residential staff had an appropriate expectation (no change since 2004). The increases are encouraging news and all those who assisted individuals in making progress are to be commended.

It must be noted, however, 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 16.

QUALITY OF LIFE

Quite significant improvements in *practice* were evident in responses regarding the Quality of Life. Of the eighteen questions in this section, clear improvement occurred in twelve. More than twice as many people were offered a range of opportunities for participation in each of the life areas.

While there was an overall decline in the scoring (67% to 60%) on the more general question about whether the person has opportunity to make informed choices, there were increases in scoring regarding making informed choices about where and with whom to live, where and with whom to work/spend his/her day, and where and with whom to socialize/spend leisure time.

There were limited changes in the level of participation or support provided by the guardian in the person's life and service planning. This year six individuals (43% up from 27% in 2004) were determined to have guardians who are active in the person's life and planning. 29% were moderately involved while 21% had only limited involvement. While this improvement is noteworthy, it is important to keep emphasizing increased involvement by other guardians. Guardians are an essential safeguard for those who require them. That safeguard is quite limited or incomplete for 57% of the sample.

Of the six people for whom it was relevant (people seen as "retired" by some or all of their team), all were found to have adequate opportunities to engage in activities of interest during the day. This 100% scoring compares to 33% in 2004. Similar improvement was found on the question of whether the individual is treated with dignity and respect (47% in 2004 and 87% in 2005).

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

SATISFACTION

Reviewers could not determine level of satisfaction with services for 7 of 15 persons.

Quite positively, of the 4 to 14 persons scored for the following questions, ALL persons were found: to get along with the case manager; to find the case manager helpful; to have adequate food and drink available; and to get along with the residential provider.

In only one instance was there a decrease. 85% of the sample (1 N/A and 1 CND) get along with their day program/employment staff. This is down from 92% in 2004.

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

Noteworthy Practice:

- 87% were provided the assistance and support needed to participate meaningfully in the planning process.
- 86% (up from 40% in 2004) were offered a range of opportunities for participation in each life area.
- 90% (up from 67% in 2004) had the opportunity to make informed choices about where and with whom to live, and 73% (58% in 2004) about where and with whom to work/spend his/her day.
- 100% of those for whom a determination could be made know their guardian and believe their guardian is helpful.

Practice Challenges:

- 60% (67% last year) of persons were found to have the opportunity to make informed choices.
- While the individuals know and believe their guardians to be helpful, only 77% have guardians who could be described as actively or moderately involved in the person's life and service planning.

Noteworthy Practice:

- For persons for whom it could be determined, 100% were identified as getting along with their case manager (9 CND) and finding them helpful (11 CND).
- 100% had adequate food and drink available. (1 CND)
- 100% get along with their residential provider staff. (1 CND)
- 87% (up from 73%) were determined to have adequate transportation to meet their needs.

ASSESSMENTS

Regarding assessments, compliance now ranges from 40% to 67%. Although these figures remain low, they represent increases from 2004. The highest score, 67%, related to whether the assessments obtained were adequate for planning. In 60% of the cases the recommendations from the assessments were used in planning and in 53% of the sample the team considered what assessments the person needs and would be relevant to the team's planning efforts. And in 40% of the cases the team arranged for and obtained the needed, relevant assessments.

While the increases are positive and notable, it remains that in approximately half of the cases the team did not consider needed assessments or arrange for or obtain needed assessments. It then becomes difficult, if not impossible, to successfully plan and implement for the individual when critical information is missing.

Five people (34%) were identified as not having assessments adequate for planning. Reviewers notes indicate that Behavior assessments were the most frequently needed but unavailable. Speech, hearing and/or physical therapy assessments were also frequently identified as needed but not available.

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

Noteworthy Practice:

Improvements were realized in scoring for each of these questions, with the 2004 results ranging from 20% to 27% compliance and the 2005 scoring ranging from 40% to 67%.

Practice Challenges:

- In 47% of instances, the team did not or did not fully consider what assessments the person needs and would be relevant to the team's planning efforts.
- In 60% of instances the team did not arrange for and obtain all of the needed, relevant assessments.

ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES

It is clear that significant effort has been made to accomplish improvements in individual planning in the Southeast Region. Of the 23 questions in the section, 19 show increased compliance. Typically the answers are in the range of 50% to 75% compliance, an increase, generally, of 20% to 40% from 2004.

Of particular note is a jump from 7% to 50% regarding the ISP goals addressing the person's major needs; and from 8% to 50% for the recommendations and/or objectives/strategies of ancillary providers being integrated into the goals, objectives and strategies of the ISP. In 2004 none of the ISPs were determined to be adequate to meet the person's needs, compared to five (36%) being adequate this year (1 person does not have an ISP).

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

Noteworthy Practice:

- The functional supports assessment gave adequate guidance to achieving the person's long-term vision in 71% of those reviewed. (33% in 2004)
- The strategies in the ISP were found to be sufficient to ensure consistent implementation of the services planned in 79% of instances, up from 33% in 2004.
- Crisis plans that meet the person's needs were included in 92% of ISPs, up from 23% in 2004.

For the remaining ten persons, one did not have an ISP and nine had ISPs that were only partially adequate to meet their needs. Also for those 10 persons, only 1 of those was found to have current services adequate to meet the individual's needs.

While there was a significant increase (27% in 2004 to 50% in 2005) only half of the ISPs were found to contain an adequate long-term vision. Also in only 57% of the sample (20% in 2004) were the ISP goals found to be related to achieving the person's long-term vision. These factors quite significantly limit the usefulness of the ISP.

Training has also improved. 67% of direct services staff (up from 40% in 2004) had evidence of training to implement the person's ISP. However there was no change (73%) in the number of direct services staff who could describe their responsibilities in providing daily care/support to the person.

Naturally the concern remains about the 1/3 of staff who were not adequately trained in implementation and the approximately 1/4 of staff who could not describe their responsibilities with the individual.

The consequences of the above were found in the following:

- 36% of the 2005 sample were found to have an ISP adequate to meet the person's needs (0% in 2004).
- 33% of the sample (13% in 2004) were found to have a program of the level of intensity adequate to meet the person's needs.

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

INDIVIDUAL SERVICE PLANNING

Improvements were found in Individual Service Planning and its outcomes. There remains room and need for major improvements. This year 73% of the sample (up from 53% in 2004) 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. 73% of the sample also had an ISP that contains a functional supports assessment based on a long-term view, up from 60% last year. One class member in the sample did not have an ISP.

Regarding application or the *practice* of implementing the ISP, about the same number (47% this year, 40% last) were found to actually 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.

Practice Challenges:

- While a significant increase was realized, only half of all ISPs contain goals that address the person's major needs.
- In 36% of instances the ISP was found to be adequate to meet the person's needs.
- Regarding those instances (10) in which there was no ISP or the ISP was found to not be fully adequate, only one person was found to have services adequate to meet the person's needs.

Noteworthy Practice:

- With regard to every protocol question in the ISP section there was at least some increased compliance.
- More than twice as many people (40% to 87%) were found to have adequate access to and use of generic services and natural supports.
- Also twice as many people (1/3 of sample to 2/3 of sample) were found to be adequately integrated into the community.

More people this year (87% as compared to 40% last year) have access to and use of generic services and natural supports. Also more people (67% as compared to 33% last year) are described as adequately integrated into the community.

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

Practice Challenges:

- More than half of persons were not fully receiving services and supports recommended in the ISP.
- One third of persons remain not adequately integrated into the community.

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%	53%	73%
Does the person have an ISP that contains a functional supports assessment based on a long-term view?	90%	89%	82%	60%	73%
Does the person receive services and supports recommended in the ISP?	67%	69%	70%	40%	47%
Does the person have adequate access to and use of generic services and natural supports?	57%	78%	73%	40%	87%
Is the person adequately integrated into the community?	63%	71%	66%	33%	67%

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 73% (same as in 2004) of the persons, the individual members of the IDT were not adequately following up on their responsibilities.

80% of individual's teams (40% in 2004) were found to have adequate communication between meetings to ensure the person's program can be/is being implemented.

Noteworthy Practice:

- 3 of 15 persons in the sample changed direct care service providers within the past year – and each instance was appropriately planned for by the IDT.

Two of 14 persons (1 CND) had evidence of physical regression in the last year. One (of 15) had evidence of behavioral regression. These findings of physical and behavioral regression are down in comparison to 2004. Out of the 2005 findings of regression (involving a total of 2 individuals) the IDT was found to be adequately addressing the regression for 1 of the 2 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 in 2 of the 3 cases 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 5 of the 15 (33%) people reviewed which represents an increase from 13% in 2004.

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

Practice Challenges:

- 11 individual's IDT had members who were not adequately following up on their responsibilities.
- 67% (10) of people's IDT process was not found to be fully adequate for assessing, planning, implementing, and monitoring.

HEALTH RELATED NEEDS

The health section contains three questions, all of which displayed next to no change from 2004 and compliance ranging from 20% to 60%. In 60% (up from 53% in 2004) of the sample there was found to be evidence that the IDT discussed the person's health-related needs.

However only 27% of team members (same as in 2004) were able to describe the person's health related needs. And in only 20% of the sample (down from 27% in 2004) did the reviewers find that the person's health supports/needs were being adequately addressed.

These scores demonstrate a major practice challenge. The team must know the individual's health related needs in order to plan for and assist the individual with those needs. Compliance failure places class members in jeopardy of health compromise.

Practice Challenges:

- 11 people (74%) had Team members who could not fully describe the person's health-related needs.
- 12 individuals (80%) did not have their health supports/needs adequately addressed.

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

DAY/EMPLOYMENT SERVICES AND SUPPORTED EMPLOYMENT

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 (91% with 4 N/A in 2005, 45% with 2 CN and 2 N/A in 2004); and
- 2) regarding the day/employment direct services staff being trained on implementing the ISP (73% in 2005 and 47% in 2004).

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

- While 80% of the day direct services staff know the person, 60% of those knowledgeable direct services staff members had adequate input into the person's ISP.
- 67% of the day direct services staff (the same as in 2004) were found to have an appropriate expectation of growth for the person.

In 2005 47% of those in the review (down from 73% 2004) were recommended to have a supported employment assessment. Of the assessments performed, 38% were found to conform to DOH regulations (up from 9% in 2004). Four partially conformed. One person (14%) was found to have a career development plan (based on assessments) that meets the person's needs (8 N/A).

Fifty percent (60% in 2004) of the sample (9 were N/A) were engaged in supported employment. Of the six who were found to need supported employment, three were working at least a 10-hour work week, 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. Only one was earning at least ½ of minimum wage.

Noteworthy Practice:

- 87% of staff are able to describe his/her responsibilities in providing daily care/supports to the person – up from 73% in 2004.
- 91% of the day/employment environments were generally clean, free of safety hazards and conducive to the work/activity intended – up from 45% in 2004.

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

Historical Scoring: Supported Employment					
Question	2000	2001	2002	2004	2005
Need an employment assessment?	62%	100%	79%	73%	47%
Need supported employment?	46%	85%	71%	67%	40%
Receive supported employment assessment?	100%	100%	73%	91%	100%
Assessment conforms to DOH Regs?	88%	92%	64%	9%	43%
Has a Career Development Plan?	100%	36%	50%	0%	17%
Is supported work in line with requirements?	83%	55%	30%	40%	17%

BEHAVIOR

Behavior supports scorings showed improvement and decline. With only one exception scores range from about 20% to 67% compliance.

In this sample the reviewers identified 10 of 15 persons needing behavior services. The IDTs considered nine persons to need such services.

For 6 of 10 persons (60%), adequate behavioral assessments were found to have been completed (up from 30% in 2004). Of the six with behavioral assessments, all six were found to have behavior support plans that meet the person's needs and that were based on the assessments.

Finally, for 2 individuals the reviewers determined that the person received behavioral services consistent with his/her needs (20% in 2005 compared to 40% in 2004). Five individuals were found to have behavior support services integrated into the ISP (50% compared to 30% in 2004).

Practice Challenges:

- 40% of people needing a behavior assessment had not received one.
- Only 20% of the person's receiving behavioral services were found to be receiving those services consistent with his/her needs (down from 40% in 2004).
- Regarding the ten individuals identified as needing behavior services, half were found to have behavior support services integrated into the ISP.

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

Historical Scoring: Behavior					
Question	2000	2001	2002	2004	2005
Does the person need behavioral services?	62%	77%	71%	67%	60%
Have adequate behavioral assessments been completed?	88%	70%	40%	30%	60%
Does the person have behavior support plan developed out of the behavior assessments that meet the person's needs?	88%	70%	50%	50%	60%
Have the staff been trained on the behavior support plan?	88%	90%	90%	50%	70%
Does the person receive behavioral services consistent with his/her needs?	88%	60%	60%	40%	20%
Are behavioral support services integrated into the ISP?	13%	80%	60%	30%	50%

ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION

Twelve of the 15 persons in the sample were identified as needing adaptive equipment and six of the 12 were identified as having received the needed equipment (50% down from 67% last year).

Twelve of the 15 persons were also identified as needing assistive technology. Six (50%) had received all of the needed technology. Four had received some. And two had not received what they needed. The compliance score in 2004 was 29%.

Thirteen of the 15 were identified to need communications assessments and services. Six of the 13 (46%) had received all of the communications assessments and services needed (36% in 2004).

With regard to the entire sample, 102 devices were identified as needed and 84 of them were in place, 8 devices were missing, a communication device and two switches were not working, and 7 items were not used in all environments (and should be). The missing devices were an accessible van, a walker, ankle splints, wrist splints, grab bars, adaptive switch, a red button and a hip talker.

Practice Challenges:

- 6 of 12 individuals (50%) did not receive all adaptive equipment they needed.
- 6 of 12 individuals (50%) did not receive all assistive technology they needed.
- 7 of 13 individuals (54%) did not receive all communication assessments and services they needed.

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

Historical Scoring: Adaptive Equipment/Augmentative Communication					
Question	2000	2001	2002	2004	2005
Has the person received all adaptive equipment needed?	59%	73%	83%	67%	50%
Has the person received all assistive technology needed?	54%	60%	81%	29%	50%
Has the person received all communication assessments and services needed?	49%	51%	61%	36%	46%

CASE MANAGEMENT SERVICES

Improvements were noted for all questions found in Case Management Services. Some of the greatest improvements were found in areas related to training (case manager understands his/her role going from 67% in 2004 to 87% in 2005, and case manager receives training on the topics needed to assist the individual increasing from 53% to 87%).

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. For instance 80% of case managers were found to “know” the person with whom they worked (up from 53%).

Practice/application indicators show some improvement from 2004 to 2005 but remain low.

- Case manager able to describe the person’s health related needs: 40% to 53%
- Case manager has an appropriate expectation of growth for the person: 20% to 53%
- 47% of the case managers (up from 13%) 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.

Reviewers noted a large amount of turnover of case managers during the past year. Only three (20%) of the 15 case managers in the sample had been providing services to the class member for over a year. 47% (7 of 15) of the case managers had been with the class member three months or less. When a case manager changes there is risk, wasted time, knowledge and advocacy. When the turnover occurs in such significant numbers as this data displays, there are likely to be systemic consequences. The causal factors need to be further examined and addressed.

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

Notable Practice:

- 87% of case managers received training on the topics needed to assist the individual.
- 80% of the case management records contained documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP.

Practice Challenges:

- 47% (7) of case managers do not have an appropriate expectation of growth for the person.
- 47% (7) of case managers were not able to fully describe the person’s health related needs.
- 80% (12) of case managers have been providing services to the person for one year or less.

RESIDENTIAL SERVICES

Improvements were recorded in five of the ten scores regarding the individual's home and the direct services staff who work with him/her. Four were the same as in 2004 and one was lower.

- All homes were found to be safe (free of hazards), an increase from 87% in 2004.
- 93% of all home environments (up from 73% in 2004) offered the person a minimal level of quality of life.
- 87% of the residential direct services staff were found to "know" the person (up from 73%)

While there remain training gaps, a slight improvement was recorded in the training of direct services staff. 80% (up from 73%) did receive training on implementing the person's ISP.

This Review notes very little turnover in residential support staff. 20% (3) of the sample residential staff have been working with the sample class member less than one year, but the average length of service is $4\frac{1}{3}$ years. Especially considering this low rate of turnover, two findings are surprising and cause significant concern:

- 60% of staff (no change from 2004) have an appropriate expectation of growth for the person;
- 53% of staff (down from 60% in 2004) were able to describe the person's health related needs.

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

Noteworthy Practice:

- 80% of residential staff were able to describe his/her care/supports responsibilities.
- On average, residential staff have been with the individual for four and 1/2 years.

Practice Challenges:

- 47% (7) of residential staff were not able to describe the person's health related needs.
- 40% (6) 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?	8 Yes 5 Partial 2 No	53%
85. Overall, does the IDT have an appropriate expectation of growth for this person?	7 Yes 7 Partial 1 No	47%
31. Does the case manager have an appropriate expectation of growth for this person?	8 Yes 6 Partial 1 No	53%
42. Does the [day/employment] direct service staff have an appropriate expectation of growth for this person?	10 Yes 4 Partial 1 No	67%
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	9 Yes 5 Partial 1 No	60%

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?	13 Yes 2 No	87%
87. Is the person offered a range of opportunities for participation in each of the life areas? (1 CND)	12 Yes 1 Partial 1 No	86%
88. Does the person have the opportunity to make informed choices: (5 CND)	6 Yes 3 Partial 1 No	60%
<ul style="list-style-type: none"> ▪ 89. About where and with whom to live? (5 CND) 	9 Yes 1 No	90%
<ul style="list-style-type: none"> ▪ 90. About where and with whom to work/spend his/her day? (4 CND) 	8 Yes 2 Partial 1 No	73%
95. Does this person know his/her guardian? (2 N/A, 4 CND)	9 Yes	100%
96. Does this person believe the guardian is helpful? (2 N/A, 10 CND)	3 Yes	100%
97. What is the level of participation of the legal guardian in this person's life and service planning? (1 person is their own guardian, 1 has guardian pending, both are N/A)	Active: 6 Moderate: 4 Limited: 3	46% Active 31% Moderate 23% Limited
100. If the person is retired, does he/she have adequate opportunities to engage in activities of interest during the day? (8 N/A, 1 CND)	6 Yes	100%
103. Is the person treated with dignity and respect?	13 Yes 2 Partial	87%

Scoring table for *Satisfaction* section – page 6

<i>cnd=can not determine</i>	Response	% Yes
105. Does the person get along with the case manager? (9 CND)	6 Yes	100%
106. Does the person find the case manager helpful? (11 CND)	4 Yes	100%
108. Does the person have adequate food and drink available? (1 CND)	14 Yes	100%
109. Does the person have adequate transportation to meet his/her needs?	13 Yes 2 Partial	87%
111. Does the person get along with their day program/employment staff? (1 N/A, 1 CND)	11 Yes 2 Partial	85%
112. Does the person get along with the residential provider staff? (1 CND)	14 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?	8 Yes 6 Partial 1 No	53%
58. Did the team arrange for and obtain the needed, relevant assessments?	6 Yes 8 Partial 1 No	40%
59. Are the assessments adequate for planning?	10 Yes 4 Partial 1 No	67%
60. Were the recommendations from assessments used in planning?	9 Yes 5 Partial 1 No	60%

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? (1 N/A)	9 Yes 5 Partial	64%
64. Overall, is the long-term vision adequate? (1 N/A)	7 Yes 7 Partial	50%
65. Overall, does the functional supports assessment give adequate guidance to achieving the person's long-term vision? (1 N/A)	10 Yes 4 Partial	71%
67. Overall, do the goals in the ISP include criteria by which the team can determine when the goals have been achieved? (1 N/A)	9 Yes 4 Partial 1 No	64%
68. Overall, are the ISP goals related to achieving the person's long-term vision? (1 N/A)	8 Yes 4 Partial 2 No	57%

Scoring table for Adequacy of Planning and Adequacy of Services section (continued)

	Response	% Yes
69. Overall, do the ISP goals address the person's major needs? (1 N/A)	7 Yes 7 Partial	50%
71. Overall, are the strategies sufficient to ensure consistent implementation of the services planned? (1 N/A)	11 Yes 3 Partial	79%
72. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the goals, objectives and strategies of the ISP? (3 N/A)	6 Yes 5 Partial 1 No	50%
73. Does the ISP contain a specific crisis plan that meets the person's needs? (2 N/A)	12 Yes 1 Partial	92%
78. Overall, is the ISP adequate to meet the person's needs? (1 N/A)	5 Yes 9 Partial	36%
79. If # 78 is rated "2", is the ISP being implemented? (10 N/A)	4 Yes 1 Partial	80%
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)	1 Yes 8 Partial 1 No	10%
81. Overall, were the direct service staff trained on the implementation of this person's ISP?	10 Yes 4 Partial 1 No	67%
82. Overall, were the direct service staff able to describe their responsibilities in providing daily care/support to the person?	11 Yes 4 Partial	73%
147. Is the total program of the level of intensity adequate to meet this person's needs?	5 Yes 9 Partial 1 No	33%

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?	14 Yes 1 No	93%
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?	11 Yes 3 Partial 1 No	73%
142. Does the person have an ISP that contains a functional supports assessment based on a long-term view?	11 Yes 3 Partial 1No	73%
143. Does the person receive services and supports recommended in the ISP?	7 Yes 7 Partial 1 No	47%
144. Does the person have adequate access to and use of generic services and natural supports?	13 Yes 1 Partial 1 No	87%

Scoring table for *Individual Service Planning* section (continued)

	Response	% Yes
145. Is the person adequately integrated into the community?	10 Yes 3 Partial 2 No	67%
146. Overall, is the ISP adequate to meet the person's needs?	5 Yes 9 Partial 1 No	33%
147. Is the program of the level of intensity adequate to meet this person's needs?	5 Yes 9 Partial 1 No	33%

Scoring table for *Team Process* section – page 9

<i>cnd=can not determine</i>	Response	% Yes
113. Is there evidence that the ISP was reviewed by the IDT within the last 6 months? (2 N/A)	13 Yes	100%
114. Are the individual members of the IDT following up on their responsibilities?	4 Yes 11 Partial	27%
116. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs?	13 Yes 2 No	87%
117. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented?	12 Yes 3 Partial	80%
119. Is there evidence or documentation of physical regression in the last year? (1 CND)	2 Yes 12 No	14%
120. Is there evidence or documentation of behavioral or functional regression in the last year?	1 Yes 14 No	7%
121. If #119 or 120 is Yes, is the IDT adequately addressing the regression? (13 N/A)	1 Yes 1 No	50%
122. Has the person changed residential/day services in the last year? If Yes, was the change:	3 Yes 12 No	20%
122a. Planned by the IDT? (12 N/A)	3 Yes	100%
122b. Appropriate to meet needs? (12 N/A)	2 Yes 1 Partial	67%
123. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?	5 Yes 9 Partial 1 No	33%

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

	Response	% Yes
54. Overall, were the team members interviewed able to describe the person's health-related needs?	4 Yes 10 Partial 1 No	27%
55. Is there evidence that the IDT discussed the person's health-related issues?	9 Yes 5 Partial 1 No	60%
56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed?	3 Yes 11 Partial 1 No	20%

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?	12 Yes 3 Partial	80%
36. Does the direct service staff have adequate input into the person's ISP?	9 Yes 4 Partial 2 No	60%
37. Did the direct service staff receive training on implementing the person's ISP?	11 Yes 4 Partial	73%
38. Was the direct service staff able to describe this person's health-related needs?	10 Yes 4 Partial 1 No	67%
39. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	13 Yes 2 Partial	87%
42. Does the direct service staff have an appropriate expectation of growth for this person?	10 Yes 4 Partial 1 No	67%
43. Is the day/employment environment generally clean, free of safety hazards and conducive to the work/activity intended? (4 N/A)	10 Yes 1 Partial	91%
124. Has the team, or the reviewer, recommended a supported employment assessment for the person?	7 Yes 8 No	47%
125. ...does the person need supported employment?	6 Yes 9 No	40%
126. Did the person receive a supported employment assessment? (7 N/A)	7 Yes 1 No	88%
127. Does the supported employment assessment conform to the DOH regulations? (7 N/A)	3 Yes 4 Partial 1 No	38%
128. Does the person have a career development plan (based on assessments) that meets the person's needs? (8 N/A)	1 Yes 4 Partial 2 No	14%
129. Is the person engaged in supported employment? (9 N/A)	3 Yes 3 No	50%

Scoring for Day/Employment Services & Supported Employment section (continued)

<i>cnd=can not determine</i>	Response	% Yes
130. Is supported work provided in accordance with the following (9 N/A):	1 Yes 2 Partial 3 No	17%
▪ a. At least a 10 hour work week? (9 N/A)	3 Yes 3 No	50%
▪ b. Person earns at least ½ of minimum wage? (9 N/A)	1 Yes 5 No	17%
▪ c. Work setting is at least 50% non-handicapped co-workers? (9 N/A)	3 Yes 3 No	50%
▪ d. There is a reasonable expectation that the job will continue? (9 N/A)	3 Yes 3 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?	9 Yes 6 No	60%
132. In the opinion of the reviewer, does the person need behavior services?	10 Yes 5 No	67%
133. Have adequate behavioral assessments been completed? (5 N/A)	6 Yes 2 Partial 2 No	60%
134. Does the person have behavior support plans developed out of the behavior assessments that meet the person's needs? (5 N/A)	6 Yes 2 Partial 2 No	60%
135. Have the staff been trained on the behavior support plan? (6 N/A)	7 Yes 1 Partial 1 No	78%
136. Does the person receive behavioral services consistent with his/her needs? (5 N/A)	2 Yes 4 Partial 4 No	20%
137. Are behavior support services integrated into the ISP? (5 N/A)	5 Yes 2 Partial 3 No	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? (3 N/A)	6 Yes 5 Partial 1 No	50%
139. Has the person received all assistive technology needed? (3 N/A)	6 Yes 4 Partial 2 No	50%
140. Has the person received all communication assessments and services? (2 N/A)	6 Yes 5 Partial 2 No	46%

Scoring table for *Case Management* section – page 14

<i>cnd=can not determine</i>	Response	% Yes
26. Does the case manager “know” the person?	12 Yes 2 Partial 1 No	80%
27. Does the case manager understand his/her role/job?	13 Yes 1 Partial 1 No	87%
28. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person?	13 Yes 1 Partial 1 No	87%
30. Was the case manager able to describe the person’s health related needs?	8 Yes 6 Partial 1 No	53%
31. Does the case manager have an appropriate expectation of growth for this person?	8 Yes 6 Partial 1 No	53%
33. Does the case manager provide case management services at the level needed by this person?	7 Yes 7 Partial 1 No	47%

Scoring table for *Residential Services* section – page 15

<i>cnd=can not determine</i>	Response	% Yes
44. Does the residential services staff “know” the person?	13 Yes 2 Partial	87%
46. Did the direct service staff receive training on implementing this person’s ISP?	12 Yes 3 Partial	80%
47. Is the residence safe for individuals? (void of hazards?)	15 Yes	100%
48. Was the residential direct service staff able to describe this person’s health-related needs?	8 Yes 6 Partial 1 No	53%
49. Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	12 Yes 3 Partial	80%
52. Does the direct service staff have an appropriate expectation of growth for this person?	9 Yes 5 Partial 1 No	60%
53. Does the person’s residential environment offer a minimal level of quality of life?	14 Yes 1 Partial	93%