



DRAFT Southwest Region Report 2005 Community Practice Review

Table of Contents

Introduction	Page 2	Day/Employment Services and Supported Employment	Page 10
Individuals with Immediate and Special Needs	Page 4	Historical Scoring: Supported Employment	Page 11
Expectations for Growth	Page 5	Behavior	Page 11
Quality of Life	Page 6	Historical Scoring: Behavior	Page 12
Satisfaction	Page 6	Adaptive Equipment/Augmentative Communication	Page 12
Assessments	Page 7	Historical Scoring: Adaptive Equipment/Augmentative	
Adequacy of Planning and Adequacy of Services	Page 7	Communication	Page 13
Individual Service Planning	Page 8	Case Management Services.....	Page 13
Historical Scoring: Overall Adequacy/Intensity of the ISP	Page 9	Residential Services	Page 14
Team Process	Page 9	Appendix: Scoring Tables	Page 15
Health Related Needs	Page 10		

INTRODUCTION

Process

The 2005 Community Practice Review (CPR) for the Southwest Region took place from January 9 to January 13, 2006. The Southwest Region supports 52 Jackson class members. Fourteen people, or 27%, 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

December 1, 2005 to January 8, 2006

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 DDSD (formerly LTSD)/DOH central office personnel, DDSD 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 January 13th Status Conference. This gave the SWRO 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 and accuracy.

Additional Notes in the Protocol Document: In line with DDSD/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, available and in use.

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

January 3 to January 13, 2006

Assignment of Reviewers and Case Judges:

All reviewers in the SW Region were either DDS staff or Department of Health Improvement staff. As always, DDS staff could not review individuals within their own region.

Reviewers included:

Gina D'Aguero, DHI	Marti Madrid, DHI
Debra Ortiz, DDS	George Perrault, DHI
Deb Russell, DHI	Donna Storey, DHI
Valerie Valdez, DHI	

Case judges included the following consultants to the Community Monitor:

Wanda Black	Christine Crowe
Vicky Lund	Keytha Jones

8 Agencies were involved in the review. Fourteen individual class members were visited during the review. They received services from:

- two Independent Case Management Agencies (SCCM, DSLM); and
- six day and residential service providers (Life Quest, Opportunity Center, Progressive, ResCare, Tresco and WNG).

There were approximately 70 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.

January 16 to February 17, 2006

Protocol Books checked again for accuracy and data was entered. In the weeks 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.

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 SW Review. This presentation was shared with the Regional/DDS Staff first and then at a group meeting with case managers, providers and DDS state and regional staff. This meeting took place February 23, 2006. In addition, individual meetings were held with representatives (approximately 122 people) of providers and case managers supporting each of the class members in the review. In some cases family members also attended. Regional office and DDS state staff also attended all of the Team meetings. Some of the providers came with documentation and reports confirming action that had been taken to resolve issues identified as a part of the review.

Follow up began January 20, 2006. Since there was some confusion last year regarding when follow up was to begin for the individual findings, a specific start date was set. January 20th was the start date for the SW Region¹, which is one week following the on site review. The four working days following the Review were intended to provide an opportunity for the

¹ There was one individual for whom follow up did not begin until January 23.

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 January 20th.

Phase IV: Editing/Writing

January 23 to March 3, 2006.

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

INDIVIDUALS WITH IMMEDIATE OR SPECIAL NEEDS

There was three individuals (21%) 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 DDSD and relevant case managers and providers.

Five individuals (36%) of the fourteen 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	4	2	2	4
SCCM	10	1	3	4
Total	14	3	5	8

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

Agency (day & home)	Persons in sample	Immediate Need	Special Attention	Total
Life Quest	1	0	0	0
Opportunity Center	1	0	1	1
Progressive	1	1	0	1
ResCare	4	0	1	1
Tresco	7	2	3	5
WNG	1	0	0	0

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

EXPECTATIONS FOR GROWTH

It is critically important to have an appropriate and positive expectation for growth for those whom we support. The absence of such expectations typically results in a 'self fulfilling prophecy' . . . little or no improvement or progress due to minimal investment in change.

It is positive to note that the IDT is identified as having an appropriate expectation of growth for more people this year, specifically, 50% of the individuals in the sample (up from 13% in 2004). Of support persons, case managers were least likely to have an appropriate expectation of growth (57% in 2005, 47% in 2004), while 64% of day and 77% of residential staff had an appropriate expectation (increases over 2004 scores of 60% and 53%, respectively). The increases are encouraging.

What clearly needs attention is the decrease in the number of people who achieved progress in the past year. In 2004, 64% of the sample was determined to have made progress, while this year only 43% of the sample (6 of 14 persons) were found to have made progress. In some cases there was clear indication of functional regression; in others people appeared to be making no change or the documentation was so poor or missing that only a partial picture emerged.

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

Noteworthy Practice:

- 9 of 14 individuals have Day direct service staff who have an appropriate expectation of growth for them. (64%, up from 60% in 2004)
- 10 of 14 individuals have Residential direct service staff who have an appropriate expectation of growth for them. (77%, up from 53% in 2004)

Practice Challenges:

- 8 of 14 persons in the sample (57%) were found to not achieve progress in the past year.
- 7 of 14 IDTs (50%) were found to not have an appropriate expectation of growth for the person they support.

QUALITY OF LIFE

While there was a small decrease in the percentage of the sample who have had opportunity to make informed choices (70%, 77% in 2004), there were noteworthy improvements in choice making in particular areas. 70% (50% in 2004) had the opportunity to make informed choices about where and with whom to live and 90% (67% in 2004) had the same opportunity regarding choices about where and with whom to spend leisure time.

Several factors indicative of improvement in quality of life were also noted. The one retired person identified in this sample had adequate opportunities to engage in activities of interest during the day. All of the 12 persons for whom a determination could be made (100%) were found to have their cultural preferences accommodated (77% in 2004).

Two indicators call for more attention. There is a decrease in the number of people who were provided the assistance and support needed to participate meaningfully in the planning process (71%, 90% in 2004). Also, 5 people (36%) had issues which resulted in them not being found to have been treated with dignity and respect. Although up from 40% last year, still only slightly over half of the sample (8 of 14 people, 57%) were offered a range of opportunities for participation in each life area.

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

Noteworthy Practice:

- For those that could be determined, 90% of people (up from 67%) made choices about where and with whom to socialize.
- 100% of retired persons had adequate opportunities to engage in activities of interest.
- 100% of person had their cultural preferences accommodated. (2 CND)

Practice Challenges:

- 4 of 14 people were not provided the assistance needed to participate meaningfully in the planning process
- 36% of the sample (5 of 14 people) was found not to be treated with adequate dignity and respect.
- 6 people (43%) were supported by people who were not adequately trained on the complaint, abuse, neglect and exploitation process.

SATISFACTION

In all but one instance the region increased or maintained their scoring in this area.

For the people for whom a determination could be made, 67% were found to be satisfied with their current services (58% in 2004), 92% had adequate food and drink available (83% in 2004), and 93% had adequate transportation to meet their needs (87% in 2004).

The only decrease in scoring from 2004 to 2005 was the finding that 4 people (29%, 2 CND) were found to not have sufficient personal money (67% did have sufficient personal money, down from 89% last year).

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

Noteworthy Practice:

- 100% of persons got along with and found their case managers to be helpful (of those for whom determinations could be made).
- 13 people were found to have adequate transportation to meet their needs (93%).
- 92% had adequate food and drink available. (1 CND)

ASSESSMENTS

While there remains significant room for improvement in this review area, the region is to be commended for the improvements realized in comparison to the 2004 findings. The 2004 results ranged from 13% to 53% compliance and the 2005 scoring ranges from 43% to 64%.

However the scores suggest that there are major concerns about the way assessments are obtained and utilized. The team did not arrange for and obtain all of the needed, relevant assessments in 57% of the sample. In 64% of the sample assessments were found to be adequate for planning, however, in 36% they were not. For assessments that were present, in 36% of the sample the recommendations in the assessments were not used in planning.

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

Noteworthy Practice:

- Every score in the Assessments area reflected an increase over 2004

Practice Challenges:

- 6 of 14 people (43%) had IDTs that did not fully consider the what assessments the person needs and would be relevant to planning efforts.
- 57% of IDTs did not adequately arrange for and obtain needed, relevant assessments.

ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES

There are many factors relevant to evaluating the adequacy of planning and adequacy of services. While several improvements are noteworthy, we face a number of challenges in this area.

It was clear that there have been improvements in the functional supports assessment and it's use in individual planning. That assessment was found to give adequate guidance to achieving the person's long-term vision in 64% of instances, up from 27% in 2004. In addition the functional supports assessment was used as the basis for goal development in 64% of instances, up from 40% in 2004.

Similar increases were realized in specific scoring relating to goal development. In 2005 scores for these questions ranged from 29% to 43% compared to the 2004 scores that ranged from 0% to 27%.

Noteworthy Practice:

- 12 people (86%) have ISP that contain specific arrangements for primary health care (up from 60% in 2004).
- 93% (13 of 14) of ISPs reflect how the person will get to work/day and social activities.
- 13 people (93%) have direct service staff that were able to describe their responsibilities in providing daily care. (60% in 2004)

There remain several additional areas requiring major improvement. While a significant increase was noted (27% to 47%), less than half of all ISPs were found to contain an adequate long-term vision. Although there was an increase over last year, only 57% of ISPs were developed by an appropriately constituted IDT (27% in 2004).

The adequacy of the ISP continues to be a major challenge. No one reviewed was found to have an adequate ISP (0%, 7% or 1 person in 2004). More troubling than inadequate planning and documentation is the finding that when evaluating the current services provided to the 14 persons of the sample, only 3 (21%) were found to have services that were adequate.

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

Practice Challenges:

- No ISPs (0%) were found to be adequate to meet the person's needs.
- 6 of 14 people (43%) were found to have adequate long-term visions.
- 8 people (57%) do not have ISP goals that address their major needs.

INDIVIDUAL SERVICE PLANNING

Improvements in overall scores were noted in the Individual Service Planning area. Five of the seven protocol questions relevant to this category revealed at least some increased compliance. A noteworthy improvement was that almost twice as many people (50% compared to 27% in 2004) were found to have adequate access to and use of generic services and natural supports. Obviously, that means that half of the sample did not.

Additional challenges remain. In addition to inadequate ISP's 7% (1 of 13 people) were found to have a program of the level of intensity adequate to meet the person's needs. These findings relate to the core of supports provided to the individual and indicate an area that requires significant attention.

There was an increase in the number of persons (40% to 64%) who were found to have services and supports recommended in the ISP. Fifty percent of those reviewed were found to be adequately integrated into the community (33% in 2004).

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

Noteworthy Practice:

- 79% of person in the sample (11 of 14) were found to have an ISP that contains a FSA based on a long-term view.
- 64% of people received services and supports recommended in the ISP (up from 40% in 2004).

Practice Challenges:

- Half of the sample (50%) were found to not have adequate access to and use of generic services and natural supports
- Half of the sample (50%) are 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?	64%	79%	92%	67%	71%
Does the person have an ISP that contains a functional supports assessment based on a long-term view?	100%	86%	77%	67%	79%
Does the person receive services and supports recommended in the ISP?	57%	79%	62%	40%	64%
Does the person have adequate access to and use of generic services and natural supports?	64%	86%	69%	27%	50%
Is the person adequately integrated into the community?	64%	79%	62%	33%	50%

TEAM PROCESS

Some significant improvements were also noted in the IDT process, but the overall outcome remained low, indicating the need for much more focus on making the process work more effectively. Reflecting a slight increase over 2004, 75% (up from 70%), of people were found to have records or facts existing to indicate that the team convened meetings as needed due to changed circumstances and/or needs. Adequate communication among team members between meetings also improved significantly (79% in 2005, 40% in 2004). For the two persons who changed residential or day providers during the past year, the Teams played a more significant role in planning for and implementing that change.

While the score improved in 2005, the score remains low in terms of individual team members following up on their assigned responsibilities (43% in 2005 and 13% in 2004).

For 86% of the sample (87% in 2004) the IDT process was not found to have been adequate for assessing, planning, implementing and monitoring of services. Overall regional improvements are noted and recognized, however, attention to detail and the need to follow up on individual issues continues to be an overall challenge for Teams.

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

Noteworthy Practice:

- In the 6 instances where regression was determined, 67% of IDTs were adequately addressing the regression (up from 0% in 2004).
- 11 people (79%) have IDTs that are adequately communicating between meetings.

Practice Challenges:

- 43% of IDT team members were found to be following up on their responsibilities.
- 2 (14%) of the persons in the sample were found to have an IDT process adequate for all aspects of their services.

HEALTH RELATED NEEDS

Consistent with the level of improvement noted in the team process section, there was evidence that the IDT discussed the person's health related issues in 79% of instances (53% in 2004).

But health related needs appear to remain inadequately addressed and understood by the key people responsible for supporting and protecting class members. In less than half of the sample (43%, up from 20% in 2004) did the reviewer find the person's health supports/needs to be adequately addressed. Team members interviewed were able to describe the person's health related needs in 50% of instances (20% in 2004).

Showing the most increase in scoring, 92% of residential services support staff and 86% of Day/Employment staff were able to describe the person's health needs (up from 2004 scores of 40% and 33%, respectively). However, 50% of case managers were able to describe the person's health related needs, up slightly from 47% last year.

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

Noteworthy Practice:

- 92% of residential support staff could describe the person's health related needs.
- 86% of day support staff could describe the person's health related needs.

Practice Challenges:

- 8 people (57%) have health supports/needs that are not being adequately addressed.
- 50% of case managers could describe the person's health related needs.

DAY/EMPLOYMENT SERVICES AND SUPPORTED EMPLOYMENT

Scores for Day/Employment Services increased significantly from the 2004 review. Notable areas of improvement were that 100% of day direct services staff were able to describe their responsibilities in providing daily care/supports to the person. 86% of day direct services staff received training on implementing the individual's ISP (up from 67%) and 86% of day direct service staff (47% in 2004) had adequate input into the person's ISP. Also, 93% of staff (up from 60% in 2004) had adequate training in the ISP process.

43% of day direct support staff were not adequately trained on the provider's complaint process and on abuse, neglect and exploitation reporting. Also, 79% were found to adequately "know" the person (67% in 2004). This means that 3 people in the sample were found to have staff that do not adequately "know" them. If staff do not know the individual they support, mistakes can too easily occur.

Decreases, generally, were noted in Supported Employment.

Noteworthy Practice:

- 14 (100%) of Day direct service staff could describe their responsibilities in providing daily care/supports.
- 12 of 14 direct service staff could describe the person's health-related needs.
- 86% had adequate input into the person's ISP.

Of the 12 persons where a supported employment assessment was applicable, 83% had received such an assessment (100% in 2004) and the assessments that were performed conformed to DOH regulations in only 33% of instances (down from 40%). Also disappointing was that 20% of persons who should have career development plans had such plans which were based on assessments and designed to meet the individual's needs (40% in 2004).²

10 of 14 individuals were identified as needing supported employment. But the actual involvement of individuals in supported employment remains low and is decreasing. Only 30% of persons for whom it was applicable were actually receiving supported employment (50% in 2004).

Practice Challenges:

- 33% of supported employment assessments conformed to DOH Regulations.
- 30% of individuals identified as needed supported employment services were receiving them.

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

Historical Scoring: Supported Employment					
Question	2000	2001	2002	2004	2005
Need an employment assessment?	86%	100%	85%	100%	79%
Need supported employment?	57%	50%	69%	67%	71%
Receive supported employment assessment?	92%	100%	100%	100%	91%
Assessment conforms to DOH Regs?	25%	100%	82%	40%	36%
Has a Career Development Plan?	25%	43%	22%	40%	20%
Is supported work in line with requirements?	25%	43%	22%	20%	20%

BEHAVIOR

Significant improvement was noted with regard to behavior supports. Ten persons were identified by reviewers as needing behavior services. Adequate behavioral support assessments had been completed for 80% (70% in 2004) of those reviewed. Behavior support plans that meet the person's needs were developed using the behavior assessments for 90% of individuals (80% last year). As in 2004, 80% of persons were found to be receiving behavioral support services consistent with their needs.

Integration of the Behavior Support Plan components into the ISP has also seen improvement. 40% of the time (60% last year) this integration is not adequate.

Noteworthy Practice:

For those in the sample for whom it was applicable....

- 8 (80%) had adequate behavioral assessments completed.
- 9 (90%) had behavior support plans developed out of behavior assessments that meet the person's needs.
- 8 (80%) received behavioral services consistent with his/her needs.

² The individual numbers are slightly different than the numbers in the historical chart because the scores from more than one question are factored into percentages shown in the historical chart.

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

Historical Scoring: Behavior					
Question	2000	2001	2002	2004	2005
Does the person need behavioral services?	64%	71%	69%	67%	79%
Have adequate behavioral assessments been completed?	78%	80%	78%	70%	80%
Does the person have behavior support plan developed out of the behavior assessments that meet the person's needs?	100%	90%	78%	80%	90%
Have the staff been trained on the behavior support plan?	67%	80%	88%	80%	100%
Does the person receive behavioral services consistent with his/her needs?	33%	80%	89%	80%	80%
Are behavioral support services integrated into the ISP?	0%	40%	22%	40%	60%

ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION

In this section, two areas revealed marked improvement. 78% of the persons needing adaptive equipment had received all of it (38% in 2004). Also, 80% of the persons needed communication assessments and services had received them (33% in 2004). The Southwest Region received the highest score in the state for this question.

Of the persons needing assistive technology devices, 57% received all of the devices they needed. This still leaves almost half of the sample without all of the assistive technology devices that have been identified as being needed for the person to function effectively.

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

Noteworthy Practice:

- All of the scores in this section were increased over 2004.
- 7 of the 9 people identified as needed adaptive equipment received the devices they needed. (78%)
- 8 of the 10 people identified to need communication assessments/services adequately received them. (80%)

Historical Scoring: Adaptive Equipment/Augmentative Communication					
Question	2000	2001	2002	2004	2005
Has the person received all adaptive equipment needed?	67%	80%	86%	38%	78%
Has the person received all assistive technology needed?	36%	38%	70%	56%	57%
Has the person received all communication assessments and services needed?	9%	11%	73%	33%	80%

CASE MANAGEMENT SERVICES

The scores suggest that concerted effort had been made to improve the practice in case management as all but two scores improved in comparison to 2004. 71% of case managers were identified as “knowing” the person, and 79% were identified as understanding his/her role. Both areas had scored 67% in 2004. Also, 93% of case managers (67% in 2004) received training on the topics needed to assist him/her in meeting the needs of the person.

In the area of support/supervision needed to do the job, only 79% were found to receive the type and level of support needed (down from 87% in 2004). As mentioned earlier, only half of case managers (50%) were able to describe the individual’s health related needs (47% in 2004), and only slightly over half (57%) had an appropriate expectation of growth for the individual.

Overall, 79% of case managers were found to not provide case management services at the level needed by the person (down from 60% in 2004).

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

Noteworthy Practice:

- Increases in scoring have occurred in all but 2 protocol questions in this section.
- 93% of case managers received training on the topics needed to assist him/her in meeting the person's needs.

Practice Challenges:

- 21% of case managers provide services as the level needed by the person.
- 29% of case managers do not adequately “know” the person.
- Half of the persons in the sample have case managers who cannot adequately describe their health related needs.

RESIDENTIAL SERVICES³

Compared to the 2004 review, significant increases were recorded in all but two questions in this area. Residential direct service staff were found to “know” the individual 100% of the time (73% in 2004); they could describe health related needs for 92% of the sample (40% last year); and the direct service staff could adequately describe his/her responsibilities in providing supports to the person in 92% of instances (up from 67%).

Training for residential direct service staff also improved significantly. In 100% of the sample, the direct service staff were found to have adequate ISP process training (60% in 2004). 85% had training on the provider’s complaint process and on abuse, neglect and exploitation (33% in 2004), and 92% received training on implementing the person’s ISP (73% in 2004).

Two exceptions to these increases reflect that 3 individuals (23%) live in homes in which safety hazards need to be addressed; and 8 people (62%) had residential environments that did not offer a minimal level of quality of life (87% in 2004).

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

Noteworthy Practice:

- 100% (13) of Residential direct support staff adequately “know” the person, and were trained in the ISP process.
- 12 of 13 service staff (92%) were able to describe the person’s health-related needs and adequately able to describe his/her responsibilities in providing daily care/supports.

Practice Challenges:

- 3 persons in the sample were found to not have a safe residence.
- 38% of the sample (5 people) had residential environments that did not offer a minimal level of quality of life.

³ One person with Assisted Living services has the same person for Day Services, and that person was not interviewed twice so there are 13 persons in the sample for the Residential section.

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?	6 Yes 8 Partial	43%
85. Overall, does the IDT have an appropriate expectation of growth for this person?	7 Yes 7 Partial	50%
31. Does the case manager have an appropriate expectation of growth for this person?	8 Yes 6 Partial	57%
42. Does the [day] direct service staff have an appropriate expectation of growth for this person?	9 Yes 5 Partial	64%
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	10 Yes 3 Partial	77%

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?	10 Yes 4 Partial	71%
87. Is the Person offered a range of opportunities for participation in each life area?	8 Yes 6 Partial	57%
88. Does the person have the opportunity to make informed choices: (4 CND)	7 Yes 3 Partial	70%
89. About where and with whom to live? (4 CND)	7 Yes 3 Partial	70%
91. About where and with whom to socialize/spend leisure time? (4 CND)	9 Yes 1 Partial	90%
93. Overall, were the direct service staff interviewed trained on the provider's complaint process and on abuse, neglect and exploitation?	8 Yes 6 Partial	57%
100. If the person is retired, does he/she have adequate opportunities to engage in activities of interest during the day? (13 N/A)	1 Yes	100%
102. Have the person's cultural preferences been accommodated? (2 CND)	12 Yes	100%
103. Is the person treated with dignity and respect?	9 Yes 5 Partial	64%

Scoring table for *Satisfaction* section – page 6

<i>cnd=can not determine</i>	Response	% Yes
104. Overall, is the person satisfied with the current services? (5 CND)	6 Yes 3 Partial	67%
105. Does the person get along with the case manager? (9 CND)	5 Yes	100%
106. Does the person find the case manager helpful? (11 CND)	3 Yes	100%

Scoring table for *Satisfaction* section (continued)

<i>cnd=can not determine</i>	Response	% Yes
107. Does the legal guardian find the case manager helpful? (2 N/A, 5 CND)	6 Yes 1 Partial	86%
108. Does the person have adequate food and drink available? (1 CND)	12 Yes 1 Partial	92%
109. Does the person have adequate transportation to meet his/her needs?	13 Yes 1 Partial	93%
110. Does the person have sufficient personal money? (2 CND)	8 Yes 4 Partial	67%

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	57%
58. Did the team arrange for and obtain the needed, relevant assessments?	6 Yes 8 Partial	43%
59. Are the assessments adequate for planning?	9 Yes 5 Partial	64%
60. Were the recommendations from assessments used in planning?	9 Yes 5 Partial	64%

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

	Response	% Yes
64. Overall, is the long-term vision adequate?	6 Yes 8 Partial	43%
65. Overall, does the functional supports assessment give adequate guidance to achieving the person's long-term vision?	9 Yes 5 Partial	64%
66. Overall, is the functional supports assessment used as the basis for goal development?	9 Yes 4 Partial 1 No	64%
67. Overall, do the goals in the ISP include criteria by which the team can determine when the goal(s) have been achieved?	5 Yes 8 Partial 1 No	36%
68. Overall, are the ISP goals related to achieving the person's long-term vision?	5 Yes 9 Partial	36%
69. Overall, do the ISP goals address the person's major needs?	6 Yes 8 Partial	43%
70. Overall, are the objectives specific and relevant to assisting the person in achieving his/her goals?	4 Yes 9 Partial 1 No	29%
74. Does the ISP contain specific arrangement for primary health (medical) care?	12 Yes 2 Partial	86%
75. Does the ISP reflect how the person will get to work/day activities, shopping, social activities?	13 Yes 1 No	93%

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

	Response	% Yes
78. Overall, is the ISP adequate to meet the person's needs?	14 Partial	0%
80. If there is no ISP or if #78 is rated "0" or "1" are current services adequate to meet the person's needs?	3 Yes 11 Partial	21%
81. Overall, were the direct service staff trained on the implementation of this person's ISP?	11 Yes 3 Partial	79%
82. Overall, were the direct service staff able to describe their responsibilities in providing daily care/support to the person?	13 Yes 1 Partial	93%

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	100%
141. Does the person have an ISP that addresses living, learning/working and social/leisure that correlates with the person's desires and capabilities, in accordance with DOH regulations?	10 Yes 4 Partial	71%
142. Does the person have an ISP that contains a functional supports assessment based on a long-term view?	11 Yes 3 Partial	79%
143. Does the person receive services and support recommended in the ISP?	9 Yes 5 Partial	64%
144. Does the person have adequate access to and use of generic services and natural supports?	7 Yes 7 Partial	50%
145. Is the person adequately integrated into the community?	7 Yes 7 Partial	50%
146. Overall, is the ISP adequate to meet the person's needs?	14 Partial	0%
147. Is the total program of the level of intensity adequate to meet this person's needs?	1 Yes 13 Partial	7%

Scoring table for *Team Process* section – page 9

<i>cnd=can not determine</i>	Response	% Yes
114. Are the individual members of the IDT following up on their responsibilities?	6 Yes 8 Partial	43%
116. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs? (2 N/A)	9 Yes 3 No	75%
117. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented?	11 Yes 3 Partial	79%

Scoring table for *Team Process* section (continued)

<i>cnd=can not determine</i>	Response	% Yes
119. Is there evidence or documentation of physical regression in the last year?	5 Yes 9 No	36%
120. Is there evidence or documentation of behavioral or functional regression in the last year?	3 Yes 11 No	21%
121. If #119 or #120 is Yes, is the IDT adequately addressing the regression? (8 N/A)	4 Yes 2 Partial	67%
122. Has the person changed residential/day services in the last year? If Yes, was the change:	2 Yes 12 No	14%
122a. Planned by the IDT? (12 N/A)	2 Yes	100%
122b. Appropriate to meet needs? (12 N/A)	1 Yes 1 Partial	50%
123. Has the IDP process been adequate for assessing, planning, implementing and monitoring of services for this person?	2 Yes 12 Partial	14%

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

	Response	% Yes
30. Was the case manager able to describe the person's health related needs?	7 Yes 7 Partial	50%
38. Was the [employment/day] direct service staff able to describe this person's health-related needs?	12 Yes 2 Partial	86%
48. Was the residential direct service staff able to describe this person's health-related needs? (1 not scored)	12 Yes 1 Partial	92%
54. Overall, were the team members interviewed able to describe the person's health-related needs?	7 Yes 7 Partial	50%
55. Is there evidence that the IDT discussed the person's health-related issues?	11 Yes 3 Partial	79%
56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed?	6 Yes 8 Partial	43%

Scoring for *Day/Employment Services and Supported Employment* section – page 10

<i>cnd=can not determine</i>	Response	% Yes
35. Does the day/employment direct services staff "know" the person?	11 Yes 3 Partial	79%
36. Does the direct service staff have adequate input into the person's ISP?	12 Yes 1 Partial 1 No	86%
37. Did the direct service staff receive training on implementing the person's ISP?	12 Yes 2 Partial	86%
38. Was the direct service staff able to describe this person's health-related needs?	12 Yes 2 Partial	86%

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

<i>cnd=can not determine</i>	Response	% Yes
39. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	14 Yes	100%
40. Did the direct service staff have training in the ISP process?	13 Yes 1 Partial	93%
41. Did the direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	8 Yes 6 Partial	57%
42. Does the direct service staff have an appropriate expectation of growth for this person?	9 Yes 5 Partial	64%
125. In the opinion of the IDT or the reviewer, does the person need supported employment?	10 Yes 4 No	71%
126. Did the person receive a supported employment assessment? (2 N/A)	10 Yes 2 No	83%
127. Does the supported employment assessment conform to the DOH regulations? (2 N/A)	4 Yes 4 Partial 4 No	33%
128. Does the person have a career development plan (based on assessments) that meets the person's needs? (4 N/A)	2 Yes 5 Partial 3 No	20%
129. Is the person engaged in supported employment? (4 N/A)	3 Yes 7 Partial	30%
130. Is supported work provided in accordance with the following (4 N/A):	2 Yes 2 Partial 6 No	20%
▪ a. At least a 10 hour work week? (4 N/A)	2 Yes 8 No	20%
▪ b. Person earns at least ½ of minimum wage? (4 N/A)	4 Yes 6 No	40%
▪ c. Work setting is at least 50% non-handicapped co-workers? (4 N/A)	4 Yes 6 No	40%
▪ d. There is a reasonable expectation that the job will continue? (4 N/A)	4 Yes 6 No	40%

Scoring table for *Behavior* section – page 11

<i>cnd=can not determine</i>	Response	% Yes
131. Is the person considered by the IDT to need behavior services now?	11 Yes 3 No	79%
133. Have adequate behavioral assessments been completed? (4 N/A)	8 Yes 2 Partial	80%
134. Does the person have behavior support plans developed out of the behavior assessments that meet the person's needs? (4 N/A)	9 Yes 1 Partial	90%
135. Have the staff been trained on the behavior support plan? (4 N/A)	10 Yes	100%
136. Does the person receive behavioral services consistent with his/her needs? (4 N/A)	8 Yes 2 Partial	80%
137. Are behavior support services integrated into the ISP? (4 N/A)	6 Yes 2 Partial 2 No	60%

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

<i>cnd=can not determine</i>	Response	% Yes
138. Has the person received all adaptive equipment needed? (5 N/A)	7 Yes 2 Partial	78%
139. Has the person received all assistive technology needed? (7 N/A)	4 Yes 3 Partial	57%
140. Has the person received all communication assessments and services? (4 N/A)	8 Yes 2 Partial	80%

Scoring table for Case Management section – page 13

<i>cnd=can not determine</i>	Response	% Yes
26. Does the case manager “know” the person?	10 Yes 4 Partial	71%
27. Does the case manager understand his/her role/job?	11 Yes 3 Partial	79%
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	93%
30. Was the case manager able to describe the person’s health related needs?	7 Yes 7 Partial	50%
33. Does the case manager provide case management services at the level needed by this person?	3 Yes 11 Partial	21%
34. Does the case manager receive the type and level of support needed to do his/her job?	11 Yes 3 Partial	79%

Scoring table for Residential Services section – page 14

<i>cnd=can not determine</i>	<i>*note one person was not scored</i>	Response	% Yes
44. Does the residential services staff “know” the person?		13 Yes	100%
46. Did the direct service staff receive training on implementing this person’s ISP?		12 Yes 1 Partial	92%
47. Is the residence safe for individuals? (void of hazards?)		10 Yes 3 No	77%
48. Was the residential direct service staff able to describe this person’s health-related needs?		12 Yes 1 Partial	92%
49. Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?		12 Yes 1 Partial	92%
50. Did the residential direct service staff have training in the ISP process?		13 Yes	100%
51. Did the residential direct service staff have training on the provider’s complaint process and on abuse, neglect and exploitation?		11 Yes 2 Partial	85 %
52. Does the residential direct service staff have an appropriate expectation of growth for this person?		10 Yes 3 Partial	77%
53. Does the person’s residential environment offer a minimal level of quality of life?		8 Yes 5 Partial	62%