UNITED STATES DISTRICT COURT FOR THE DISTRICT OF RHODE ISLAND

UNITED STATES OF AMERICA
Plaintiff

v. C.A. No 14-175

STATE OF RHODE ISLAND
Defendant

ADDENDUM TO THE REPORT OF THE COURT MONITOR ON CONSENT DECREE COMPLIANCE ISSUED JANUARY 25, 2017

Issued: February 10, 2017

Introduction

The Court Monitor's Report on Consent Decree Compliance issued on January 25, 2017 deferred the assessment of Integrated Day Services and Placements (CD Section VI) and Quality Improvement (CD Section XV) until separate evaluations of the State's progress on the meeting the requirements of the two provisions were completed by independent reviewers with expertise in each of the two areas. Copies of the two assessments are attached. Each evaluation provides detailed information on the nature of the reviews that were performed, descriptions of findings, and recommendations regarding actions the State should consider taking to bring services and supports into compliance with the requirements of the Consent Decree.

This Addendum is organized to address the two relevant, Integrated Day Services and Placements and Quality Improvement. Updated information is provided on the State's progress on meeting the requirements of the benchmarks that had been deferred in the original report. Recommendations regarding the actions that the State should take to resolve areas of deficiency are included.

Integrated Day Services And Placements (Consent Decree Section VI)

Benchmark 2 – Integrated Day Service Availability and Characteristics §VI(B)(1-6).
Integrated day services will be provided to all individuals in the Sheltered Workshop, Youth Exit and Day Target populations who receive a supported employment placement for the remainder of

all time set forth in an individual's ISP during a 40 work week in which the person is not in school or supported employment. Day activities should take place within integrated community settings. Services and supports should be individualized, flexible, person-centered, chosen by the individual, facilitate choice among alternatives and meet other characteristics identified within the Consent Decree.

Status: Appendix A, *Day Services Review*, provides an in-depth review and assessment of the extent to which the integrated community based day services received by 21 individuals drawn from the Youth Exit, Sheltered Workshop and Day Target Populations meet the requirements of the Consent Decree. The Report provides descriptive data from direct observation and records review on the nature, characteristics, configuration and documentation of the day services received by the 21 participants.

With respect to the configuration of integrated community based day services, the reviewers found that study participants typically received a mixture of individual, group and facility based day services during the week. For example, of the 19 individuals who participated in day services only 8 participants (42%) received individual supports in integrated settings exclusively; 5 persons received integrated community supports only in groups; one individual participated in both individual and group supports; and four individuals received services in both group and facility based settings.

Nine of the 21 (43%) participants were also engaged in paid community employment. Of this number, 6 participants received integrated day services during some of the time that they were not working. These supports were provided either individually (1 participant) or in groups (5 participants). The hours of support that each individual received varied from 5 to 24 hours per week. Three of the 6 participants additionally received segregated facility based day services.

The data gathered in the review of 21 individuals are generally consistent with information on individuals receiving Community Based Non-Work services reported by the Sherlock Survey. The most recent quarterly report (Quarter 3, 2016; July 1, - September 30, 2016), for example, indicates that Target Group members receive, on average, approximately 11 hours per week across all community-based day activities.

Assessment: Requirements Not Met. The Day Services Review Report provides comments, observations and recommendations related to six key aspects of the Consent Decree's day services requirements (in summary): (a) individual selection of services, (b) self-direction, (c) group size and staff-to-client ratios, (d) the availability of services at times of the individual's choosing, (e) the extent to which integrated day services are individualized, flexible, purposeful, and productive, and (f) the extent to which integrated services enable opportunities for individuals with disabilities to interact with individuals without disabilities.

The report notes that although 86% of the individuals reviewed participated in person-centered planning, "the process that is being used falls short of the standard established in the Consent Decree (p.5)." The author highlights the essential role of an effective person-centered planning process in the development, operation and funding of integrated community based day services. An effective person centered planning process not only ensures that individuals participate in activities of their choosing, it also forms the foundation upon which each person's service plan should be conceptualized, constructed and funded. Several observations and suggestions are provided regarding actions the State should consider taking to address the Consent Decree requirements for Integrated Day Services (See Appendix A).

It is important to note that the State has recognized the need to improve the person-centered planning process for adults receiving DDD services and related provider training. The Executive Office of Health and Human Services (EOHHS) is expanding its arrangement with the Sherlock Center at Rhode Island College by increasing the Center's responsibilities "for (a) facilitating a clear process for person centered planning, (b) facilitating the final draft of the ISP and Career Development Plan, and (c) providing training and technical assistance to agencies to implement this function."

Recommended Actions

The Monitor recommends that DDD and ORS take the following actions to comply with the requirements of this section of the Consent Decree:

1. Strengthen person-centered planning and person-centered service delivery to fully support the ability of individuals receiving services to determine and control the services they receive and the resources that are provided on their behalf.

2. Through staff training and oversight, strengthen the capacity of the State and provider agencies to develop, implement and monitor truly person-centered plans and services based on clear standards and expectations.

3. Review, and modify as needed, DDD's and ORS's current resource allocation methodologies for individual services to ensure funding levels, staffing ratios and documentation requirements fully support the delivery of individualized and person-centered integrated day services that meet the characteristics and requirements of the Consent Decree.

4. Develop a clear linkage between the person-centered planning process and the individual resource allocation process to ensure service dollars are targeted to meet the individual's personal goals and preferences.

5. It is recommended that DDD implement activities 1-4 listed above, in conjunction with the current roll out of the division's performance based funding and operations program, *Supported Employment Services Package – Person Centered Supported Employment*. The implementation should include all individuals who are or will be participating in that program during FY 2017. As noted above, integrated day services are to be provided to all individuals in the Sheltered Workshop, Youth Exit and Day Target populations who receive a supported employment placement for the remainder of all time set forth in an individual's ISP during a 40 work week in which the person is not in school or supported employment. The State is requested to provide quarterly reports to the Monitor describing the progress that is being made on each of the recommended actions beginning April 1, 2017

Quality Improvement (Consent Decree Section XV)

Benchmarks 1-3. The Consent Decree identifies three broad requirements regarding Quality Improvement: (a) the development and implementation of a statewide quality improvement initiative (XV[1]), (b) the establishment of detailed program standards (XV[2]), and (c) the implementation of a plan to ensure the provision of regular on-site reviews, reports and follow-up reviews (XV[3-5]).

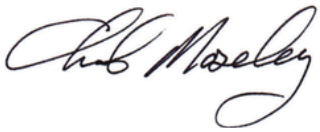
Status: Appendix B, *Review of Rhode Island's System for Improving and Managing the Quality of Employment Services for Individuals with Developmental Disabilities Under the Rhode Island Consent Decree and Interim Settlement Agreement*, provides an in-depth description and assessment of the State's status with respect to it's compliance with Section XV of the Consent Decree.

Assessment: Requirements Not Met.

Recommended Actions:

The external evaluation and review (Appendix B) provides detailed recommendations regarding the specific steps that should be taken by the State to come into compliance with this provision. It is recommended that the State implement all of the recommendations included in the external review. Because of the detailed nature of the review a separate implementation plan is not necessary. The State is requested to provide quarterly reports to the Monitor describing the progress that is being made on each of the recommended actions beginning April 1, 2017.

Respectfully Submitted,



Charles Moseley, Ed.D.
Court Monitor U.S. District Court
Rhode Island Consent Decree and Interim Settlement Agreement

Appendix A

Day Services Review

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Privileged and Confidential Report for Use and Distribution by the Recipient at his Exclusive Election

February 2, 2017

Dr. Charles Moseley
Court Monitor U.S. District Court
Rhode Island Consent Decree and Interim Settlement Agreement
PO Box 544
Charlotte VT 05445

Dear Dr. Moseley;

This report summarizes the findings of a review of integrated community based day services furnished to individuals with intellectual and developmental disabilities who are members of four Target Populations identified by the Rhode Island Consent Decree, *U.S. v. State of Rhode Island, Case No. CA14-175.*

Background and Purpose of the Review
The purpose of the review was to document the nature and characteristics of integrated community-based non-work day services currently being provided to a sample of individuals with IDD from a select number of large and small provider agencies across the State of Rhode Island. The review additionally sought to determine the extent to which the services being provided are consistent with the definitions and descriptions that are included in the Consent Decree.

Integrated Day Services. The Rhode Island Consent Decree defines integrated day services as, "services and supports provided in the amount, duration and intensity to allow persons with IDD to engage in self-directed activities in the community at times, frequencies, and with persons of their

choosing during hours when they are not receiving employment or residential services (Section II(7)." Additional clarification is provided in Section VI(A) of the Consent Decree which describes the scope of integrated day services to, "… include the appropriate services and supports necessary to allow individuals with I/DD to participate in and gain membership in mainstream community based recreational, social, educational, cultural, and athletic activities, including community volunteer activities and training activities, as well as other non-facility based activities of a person's choosing that are provided in integrated settings during the day with the appropriate services and supports.[1]

Review Process and Methodology

Participants. According to the Sherlock Center provider survey[2] approximately 1,653 members of the Consent Decree's Youth Exit, Sheltered Workshop and Day Target Populations received community based non-work services during the second quarter ending June 30, 2016. Integrated day services are furnished by virtually all Rhode Island DD provider agencies. The number of individuals served per agency ranges from over 200 in larger provider organizations to less than five in small agencies. Typically, Target Population members who participate in integrated community based day services also take part in a range of activities during the course of the week. These activities may include integrated employment and day services as well as segregated facility based activities. Community based non-work activities tracked by the Sherlock Survey include arts and leisure activities, health and fitness, adult education and training, volunteer activities and others. On average, Target Population members are engaged in community based non-work activities for approximately 1.75 hours per week.

Participants in the current review were divided into five groups for analysis purposes: individuals receiving only community based day services, individuals receiving community based day services plus supported employment, individuals being served by large provider organizations, individuals being served by small provider organizations, and individuals receiving self directed services (see Table 1). The original intent was to limit the participant group to individuals who were receiving only integrated day services. In practice, however, we found that the majority of participants were receiving a number of group and individual supports during the day. Furthermore, only one of the four self-directing individuals who were originally identified agreed to participate in the review. A description of the participation selection and review process is included in Attachment A, Integrated Day Services Review Plan.

Review Process. The review was conducted between November 29, 2016 and December 2, 2016. Members of the review team included William Ashe Ed.D., Independent Consultant, Tony Antosh Ed.D., Director of the Sherlock Center on Disabilities and Charles Moseley Ed.D. Federal Court Monitor. A total of 21 individuals were reviewed

Table 1

	Community Based Day Program Only	Day Program & Supported Employ	Total	%
Large Agency	5	5	10	48%
Small Agency	5	5	10	48%
Self Determine	1		1	4%
Total	11	10	21	
%	52%	48%	100%	

[1] For additional provisions and requirements for day services see the Rhode Consent Decree Section V Integrated Day Services and Placements.

[2] *Progress Report to the U.S. Department of Justice and the Court Monitor. Quarter 2* (April-June 2016. Sherlock Center on Disabilities, 10/7/2016.

(15 men and 6 women), 20 receiving supports from one of ten Rhode Island provider agencies and one individual receiving self-directed services with the assistance of a provider agency (See Table 1).

The qualitative review included an in-depth examination of each participant's case file followed by an interview conducted with key staff and the participant at the day services site in the community (See Attachment B.) The review of individual client files was guided by a data collection form that was designed by the Court Monitor to record whether participants were receiving services required by the Consent Decree, such as career development planning, benefits planning, etc. The survey form also enabled the reviewer to document the types of non-work supports each participant was receiving at the time of the visit.

While the review provides important information on the services and supports received by the participants of this study, caution should be exercised in applying the conclusions drawn from the 21 person sample to the broader group of individuals receiving integrated day services across the state, and the extent to which Rhode Island is complying with the terms and conditions of this provision of the Consent Decree.

Results

Supports and Services. The nature of participants' non-work activities varied considerably from one individual to another. A brief summary of the services and supports received by each participant is provided as Attachment C. As noted above, participants typically received an array of integrated individual and group supports. Several individuals additionally participated in facility-based programs. Table 2 below lists the average hours of integrated and facility-based day services received by each participant during a typical week.

Nine of the 21 individuals (43%) in the sample engaged in paid community employment in addition to participating in non-work activities. Of this number, one person received individualized community based non-work services in integrated settings during the times that he was not working, 6 individuals additionally received integrated community services in groups, and 3 persons received facility based day services.

Examining the data in a slightly different way, 11 participants (52%) received individualized community based non-work services, each averaging approximately 10.5 hours per week. Of this number, one person received supported employment, 3 additionally received integrated day services in a group with other individuals with IDD, and 2 participants additionally received facility based services.

Participants engaged in individualized integrated day services received, on average, 10.5 hours per week. Individuals receiving integrated community based day services in groups received, on average 16.5 hours per week. And, individuals participating in segregated facility based day services received on average 11.5 hours per week.

The nature of these individuals' weekly activities varied according to individual need, preferences, and the limits of resources that were available. For example, person 2 is a man who has been significantly compromised by a vehicle accident, which has left him mobility impaired. He has 15 hours of support weekly available to him for individualized services from his agency. He uses this support assistance to ensure proper follow-up with a number of regularly (weekly) scheduled therapy and medical appointments related to his current medical condition. He has made a

considerable recovery since his accident and he is highly motivated to regain as much function he possibly can. He also uses some of his support time to assist him with apartment living skills as well as assisting him to participate on a regular basis with the Peer Advocacy organization. In another instance person 13 has a total of 30 hours of total day support available to her. Of this total, 4 of these hours are individualized and community based. She chooses how to spend these hours and uses them to access her favorite community locations. Another person (person 9) has 12 hours of individualized support and uses them to assist him in accessing his community for walks, going to the mall, and making regular use of the library. In his interview he credits the routine that he follows each day as playing a major role in assisting him to control his anxiety. A feature of all of these instances appear to be the amount of personal control and decision making over how to utilize these hours in ways that are important to them.

Table 2
Average Day Support Hours Received Per Week

Participant	Gender	Integrated Activities			Staff to Person Ratio	Facility Based	Total Hours
		Paid Empl	Individual Support	Group Support			
1	M	6		14	1:4	8	28
2	M		15				15
3	M		12	4	1:2		16
4	M		30				30
5	M		5				5
6	F	6		10	1:4	14	30
7	M		12				12
8	M		12				12
9	M		12				12
10	M	18		NR			18+
11	F		5				5
12	F		4	12		14	30
13	F		4	20	1:2-1:5	10	34
14	M	10					10
15	M	8	5				13
16	M	NR				NR	
17	M						Min
18	F	NR		24			24
19	F			30	1:2/1:4		30
20	M	12-15		18	NR		30-33
21	M	NR		NR			Min

Abbreviations

NR	Participated in activity but hours were not reported
Min	Participant is independent and receives minimal support from the agency
ND	No data was reported

A total of 10 participants were receiving integrated community experiences that were group based (staffing ratios ranging from 1:2 to 1:5), and 5 participants were receiving some of their services

within a segregated facility. For group based programs, it appeared from the reviews the options for activities from which individual participants could choose from were ones made available by the service organization. Consequently, while there was choice involved in most instances, these choices were being drawn from a restricted sample of options. For example, Person 1, who has 14 hours of weekly support available, has selected from available options to participate regularly with a Meals on Wheels program along with 4 others and an agency staff person. She has also selected an option to participate with a small group to deliver flowers. Person 6 has an average of 10 hours of group support available to her each week. From a list of possible activities she has chosen a shopping group, a yoga class, and delivering food through the Meals on Wheels program. Person 19 has 18 hours of group supports available to her each week. She chooses from available options and spends her time with activities such as delivering agency mail, running various errands, accessing a variety of recreational options, and participating regularly in a bowling league.

Documentation of Required Services and Supports. Table 3 summarizes data gathered by the Individual Review Form regarding the extent to which participants' individual client records document key services and supports that are required by the Consent Decree. As can be seen in this table, a little more than half of the individuals in the sample (57%) have a Career Development Plan (CDP) on file. As the particular format for a CDP has only recently been created by the State, it is most likely that CDP's will be available for all participants in the near future. In contrast, only 3 participants (14%) in the sample had received benefits counseling. This is consistent with other reviews conducted for the purpose of understanding the involvement patterns of people involved with supported employment. These results also suggested a lack of benefits counseling across Rhode Island.

In our review we report that 86% of the individuals (N = 18) participated in a person centered planning process. This was scored in this fashion as the State process for ISP's is intended to be person centered. In these instances the person participated in their ISP, and signed the ISP. There was nevertheless a sense that the process as designed was not person centered to the extent expected by the Consent Decree.

The Consent Decree defines person centered planning in the following way:

> "Person-centered planning" is the formal process that organizes services and supports around a self-directed, self-determined, and goal-directed future, and includes the process by which an individual, with the assistance of an employment planning team, identifies the direction of his/her future vocational, employment related, and day activities based on his/her skills, interests, strengths, and abilities, regardless of whether the individual has the verbal ability to express such information."

Within the scope of the records review portion of this survey process, there was not sufficient time to explore the ways in which the person centered process within each organization was actually being conducted. However, there were signs indicating that the process in Rhode Island that is intended to be person centered falls short of the standard established in the Consent Decree as identified above. Among such signs was the absence in the record of the use of other person centered planning documents, such a MAPS (Making Action Plans), PATHS (Planning Alternative Tomorrows with Hope), or other similar personal planning tools. There was not a significant diversity among participants evidenced in the records that the review team was able to examine. Many of the ISP's were very similar from one person to the next. In a few instances individuals' current ISPs were strikingly similar to the one that they had during the previous year.

A sound person centered planning process must reside at the core of Rhode Island's change process if the State is going to be able to achieve the objectives defined in the Consent Decree. Given the

importance of the person centered process, it would be useful for a future review to look more thoroughly at the person-centered process being used across Rhode Island.

Table 3
File Review: Documentation of Required Services and Supports

Consent Decree Requirement	Yes	No	N/A	UNKN
PERSON CENTERED CAREER DEVELOPMENT PLANNING *				
Is there a CDP on file	12 (57%)	9 (43%)		
Did the Person participate in the CDP	11 (52%)	10 (48%)		
Does CDP/ISP have clear employment goals	17 (81%)	4 (19%)		
Are objectives designed to meet employment goals	14 (67%)	7 (33%)		
Was CDP/ISP Developed via per centered process	18 (86%)	3 (14%)		
Are goals important for and to the person	15 (71%)	6 (29%)		
Are supports and barriers identified	14 (67%)	6 (29%)	1 (5%)	
Has the CDP been updated on a regular basis	12 (57%)	9 (43%)		
Did the Person participate in the ISP/CDP	21 (100%)			
Did the persons family/auth. Rep participate	13 (62%)	6 (29%)		2(10%)
Do day outcomes relate to persons talents	17 (81%)	4 (19%)		
Do outcomes lead to employment/skill development	16 (76%)	5 (24%)		
Is person receiving all supports in the plan	19 (90%)	2 (10%)		
BENEFITS PLANNING				
Did person receive benefits planning	3 (14%)	18 (86%)		
Was the counselor certified	3 (14%)		18 (86%)	
Was there a written analysis	3 (14%)		18 (86%)	
OTHER				
Received at least 1 vocational assessment	13 (62%)	8 (38%)		
Received at least 1 trial work experience	12 (57%)	9 (43%)		
Received outreach and support	8 (38%)	13 (62%)		
Had opportunity to speak with someone in integrated setting	8 (38%)	12 (57%)		1 (5%)
CD Variance applied for		21 (100%)		
Person needs adaptions or devices	2 (10%)	19 (90%)		
Person needs communication assistance	2 (10%)	19 (90%)		
Person is receiving communication assistance		21 (100%)		
Are needed adaptions provided in integrated site	2 (10%)		19 (90%)	
Does the record indicate the staff are trained	21 (100%)			
* Percentages may not add to 100% due to rounding				

Discussion and Observations

This section provides commentary on the observations made during the recent visit to Rhode Island. As previously stated, given the small sample size, caution is warranted when drawing conclusions about the applicability of these particular data to the larger population of people who are the subject of the settlement agreement.

1. Are integrated day services chosen or selected by the individuals?

There were 10 people (48%) in the sample who were availing themselves of services when they chose, and living their lives as they determined. In these situations, agency supports were assisting them with meeting a variety of needs. For example, one person was using most of his supports to assist with health related issues. One person was looking for assistance dealing with a Court over a traffic ticket. Others would pick and choose when and where they wanted to accept agency support. There were at least four people who made it very clear that what they were doing was exactly what they wanted to be doing. These individuals were utilizing agency supports to assist them. Another individual was experiencing a fully integrated life and was dependent upon agency supports to accomplish this. One person who was self-directing services was participating in volunteer activities that he specifically chose. These examples are from those participants who were receiving individualized supports.

For individuals who were receiving group supports (N = 10; 48%), the choices they were able to make appeared limited to what was being offered. In a number of instances there were service menus from which people could select. While this reflects choice, the choice is restricted to only the options that are made available by the provider. Within these group-based models there did not appear to be great flexibility beyond the list of offerings that were being made available. What appeared lacking in these instances was the presence of a truly person centered process that started with the presumption that the individual was empowered to shape his/her life in the manner he/she desired. There were certainly forms that suggested person centeredness, however these appear to be far more similar in content from one person to the next then what should be the case if a true person centered plan was being followed.

Within the sample, 5 individuals (24%) were receiving some of their supports within a segregated facility based program. These offerings, while offering some level of restricted choice were not integrated. The planning process that is being used for this sample has a mechanical feel to it due to the need to comply with complex system rules as well as restricted staffing capacities. This to some extent was true with those who were receiving individualized support as well as the individuals receiving group supports. The differences were found in the outcomes being evidenced when this individualized support was being offered. Here there was clear individual control and direction of how community time was being spent. This included the ability to alter how time was being spent including an ability to select an activity that was completely new and perhaps even impulsive. This was not the case for individuals participating in group community models and those in facility based programs. In all instances the rules of the system seemed to be a barrier to flexibility and creativity, and certainly limited the degree to which real person centered planning was possible.

The ISP system as required by the State feels rigid and automatic. The ISP for a person this year may often look remarkably similar to the one that was done last year. The funding that agencies receive is based on assessed "functioning level" and not based upon what people may want or really need. Agencies are often in a situation where their staffing levels prohibit them from individualizing supports to the extent that is necessary to really implement services that are based upon real choice.

2. Are services self-directed?

The 10 people who used services and supports when they wanted certainly were self-directing. Nine of these individuals received their supports through an agency and one was self-managing his supports. Those individuals who were part of ongoing agency sponsored group supports (N = 10),

and those who spent a portion of their time within a facility based option (N = 5), however, were most often selecting from a menu of options that the agency had available. While these individuals were typically selecting what they wanted from this menu, this could not really be labeled self-direction. The choices were not true choices as an individual was not able to go beyond the options provided by the agency, nor were they able to alter the times that particular options would be available.

3. If in a group, how many others are in the group and what is the staff to individual ratio?

Group ratios observed during this visit ranged from a low of 1:2 to as high as 1:5. Much of this appears based on the funding tier assignments that drive staffing capacity.

4. Are the day services provided as often as the person wants, during the times and on days of the persons choosing?

Without a truly person centered process it is very difficult to assess the extent to which people really determine the "when's", "what's", and "how's" of their service day. With the exception of the people who access services only when they choose, it does not appear that schedules vary much from one week to another. Particularly in the case of group programs, there does not appear to be a lot of change over time. Some of the ISP's are very much the same from one year to the next. There is a feel that attending a program is just what people do. There does not appear to be much forward direction in many of the plans. Interviews with participants often do not reveal a sense of working towards personal goals. The State process of making funding level judgments is based on assessed level of functioning, and not based upon the frequency of support that a person may prefer, or in even some cases require.

In order for participants to have a real ability to determine frequency and times of service they would need to have much more personal control over how resources are utilized than what the current system within Rhode Island tends to offer. Altering this would require some institutional level change, both at the State and provider levels. Rhode Island's process for determining funding allocations, and its procedural rules make this type of change very difficult. Resources that are made available to support people are based on an individual's functioning levels, and are allocated within the context of the staffing ratios the allocation is designed to support. Lost in this (or so it appears) is what the allocation is intended to offer the individual in terms of life outcomes that are important to and for the person. This orientation does not appear prominent in the cases that were reviewed during this visit.

Agencies receive a funding allocation that is based upon the use of a standardized assessment tool known as the Supports Intensity Scale (SIS). Based on the results of this assessment a funding level is assigned which the provider agency is then asked to utilize to address service needs that are expected to be identified through a person centered planning process. There seems to be a disconnect, however, between the way in which funding levels are assigned, and what is intended by the Consent Decree. The Consent Decree recognizes that Rhode Island utilizes the SIS in its process of determining resource levels. The Consent Decree, however, requires that "BHDDH shall ensure that resource allocation decisions are made by BHDDH staff in a manner that is consistent with individuals' support needs". For this to occur there must be a person centered planning process utilized that connects directly with the funding allocation process.

The individual plans reviewed complied with state requirements. However, the plans themselves did not appear to represent person centeredness. As one of the reviewers commented, the plans

were rigid and not "action driven". The funding allocation process resulted in the assignment of funding levels that in some cases made it exceedingly difficult to see how the service to be delivered could ever be realized to the standard expected by the Consent Decree.

5. Are integrated day services individualized, flexible, purposeful, and productive?

Of the participants reviewed, there were two distinct types of day services that had elements of integration associated with them. One of these is individualized support, and the other is group based support in the community. In the first instance, 10 of the participants visited had either all of their services, or a portion of them, individualized and offered within the community. It appeared that the extent of integration and the purposefulness of these day services were significantly higher than those instances where the service was offered within a group model. As illustration, this reviewer was able to accompany a small group during their Meals on Wheels route. This activity involved picking up prepared meals from a senior center and delivering them to a list of persons living within the local community. This was accomplished with a single agency staff person, along with 5 individuals receiving services. Travel to and from the locations to where the meals were to be delivered involved the use of an agency owned van. With the exception of this transportation, the entire activity occurred within the community. On this particular day, however, the meal delivery activity had little to no interaction with typical community members.

Contrast this with the individualized support provided to a man with a significant medical condition. In this instance with his individualized support he was able to pursue a plan of vigorous exercise which he believes will slow the rate of his physical deterioration. To do this he is regularly involved with a local YMCA. Here he participates with other users of this facility with whom he has developed some real relationships. He also has a personal passion (classic cars) which he actively pursues by using the local library for personal research on this subject. In addition, he has a love of animals, and from this he decided to volunteer within a local animal shelter. For this person, his day service time is very clearly individualized, flexible, purposeful, and productive.

6. Do integrated day services allow individuals with disabilities opportunities to interact with individuals without disabilities in a community setting to the fullest extent possible for the individual?

When services were being provided on an individualized basis the opportunity for interaction with individuals without disabilities was clearly possible, being limited of course by the amount of time the person had individualized support available (the range of weekly hours for the 10 people who received individualized support was 4 hours to 30 hours). When the service was being provided in a group model, the interaction opportunities with people without disabilities was much more incidental and far less spontaneous. Time that participants spend within a facility based program (N=5) do not offer these opportunities.

<u>Concluding Thoughts</u>

Day service options within a public system for people with developmental disabilities tend to fall into two categories: options that involve work activities; and options that encompass non-work activities. Of these two broad categories, non-work alternatives are by far the more difficult to understand. This difficultly increases greatly when descriptive terminology such as used in the Consent Decree are employed to establish outcome standards. This terminology is absolutely essential and includes words such as integrated, community based, person centered, individual choice, self-direction, individual interest, individual preferences, individual goals, flexibility, and

purposeful and productive activities. There is wide variation in understanding over what these terms actually mean, let alone a common knowledge base of how to design and accomplish these qualities on a person by person basis. In general, where supports were individualized and community based, participants were more likely to participate in their communities in an integrated manner than was the case when the supports were not individualized. Where people were participating in community group based supports, the level of direct involvement with people without disabilities was significantly lessened, as was the extent of their personal choice and direction. When people were involved in facility based activities there was no option for integration.

There are, however, some overall suggestions that may be helpful as Rhode Island moves forward with changes to its service system.

1. The existing processes regarding the allocation of funding to individuals should be reviewed and modified as necessary to assure that the funds are able to be used in a flexible, purposeful, and productive manner. To a very real extent the purchaser of services cannot expect one set of outcomes if the enabling resources are guided by values that are inconsistent with what is desired to be purchased. Currently an allocation method is being used which assigns funding amounts based upon the assessed functioning level of the service recipient. Providers then receive these funds within the framework of staffing ratios determined by the State. These ratios can be waived, although the funding amounts as allocated remain unchanged. In a practical sense providers struggle with managing this with the consequence being a preponderance of group based services which are not flexible, purposeful, or productive. If individualized person centered outcomes are the desired product to be purchased, the dollars that go to providers must be determined and allocated within a format that enables this product to be delivered. Currently this does not appear to be the case.

2. The existing individual planning processes (Individual Service Planning, Career Development Planning, etc.) are intended to be person centered although they fall short of this goal. Individuals are participating in these meetings but the process itself does not appear to emanate from the perspective of an individual who is being supported to think about his or her future hopes and desires. There is no plan of action in these documents that sets forth a path one will follow to explore and grow these personal goals and desires. This relates to number one above as providers are trying to manage limited resources. Somehow to become really person centered, resource levels will need to be adequate to support the outcomes wishing to be obtained by an individual (which will likely not correspond to ones assessed level of functioning), and the individual will need to have considerably more personal control over how these resources are expended on their behalf. Even with the small sample size of this review considerable distinctions can be drawn between those instances where the person is able to utilize individualized support, and those situations where the supports are group or facility based.

3. Rhode Island should find a way to provide significant and ongoing training across the State to assure that all parties (State personnel, provider staff, service recipients, and families and advocates) share a common understanding of what is meant by the phrase “meaningful day services within integrated community settings and activities”. Beyond an understanding of what is meant by this phrase significant training in how to make this happen on a person by person basis must become a priority. Rhode Island communities offer immense opportunity

for people with disabilities. Training must focus on how to identify and assist individual recipients to access these resources.

4. Benefits planning has been identified within the Consent Decree as a priority for Rhode Island. In this present survey Benefits plans were identified as being present for 3 of the 21 individuals visited. The absence of Benefits plans has also been identified in previous reviews that were conducted to review supported employment options. Given the ongoing nature of this concern, it seems reasonable for Rhode Island to develop a written plan for how this need will be met going forward.

5. It is always wise to examine how dollars are currently being spent to assure as much as one can that limited resources are spent in the most advantageous manner possible in support of the goals that are considered most important. Currently it seems that a large investment continues to be made supporting and maintaining large facility structures. The focus of Rhode Island's change process is to move from facility oriented options to ones that are community based and community engaging. At some point these facilities cease to have a real purpose as the locus for how a significant number of service recipients spend much of their day. Their ongoing presence, and the reliance upon them, may also be a real barrier to the change process. It is clearly beyond the scope of this report to render a judgment of where Rhode Island is in the regard. It is however, an observation worthy of mention in the hope that providers and State leaders are open to ongoing dialogue regarding this potential reality.

6. One of the challenges of this review was the combining of participant observation and interviews along with a records review component. Both reviews, while essential, were not easily conducted given the limited amount of time that was available. It is recommended that future reviews be conducted in a manner that allows time for each of these efforts to be separately conducted.

7. It is recommended that there be review of Rhode Island's individual program planning process to assess the extent of conformance with established standards and expectations for person centered planning. Based on this review a training plan complete with timelines for implementation should be developed, along with an assessment of the resource implications that may be needed in order to implement person centered planning across Rhode Island.

8. It is recommended that an assessment of the current funding methodology be conducted to assure that allocation levels assigned to providers are consistent with the presumptions of the Consent Decree which states "that individuals with the most severe disabilities can work in integrated settings and receive the services and supports necessary to do so".

Summary

Thank you for the opportunity to be a part of the review team that began an initial look at the non-work day services options within Rhode Island. Within this small sample there were examples of excellent outcomes, along with other examples where desired outcomes remain quite elusive. Progress clearly is being made and hopefully the State and providers can continue working cooperatively together to advance and perhaps accelerate this change process. This report has tried to identify a few steps that may enhance this work. None of this is easy, and everyone needs to be

willing to consider how things might be done differently in pursuit of the quality goals that are articulated within the Interim Settlement Agreement.

Please let me know if I can be of any further assistance in this ongoing change process.

Sincerely,

William H. Ashe, Ed.D.
Consultant
899 Chandler Road
Northfield, Vt. 05663

ATTACHMENT A

Rhode Island Consent Decree and Interim Settlement Agreement
Integrated Day Services Review Plan
11/8/16

Review Dates: November 30-December 2, 2016

I. Reviewers and Schedules:

	Nov 30	Dec 1	Dec 2	Total
Chas M	PM	AM/PM	AM	2 days
Bill A	AM/PM	AM/PM	AM	1.5 days
Tony A	TBD	AM/PM	TBD	1.5 day
			Total	5 days

Suggested reviewers and agencies:

Reviewer Plan and Schedule			
Reviewer	**Agency**	**Date/Time**	**# People**
Chas	Access Point	11/30 - PM	2
	Work Opportunities	12/1 - AM	2
	Perspectives	12/2 - AM	2
Bill	Probability ArcNBC	12/1 - AM	2
	Self Directed	12/1 - PM	1
	Seven Hills	11/30 - AM	2
	Lifeshare Management	11/30 - PM	2
	Trudeau	12/2 - AM	2
Tony	Opportunities Unlimited	11/30 - PM	2
	Res for Human Dev	12/1 - AM	2
	Blackstone	12/1 - PM	2
Total to be reviewed			21

Estimated number of individuals per day per reviewer: 4 – two in the morning; two in the afternoon.

II. Groups/Categories:

	Community Based Day Program Only	**Day Program & Supported Employ**	**No.**	**%**
Large Agency	5	5	10	48%
Small Agency	5	5	10	48%
Self Determine	1		1	4%

Total	11	10	21	
%	52%	48%		

1. **Agencies serving large numbers of individuals in CBNW** – Eight individuals, two from each organization:

- Blackstone Valley
- Perspectives
- Trudeau
- Access Point
- Seven Hills

2. **Agencies serving fewer numbers of individuals in CBNW** – Eight individuals, 2 from each organization will be drawn from this group:

- Opportunities Unlimited
- Probability ArcNBC
- Res for Human Development
- Work Opportunities unlimited
- Lifeshare Management

3. **CWS/TTP** – Ten individuals, oversampled to gather information on additional numbers of individuals served under the ISA. Deferred to a later date

4. **Self-Directed** – Four individuals

III. Review Plan

1. Participant Selection

a. Large and small provider organizations. Tony Antosh will create a short list of individuals from each organization drawn at random that will include 3 to 4 persons receiving integrated community-based day services only, and 3 to 4 individuals who receive community-based day services in addition to supported employment. The list will be sent to each of the eight provider organizations two weeks prior to the on-site visit. Provider agencies will be notified of the individuals to be reviewed one week prior to the site visit.

b. Self-Determination. Four individuals who are receiving self-determination services will be invited to participate in the review. Individuals and families will be notified of the review process and the time of review.

2. **Review Process**.

a. Client Files. The review will include an examination of the individual's file as well as an on-site visit to the day service location. It is estimated that each reviewer should spend about an hour reading through two files and completing the Review Questionnaire for each participant.

b. Site Visit. Each reviewer should plan on spending 15 to 30 minutes observing/interviewing each of the two individuals served by a particular agency. The time will vary, of course, with the interests and preferences of the participant.

c. Deliberation and Collaboration. Reviewers will meet via conference call on Monday 11/28 at 3:00pm to discuss the review protocol, questionnaire and other matters. Additional meetings will be held at the end of the day on 11/30, 12/1 and 12/2 to discuss findings and observations, and to discuss general impressions of what we are learning through the review process.

d. At the conclusion of the site visits each reviewer will prepare a brief summary of his or her observations, comments and recommendations for future reviews. The summary along with the completed questionnaire form will be provided to Bill Ashe for analysis.

e. Bill Ashe will prepare and submit to the monitor a report on the findings of the review and recommendations for further action or investigation.

ATTACHMENT B

Rhode Island Consent Decree and Interim Settlement Agreement
Court Monitor Review
Integrated Community-Based Day Services

Individual Review Form 11-2016

Individual Receiving Support:

Reviewer:

Date of Review:

Agency or Program:

Community Location and Activity:

15. Please check if this individual receives:

a. Community Based Day Services **only** _____
b. Community Based Day Services **in addition to** Supported Employment _____
c. Additional or more intensive supports for complex or challenging conditions or situations _____

16. **Day Service or Program:** Briefly describe the integrated setting(s) and the specific services or supports received.

Records Review

17. **Day support received in October 2016.** Please enter the approximate number of hours per week that the individual received for each service type listed in the chart below.

Service	**Integrated**		**Segregated**
	Individual	**Group**	**Facility-based**
Non-work Activities			
Natural (Unpaid) Supports			
Paid Employment			
Other			
Hours Per Week			

Consent Decree Requirements

		Yes	No	Date
1. Person Centered Career Development Planning (ISP/CDP)				
a.	Does the individual have a CDP on file? (add date)			
	If no, does the person have an ISP with employment objectives?			
b.	Does the ISP/CDP include a clear statement of the person's employment preferences, goals and desires?			
c.	Does the ISP/CDP include clear performance objectives, skills or behaviors that the person needs to achieve to accomplish his/her employment goals?			
d.	Was the ISP/CDP developed through a person-centered planning process?			
e.	Does the ISP/CDP identify goals and activities that are important ***to*** the individual as well as goals and activities that are important ***for*** the individual?			
f.	Are essential supports, barriers and strategies to remove barriers identified in the ISP/CDP?			
g.	Has the CDP been updated on an annual basis? (Provide most recent date)			
h.	Did the person directly participate in his or her ISP/CDP?			
i.	Did the person's family or authorized representative participate in the ISP/CDP?			
j.	Do the outcomes of the individual's day services relate to his/her talents, preferences and needs as identified in the assessments and individual support plan?			
k.	Does the ISP/CDP identify specific outcomes and support activities that lead to employment skill development or increase her/his ability to participate in integrated community activities?			
l.	Is the individual receiving all of the supports and services identified in his or her plan?			
2. Benefits Planning				
a.	Did the individual receive Benefits Planning Services? (Add date)			
b.	Was the benefits counselor certified?			
c.	Does the individual have on file a benefits plan or written analysis of the impact of earned income on her/his public benefits?			
3. Other				
a.	Did the individual participate in at least one vocational or situational assessment? When? (Add date)			
b.	Did the individual complete at least one trial work experience? (Add date)			
c.	Did the individual receive outreach, education and support services? (Add dates if yes)			
d.	Did the individual and his/her authorized representative or family member have opportunities to speak with persons currently working in integrated community jobs? Is this documented in the file?			
e.	Has a Consent Decree Variance been requested by or for the individual?			

f.	Was the Consent Decree Variance approved? Date:			
g.	Does the person require physical adaptations or adaptive devices?			
h.	Does the person require communication aides or assistance?			
i.	Is the person receiving translation, interpretation and sign language services when needed?			
j.	If physical adaptations, communication aides or other assistance is needed is it being provided at work and/or in integrated day services?			
k.	Does the record include documentation that provider agency staff have received the training necessary to support the person in accordance with her or his plan?			

Use NA if the question does not apply to the individual
Use UNK if the answer is not known or information is not available

Observations and Interviews

Day Services. Answers to these questions may be obtained through interviews with the individual receiving support, family members or support staff, or through direct observation. Please indicate the source of the information, such as consumer interview, family member, staff or direct observation.

Respondent (if applicable) _____

Integrated Day Services		Yes	No	Note
1.	Were the integrated day services chosen or selected by the individual?			
2.	Are the services Self-directed?			
3.	Does the person participate individually or in a group with other people with disabilities (specify in the Note section)?			
4.	If in a group, how many others are in the group and what is the staff to individual ratio?			
5.	Are day services provided as often as the person wants, during the times and on days of the person's choosing?			
6.	Are integrated day services individualized, flexible, purposeful and productive?			
7.	Do integrated day services provide opportunities to interact with individuals without disabilities in a community setting to the fullest extent practical for the individual?			
8.	Do integrated day services allow the individual to engage in non-work activities that match the person's interests, preferences, and goals?			
9.	Do integrated day services allow the person to participate at times, frequencies, and with persons of their choosing during the day, when not working, receiving residential support or educational services?			
10.	Are Integrated Day Services furnished as part of a sheltered workshop, day services, group home, or residential service provider's on-site program?			
11.	Do the Integrated Day Services include an adequate mix of leisure, employment- related, and daily life activities that are comparable to those activities engaged in by working-age non-disabled peers,			
12.	Do the integrated day services include the availability of paid and natural supports?			
13.	If the individual is of retirement-age does the person have access to			

	supported retirement activities that are comparable to those engaged in by retirement-age non-disabled peers and include paid and natural supports?			
14.	Did the individual make an informed choice to select an Integrated Day-Only Placement in lieu of a Supported Employment Placement.			

15. **List the natural supports and/or community activities used by the person on a regular basis and whether each is identified in the ISP/IEP or individual record.**

16. **Transportation.** Does the individual receive the transportation services he or she needs to participate in community activities as often as he or she would like? (Yes/No)

17. **Was this person <u>observed</u> receiving supports in an integrated day service setting(s)?** (Yes/No)

18. If yes, were the integrated supports:

a. Individualized, flexible, purposeful, and productive? (Yes/No)
b. Selected and designed by the service recipient? (Yes/No) Through person-centered planning process? (Yes/No)
c. Necessary and sufficient to allow the individual to participate in an array of group and non-group, structured and unstructured, activities? (Yes/No)
d. Chosen by the individual from an array of group and non-group activities and structured and unstructured activities? (Yes/No).

19. **Interview questions (Examples)**

a. What do you do during the day?

b. Tell me about a good day in the community

c. What is a bad day like?

d. Who do you like to spend time with during the day?

e. Do the supports you receive help you do what you want to do?

f. What things do you like to do in the community?

g. Do you have friends or family to help you make decisions?

h. Do you enjoy the community activities you're involved in?

i. Do you have friends that you spend time with in the community?

j. Would you like to do something different during the day?

20. Other interview questions asked:

Summary Comments

ATTACHMENT C

Brief Overview of Day Supports Received by Sample Participants

N = 21

Participant 001.

This participant is a 26 year old woman whose weekly schedule is spent between paid employment (6 hours), group integrated activities (14 hours with 1:4 staffing), and facility based activities (8 hours). This participant has two regular components of her weekly non-work community schedule. One of these is meals on wheels, and the other is delivering flowers. These activities include a single agency staff person along with 4 to 5 other participants. These activities were chosen by the participant from a list of options that the agency had arranged. Most of the social interactions occur between participants and the agency staff member. There is some interaction with the public but these tend to be incidental. This participant also uses the library on a regular basis. When asked, the participant voiced satisfaction with the community activities she was involved with.

Participant 002.

This participant is a 33 year old man whose weekly schedule provides for 15 hours of individualized community time. These funds are used to assist this person within his apartment setting assisting him with personal care activities (his mobility is at this time significantly impaired, although he says he is improving slowly) along with assisting with essential community based activities such as shopping. This participant is recovering from serious injuries sustained in an automobile accident. The available support hours are also used to enable him to meet a weekly schedule of medical related visits (4-5 times weekly). He also is a regular member of Advocates in Action (every other week or so). An appeal of is approved hours of support is pending. This participant is quite gifted artistically and says drawing is a passion of his.

Participant 003

This participant is a 23 year old man who receives each week integrated individual supports (12 hours) and also integrated group supports (4 hours at 1:2 staffing). He has a variety of activities including walking, using the library and he describes one of his favorite activities is shooting pool, This participant lives at home with his family and describes having a strong social network that is an extension of his families activities and friends. He says he values the supports he gets through his agency.

Participant 004

This participant is a 45 year old man who is suffering from a degenerative neurological disorder. In order to slow this deterioration, he participates in regular daily exercise. He has at this time 30 hours of individualized support each week, and the bulk of these hours is spent supporting daily exercise at the local YMCA. Here he has met numerous people whom he interacts with on a regular basis. He also volunteers at an animal shelter, and he regularly uses the library where he uses this time to research information about classic cars. He is extremely knowledgeable and this is clearly his area of passion (for example during his interview he described in detail the engine and carburation of a 1970s Pontiac GTO).

The last administration of the SIS resulted in a decision that would significantly change his TIER funding to a TIER A. This decision is currently under appeal but I am told his current placement and support could not be sustained unless this decision is reversed.

Participant 005

This participant is a man who is approved for 5 hours of weekly support although this is not on a schedule that can be reported on. He decides fully on what he will do and when he will accept assistance from agency staff. He drives and makes regular use of his community. He will very often not make himself available for any scheduled event or activity that the agency has available. He needs lots of assistance managing his money, and on the day of his interview he was also seeking help with a speeding ticket that had resulted in his license being suspended in Massachusetts. He appears to have many connections in the community, most of which are of his own making.

Participant 006

This participant is a 50 year old woman who receives both community group activities (10 hours weekly with 1:4 staffing) and facility based services (14 hours weekly). Community activities include shopping, Yoga, and Meals on Wheels. This participant largely chooses what she will do from a list of available options. She lives on her own in an apartment complex which is not very conducive for promoting integration. She does volunteer at a senior center and also participates in BINGO weekly. This participant has maintained employment one day per week (4 hours) for 26 years! She expresses satisfaction with the supports she receives from her agency, but indicates that she would like to get out of the program room (facility based classes) more than she does.

Participant 007

This participant is a 42 year old man who lives with his family. He along with his family, self-manage the services he receives. He is authorized for 12 hours of individualized support weekly and he spends this time volunteering with Meals on Wheels and also at a Restore. He is a regular contributor with Advocates in Action. He was able to participate with the filming of the documentary on the Ladd School and describes this as his most memorable activity. At his time he does not have paid employment, although he has been employed in the past. This participant directs what he does each day. He has an extensive array of social connections much of which occurs as a result of his family connections.

Participant 008

This participant is a 52 year old man who is authorized for 12 hours each week of individualized support. Much of this happens around his home. He says he enjoys cooking, going shopping, going to the park, yard sales, baking, and bowling. He has recently lost a job and is anxious to finding another. He enjoys working with machines. He is also receiving some counseling support for issues related to his recent job loss.

Participant 009

This participant is a 25 year old man who lives at home with his mom. He is authorized for 12 hours of individualized support and he uses these hours to follow a routine that is very important to him. At the end of the interview he stressed that he did not want any changes in schedule as he found his current routine essential for him to manage his issues with anxiety. He uses the support provided

by the agency for assistance in the home getting his day started, exercising, using the library, and going for walks. He does have friends outside of the home, and makes particular mention of a former teacher with whom he maintains a relationship.

Participant 010

This participant is a man who chooses his own integrated community based activities (although no detail was available in the record). He sets his own weekly schedule with assistance from his staff person and his mother. He is very involved in the community with very little downtime. He participates in Advocates in Action on an almost daily basis, and is receiving leadership training there. He participates in community recreational activities and Special Olympics, which he helps with fund raising. He participates in the Agencies Media Club. His weekly and monthly schedule was detailed and filled with daily activities.

Participant 011

This participant is a woman who was interviewed at her home, which is the base for the support she receives. Two staff were in attendance but did not participate in the interviews. This participant has diagnoses of agoraphobia, intermittent explosive disorder, panic disorder and autism. She lives with two gentlemen roommates who have very active lives. Staff are available at home and to support her to do what she wants to do in the community. She is self-determined, accesses the community independently, including McDonalds, K-Mart and other stores. However she needs two staff to accompany her to the doctor's office and on some community activities. She has a definite routine and is very clear that she will decide what she will do each day. She likes to be alone and able to go into the community when it pleases her. She authorized for 5 hours each week of individualized support.

Participant 012

This participant is a woman who has an individualized schedule (ISP completed 11/22/16) that includes a variety of activities including daily personal exercise, recycling, cooking class, library visits, arts and crafts, organized activities at the Exeter Library with about 10 others. She is working on prevocational activities and employment skills training focusing on "natural activities" that will lead to employment. New ISP identifies participation in Meals on Wheels and the need to work on and improve social skills. She is authorized for 30 hours of weekly support. This time includes individualized support (4 hrs.), group based community support (12 hours), and facility support (14 hrs).

Participant 013

This woman experienced a recent change to reduce some of her activities due to her carpel tunnel syndrome. She is receiving treatment. This participant is involved in self-directed community activities, going to Subway, Tuckertown Park (described by Accessible RI as a "scenic overlook of pond, covered picnic areas (unpaved path), accessible playground, ball fields and courts"), Narragansett Performing Arts Center, bowling, Walmart, shopping and going to the casino. Day service options are provided on a menu that is refreshed quarterly and includes both individual and group activities. She can pick from about 4 different activities in addition to regularly scheduled activities such as bowling. Staff to person ratios are generally 1:2 or 1:3 but can go up to 1:5. Her authorized funding includes individualized integrated support (4 hrs.), group based integrated non work (20 hrs.), and facility based services (10 hrs.)

Participant 014

This participant is a man who is receiving supported employment services only. He was visited at a Panera Bread restaurant where he was receiving training in job interview skills. This participant was described as having Asperger's. He graduated summa cum laude from the University of Rhode Island. The agency provides only employment services. All of the services he receives are individualized, 1:1. He wants to be a private tutor.

Participant 015

This participant is a man who receives only employment services, but who also volunteers at a local public library 4 to 6 hours per week where he re-shelves books and cleans the history files from the publicly accessed computer browsers. He works as a staff member at an IDD service provider in RI. In this job he does filing, collating, mailings and other clerical activities 8 hours per week, Tuesday and Thursday from 12:00 to 4:00.

Participant 016

This participant is a man who engages in group based services provided by his agency when he chooses to do so. Most of these activities occur within a segregated facility where it appears he is able to choose from an agency provided menu. He also engages in some employment which is individualized.

Participant 017

This participant is a man who receives only minimal support from his agency, and these are primarily used to assist with health related concerns. This gentleman lives alone, likes to sleep until early afternoon and spend his waking time with activities such as video games. He reports that he has little interest in working or in participating in agency sponsored activities and events.

Participant 018

This participant is a young woman who has some community employment but who spends most of her time in group activities that are organized by her agency. These activities include volunteer roles such as Meals on Wheels and cleaning at a local Church. She spends about 24 hours each week with agency sponsored group activities.

Participant 019

This participant is a woman who spends her week in small group activities and events sponsored by the agency that supports her. Typically these activities provide her support with a staff ratio that ranges from 1:2 to 1:4. She is scheduled for about 30 hours weekly and she is able to select the activities she engages in from a menu of available options.

Participant 020

This participant is a man who has an extensive work history. He currently works between 12-15 hours per week in an integrated work environment. He spends his non work time during the week

(about 18 hours) participating in agency sponsored classes and activities that are group and community based

Participant 021

This participant is a man with an extensive work history (e.g. he found himself a job the day prior to his interview for this survey). He receives minimal supports from the agency that supports him but when not working he may participant in available classes and activities. These events are generally group based. He is described as a very competent man who leads an independent life with minimal supports.

Appendix B

Quality Improvement

A Review of Rhode Island's System for Improving and Managing the Quality of Employment Services for Individuals with Developmental Disabilities Under the Rhode Island Consent Decree and Interim Settlement Agreement

Prepared for

Charles Moseley, Court Monitor US District Court

Submitted by

Gail Grossman, M.S.S.A
January 17, 2017

Background and Purpose of Review

At the request of Dr. Charles Moseley, the Court Monitor, I conducted an external review of the State of Rhode Island's system for assessing and improving the quality of employment and day services furnished to individuals in the Consent Decree target groups. The primary purpose of the review was to determine the extent to which the State's current Quality Improvement policies and practices address the requirements of the Consent Decree, specifically Section XV (1)-(5), and to make recommendations regarding improvements to the current system where appropriate.

Specific activities included in the review were as follows:

- A review of existing licensing/quality improvement policies and practices performed by BHDDH and ORS to address the requirements of Section XV of the RI Consent Decree.

- A review of the extent to which the State's approach to quality improvement ensures the services and supports are adequate and sufficient to achieve integration, increased independence and increased economic self-sufficiency, as required by the Consent Decree.

- A review of whether detailed program standards exist for all required services and supports that incorporate the definitions, standards and process set forth in Sections V, VI, VII and VIII of the Consent Decree.

- A review of whether regular on-site reviews of the quality of services provided are being conducted as required.

- A review of whether the results of reviews are published.

- A review of whether follow-up reviews are conducted to assure that appropriate actions are taken when necessary.

- A review of whether the assessment and improvement of quality in supported employment and day services is integrated with the assessment and improvement of other services received by members of the Target Populations.

Review Methodology

With the assistance of Dr Moseley and Mary Madden, the Consent Decree Coordinator, key individuals were identified with whom to meet. Included were representatives from RIDE, ORS, EOHHS, various units within BHDDH, the DD Division and the Sherlock Center at Rhode Island College. (Please refer to Attachment 1 for a detailed description of individuals interviewed and meetings held.)

In addition to on-site meetings with designated staff, I conducted an extensive review of existing policies, procedures, regulations, action plans, and review tools. (Please refer to Attachment 2 for a detailed description of documentation reviewed.)

Findings and Recommendations

While my specific charge was to review the Quality Management and Improvement System (QMIS) as it relates to the requirements of the Consent Decree, it became clear early on in the review process that components necessary for an effective QMIS for day and employment services were equally applicable to the State's overall QMIS system. Therefore, the review and analysis that follows is a reflection of observations and discussion that while specifically applicable to implementation of the QMIS for the Consent Decree, apply equally to considerations for the overall BHDDH QMIS

I. The extent to which the approach to quality improvement assures the services and supports are adequate and sufficient to achieve integration, increased independence and increase economic self-sufficiency.

Simply stated, an effective quality improvement system is a holistic system for organizing, collecting, analyzing and utilizing information gained from a variety of approaches to assure that services and support are achieving desired goals. An effective QMIS includes a set of shared principles, a point of responsibility for the overall system, processes for discovery, remediation and improvement, a clear set of standards used to measure performance and a mechanism for the collection, analysis and utilization of data to improve performance. Typically, we refer to a continuous quality cycle, starting with a well **designed** and organizationally sound structure, the capacity to **discover** how well services and supports are meeting the needs of individuals through a variety of different processes, **remediation** activities both on an individual, provider and systems level based on findings, service **improvement** initiatives designed to improve

the quality of services and supports which derive from an **analysis of data** collected and lastly, an ability to measure the **effectiveness of improvement initiatives.**

Findings

Quality improvement responsibilities are distributed across several entities. It was clear from the various discussions that all staff with whom I spoke are committed to enhancing the current quality management system. They all appreciate the importance of having an integrated approach to quality, not only to meet the requirements of the Consent Decree, but to support quality in all aspects of BHDDH's services and supports. There are a number of factors, however, that present challenges to achieving this goal at the current time. One of the most central challenges relates to the manner in which quality management functions are organized within BHDDH. There are a number of different units within BHDDH and the Division of Developmental Disabilities, each of which has a piece of the quality pie, most notably, the Office of QA/QI, the Office of Facilities, Program Standards and Licensure, and the Office of Program Performance. While it is often said that quality is everyone's business, this fragmentation of disparate components of quality management functions makes it difficult to achieve an integrated and coherent approach to quality, one which both internal and external stakeholders understand and support. Specific roles and responsibilities are sometimes unclear, communication between staff in each unit, and sharing of data for purposes of identifying and remedying individual and provider issues as well as for identifying patterns and trends is less than optimal.

Recommendations/Considerations

1. **Develop and implement a unified organizational structure for DD QI activities**. An effective QMIS system should include a strong organizational infrastructure with a strong commitment to the importance of quality management and improvement and a deep knowledge of what constitutes a comprehensive QMIS from all levels of the organization's leadership. This includes an in-coming Director of the Office of Developmental Disabilities, as well as any individual holding a position comparable to a Director of Quality Management and Improvement.

   An effective QMIS should be an integrated one with a clear set of guiding principles. It is best achieved when responsibility and oversight of design, discovery, remediation, and service improvement initiatives is vested in one integrated unit. While data and information may derive from a variety of different sources, as is the case with BHDDH, RIDE and ORS, the review, analysis and interpretation of in-coming data is best served when it is clear what unit/entity has primary responsibility. Currently, for example, the primary function of what is called the Office of QA/QI is incident reporting and investigations. While this is a very critical function, ably carried out by the existing staff, its current name is misleading, and reveals a limited understanding of the nature and scope of what a comprehensive QMIS structure entails. Given that the Consent Decree involves 2 other State agencies in addition to BHDDH, it is even more imperative that there be a strong organizational structure for quality within BHDDH that can bring together all of the different sources of data and information.

2. **Set clear roles and responsibilities for Quality Improvement Unit/Staff.** I recommend a re-structuring of the quality assurance and quality improvement

functions within BHDDH so that there is a clear locus of responsibility. The first step in this process would be for all involved parties to agree upon a set of guiding principles to delineate and focus quality improvement activities. While this may seem very basic, it will serve to set the framework for the design of a revised system in which form follows function.

While there are many ways to structure a QMIS unit, emphasis should be on integration and a locus of responsibility for gathering, reviewing, and interpreting data so that it informs all quality improvement activities. Consideration might be given to establishing an Office or Unit of Quality Management, within the Division of DD. The current Program Performance unit, the Office of Facilities and Program Standards and Licensure and the current Office of QA/QI (incident reporting/ investigations) could be consolidated within this new unit, facilitating the integration of these currently fragmented functions. There needs to be recognition that at the present time, BHDDH is under-resourced in order to carry out quality management functions. Most notably absent is any staff capacity to do regular reviews of the quality of provider services and supports.

3. **Build an effective communication system regarding quality improvement activities**. In the short term, pending a more formal reorganization, there needs to be recognition of the need for improved communication between the different units within BHDDH. Specifically, this includes the development of policies, procedures and practice guidelines regarding communication and information sharing. Given the history in the past few years, and the previous lack of leadership committed to a value based approach to serving individuals with ID/DD, the need for a renewed commitment to open communication and collaboration is critical. Consideration should be given to the establishment of a working group comprised of staff from all these offices which convenes on a regular basis to share information regarding the quality of services and supports. This could eliminate some of the current barriers, which set up artificial fire walls and impede effective review and sharing of data regarding quality. There is no doubt that more effective IT systems, with access to and sharing of data regarding the quality of services and supports by all staff in these units would be enormously helpful. The development of an IT system for the investigations/incident management functions, is a good first step, but needs to be expanded to include other important elements.

4. **Establish clear expectations**. Any decisions that lead to a re-structuring of the quality management and improvement unit should clearly define its role and function so that all internal and external stakeholders are clear about expectations. Transparency with all stakeholders is very important and can go a long way towards establishing trust and a common understanding of the roles and responsibilities within the QMIS.

   I recommend that self-advocates, families and providers be given a seat at the table in formal ways through advisory boards, quality councils or other mechanisms to assure that their voices are heard and integrated into policy and practice decisions at the outset and on an on-going basis.

5. **Review QI approaches used by DD systems in other states**. While time did not permit an exhaustive review of other states' quality management structures, there would be merit in conducting such a review to gather ideas on how other states are effectively structured to support quality.

II. Review of existing licensing/quality improvement policies and practices performed by BHDDH and ORS which address the requirements of Section XV

Findings

A review of existing licensing/quality improvement policies and practices revealed both challenges as well as opportunities. On the positive side of the ledger, there are a significant number of policies and practices that directly address the requirements of the Consent Decree, both with respect to standards outlined in Sections V-VIII as well as Section XV. The BHDDH is currently in the process of, among other initiatives, reviewing and revising its licensure regulations, has embarked upon a Performance Based Payment Program and has begun the planning process for the renewal of the State's Section 1115 Medicaid Waiver. The Employment First Policy is an important statement of the foundational principles upon which all else follows. The federal HCBS Community Rule, with its mandate for the full integration of individuals with disabilities into the same aspects of community life that are available to non-disabled individuals, provides a critical impetus for change. Finally, the involvement and expertise of the Sherlock Center through technical assistance, training and data collection activities, offers tremendous resources for systems transformation. All of these efforts provide an excellent opportunity to more closely align policy and practice with the requirements of the Consent Decree.

There are, however, some challenges that need to be addressed. With the exception of standards for supported employment services recently incorporated into the BHDDH Rules and Regulations for the Licensing of Developmental Disability Organizations, the regulations lack a set of clear standards with respect to transition planning, career development planning, benefits planning, and integrated day services, which are spelled out in great detail in the Consent Decree. While it may appear to be stating the obvious, unless expectations regarding standards and provider performance are explicit, providers will not know against what performance measures they are being evaluated and consumers of service will not know what they should be expecting from those that provide their services and supports. The current regulations also lack a set of foundational principles that apply to all services and supports furnished by DDD.

Recommendations/Considerations

1. **Formalize the standards for services outlined in Sections V-VIII.**
   Memorializing the standards and expectations for day and employment services and supports is essential to the State's ability to meet the requirements of the Consent Decree. Given the presence of the BHDDH Rules and Regulations for Licensing of Developmental Disability Organizations, this would appear to be the most logical place in which to imbed the standards. The current regulations will require significant re-shaping, a task in which Kevin Savage, the Director of Licensure is already engaged. He has a vision of the direction in which the regulations should be heading, including separating out standards that are applicable to providers versus those that guide state agency operations, separating out standards for different services so that it is clear which standards apply to what services and assuring that the licensing process has a constructive not punitive approach to provider performance.

I would recommend streamlining the regulations so that they are less prescriptive and more outcome-oriented. Involvement of other staff of BHDDH, most notably Anne LeClerc, Heather Mincey and Tracy Cunningham as content experts is absolutely essential to assuring that critical content gets incorporated into the revisions. In order to assure buy-in from stakeholders, it would be advisable to include representatives from RIDE and ORS, as well as providers, self- advocates and family members in the review process. While this may lengthen the drafting process, genuine involvement and input up-front will enhance partnerships and increase the likelihood of support from all.

A policy and procedures manual, posted on the BHDDH web-site, should accompany the licensure revisions once finalized so that it is clear to all what the protocol is for the completion of a licensure review.

2. **Clarify the relationship of the licensure process to the Quality Review Process**

Typically, the process of licensure reflects basic health, safety and human rights protections. In other words, it represents the basic assurances that must be in place for a provider to do business with a state entity. The licensure process represents the foundational protections for individuals, but it does not necessarily speak to the quality of services and supports and expected outcomes. The Quality Improvement Review Process, piloted by ORS, does begin to reflect a focus on quality of services and supports, and as such moves beyond basic health and safety into the realm of expected outcomes for day and employment supports. It is unclear however, at this point in time, if BHDDH's licensure process will intersect with the ORS review. It is also unclear whether a threshold level of performance in the ORS review will be a condition of continued participation as a provider. It might be possible to think of both a licensure level and a certification level conferred as a result of the ORS review, as they do serve 2 distinct purposes. Integration of these 2 distinct processes should also be considered, both as a way to more effectively utilize scarce staffing resources, as well as to better integrate the standards and expectations for providers of services. (A more detailed discussion of the ORS Quality Review Process is incorporated further on in this report.)

3. **Integrate or more clearly define the connection between the BHDDH and ORS Performance Based Contract/Payment Program**

The BHDDH Performance Based Payment Program holds significant promise as a mechanism to provide incentives to providers to achieve positive employment outcomes. Its emphasis on a flexible reimbursement model, additional reimbursement for meeting agreed upon benchmarks, utilization of certified staff, specific targets and timelines and monthly strategy meetings is a very positive step towards meeting the stipulations in the Consent Decree. At the time that this report was compiled 24/34 agencies had applied for participation in the program, which is very encouraging. At the same time, ORS has also embarked upon a Performance Based Service

Agreement with similar elements. It would be very helpful, however, to understand the connection between these 2 programs and what, if any, overlap exists between the two initiatives. It is recommended that user-friendly materials be prepared and incorporated within DDD's Communication Plan

4. Assure service definitions in the Medicaid 1115 Demonstration Waiver Renewal reflect services that promote integration and employment and that the State Transition Plan assures compliance with the HCBS Community Rule

The State has begun the planning process for the renewal of its Section 1115 Medicaid Waiver Program. Given the requirements of the Consent Decree as well as the HCBS Community Rule, it is important that any service definitions included in the renewal application reflect the requirements of both the Consent Decree and the Community Rule, including access, integration, choice/control and genuine community involvement. In addition, the HCBS Community Rule requires all HCBS Waiver services to be fully in compliance with federal regulations by March of 2019. This timeline is significantly earlier than the 2024 timeline for full compliance with requirements of the Consent Decree. This is an important distinction to which attention should be given so that the State does not forfeit any of its current Federal Financial Participation.

5. Revise Individual Support Planning (ISP) and Career Development Planning (CDP) processes to become conflict-free

The ISP and career development planning processes, which must be person centered, form the basis for all individualized goals and activities in support of enhancing access to integrated employment. It is important to clarify how the CDP is integrated into the ISP, and whether employment will be a required goal articulated in the ISP document. Both the ISP and CDP documents could benefit from a more person centered approach and contain more specificity regarding the steps needed to assist individuals to achieve their stated goals.

The specific roles of participating agency providers and BHDDH social case workers could benefit from better clarity. Given the high caseloads of BHDDH caseworkers, it will be important to clearly outline what their essential functions will be going forward. It is my understanding that BHDDH has engaged the services of NASDDDS to provide technical assistance in designing a conflict free case management system to assure that the individual's desires and needs take prominence in arranging optimal services and supports. I reference it here to highlight the importance of an objective, person centered process as a foundational element to all aspects of an individualized service planning process, but defer to the NASDDDS staff to provide the specific recommendations for change.

6. Improve quality data reporting requirements and use

The collection, review, analysis and dissemination of data for both internal and external stakeholders is critical to benchmarking progress towards meeting the goals of the Consent Decree, as well as to identifying areas where service improvement initiatives may be warranted. The Sherlock Center at Rhode Island College has responsibility for a significant amount of data collection activities including the Employment and Day Activity Survey, the National Core Indicators Survey and the tracking of personnel trends. RIDE collects data on a number of key performance indicators relating to the Consent Decrees, including its Annual Performance Report Indicators, the Checklist of the Employment First Policy, the Quality Review of Career Development Plans. In addition, ORS will be collecting data on the results of its Quality Improvement Review Process and BHDDH will be collecting data from the Performance Based Payment Program. While all of these data are important in terms of meeting Consent Decree requirements, it is often said

that one can be data rich and information poor. At the current time, not all of the data are being used effectively. For example, Quarterly reports from the Sherlock Survey track the characteristics and performance of different individuals. While this is very helpful, without additional analysis it is difficult to determine systemic patterns and trends and measure outcomes over time. It would be helpful to have more narrative summaries of what the data are revealing. I would strongly recommend that data collected be put into formats that are understandable and actionable for all the State agencies and staff that need to use the information as well as for external stakeholders including individuals, families and providers. Qualitative data, including success stories of individuals moving into meaningful jobs should be considered as they can be a potent tool for agency staff as well as individuals and families who may have concerns about transitioning from sheltered workshop settings. If not already in place, it would also be very helpful to form a committee whose sole purpose is the review and analysis of the various different data reports.

III. A review of whether regular on-site reviews of the quality of services provided are being conducted, whether the results of reviews are published, whether follow-up reviews are conducted to assure that appropriate action is taken when necessary.

Findings

The process utilized by ORS to approve new vendors and for existing vendors that want to expand into a new service area includes the requirement for regular monitoring by the Supported Employment VR counselor on a monthly basis. In addition, the ORS supervisor meets quarterly with providers with a larger volume of individuals. The Continuous Quality Improvement Review Process recently initiated by ORS represents an important step in the direction of a qualitative review of how effectively supported employment providers are achieving desired outcomes. It is obvious that a significant amount of thought went into its design and there are several commendable features. These include a focus on service improvement, collection of data from a variety of sources, including participants, a variety of approaches including interview, observation and review of documentation, technical assistance, a collaborative approach to service improvement, and a clear description of the entire process. Despite these attributes, there are significant gaps which limit the effectiveness this tool might otherwise have. These include:

- Lack of clarity regarding whether this will be the accepted tool by which ORS and BHDDH will evaluate and perhaps "certify" providers of supported employment services

- A dedicated, but very small staff to implement the reviews. ORS indicated that it intended to conduct 3-4 reviews annually. With 38 DD providers of supported employment services, it would take approximately 9 years to complete a full cycle of reviews. If this tool is intended to be the tool of record for providers and stakeholders, a review once every nine years is totally insufficient.

- Lack of clarity regarding if and how BHDDH will be incorporated into the process and whether BHDDH is prepared to accept the review process as the official one.

- While ORS uses the CMS Quality Framework with its 6 major domains to frame the review process, the tool itself does not go beyond these major areas to provide specific indicators that would elucidate how one would know whether the outcomes have been met for a specific domain. This creates a lack of clarity and leaves both surveyors and providers with no clear roadmap to success. It also creates the potential for tremendous variability between reviewers regarding whether any of the six domains are achieved.

Recommendations/ Considerations:

1. **Address the need for staff resources**. Clearly, if the site review tool is to gain any traction (whether it is ORS' or BHDDH's responsibility), additional staffing resources dedicated to its implementation are needed. I would strongly recommend that the number of staff necessary be predicated on the ability to do a review of providers every 2 years if they are achieving a defined threshold of quality and annually if they are not. This is not intended to be punitive in nature, but would allow for the technical assistance and support described by ORS, and continue to move the needle towards successful implementation of the Consent Decree.

2. **Unify existing procedures and processes**. In order to make the most efficient and effective use of either existing or new staff, serious consideration should be given to consolidating the review process, i.e. licensure and the quality review process. This would have the effect of integrating the expectations for providers into one review process and stretch limited resources. It is important to emphasize, however, that the evaluation of both the processes and outcomes that providers need to achieve, is indispensable to achieving the requirements of the Consent Decree. Measuring providers' progress towards achieving the goals once every 9 years is not an acceptable time frame.

   In addition, a decision needs to be made regarding whether the review process will be a joint one with both BHDDH and ORS participating as equal partners. At least with respect to supported employment services, it would be more efficient and certainly create less duplication if there was only one accepted process. At the very least, if ORS were to take the lead, its process should be "deemed" by BHDDH for purposes of certification.

3. **Develop and implement quality indicators**. As mentioned, while the 6 domains in the CMS Quality Framework are a good start, they do not provide nearly enough detail regarding expected standards of service. It is important that ORS and BHDDH re-visit the tool and significantly add to the specific indicators that will be used to measure successful achievement of the domain areas. The Consent Decree includes very specific standards and could be incorporated into the domain areas. It's important to note that not every single standard would have to be incorporated, but rather the focus should be on the most critical and salient ones. I would also suggest that some rating system be established to distinguish providers who are doing well from those that might benefit

from technical assistance and support. This could assist in determining the timeframes for both plans of correction as well as follow up visits.

4. **Establish a mechanism for assessing and improving the quality of non-work services**. While the review tool is intended only for use with supported employment providers, there is no comparable tool to evaluate the quality of non-work community based day services. A comparable review process also needs to be developed to measure the other noted services, e.g. integrated day services and integrated day only placements. On a national level, states are challenged with defining what a meaningful day is for individuals for whom work may not be a goal. There, are however, several publications and documents available in addition to the standards outlined in the Consent Decree that could assist in setting out specific outcome measures.

5. **Publish reports on the quality of supports and services provided**. Finally, while it is premature to have reports published at this time, it goes without saying that publishing of reports in an open and transparent manner is an essential ingredient of a good quality management system. It allows individuals and their families to use the reports to make informed service decisions, and demonstrates a commitment by the State to be forthcoming with its stakeholder community.

IV. A review of whether the assessment and improvement of quality in supported employment and day services is integrated with the assessment and improvement of other services

Findings

There are a number of areas where the assessment, review and improvement of quality overlap and integrate for all services and supports. They include:

- **The ISP process**: As the foundation for all person centered planning, the ISP is inclusive of all aspects of an individual's life, including residential, day/employment and community activities. In reviewing the many documents that formed the basis of this review, however, I did not come across any process that evaluated the content and quality of the individual service planning process.

- **The licensure regulations and process**: The current regulations and the general standards imbedded in them apply to all services and supports. This is also true of the State statutes with respect to the rights of all individuals regardless of the service(s) they are receiving.

- **Investigations/Incident Reporting:** The current Office of QA/QI is responsible for the review and investigation of incidents for all individuals with ID/DD regardless of where the incident occurs (i.e. home, residence, work/day setting).

- **Statewide Transition Plan for the HCBS Community Rule.** The STP addresses the requirements of the Community Rule relating to access, integration, choice/control and rights in all Waiver settings.

Recommendations/Considerations:

1. **Integrate the different evaluation processes.** While time and scope of work did not allow for an extensive review of all aspects of the service delivery system, an effective quality management and improvement system should have a process or processes in place for integrating all of the different sources of information gathered in order to determine how services and supports are contributing to the overall quality of life for individuals. Regardless of what services and supports an individual is receiving, BHDDH should be able to determine whether an individual is receiving supports that meet their needs, reflect their personal goals, and contribute to a full, meaningful quality of life and the extent to which services and supports meet the terms and conditions of the Consent Decree. Information gleaned on an individual and provider basis can be used to determine how well the overall system is doing in achieving this goal.

2. **Establish a mechanism or mechanisms to facilitate the review of quality data to achieve service improvement.** There are a variety of ways in which this can be accomplished, including, but not limited to:

    - A quality council comprised of state agency staff, providers, individuals and families whose function would be to review data from all sources and make recommendations for service improvement.

    - A formal process/tool to review the quality and content of the person centered career development planning process.

    - A statewide incident review committee that could identify patterns and trends that could lead to service improvement initiatives.

    - The publication of various subject matter briefs tied to outcomes such as support for relationships, choice/control, achievement of goals, employment, and health and safety

    - Publication of the results of all licensing/quality reviews and other quality reports on the BHDDH web-site in the spirit of transparency and open communication with all stakeholders

In closing, while there are some components of a QMIS in place, and a commitment from State agency staff to build one, much remains to be done in order to fully implement a rigorous and comprehensive quality management and improvement system. I hope that this review provides a beginning analysis and framework for future work by all parties in the Consent Decree.

Respectfully submitted,

Gail Grossman
December 8, 2016

Attachment 1: Record of Meetings and Conference Calls

10/20/16: Conference call with Charles Moseley, Mary Madden and Anne LeClerc

10/28/16: Call with Jane Gallivan

11/1/16: On-site visits/meetings:

- David Sienko, Director of Student, Community and Academic Supports/ RIDE
- Jane Slade, Education Specialist/Secondary Transition/ RIDE
- Ronald J. Racine, Associate Director, ORS
- Kathleen Grygiel, Administrator/ Vocational Rehabilitation Program, ORS
- Joseph Murphy, Assistant Administrator/Vocational Rehabilitation/ Supported Employment, ORS
- Mike Montanaro, Community Rehabilitation Program Specialist, ORS
- Linda Deschenes, Assistant Administrator/ Vocational Rehabilitation
- John Valentine, Strategic Planning Supervisor

11/4/16: On-site visits/ meetings:

- Anne LeClerc, Associate Director of Program Performance, BHDDH
- Tracey Cunningham, Chief Employment Specialist, BHDDH
- Heather Mincey, Administrator for Social Services, BHDDH
- Adam Brusseau, DD Finance Director, BHDDH
- Christine Edmond, QI/Incident Management, BHDDH
- Christine Botts
- Brian Gosselin, Chief Strategy Office, OHHS
- Kevin Savage, Director of Licensing, BHDDH
- Jennifer Wood, Deputy Secretary and Chief Legal Counsel, OHHS

11/30/16: Call with Anne LeClerc

12/ /16: Call with Tony Antosh

12/7/16: Call with Jane Slade

Attachment 2: Documentation Reviewed

General:

- United States of America v. State of Rhode Island Consent Decree
- Data Sharing Agreement by and among BHDDH, ORS and RIDE
- Rhode Island General Laws Title 40.1- Rights of Persons with Developmental Disabilities; Office of QA

EOHHS:

- Transition Plan to Implement the Settings Requirement for Home and Community Based Services
- 1115 Waiver (Service Definitions)

BHDDH:

- Quality Management and Improvement Strategy for the Rhode Island Department of Behavioral Health Developmental Disabilities and Hospitals (April 2014-December 2015)
- Rules and Regulations for the Licensing of Developmental Disability Organizations (July 2011)
- ISP Template
- Career Development Plan Template
- Employment First Initiative
- Performance Based Payment Program description
- Draft Model Agreement
- Incident Types and Categories/ Grid

RIDE:

- State Performance Plan/Annual Performance Report (SPP/APR) Indicators
- Employment First- Quality Review Checklist
- RI Career Development Plan Quality Rubric
- RIDE Consent Decree Action Plan/Quality Assurance 2016-2017

ORS:

- Guidelines and Tool for Community Rehabilitation Provider Continuous Quality Improvement Review Process
- Report of the site visit with Community Work Services/Training Thru Placement
- Memo to BHDDH,ORS, EOHHS from Charles Moseley (6/9/16
- Performance Based Service Agreement (PBSA)
- Summary of PBSA program
- ORS Process for Approving New Vendors or Existing Vendors Who are Requesting to Expand into a New Service Area

Sherlock Center/ Rhode Island College

- Agreement between BHDDH and Rhode Island College Conversion Institute
- Summary Report of 2014-2-15 Activities of the Conversion Institute and Planned Activities for 2015-2016
- 2016-2017 Conversion Institute Activities- Needs and Recommendations
- Summary of Themes Identified and Conversion Institute Focus
- 2016 R.I. DD Employment and Day Activity Data