Attachment 3

Report for the Georgia Division of Developmental Disabilities

Delmarva Review Results for Individuals who have Recently Transitioned from an Institution to the Community

Ad Hoc Report January 28, 2013

Individuals Recently Transitioned to the Community (IRTC)

During 2012, a total of 187 individuals who transitioned from an institution to the community participated in a Person Centered Review (PCR) with a Delmarva consultant. The following table shows the demographic distribution of IRTC individuals, and the distribution of the random sample of individuals (N=446) who received waiver services during the same time period, participated in a PCR, and were already established in the community.

While individuals in both groups, IRTC and Established, were more likely to be male, there are some large demographic differences between the groups. Individuals who had recently transitioned to the community were:

- More likely to be older, age 45 and over (62.1% v 36.9%);
- Much more likely to live in a group home (72.2% v 26.7%);
- More likely to have a profound intellectual disability (44.9% v 6.1%), and;
- More likely to receive services through the COMP waiver (98.9% v 48.4%).

Demographic Characteristics				
Jan - Dec 2012				
	I	IRTC Establishe		olished
Region				
1	44	23.5%	83	18.6%
2	36	19.3%	107	24.0%
3	58	31.0%	100	22.4%
4	16	8.6%	29	6.5%
5	20	10.7%	89	20.0%
6	13	7.0%	38	8.5%
Gender				
Female	70	37.4%	183	41.0%
Male	117	62.6%	263	59.0%
Age Group				
18-25	13	7.0%	38	8.5%
26-44	58	31.0%	243	54.5%
45-54	59	31.6%	96	21.5%
55-64	37	19.8%	51	11.4%
65+	20	10.7%	18	4.0%
Home Type				
Group Home	135	72.2%	119	26.7%
Host Home	42	22.5%	29	6.5%
Own Place	5	2.7%	52	11.7%

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Demographic Characteristics				
Jan - Dec 2012				
	ı	IRTC Establishe		olished
With Parent	4	2.1%	242	54.3%
Other	1	0.5%	4	0.9%
Disability				
Autism	3	1.6%	9	2.0%
Intellectual Disability	100	53.5%	410	91.9%
Profound Intellectual Disability	84	44.9%	27	6.1%
Waiver				
NOW	2	1.1%	153	34.3%
СОМР	185	98.9%	216	48.4%
GIA	0	·	77	17.3%
Total	187		446	

Table 2 displays information from the face to face interviews with individuals (Individual Interview Instrument or III), providing their perspective on the outcomes measured. Results are very positive, with most standards scored close to 90 percent present or better and an average rate of 87.2 percent of outcomes present. Approximately 25 percent of individuals were not involved in the design and/or review of the service plan, the two lowest scoring Expectations. Results are similar to results reported in the Annual Report for individuals who are already established in the community. However, IRTC results were at least 10 percentage points lower on several Standards:

- Person is afforded choice of services and supports
- Person is involved in the design of the service plan
- Person is developing desired social roles (23 points lower)

Table 2: Individual Interview Instrument		
Results by Standard: Jan - Dec 2012		
Standard	Pct Met	
1. The person is afforded choice of services and supports.	82.3%	
2. The person is involved in the design of the service plan.	74.7%	

¹ Data for established individuals were not yet available for the Oct – Dec 2012 time period. Therefore, comparisons to this group are from the FY data presentations provided in the previous reports to the state.

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Table 2: Individual Interview Instrument		
Results by Standard: Jan - Dec 2012		
Standard	Pct Met	
3. The service plan is reviewed with the person, who can make changes.	75.3%	
4. The person's goals and dreams are reflected in supports and services.	88.2%	
5. The person is achieving desired outcomes/goals	92.5%	
6. The person actively participates in decisions concerning his or her life.	91.4%	
7. The person is satisfied with the supports and services received.	97.8%	
8. The person is free from abuse, neglect and exploitation.	98.9%	
9. The person is healthy.	94.1%	
10. The person is safe or has self-preservation skills.	93.5%	
11. The person is educated and assisted to learn about and exercise rights.	82.2%	
12. The person is treated with dignity/respect.	99.5%	
13. The person's preferences related to privacy are upheld.	99.5%	
14. Person has opportunity to access and participate in community activities.	89.2%	
15. The person is developing desired social roles.	48.9%	
Average III Score	87.2%	

Delmarva Quality Improvement Consultants (QIC) review each person's Individual Support Plan with a Quality Checklist (ISP QA) to determine an overall rating for each individual reviewed, based upon the degree to which the ISP is written to provide a meaningful life for the individual receiving services. There are three different categories for each ISP.

- 1. Service Life: The ISP supports a life with basic paid services and paid supports. The person's needs that are "important for" the person are addressed, such as health and safety. However, there is not an organized effort to support a person in obtaining other expressed desires that are "important to" the person, such as getting a driver's license, having a home, or acting in a play. The individual is not connected to the community and has not developed social roles, but expresses a desire to do so.
- 2. <u>Good but Paid Life</u>: The ISP supports a life with connections to various supports and services (paid and non-paid). Expressed goals that are "important to" the person are present, indicating the person is obtaining goals and desires beyond basic health and safety needs. The person may go out

- into the community but with only limited integration into community activities. For example, the person may go to church or participate in Special Olympics. However, real community connections are lacking, such as singing in the church choir or being part of an organized team, and the person indicates he or she wants to achieve more.
- 3. <u>Community Life</u>: The ISP supports a life with the desired level of integration in the community and in various settings preferred by the person. The person has friends and support beyond providers and family members. The person has developed social roles that are meaningful to that person, such as belonging to a Red Hat club or a book club or having employment in a competitive rather than segregated environment. Rather than just going to church the person may be an usher at the church or sing in the choir. Relationships developed in the community are reciprocal. The ISP is written with goals that help support people in moving toward a Community Life, as the person chooses.

The distribution of the ISP rating for results to date this year is presented in Figure 1. For individuals who recently transitioned from an institution, nearly one quarter of the ISPs were written to support a Service Life and only six percent to support a Community Life. Over the first four years of the Georgia Quality Management System contract, for individuals already established in the community, approximately eight to 13 percent of ISPs supported a Service Life and eight to 15 percent supported a Community Life.

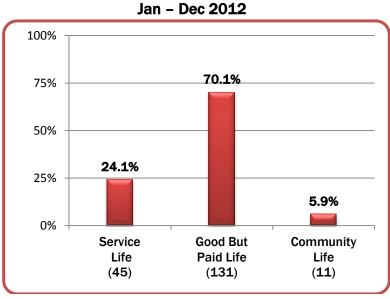


Figure 1: ISP QA Checklist Results by How ISP is Written Ian – Dec 2012

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During the Person Centered Review process, a record review is completed for all providers offering services to the individual at the time of the review. Therefore, provider documentation is examined for each service the individual receives. For the 187 individuals who transitioned from an institution, 324 provider records were reviewed. Results for each standard reviewed are presented in Table 3. Results are similar on average to previous year's results for individuals established in the community, with a few exceptions:

- The average IRTC compliance score 66.3 percent, similar to established individuals.
- IRTC results are relatively low on several standards, also similar to their counterparts:
 - O A person centered focus supported in the documentation
 - o Showing progress toward desired goals, and
 - o Documenting how the individuals directs supports and services
- IRTC results indicate approximately a 10 percentage point lower compliance rate on three standards:
 - o Individual is afforded choice of services and supports
 - o Provider has a means to evaluate the quality of and satisfaction with services
 - o Individual chooses community services and supports

Table 3: Provider Record Review (PRR) Results by Standard: Jan - Dec 2012	
Standard	Pct Met
Person centered focus supported in documentation.	30.2%
Human and civil rights are maintained.	76.4%
Personal funds managed by individual and protected.	90.9%
Clear description of services/supports/care/treatment.	91.4%
The provider maintains a central record for the individual.	95.4%
Potential risk to individuals/staff/others is managed.	83.3%
Information is protected, organized and confidential.	79.9%
Medication oversight/administration.	94.2%
Individual is afforded choices of services and supports.	51.9%
Provider has means to identify health status/safety needs.	36.5%
Means to evaluate quality/satisfaction of services.	87.5%
Meets NOW/COMP documentation requirements.	90.1%
Individual is making progress/achieving desired goals.	43.5%
Individual directs supports and services.	43.5%
Individual chooses community services and supports.	16.6%
Average PRR Score	66.3%

Every individual has a Support Coordinator who helps ensure the person receives needed services, delivered as prescribed in the ISP. Documentation maintained by the Support Coordinator for the person is reviewed during the Person Centered Review process. IRTC results are presented for the Support Coordinator Record Review (SCRR) in Table 4. There are some similarities when compared to average results for individuals already established in the community, including the following:

- The average SCRR score was 71.3 percent
- Almost half of Support Coordinators did not show a person centered focus in the documentation
- Confidentiality of information is almost always present

Support Coordinators showed a five point lower compliance rate, or more, for IRTC when compared to individuals already established in the community for:

- Including individuals in the larger community
- Affording individuals choice of services and supports
- Monitoring services and supports according to the ISP

Table 4: Support Coordinator Record Review (N=187	')
Results by Standard: Jan - Dec 2012	
Standard	Pct Met
Person-centered focus shown in the documentation.	48.1%
Human and civil rights are maintained.	80.7%
Documentation describes available services, supports & care of individual.	71.0%
Support coordinator monitors services/supports according to the ISP.	82.9%
Support coordinator continuously evaluates supports and services.	79.1%
Effective approach to assessing/making recommendations related to risk	
management.	92.0%
Confidentiality of the individual's information is protected.	95.7%
Individuals are afforded choices of services and supports.	60.4%
Individuals are included into larger community.	31.6%
Average SCRR Score	71.3%

To help complete a well rounded description of provider services, relevant providers/staff are interviewed and observations are conducted for residential services (if not a family or own home) and day services programs. Results for the Staff/Provider Interview and Observations are presented in the following tables. Findings are generally quite positive and similar to individuals already established in the community.

Table 5: Staff / Provider Interview (N=324) Results by Standard: Jan - Dec 2012		
Standard	Pct Met	
Implementation of individual centered/directed supports and services.	90.2%	
Health	91.4%	
Safety	88.6%	
Rights Upheld	90.7%	
Privacy and Confidentiality	98.9%	
Respect and Dignity	100.0%	
Implementation of the plan's identified supports and services	94.0%	
Average Staff/Provider Interview Score	92.2%	

Table 6: Observation (N=316) Results by Standard: Jan - Dec 2012		
Standard	Pct Met	
Health	98.1%	
Safety	98.7%	
Rights and Self Advocacy	98.4%	
Community Life	92.5%	
My Life and My Choice	97.6%	
Celebrating Achievements	97.4%	
Average Observation Score	97.9%	