BACKGROUND

From August 28, 2007, through February 2011, one hundred eighty-three (183) Active Treatment reviews have been completed. An unduplicated count of one hundred thirty-five135 class members have received Active Treatment reviews; 33 have been reviewed twice; 8 three times. Interviews reported as a part of this review took place during the following timelines:

August 28, 2007 to May 29, 2008:	97 people were reviewed (10 as part of the initial protocol pilot)
March 3, 2009 to September 28, 2009:	45 people were reviewed
May 2, 2010 to February 2011:	41 people were reviewed

Comparative data using various lenses is depicted in this report. With the data now available, it is possible to analyze Active Treatment outcomes by year and by nursing facility. The data reflects facilities that have made improvements in the Active Treatment process as well as those that have not.

Since this report includes the results of reviews from 2007 to 2011 it is worth highlighting that the demographic and geographical profiles for class members reviewed in 2007/2008, prior to the June 2008 Settlement Agreement, are notably different than those class members reviewed after the Settlement Agreement went into effect. For example, the average age of class members reviewed in 2007/2008 was 62 years of age. The average age of class members reviewed in 2010/2011 is 36 years of age. The number of different nursing facilities reviewed in 2007/2008 was 63. The number of different nursing facilities reviewed in 2009 was 13. The number of different nursing facilities reviewed in 2010/2011 was 8. More differences are identified later in this report.

In addition to providing information on class members reviewed to date, this report includes some observations regarding approximately eighty-five class members who have been identified as very resistant to moving to the community before the projected end date of this litigation.

HIGHLIGHTS OF PROGRESS IDENTIFIED FROM 2009 TO 2011

There are six areas reviewed when determining whether or not class members are receiving Active Treatment: Assessments; Team Composition; Planning; Staffing and Training; Implementation of Active Treatment; and Monitoring. The following summarizes, by active treatment area, progress which has been made as evidenced by changes identified from the 2009 to the 2010/2011 Active Treatment Reviews.

ASSESSMENTS: Overall, there has been significant improvement in the area of assessments. Teams were more successful in designing plans built on identification of the individual's specific developmental strengths. In 2008, less than 10% of class members were found to have a comprehensive functional assessment that was accurate, current and included attention to the required developmental areas. In 2009, 42% of all reviewed had such an assessment. In 2010/2011 the number has

increased to 61%. While these are significant improvements, we must still recognize that a large number of class members remain without such assessments which are the basis for planning and developing programmatic/health care interventions.

TEAM COMPOSITION: Quite significant improvement is recognized in this area. The majority of class members (83%) had their RISP developed with appropriate participation by professionals and staff (2010/2011). Specific improvement is noted in having those staff who work most closely with the class member present and participating in (RISP/Plan of Care) meetings. Once again though, the team members most often missing were the class member and/or the guardian.

PLANNING: The area of planning also showed gains. In 2008, 10% of class members had a RISP which was adequate to meet their needs. In 2009, this number increased to 31%. For 2010 it was 59%. Several scores remained below 50% including the lack of written training programs designed to implement RISP objectives (41%), the assignment of priorities to outcomes (36%), and objectives organized in a planned sequence (46%).

STAFFING AND TRAINING: Great improvement has been made in staffing and training. All questions/probes scored at least 90%.

IMPLEMENTATION OF ACTIVE TREATMENT: With one exception, each indicator under the Active Treatment section showed improvement from the 2009 scores. Consequently, there was a substantial increase in the number of individuals found to be receiving active treatment.

MONITORING: Monitoring, one of the primary responsibilities of service coordinators and case managers, reflected some improvement between 2009 and 2010. There is still work to be done to assure that the RISP is monitored effectively and regularly, and revised as needed when circumstances change, the class member achieves a goal, or the class member is failing to make progress. In some cases, these activities were reported as occurring but the documentation did not verify this activity.

A. REVIEW METHODOLOGY AND DEMOGRAPHICS

The 2010/2011 reviews were been conducted in the same manner as those of 2008 and 2009. Prior to the scoring of each Protocol:

1. Where possible, the reviewer interviewed the person, his or her guardian, and staff from both day services and the nursing home who were reported to know the class member best. Other personnel such as therapists, nurses and recreation staff were also invited to participate in interviews.

2. Each person's file was reviewed, including the RISP and quarterly updates, service coordinator notes, assessments from the day providers and data collected on the RISP objectives. At the nursing facilities, the person's medical record was also reviewed. In most cases copies were made of relevant documents so that they could be referenced later in scoring of the Protocol and developing individual Findings and Recommendations.

3. Observations were made during the day of the review by the reviewer. Observations were made in at least two different environments in order to verify and improve understanding regarding whether or not the services identified in the RISP and Active Treatment Schedule were actually being consistently provided throughout the person's day.

4. Following the review, the Protocol was scored and judged for comprehensiveness and accuracy by a Quality Review Judge. Findings and Recommendations were then developed specific to each class member.

The Court Monitor met with over 1500 representatives from individual class member teams. Team members included class members, DDS/UMASS staff, day staff, nursing facility administrators and staff and guardians, when available. During these meetings the Court Monitor reviewed each of the findings and recommendations for each person with the Team. Questions and comments were encouraged and welcomed. The purpose of these meetings was to assist team members to understand the requirements of active treatment and to appreciate the reasoning behind and purpose of each finding and recommendation. If team members were able to provide evidence which impacted a finding, those findings were changed to reflect the additional information. In addition, if Teams had recommendations which would address a specific finding more effectively than the original recommendation, recommendations were expanded or changed. Final modified copies of the Findings and Recommendations were distributed to DDS following the Court Monitor's meeting with team members. DDS, in turn, provided the modified Findings and Recommendations to each class member's team.

The following tables provide the ages of class members reviewed in 2010/2011. The average age for a class member in this review was only 36, compared to 62 years for those reviewed in 2007 and 2008.

Table A

Persons Reviewed: Age	
Age	# of indv.
0-20	0
20-29	12
30-39	19
40-49	6
50-59	0
60-69	1
70-79	2
80-89	1

The next chart identifies all facilities that have been visited for reviews since 2007. It identifies the total number of individual reviews that have been conducted at each. Finally it shows where and how many reviews have occurred by facility in 2010/2011.

Table B

Nursing Facility	City	Total Reviews	Reviewed 2010/2011
Abbott House Nursing Home	Lynn	1	
Anchorage Nursing Home	Shelburne	1	
Apple Valley Nursing Center	Ayer	1	
Benjamin Health Care	Roxbury	1	
Bourne Manor	Bourne	2	
Braintree Landing NRC	Braintree	2	
Buckley Nursing Home	Greenfield	2	
Buckley Nursing Home	Holyoke	1	
Carlyle House	Framingham	2	1
Catholic Memorial Home	Fall River	6	1
Cedar Hill HC	Randolph	3	
Chelsea Jewish Nursing Home	Chelsea	2	
Coleman House Nursing Home	Northboro	1	
Colonial Nursing Home and Rehab	Weymouth	1	
Colony House Health Care	Abington	1	
Coolidge House	Brookline	2	
Country Manor Nursing Home	Newburyport	1	
Courtyard Nursing Care	Medford	1	
Dexter House	Malden	1	
Don Orione Home	East Boston	1	
D'Youville Manor	Lowell	2	
Eastwood Care Center	Dedham	3	
Epoch of Harwich	Harwich	3	1
Everett Nursing Center and Rehabilitation	Everett	2	
Fall River Jewish Home	Fall River	2	
Farren Care Center	Turners Falls	1	
Forestview Nursing Home of Wareham	Wareham	2	
Franklin House Health Care	Franklin	1	
Golden Living Center	Dedham	1	
Golden Living Center	Lexington	1	
Henry C. Nevins HM	Methuen	1	

Nursing Facility	City	Total Reviews	Reviewed 2010/2011
Highgate Manor NH	Dedham	1	
Holy Trinity Nursing & Rehabilitation Center	Worcester	1	
Jean Jugan Nursing Facility	Somerville	1	
Laurel Ridge NRC	Jamaica Plain	2	
Marina Bay Nursing Home	Quincy	2	
Marquardt Nursing Center	Brighton	1	
Marquardt Nursing Center	Waltham	5	
Melrose Care Center	Melrose	1	
Neuro-Rehabilitation Center at Middleboro	Middleboro	1	1
Neville Center Nursing Facility	Cambridge	1	
New England Pediatric Care	Billerica	25	10
Newton HCC	Newton	2	
Northampton Nursing Home	Northampton	5	1
Park Place Rehab and SCC	Hyde Park	1	
Parkwell Rehab and Nursing Center	Hyde Park	2	
Pilgrim RNC	Peabody	2	
Radius HCC Northwood	Lowell	1	1
Radius Health Center at Southbridge	Southbridge	2	
Radius Pediatric Center	Plymouth	3	
Sacred Heart Nursing Home	New Bedford	1	
Sarah S. Brayton Nursing Care Center	Fall River	1	
Seven Hills at Groton	Groton	54	25
St. Joseph's Manor	Brockton	1	
St. Mary Health Care Center	Westminster	1	
Sudbury Pines Extended Care	Sudbury	1	
Sunbridge Nursing Home	Milford	1	
Taunton Nursing Home	Taunton	2	
Waban HRC	Waban	1	
Wachusett Extended Care Center	Holden	5	
Wachusett Manor	Gardner	1	
Walden RNC	Concord	1	
Willimanset West Nursing Home	Chicopee	1	
Wingate at Springfield	Springfield	1	

Nursing Facility	City	Total Reviews	Reviewed 2010/2011
Worcester Skilled Care	Worcester	1	

B. FINDINGS

As depicted below, Active Treatment is a dynamic loop of activities that encompasses assessment, planning by a team of people who know the person best, consistent implementation of the plan, and monitoring for progress/effectiveness of the plan, which then results in further assessment as the process begins again.

The charts which follow in this section provide a view of scoring by protocol question, by year. Generally progress is demonstrated. In the column with scores for

2010/2011 scores between 80% and 100% are **BOLD**. Scores which are between 60% through 79% continue to need attention and are listed in normal font. Scores which are below 60% are **BOLD** and highlighted in red to emphasize the work which remains to be done and the urgent need for attention.

ASSESSMENT:

Table C

Probes/Questions	2007/08 97 Reviews % "Yes"	2009 45 Reviews % "Yes"	2010/11 41 Reviews % "Yes"
Assessments			
23. Within 90 days after admission, has the IDT had accurate assessments or reassessments completed as needed to supplement the preliminary evaluation conducted prior to admission?	50%	N/A	N/A
24. Does the comprehensive functional assessment take into consideration ___'s age (e.g., child, young adult, elderly person) and the implications for active treatment at each stage?	35%	80%	**80%**
25. Does the comprehensive functional assessment identify ___'s presenting problems and disabilities and where possible, their causes?	36%	78%	**85%**
26. Does the comprehensive functional assessment identify ___'s specific developmental strengths?	32%	69%	**93%**
27. Does the comprehensive functional assessment identify ___'s specific developmental and behavioral management needs?	30%	84%	**97%**
28. Does the comprehensive functional assessment identify ___'s needs for services without regard to the actual availability of the services needed?	37%	67%	76%
29. Is there a comprehensive functional supports assessment, that is accurate, current, and includes: Note 1	7%	42%	61%
29.i. physical development and health;	48%	64%	71%
29.ii. nutritional status; Note 1	76%	91%	**95%**
29.iii. sensorimotor development;	58%	73%	**93%**
29.iv. affective development;	37%	87%	**95%**
29.v. speech and language development (communication);	53%	62%	63%

Probes/Questions	2007/08 97 Reviews % "Yes"	2009 45 Reviews % "Yes"	2010/11 41 Reviews % "Yes"
29. vi. auditory functioning;	36%	60%	**88%**
29.vii. cognitive development;	18%	76%	**80%**
29.viii. social development;	38%	82%	**95%**
29. ix. adaptive behaviors or independent living skills necessary for___ to be able to function in the community;	32%	89%	**98%**
29. x. and, as applicable, vocational skills.	32%	6%	**58%**
30. Were the Comprehensive Functional Assessment(s) reviewed and revised as needed based on the person's needs?	9%	27%	63%

Assessment is always the beginning of the Active Treatment process; without adequate assessment, the resulting plan will not comprehensively and accurately address the person's needs. Assessments must consider all areas of well-being, including the person's age, interests/preferences, strengths/challenges, physical health and abilities, sensory abilities (e.g., sight, hearing, and tactile abilities), cognitive functioning, communication styles and abilities, emotional and behavioral status, and developmental strengths, challenges and skills upon which to build.

TEAM COMPOSITION AND FUNCTION

Once assessment information is obtained, the individual should be assisted by a team who knows him/her best to develop a plan, utilizing the assessment information. Typically the team should be composed of the individual, his parent or guardian, staff who work most closely with him, professionals who have assessed or work with the individual, and the Service Coordinator/Case Manager, who is responsible for coordination and the writing of the final plan. The more comprehensive the team, the more comprehensive the plan is likely to be.

TABLE D

Probes/Questions	2007/08 97 Reviews % "Yes"	2009 45 Reviews % "Yes"	2010/11 41 Reviews % "Yes"
Team Composition and Function			
31. Does ____ have an RISP developed by an IDT that represents the professions, disciplines or service areas that are relevant to: identifying ____'s needs as described by the Comprehensive functional assessment; and designing programs that meet ____'s needs?	40%	47%	**83%**
32. Have appropriate nursing facility and specialized services staff participated in the IDT meetings?	49%	47%	**90%**
33. Was participation by other agencies serving _____ encouraged?	54%	54%	**80%**
34. Did _____ and his/her parent (if the person is a minor), or ____'s legal guardian participate in the development of the RISP (this is required unless the legal guardian/parent is unobtainable or it is found to be inappropriate)?	44%	33%	71%

ADEQUACY OF PLANNING

The plan (the RISP) should be updated at least annually. DDS/UMASS also conduct quarterly reviews. Based on assessments, the team should identify all relevant areas of need for the person, both long and short term. These should then be sequenced and prioritized, to reflect the most pressing needs of the individual and to assure that once s/he masters one developmental step, the next is clearly delineated. Based on the person's previous rate of learning, target dates should be set for completion of steps. Objectives should reflect only one measurable behavioral outcome, so that it is clear when the objective has been achieved. Strategies for teaching the objectives should include the specific methodology for assisting the person to master the skill being taught. For people with cognitive difficulties, it is critical to present information in a consistent manner and to expect the same result each time, since many people have difficulty in generalizing knowledge from one setting or method to another.

In addition, the RISP should contain other information such as listing of the person's adaptive equipment and assistive technology, along with the purpose and schedule for its use, opportunities for facilitating choice and self-direction, and location of program strategy information so that staff know where it can be referenced. The RISP, when completed, should be distributed to all team members, including the person and his/her parent or guardian.

Table E

Probes/Questions	2007/08 97 Reviews % "Yes"	2009 45 Reviews % "Yes"	2010/11 41 Reviews % "Yes"
Adequacy of Planning			
35. Did the Team convene a meeting and develop a document called an RISP? Note 1	99%	100%	**95%**
36. Does _____ have a RISP?	35%	56%	71%
37. Was the RISP developed within the first 90 days after admission? Note 1	50%	0%	**N/A**
38. Is ____'s RISP based on assessed needs and strengths and does it address major life areas essential to increasing independence and ensuring rights?	26%	69%	**88%**
39. Does the RISP contain objectives necessary to meet _____'s needs as identified by the comprehensive assessment?	28%	71%	**83%**
40. Are objectives organized in a planned sequence?	10%	13%	**46%**
41. Are objectives stated separately, in terms of a single behavioral outcome?	48%	67%	**83%**
42. Is each objective assigned projected completion dates?	19%	27%	66%
43. Are objectives expressed in behavioral terms that provide measurable indices of performance?	40%	71%	**83%**
44. Are the outcomes organized to reflect a developmental progression appropriate to _____?	22%	16%	63%
45. Are the outcomes assigned priorities?	10%	13%	**36%**
46. Does each written training program designed to implement the objectives in the RISP specify the methods to be used?	54%	64%	**80%**
47. Does each written training program designed to implement the objectives in the RISP specify the schedule to be used?	32%	47%	68%
48. Does each written training program designed to implement the objectives in the RISP specify the person responsible for the program?	49%	62%	**41%**

Probes/Questions	2007/08 97 Reviews % "Yes"	2009 45 Reviews % "Yes"	2010/11 41 Reviews % "Yes"
49. Does each written training program designed to implement the objectives in the RISP specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives?	24%	47%	71%
50. Does each written training program designed to implement the objectives in the RISP specify the inappropriate behaviors, if applicable?	16%	40%	67%
51. Does each written training program designed to implement the objectives in the RISP provide for the appropriate expression of behavior and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate?	16%	40%	60%
52. Does the RISP describe relevant interventions to support _____ toward independence?	33%	58%	**85%**
53. Does the RISP identify the location where program strategy information (which must be accessible to any person responsible for implementation) can be found?	56%	78%	**98%**
54. Does the RISP include, if _____ lacks them, training in personal skills essential for privacy and independence (including but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that _____ is developmentally incapable of acquiring them?	33%	59%	73%
55. Does the RISP identify mechanical supports, if needed, to achieve proper body position, balance, or alignment?	34%	77%	**88%**
56. Does the RISP identify the reason for each support, the situations in which each is to be applied, and the schedule for use of each support?	21%	73%	**95%**
57. Does the RISP provide that _____ (if he/she has multiple disabilities) spend a major portion of each waking day out of bed and outside the bedroom area, moving about by various methods and devices whenever possible?	58%	60%	**90%**
58. The RISP includes opportunities for _____ to have choice and self-management.	55%	84%	**90%**
59. Is a copy of _____'s RISP made available to all relevant staff including staff of other agencies who work with _____ and to _____'s parents (if the person is a minor) or legal guardian?	66%	91%	**95%**
60. Overall, is the RISP adequate to meet _____'s needs? Note 1	10%	31%	**59%**

STAFF AND TRAINING

A well-designed plan must be implemented by knowledgeable and trained staff in order to be successfully implemented. As noted earlier, significant and wide spread improvements have been made in staffing and training since these reviews began in 2007/2008.

Table F

Probes/Questions	2007/08 97 Reviews % "Yes"	2009 45 Reviews % "Yes"	2010/11 41 Reviews % "Yes"
Staffing and Training			
61. Have staff received training focused on skills and competencies directed towards _____'s			
61a. Developmental needs? Note 1	38%	80%	**95%**
61b. Behavioral needs? Note 1	40%	89%	**100%**
61c. and health needs? Note 1	35%	78%	**95%**
62. Have staff demonstrated the skills and techniques necessary to administer interventions to manage the inappropriate behavior of _____? Note 1	37%	25%	**100%**
62. a. Did DAY/Specialized Services staff demonstrate the knowledge, skills and techniques necessary to administer interventions to manage the inappropriate behavior of _____? Note 1	58%	25%	**100%**
62. b. Did Nursing Facility staff demonstrate the knowledge, skills and techniques necessary to administer interventions to manage the inappropriate behavior of _____? Note 1	41%	50%	**100%**
62. c. Did the Case Manager/Service Coordinator demonstrate the knowledge, skills and techniques necessary to understand and monitor interventions to manage the inappropriate behavior of _____?	51%	50%	**100%**
63. Staff demonstrated the skills and techniques necessary to implement the RISP for _____. Note 1	44%	62%	**90%**
63.a. Did the Day/Specialized Services staff demonstrate the skills and techniques necessary to implement the RISP for _____? Note 1	83%	80%	**92%**

Probes/Questions	2007/08 97 Reviews % "Yes"	2009 45 Reviews % "Yes"	2010/11 41 Reviews % "Yes"
63.b. Did the Nursing Facility staff demonstrate the skills and techniques necessary to implement the RISP for _____? Note 1	47%	64%	**90%**
64. Staff reported that they have had and could describe what they had received as training to work. Note 1	30%	82%	**93%**
64.a. Did the Day/Specialized Services staff receive and describe training necessary to work with _____? Note 1	54%	98%	**95%**
64.b. Did the Nursing Facility staff receive and describe training necessary to work with _____? Note 1	33%	80%	**95%**
65. Is staffing sufficient to carry out _____'s RISP? Note 1	54%	73%	**97%**
65.a. Is Day/Specialized Services staffing sufficient? Note 1	69%	73%	**97%**
65.b. Is Nursing Facility staffing sufficient? Note 1	59%	87%	**100%**

IMPLEMENTATION/RECEIPT OF ACTIVE TREATMENT

Active Treatment includes not only the implementation of the RISP, but "aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services." In order for an individual to be receiving active treatment, all support staff must be cognizant of the individual's needs, aware of the plan and be working toward achievement of goals and objectives. There must be action and focus on the desired outcomes for the class member.

Table G

Probes/Questions	2007/08 97 Reviews % "Yes"	2009 45 Reviews % "Yes"	2010/11 41 Reviews % "Yes"
Implementation/Receipt of Active Treatment			
66. Does _____ receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the RISP.	14%	9%	73%

Probes/Questions	2007/08 97 Reviews % "Yes"	2009 45 Reviews % "Yes"	2010/11 41 Reviews % "Yes"
67. _____'s RISP is implemented by all staff who work with him/her including professional, paraprofessional and non-professional staff except for those facets of the RISP that must be implemented only by licensed personnel.	24%	62%	76%
68. Does _____ have an active treatment schedule that outlines the current active treatment program and that is readily available for review by staff?	12%	62%	**92%**
69. Is data relative to accomplishment of the criteria specified in _____'s RISP objectives documented in measurable terms?	21%	44%	69%
70. Is there documentation of significant events that are related to _____'s RISP and assessments?	61%	91%	**83%**
71. There is documentation that is related to _____'s RISP and assessments, and that contributes to an overall understanding of _____'s ongoing level and quality of functioning.	49%	87%	**90%**
72. Does _____ receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services?	6%	27%	68%
73. Does _____ receive a continuous active treatment program which is directed toward the acquisition of the possible behaviors necessary for _____ to function with as much self determination and independence as possible?	14%	42%	68%
74. Does ___ receive a continuous active treatment program which is directed toward the prevention or deceleration of regression or loss of current optimal functional status?	23%	67%	73%
75. Did the activities and interactions you observed support the accomplishment of the RISP Objectives in _____'s active treatment program?	39%	44%	**82%**

MONITORING AND FOLLOW-UP

It is the role of the Service Coordinator/Case Manager to assure that the plan which has been written is implemented and that the class member is making progress. In this sense, the monitoring of the plan becomes the next round of assessment. Is the plan working? Why or why not? Does it need to be changed to assure that progress can be made, or continued? What other issue(s) does the team need to follow up on with regard to safety, health, and/or emotional well-being or skill building/maintenance? Monitoring is a safeguard for the class member. Good monitoring is intended to assure forward progress, correction of course as needed, and safety for the class member.

Table H

Probes/Questions	2007/08 97 Reviews % "Yes"	2009 45 Reviews % "Yes"	2010/11 41 Reviews % "Yes"
Monitoring and Follow up			
76. Was the RISP reviewed, at least, by the Case Manager/Service Coordinator?	79%	80%	**39%***
77. Was the RISP reviewed/revised when _____ successfully completed an objective or objectives identified in the RISP? Note 1	54%	61%	75%
78. Was the RISP reviewed/revised when _____ regressed or lost skills already gained?	50%	64%	**58%**
79. Was the RISP reviewed/revised if _____ was failing to progress toward identified objectives after reasonable efforts were made?	54%	52%	78%
80. Was the RISP reviewed/revised when _____ was being considered for training towards new objectives?	74%	83%	74%
81. Was the RISP reviewed at least annually?	82%	96%	**93%**

*** Note:** The April 1, 2011, comments on this report from Defendants requested additional information regarding the score for Question #76. The Question in the Protocol reads, "Was the RISP reviewed, at least, by the Service Coordinator/Case Manager?" The note to the reviewers for how to score this question is, "Note: If this is scored yes, ***you have consistent evidence that the following is true***: a. the (Service Coordinator/Case Manager) monitored implementation of the RISP; and b. The (Service Coordinator/Case Manager) routinely visits program areas and discusses performance problems for (the class member)?" Reviewers are asked to base their scores on multiple sources of evidence: information gathered from interviews, information from observations and information contained in the record. After reviewing the protocols again, the primary justifications given for a "no" score is lack of documentation by the service coordinator/case manager as evidenced by the finding/recommendation listed below. The score is reflective of the finding/recommendation given to address this issue. In many cases it was verbally reported that the Case Manager/Service Coordinator routinely visited the program. The challenge was verifying through the Service Coordinator's/Case Manager's notes when visits took place, what the CM/SC was doing during those visits, what if any issues were discussed/followed up on and who they were there to specifically see/monitor.

Finding	Recommendation
The service coordinator's progress notes did not provide evidence that (class member's initials) status in any of the following areas was routinely and consistently monitored: • Implementation, data collection or progress on training objectives; • Health and safety status; • Timely completion of assessments; • Referrals/recommendations to/from clinical consultants; • Quality of life, etc.	Documentation by the service coordinator should be sufficient to substantiate fulfillment of the obligation to see and observe (class member's initials) face to face, monitor the implementation of the RISP, and follow up on all issues affecting program, health and well-being.

C. FINDINGS: THE INCIDENTS OF ACTIVE TREATMENT

It is important to recognize improvement along with remaining challenges. The following summary depicts the increased incidents of the finding of Active Treatment from 2007/2008 to present. Even recognizing the fact that the 2010/2011 reviews were not a representative cross section of class members, the data still reflects significant progress. Column 2 depicts the incidents of findings of Active Treatment in each year. Column 3 also reflects improved outcomes. It reflects the number of "Yes" scores to ALL questions in the active treatment review, not just the question of whether the individual is receiving active treatment. Finally, information regarding the average number of day program hours class members reviewed received each day and per week is also highlighted.

Table I

Nursing Facility	Active Treatment	% applicable review questions scored "Yes"	Avg Age	Avg Day program hrs/day	Avg Day program hrs/week
2007/2008 Summary	**6% Yes**	**39%**	**62**	**4**	**15**
2009 Summary	**29% Yes**	**64%**	**40**	**5**	**25**
2010/2011 Summary	**68% Yes**	**79%**	**36**	**5**	**26**

The following chart provides data regarding the occurrence of active treatment by facility by year. Each row depicts a separate active treatment review and identifies whether the individual was found to be receiving active treatment (highlighted in grey and has a **Y** indicating "yes") or not receiving it (not highlighted). Column 1 identifies the facility. Column 3 identifies the specific review date, followed in column 4 by the individual's age, in column 5 by the number of day program hours received per day; and in column 6 by the number of day program hours received per week.

Review years are grouped together and a summary for the year is found at the end of each grouping and shaded yellow. The chart graphically demonstrates where significant progress has occurred and where significant effort is still required.

Table J

Active Treatment by Facility, by Resident and Year Reviewed					
(The data for the 10 in the Pilot review are not included in this data)	**Active Treatment "Yes"**	**Review Date**	**Age**	**Day program hrs/day**	**Day program hrs/week**
2007/2008					
Eastwood Care Center		11/27/07	97	2	10
Eastwood Care Center		11/27/07	73	4	5
Forestview Nursing Home of Wareham		11/27/07	62	10	5
Forestview Nursing Home of Wareham		11/27/07	53	4	3
Franklin House Health Care		11/27/07	77	3	5
Seven Hills at Groton		11/27/07	27	6	5
Sudbury Pines Extended Care		11/27/07	41	6	5
Worcester Skilled Care		11/27/07	75	4	5
Cedar Hill Health Care		11/28/07	57	2	5
Eastwood Care Center		11/28/07	78	2	5
Golden Living Center	**Y**	11/28/07	79	4	5
Marquardt Nursing Center		11/28/07	53	6	5
Pilgrim RNC		11/28/07	70	5	20
Radius Pediatric Center		11/28/07	37	6	5
St. Joseph's Manor		11/28/07	82	6	5
Wachusett Manor		11/28/07	63	2	10
Country Manor Nursing Home		12/10/07	60	0	0
New England Pediatric Care		12/10/07	41	6	30
Catholic Memorial Skilled NRC		12/11/07	51	2	10
Dexter House		12/13/07	61	6	24

Active Treatment by Facility, by Resident and Year Reviewed					
(The data for the 10 in the Pilot review are not included in this data)	Active Treatment "Yes"	Review Date	Age	Day program hrs/day	Day program hrs/week
Pilgrim RNC		12/13/07	59	3	9
Holy Trinity		12/26/07	67	3	15
Sunbridge Nursing Home		12/26/07	92	4	20
Courtyard Nursing Care		12/27/07	84	6	18
Neville Center Nursing Facility		12/28/07	84	3	15
Buckley Nursing Home		1/25/08	35	5	15
Wingate at Springfield		1/28/08	80	2	6
Epoch of Harwich		1/29/08	85	2	10
Farren Care Center		1/29/08	62	2	10
Willimanset West Nursing Home		1/30/08	64	4	12
Anchorage Nursing Home		1/31/08	73	2	10
Bourne Manor		1/31/08	90	6	30
Cedar Hill Health Care		2/6/08	64	6	30
Jean Jugan Nursing Facility		2/6/08	72	4	20
New England Pediatric Care		2/6/08	24	6	30
Newton HCC		2/6/08	73	2	8
Taunton Nursing Home		2/6/08	83	5	25
Walden RNC		2/6/08	73	2	10
Coleman House Nursing Home		2/7/08	80	3	15
Colony House Health Care		2/7/08	59	2	10
Laruel Ridge NRC		2/7/08	39	3	15
Marquardt Nursing Center		2/7/08	73	6	30
Radius Pediatric Center		2/7/08	26	6	30
Newton HCC		2/8/08	63	6	24
Taunton Nursing Home		2/8/08	84	5	25
Golden Living Center		2/11/08	78	3	15
Sacred Heart Nursing Home		2/14/08	56	4	24
Sarah S. Brayton Nursing Care Center		2/18/08	75	2	10
Laurel Ridge NRC		2/19/08	78	3	15
Parkwell Rehab and Nursing Center		2/21/08	51	4	20
Radius Health Center at Southbridge		3/10/08	83	1	3

Active Treatment by Facility, by Resident and Year Reviewed					
(The data for the 10 in the Pilot review are not included in this data)	Active Treatment "Yes"	Review Date	Age	Day program hrs/day	Day program hrs/week
Radius Health Center at Southbridge		3/13/08	82	4	20
Marina Bay		3/18/08	99	4	20
Marina Bay Nursing Home		3/20/08	83	3	9
Waban HRC		3/24/08	80	1	5
New England Pediatric Care		3/25/08	24	6	30
Henry C. Nevins HM		3/26/08	85	1	4
New England Pediatric Care		3/27/08	30	6	30
Chelsea Jewish Nursing Home		3/28/08	72	4	8
Bourne Manor		3/31/08	65	6	30
Buckley Healthcare Center		4/7/08	57	2	10
Catholic Memorial Skilled NRC		4/7/08	43	1	5
Highgate Manor NH	Y	4/7/08	61	5	25
Catholic Memorial Skilled NRC	Y	4/9/08	90	2	10
Park Place Rehab and SCC		4/9/08	56	3	15
Wachusett Extended Care Center		4/22/08	42	2	10
Seven Hills at Groton		4/23/08	33	6	30
Seven Hills at Groton		4/25/08	39	6	30
Apple Valley Nursing Center		4/28/08	39	2	10
Everett NCR	Y	4/29/08	95	1	5
Northampton Rehab & Nursing Center		4/29/08	24	6	30
Northampton Nursing Home		4/30/08	34	5	25
Seven Hills at Groton		4/30/08	41	4	20
Coolidge House		5/1/08	60	3	15
Seven Hills at Groton		5/2/08	36	6	30
Wachusett Extended Care Center		5/2/08	61	3	15
Chelsea Jewish Nursing Home		5/5/08	59	2	10
Wachusett Extended Care Center		5/7/08	34	3	15
Melrose Care Center		5/12/08	88	1	2
Northampton Nursing Home		5/13/08	35	6	3
Braintree Landing Nursing and Rehab		5/14/08	85	2	10
Colonial Nursing Home and Rehab		5/16/08	53	2	10

Active Treatment by Facility, by Resident and Year Reviewed					
(The data for the 10 in the Pilot review are not included in this data)	Active Treatment "Yes"	Review Date	Age	Day program hrs/day	Day program hrs/week
Marquardt Nursing Center		5/19/08	66	6	30
Marquardt Nursing Center	Y	5/21/08	61	6	30
Marquardt Nursing Center		5/23/08	66	6	30
Neuro-Rehabilitation Center at Middleboro		5/27/08	27	3	12
Fall River Jewish Home		5/29/08	60	5	25
2007/2008 Summary	**6% Yes AT (5 of 87)**		**62**	**4**	**15**
2009	**Active Treatment**	**Review Date**	**Age**	**Day program hrs/day**	**Day program hrs/week**
Carlyle House		3/2/09	73	3	15
Everett Nursing Center and Rehabilitation	Y	3/2/09	96	1	8
Coolidge House	Y	3/4/09	60	1	5
Parkwell Rehab and Nursing Center		3/4/09	52	4	20
Catholic Memorial Skilled NRC		3/23/09	44	3	15
Cedar Hill Health Care		3/23/09	74	4	20
Catholic Memorial Skilled NRC		3/25/09	53	2	10
Fall River Jewish Home		3/25/09	61	6	30
New England Pediatric Care		5/4/09	33	6	30
New England Pediatric Care	Y	5/4/09	31	6	30
New England Pediatric Care		5/4/09	23	6	30
New England Pediatric Care	Y	5/4/09	23	6	30
New England Pediatric Care		5/4/09	25	6	30
New England Pediatric Care	Y	5/5/09	24	6	30
New England Pediatric Care	Y	5/6/09	40	6	30
New England Pediatric Care	Y	5/6/09	25	6	30
New England Pediatric Care		5/6/09	37	6	30
New England Pediatric Care	Y	5/6/09	31	6	30
Seven Hills at Groton		6/1/09	25	6	30
Seven Hills at Groton		6/1/09	27	6	30

Active Treatment by Facility, by Resident and Year Reviewed					
(The data for the 10 in the Pilot review are not included in this data)	Active Treatment "Yes"	Review Date	Age	Day program hrs/day	Day program hrs/week
Seven Hills at Groton		6/1/09	27	6	5
Seven Hills at Groton		6/1/09	29	6	30
Seven Hills at Groton		6/1/09	27	6	30
Seven Hills at Groton		6/1/09	30	6	30
Seven Hills at Groton		6/3/09	33	6	30
Seven Hills at Groton	Y	6/3/09	24	6	30
Seven Hills at Groton		6/3/09	39	4	20
Seven Hills at Groton		6/3/09	43	6	30
Seven Hills at Groton		6/4/09	38	6	30
Buckley Healthcare Center		7/13/09	59	3	21
Northampton Rehab & Nursing Center	Y	7/13/09	32	2	10
Wachusett Extended Care Center		7/15/09	43	3	15
Wachusett Extended Care Center		7/15/09	35	2	0
Seven Hills at Groton		8/3/09	42	6	30
Seven Hills at Groton		8/3/09	31	6	30
Seven Hills at Groton		8/3/09	31	6	30
Seven Hills at Groton	Y	8/3/09	34	6	30
Seven Hills at Groton		8/3/09	37	6	30
Seven Hills at Groton		8/3/09	41	6	30
Seven Hills at Groton		8/5/09	35	6	30
Seven Hills at Groton		8/5/09	34	6	30
Seven Hills at Groton	Y	8/5/09	36	6	30
Seven Hills at Groton		8/5/09	35	6	30
Seven Hills at Groton		8/5/09	32	6	30
Seven Hills at Groton		8/5/09	30	6	30
Epoch of Harwich	Y	9/28/09	87	2	10
2009 Summary	**29% AT YES (13 of 45)**		**40**	**5**	**25**

Active Treatment by Facility, by Resident and Year Reviewed					
(The data for the 10 in the Pilot review are not included in this data)	Active Treatment "Yes"	Review Date	Age	Day program hrs/day	Day program hrs/week
2010/2011	Active Treatment	Review Date	Age	Day program hrs/day	Day program hrs/week
Radius HCC Northwood		5/2/10	76	1	5
Northampton Rehab & Nursing Center	Y	5/3/10	33	2	10
Neuro Rehab Center at Worchester	Y	5/5/10	62	1	3
Carlyle House		6/7/10	74	3	15
Epoch of Harwich		6/7/10	87	2	10
Catholic Memorial Skilled NRC	Y	6/9/10	45	3	21
New England Pediatric Care		7/26/10	41	6	30
New England Pediatric Care		7/26/10	25	6	30
New England Pediatric Care	Y	7/26/10	34	6	30
New England Pediatric Care		7/26/10	24	6	30
New England Pediatric Care		7/26/10	24	6	30
New England Pediatric Care	Y	7/28/10	26	6	30
New England Pediatric Care		7/28/10	33	6	30
New England Pediatric Care		7/28/10	38	6	30
New England Pediatric Care		7/28/10	3	6	30
New England Pediatric Care		7/28/10	27	6	30
Seven Hills at Groton	Y	11/8/10	43	6	30
Seven Hills at Groton	Y	11/8/10	36	6	30
Seven Hills at Groton	Y	11/8/10	23	6	30
Seven Hills at Groton		11/8/10	23	6	30
Seven Hills at Groton	Y	11/8/10	39	6	0
Seven Hills at Groton	Y	11/8/10	33	6	30
Seven Hills at Groton	Y	11/10/10	32	6	30
Seven Hills at Groton	Y	11/10/10	24	6	30
Seven Hills at Groton	Y	11/10/10	28	6	30
Seven Hills at Groton	Y	11/10/10	31	6	30
Seven Hills at Groton	Y	11/10/10	38	6	30
Seven Hills at Groton		11/10/10	42	6	30

Active Treatment by Facility, by Resident and Year Reviewed					
(The data for the 10 in the Pilot review are not included in this data)	Active Treatment "Yes"	Review Date	Age	Day program hrs/day	Day program hrs/week
Seven Hills at Groton	Y	11/10/10	41	6	30
Seven Hills at Groton	Y	2/14/11	35	6	30
Seven Hills at Groton	Y	2/14/11	33	6	30
Seven Hills at Groton	Y	2/14/11	35	6	30
Seven Hills at Groton	Y	2/14/11	36	6	30
Seven Hills at Groton	Y	2/14/11	31	6	30
Seven Hills at Groton	Y	2/14/11	32	6	30
Seven Hills at Groton	Y	2/16/11	35	6	30
Seven Hills at Groton	Y	2/16/11	26	6	30
Seven Hills at Groton	Y	2/16/11	38	6	30
Seven Hills at Groton	Y	2/16/11	29	6	30
Seven Hills at Groton	Y	2/16/11	45	6	30
Seven Hills at Groton	Y	2/16/11	28	6	30
2010/2011 Summary	**68% AT YES (28 of 41)**		**36**	**5**	**26**

D. Class Members with More Than One Active Treatment Review

Thirty-three (33) class members have been reviewed twice; 8 were reviewed three times. The presence of data addressing repeated reviews for the same individual provides an opportunity to identify, in a variety of ways and at the individual level, improvement or the lack thereof. Previous data in this report is summary in nature. It is based upon scoring in the active treatment review. It does not identify the Individual Findings and Recommendations associated with each individual reviewed which summarize important issues identified by the reviewer/quality review judge/Court Monitor which require follow up action.
The following chart not only identifies whether the person was found to be receiving Active Treatment, but also identifies the number of specific findings and recommendations for the individual and whether those findings and recommendations were successfully resolved. That is, when the person was reviewed a second or third time, if the finding or recommendation is "repeated" the Team did not successfully resolve the initial finding.

Column 1: Random number assigned to a specific class member.
Column 2 (Review #) identifies the number of the review for that person. #1 = the first review, #2 = the second review of that class member and #3 = the third review.
Column 3 identifies the review date. For each individual the review dates are listed from first to last.

Column 4 identifies the facility in which the individual resides.
Column 5 (#F/R) identifies the **number** of Findings and Recommendations for that individual in that review. Generally, findings and recommendations are identified only when there is something that stands out as needing to be addressed.
Column 6 identifies the types of **issues** identified in the Findings or Recommendation. This is a summary of the issue/s.
Column 7 identifies the **number of Repeat** Findings or Recommendations found in subsequent reviews. Since the Findings or Recommendations should have been successfully resolved after the prior review, there should be no repeat findings or recommendations.
Column 8 identifies the **issues identified as Repeat findings and recommendations**. Again, all of these should have been resolved.
Column 9 identifies whether the individual was found to be receiving Active Treatment. Columns shaded green depict Yes.

Table K

Class Members with More Than One Active Treatment Review

Findings and Recommendations, Repeat Findings and Recommendations, Scoring Improvement or Decline

Repeat Person #	Review #	Review Date	Nursing Facility	# F/R	Issues Identified in Findings and Recommendations Note: To protect confidentiality the names and initials of class members have been replaced with the Person # in the far left column.	# Repeats	Repeat Findings and Recommendations This column relates to Column #6 ("issues").	ACTIVE TR?
1	1	4/7/08	Buckley Healthcare Center	9	Needs lots of development/functional assessments; needs OT; cognitive assessment; guardian not at meetings; SC does not review data; DNR not reviewed with guardian; staff need training; no visits to community; more PT involvement;			N
	2	7/13/09	Buckley Healthcare Center	15	Need to review Monson assessment; audiology; dental; bone density/ osteo; OBGYN; oral motor assessment; PT/OT for w/c positioning; CNAs should attend team meetings; modify RISP according to Monson eval; retrain staff on sequencing and data collection; AT schedule needs to be updated; provide time for #1 breakfast out of bed; plan transition to community day hab; need data collection strategies for specificity; need long term goals with better strategies/objectives;	3	modify RISP outcomes/ strategies and data collection; retrain staff; data collection	N
2	1	3/2/09	Carlyle House	8	Meds listing does not show purpose; MAR discrepancy; need comprehensive physical; nutritional assessment; need regular Audiological; PT/OT needed; podiatrist; how often update consent for psychotropics.			N
	2	6/7/10	Carlyle House	8	Psychotropics (Abilify) need evaluation; hematologist; nutritional; PT/OT for contractures; RISP goals developed to reflect strategies through BAMSI; AE/AT need replaced when lost or damaged; NF need to implement and document carry over objectives; DDS should ensure monitoring when SC not assigned	3	Psychotropic (Abilify) need eval; nutritional; PT/OT for contractures;	Y
3	1	4/7/08	Catholic Memorial Home	9	Cognitive assessment; SLP assessment; neurological; OT/PT re: contractures; staff not at meetings; #3 not at meetings; RISP allows for day wasting; team should work on skill building/preferences; staff reports are cut/pasted and inadequate			N

Class Members with More Than One Active Treatment Review

Findings and Recommendations, Repeat Findings and Recommendations, Scoring Improvement or Decline

Repeat Person #	Review #	Review Date	Nursing Facility	# F/R	Issues Identified in Findings and Recommendations Note: To protect confidentiality the names and initials of class members have been replaced with the Person # in the far left column.	# Repeats	Repeat Findings and Recommendations This column relates to Column #6 ("issues").	ACTIVE TR?
	2	3/23/09	Catholic Memorial Home	2	Cognitive/neuro assessment; alternate positioning	1	cognitive/functional assessment (determine if really PVS)	N
	3	6/9/10	Catholic Memorial Home	8	Seating system assessment; positioning during feeding; reasons for meds not listed; dental needed; sequencing of objectives; assessment not have current diagnosis; respiratory therapist train staff; NF staff document carryovers			Y
4	1	12/11/07	Catholic Memorial SN & R	3	Assessments missing, RISP not implementable, facility space issue			N
	2	3/25/09	Catholic Memorial SN & R	5	Auditory assessment; RISP not include equipment, where strategies located, same since 2006; AT schedule not reflect meal schedule; data sheets need updating; need seizure tracking			N
5	1	5/1/08	Coolidge House	9	Age-related assessments; clarify MR or Anoxic Brain Injury; #5 not at meetings; splint not in RISP; communication assessment; DH staff needs training; Nurse did not know what RISP was; NF not implementing RISP; no written schedule			N
	2	3/4/09	Coolidge House	0				Y
6	1	1/29/08	Epoch of Harwich	11	Assessments not adequate; pain not addressed; weight loss/aspiration/MTP issues; Needs physical/labs; RISP team attendance; Objectives not measurable; Staff RISP training; day wasting; SC monitoring; medication interactions/dosing; needs hearing aides;			N
	2	9/28/09	Epoch of Harwich	8	SLP eval for communication; swallow study and nutritional for safe eating and positioning; OBGYN; #6 and brother and CNAs at meeting; CNAs trained on RISP; who should be responsible for objectives implementation; objective sequencing; data tracking on goals specific and consistent	4	MTP/eating; assessment (SLP communication); staff/#6/brother RISP team attendance; staff trained on RISP	Y
	3	6/7/10	Epoch of Harwich	11	Meds need purpose/related diagnosis; communication tool; psychological; med review; functional assessment tool; need Audiological and vision; CNAs, #6 and brother do not attend meetings; NF staff need to know RISP goals and collect data; OT/PT write protocol for repositioning; alternative positioning assessment; note what signs gestures #6 uses to communicate; data collection issues and establish baseline; increase community outings; discuss guardianship options	2	CNAs, #6 and brother do not attend meeting; NF staff and data and RISP goals	N
7	1	4/29/08	Everett Nursing Center and	5	Age-related assessments; list equipment in RISP; diabetes diagnosis not consistent; medical guardian not attend meetings; day hab not know about diabetes;			Y

Class Members with More Than One Active Treatment Review

Findings and Recommendations, Repeat Findings and Recommendations, Scoring Improvement or Decline

Repeat Person #	Review #	Review Date	Nursing Facility	# F/R	Issues Identified in Findings and Recommendations Note: To protect confidentiality the names and initials of class members have been replaced with the Person # in the far left column.	# Repeats	Repeat Findings and Recommendations This column relates to Column #6 ("issues").	ACTIVE TR?
			Rehab					
	2	3/2/09	Everett Nursing Center and Rehab	5	Needs OT/PT/SLP; #7 to attend meetings; incontinence care schedule is bad; sugar added to food (hyperglycemia); Bed footboard is cracked			Y
8	1	5/29/08	Fall River Jewish Home	10	Needs functional assessment; medical assessments; monitor Alzheimer's more closely; SLP to do MTP; Objectives are inadequate; outcomes are inadequate; there are no strategies in RISP; AT schedule not found; need to redo RISP after assessments; no chances to be out of bedroom			N
	2	3/25/09	Fall River Jewish Home	8	Assessments needed: Dementia/ Alzheimer's/PT OT SLP; OBGYN screens; neuro eval; MBS; RISP needs personal info of #8; team should meet regularly; carryover objectives need coordinated; need specialized health training	3	functional assessment; Alzheimer's assessment; OBGYN;	N
9	1	5/6/09	New England Pediatric	6	Needs SLP assessment; nutritionist, SLP, guardian do not attend meetings; NF staff lacked RISP knowledge; need objective development and progression; staff need individual-specific trainings; SC notes are not detailed			Y
	2	7/26/10	New England Pediatric	8	SLP/ communication; dental; OT review orthoses; dietician evaluate criteria for body weight range; functional skill inventory; Recreational snack program; modify RISP objectives for social communication skill development; meds need purpose listed;	1	modify RISP objectives for social communication skill development	N
10	1	5/5/09	New England Pediatric	3	Needs SLP assessment; unclear if #10 participated in RISP; needs measurable objective			Y
	2	7/26/10	New England Pediatric	10	OBGYN; neurologist; cardiology; nephrology; medicine contraindication review; SLP and communication; unsure if #10 attends meetings; guardian attend meeting; revisit objectives and make them measurable.	3	SLP and communication; unsure if DH attends meetings; make objectives measurable	N
11	1	3/25/08	New England Pediatric	6	SLP assessment; #11 not attend meetings; goals/objectives inadequate; no visits to community; nurses not documenting on carry over goals.			N
	2	5/6/09	New England Pediatric	6	Needs auditory eval; bone density; guardian not at meetings; #11 and OT not part of RISP planning; RISP needs more detail and progression; Guardian does not know SC	1	guardian not attend meetings	Y
	3	7/28/10	New England	2	Get more comprehensive communication assessment; modify RISP to include type and frequency of data collection.			Y

Class Members with More Than One Active Treatment Review

Findings and Recommendations, Repeat Findings and Recommendations, Scoring Improvement or Decline

Repeat Person #	Review #	Review Date	Nursing Facility	# F/R	Issues Identified in Findings and Recommendations Note: To protect confidentiality the names and initials of class members have been replaced with the Person # in the far left column.	# Repeats	Repeat Findings and Recommendations This column relates to Column #6 ("issues").	ACTIVE TR?
			Pediatric					
12	1	5/4/09	New England Pediatric	7	Needs updated SLP and comprehensive assessments; specialized seating system; medical assessments; goals need sequencing; when no progress look at methodology; need strategies; staff need RISP training			N
	2	7/26/10	New England Pediatric	3	Incorporate pulmonary consult rec's into bipap schedule; mother and sister not in RISP meetings; include preferences in RISP, sequence strategies and communication devices	1	sequence strategies	Y
13	1	5/4/09	New England Pediatric	6	Needs a guardian; needs SLP assessment; needs audiological; needs alternate positioning assessments; needs AT schedule for weekend; needs updated objectives			Y
	2	7/28/10	New England Pediatric	9	Needs a guardian; bone density or similar study; note audiology rec's and do f/u; nursing staff should do Healthcare plan summary; OT and other G-Tube related disciplines need to do annual evals; alternative positioning (OT/PT); #13 should attend meetings; equipment should always be used properly; objectives need updating; SC notes need a lot more detail in monitoring	3	needs a guardian; alternative positioning; objectives need updating	N
14	1	5/4/09	New England Pediatric	7	Needs SLP/pap/audiological; cognitive assessment; #14, guardian and SLP do not attend meetings; criteria/data for RISP not reflective of real life; staff need training on switch; staff need training for consistent RISP implementation; criteria needs to be measurable			N
	2	7/26/10	New England Pediatric	10	OT/PT assessment; vision and SLP communication assessment; SLP needs to be on team to create communication objectives; training on data collection; staff need to know all medical info; training and data collection need to be consistent; create specific descriptions of interventions; objectives need updated as needed and not just criteria changed; orthopedist; if #14 fails to meet goals, consider revision of strategies	3	SLP assessment; training on data collection; training;	N
15	1	5/4/09	New England Pediatric	6	Needs many assessments; family does not attend meetings; CNA/Nurse not part of RISP planning; objectives need progression; staff need person-specific trainings; family need to be more involved.			Y
	2	7/26/10	New England Pediatric	10	SLP eval and communication devices; Dental and oral hygiene; PT look at box on wheelchair; neurological f/u or assessment; bone density study; get results of audiological and do f/u; have #15 and family in meetings and RISP planning; update RISP with updated objectives and change strategies rather than just criteria; SC should monitor objectives; determine if Phenytoin (Dilantin) needs to continue	1	#15 and family in RISP planning	N
16	1	5/6/09	New England	8	Needs comprehensive assessment and updated SLP; needs specialized seating; need audiological rec's f/u; no progression in objectives; objectives criteria only			N

Class Members with More Than One Active Treatment Review

Findings and Recommendations, Repeat Findings and Recommendations, Scoring Improvement or Decline

Repeat Person #	Review #	Review Date	Nursing Facility	# F/R	Issues Identified in Findings and Recommendations Note: To protect confidentiality the names and initials of class members have been replaced with the Person # in the far left column.	# Repeats	Repeat Findings and Recommendations This column relates to Column #6 ("issues").	ACTIVE TR?
			Pediatric		changed based on completion/failure; no strategies for carryovers; #16 not at meetings; NF staff need RISP training			
	2	7/28/10	New England Pediatric	9	Ophthalmology; cerumen removal and audiological; monitor effectiveness of osteo meds; all records should have consistent diagnoses; objectives sequencing; communication and equipment assessment; staff need training on diagnoses; specific criteria for implementation and data collection;	3	audiological; objectives progression/sequencing; specific criteria for implementation and data collection;	N
17	1	3/27/08	New England Pediatric	7	PT/OT assessment inadequate; Communication assessment; #17/Guardian not at meetings; objectives inadequate; Nurse not document on carryovers; staff need RISP training; no visits to community			N
	2	5/6/09	New England Pediatric	4	Needs audiological/communication/ optometrist assessments and tetanus shot; SLP, #17 and guardian do not attend meetings; RISP objectives not measurable; data collection not adequate	2	communication assessment; #17 & Guardian not at meetings	Y
	3	7/28/10	New England Pediatric	7	OBGYN; communication assessment; SLP for communication and creation of criteria and objectives; create data collection criteria; training and data collection need to be consistent across all areas; create and train staff on RISP implementation criteria; develop specific interventions and train staff;	3	communication assessment; create and train staff on RISP implementation criteria; develop specific interventions and train staff;	N
18	1	7/13/09	Northampton Rehab & Nursing	7	Need purpose of meds; 02 levels need regular monitoring; alternative positioning; nutritional (obese); #18 and guardian not attend meetings; no 24-hour AT schedule; SC notes not detailed			Y
	2	5/3/10	Northampton Rehab & Nursing	2	meds need purpose listed; guardian at RISP meeting	2	meds need purpose listed; guardian at RISP meeting	Y
19	1	2/21/08	Parkwell Rehab and Nursing	6	Assessment of cognitive functioning; behavioral assessment; OT/PT strategies in assessment; RISP does not list preferences; Objectives not adequate			N
	2	3/4/09	Parkwell Rehab and Nursing	7	Team needs info on HIV/AIDS progression; needs more to do in aft, pm and weekends; implementation of RISP not documented; possible contraindication with meds; personal hygiene was lacking; NF needs to do repair and replace bed; NF sanitation is questionable			N
20	1	6/3/09	Seven Hills at Groton	4	Include activities and CNA staff in quarterly meetings; AT schedule does not match real life; objectives need updating; SC does not attend quarterlies and her notes are not detailed			N

Class Members with More Than One Active Treatment Review

Findings and Recommendations, Repeat Findings and Recommendations, Scoring Improvement or Decline

Repeat Person #	Review #	Review Date	Nursing Facility	# F/R	Issues Identified in Findings and Recommendations Note: To protect confidentiality the names and initials of class members have been replaced with the Person # in the far left column.	# Repeats	Repeat Findings and Recommendations This column relates to Column #6 ("issues").	ACTIVE TR?
	2	2/16/11	Seven Hills at Groton	4	Discuss Neuro eval and Tegretol taper; identify who is responsible for monitoring training; SC notes should be detailed and complete; SC should get RISP out timely	1	SC notes need detail	Y
21	1	6/1/09	Seven Hills at Groton	8	SLP assessment; OT/eating skills assessment; figure out use of had mitt; figure out GERD/vomiting /aspiration pneumonia issues; adult services not have updated RISP; AT schedule not real life; activity (making a placemat) questionable and not his AT area; SC not attend quarterly meetings and needs more detail in notes;			N
	2	2/16/11	Seven Hills at Groton	3	SLP assessment; rework objectives; SC needs to do personalized monthly notes		SLP assessment; SC notes	Y
22	1	4/3/08	Seven Hills at Groton	10	Needs functional assessments; OT/PT needs exercise regime; RISP does not address communication devices; RISP does not include preferences; #22 not involved in planning; objectives need modified to include community info; need more objectives; SS hours not accurate; no written schedule; staff do not give detail on implementation			N
	2	8/3/09	Seven Hills at Groton	7	OT/PT Assessment; dental plan; staff attend meetings and give RISP input; include guardian/ family in meetings; expand community participation through objectives; day services as outlined in RISP; modify or change goals and objectives if needed		OT/PT; community participation through objectives; day services as outlined in RISP;	N
	3	11/8/10	Seven Hills at Groton	4	Complete Annual Health Screen; responsibility and target completion dates need to be part of objective and sequenced; not always engaged; SC notes not completed and detailed	1	not always engaged (part of staffing and schedule issues in 2008)	Y
23	1	8/3/09	Seven Hills at Groton	8	#23 not attend meetings; modify objectives and goals to reflect interest; sequence objectives; access switch and VOCA in all environments; NF staff training on carryovers; NF staff trained on herpetic whitlow; AT schedule not reflect real life; SC not at quarterly meeting			N
	2	11/10/10	Seven Hills at Groton	5	Audiological; improve criteria for objective or just change it; develop CDs with music and birds she might like; alternative positioning on weekend; SC documentation needs detail and completion;			Y
24	1	8/5/09	Seven Hills at Groton	9	Neurologist; ABR to rule out hearing loss; data collection/carryover data needs specifics and consistency re: how recorded; if objective not met, change objective or strategy, not criteria; OT plan; train staff on health needs and hand mouthing strategies; day hours received doesn't match RISP; BSC needs to look at mitts; SC should attend all meetings (or at least some DDS staff)			N
	2	11/8/10	Seven Hills at Groton	3	OBGYN; Annual Health Screening Document; SC notes need to be detailed and complete			Y

Class Members with More Than One Active Treatment Review

Findings and Recommendations, Repeat Findings and Recommendations, Scoring Improvement or Decline

Repeat Person #	Review #	Review Date	Nursing Facility	# F/R	Issues Identified in Findings and Recommendations Note: To protect confidentiality the names and initials of class members have been replaced with the Person # in the far left column.	# Repeats	Repeat Findings and Recommendations This column relates to Column #6 ("issues").	ACTIVE TR?
25	1	8/5/09	Seven Hills at Groton	8	Dermatologist; OT/PT address motor skills retention; staff and #25 attend meetings; guardian attend meetings; needs activities in and out of facility in RISP; goals/objectives need to ensure AT throughout day; Day service hours not same as RISP; revise goals and objectives as needed			N
	2	2/14/11	Seven Hills at Groton	6	Need full SLP communication assessment; annual dermatology assessment; #25 should attend meetings; train staff on how to work with groups; SLP address switch, auditory and tactile stimuli; SC notes need more visit info		#25 should attend meetings	Y
26	1	8/5/09	Seven Hills at Groton	6	Ophthalmology; dental; SLP for AAC devices and communication; mother in RISP process; day service hours don't match RISP; SC notes need to be more detailed and comprehensive			Y
	2	2/16/11	Seven Hills at Groton	2	Alternative positioning; SC notes should be detailed and complete	1	SC notes need to be detailed and complete	Y
27	1	6/1/09	Seven Hills at Groton	7	Not all med purposes listed; #27 and guardian not attend meetings; CNA/direct staff not attend meetings; AT schedule not reflect real life; carryover objectives not measurable; #27 not engaged during day; SC not attend quarterly meetings			N
	2	11/10/10	Seven Hills at Groton	4	Dental; all team members need to attend RISP; objectives need completion dates and person responsible; SC documentation needs detail and completion	1	team members attend RISP;	Y
28	1	6/3/09	Seven Hills at Groton	8	Need communication/SLP assessment; seating assessment/ modification; neuro & team look over seizure meds; unclear if #28 at meetings; need alternative positioning; need progressive objectives and clear data; include AT/AC with goals and AT program; AT schedule does not match real life			N
	2	11/10/10	Seven Hills Pediatric Center	5	Dental; audiological incorporated into med team review; adult services staff should do data at least 3x weekly on objectives; objectives need completion date and person responsible; SC notes need detail and completion			Y
29	1	8/3/09	Seven Hills at Groton	8	SLP assessment; positioning; dental; interpreter for guardian and all staff should attend meetings; sequencing objectives; RISP SS hours do not reflect real life; communication and environmental supports, implementation and person-centered planning needs to be part of AT program; train NF staff on RISP process			N
	2	2/14/11	Seven Hills at Groton	6	Dental; do neurology f/u; communication assessment; ensure data collection with QA mechanism	1	communication assessment f/u	Y
30	1	6/1/09	Seven Hills at Groton	5	Need updated communication/ SLP assessment; need alternate positioning; purpose of meds needs to be clearly listed; AT schedule not reflect real life; SC notes are not details			N
	2	2/16/11	Seven Hills	1	SC notes need to be more detailed	1	SC notes need to be more	Y

Class Members with More Than One Active Treatment Review

Findings and Recommendations, Repeat Findings and Recommendations, Scoring Improvement or Decline

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			at Groton				detailed	
31	1	6/3/09	Seven Hills at Groton	11	Need hearing eval; needs OBGYN; needs updated neuro; needs dental assessment; meds need purpose info; SC not at quarterly meetings; CNA/ activity staff to attend quarterlies and #31 as well; objectives needs overhauled; data collection needs to be more frequent; AT schedule does not reflect real life			N
	2	2/16/11	Seven Hills at Groton	5	OBGYN; nutritional; #31 needs to attend meetings; staff need to attend meetings; SC notes should be detailed and complete	3	#31 needs to attend meetings; staff need to attend meetings; SC notes need detail	Y
32	1	6/1/09	Seven Hills at Groton	9	Need to reevaluate seizures/meds; need updated spinal x-rays; updated communication assessment; ental; need w/c eval; guardian not at meetings; need updated goals/ objectives; SC not at quarterly meetings or special meeting re: fracture; NF data not detailed			N
	2	11/10/10	Seven Hills at Groton	3	OBGYN; continued need for ear plugs; SC documentation not complete			Y
33	1	4/23/08	Seven Hills at Groton	5	Needs assessments; needs individualized AT program; switch not observed; #33 not actively engaged (need more staff); behavioral assessment needed;			N
	2	8/5/09	Seven Hills at Groton	9	SLP; behavioral assessment; dental care; physiatrist re: tone management; ophthalmologist; goal and objective sequencing; hours of services not in accordance with RISP; increase staffing options; get out in community more; train NF staff on RISP		increase staffing options; out in community more	N
	3	2/14/11	Seven Hills at Groton	5	Find out when Audiological f/u needed; orthopedic and physiatry eval and GI consult have occurred?; identify who is responsible for training program; develop objectives in a daily schedule; SC documentation needs to be detailed and complete			Y
34	1	5/2/08	Seven Hills at Groton	10	OT/PT assessment; GYN assessment; RISP not have communication device recs; updated functional assessment; #34 not involved in planning; RISP sign in sheets missing; SS hours not correct in RISP; no written schedule; staff ratio not individualized; needs community opportunities			N
	2	8/3/09	Seven Hills at Groton	9	Clean cerumen, then Audiological; unclear if #34 at meetings; guardian at meetings; dental issues; sequence objectives; train adult services staff on health issues; day hours as indicated in plan; SC should be at quarterly; safety issues (drawer, silica packs disposal, date tube feedings),	2	#34 at meetings; day services as noted in plan	N
	3	11/10/10	Seven Hills at Groton	3	Need Audiological; dental and nutrition; objectives need completion dates and assigned responsibility; SC notes need to be detailed and complete			Y
35	1	4/25/08	Seven Hills	8	Needs functional assessments; communication assessments; OT assessment; #35			N

Class Members with More Than One Active Treatment Review

Findings and Recommendations, Repeat Findings and Recommendations, Scoring Improvement or Decline

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			at Groton		not at meetings; guardian not at meetings; not getting AT; no goals/objectives to increase independence; not engaged by staff			
	2	8/3/09	Seven Hills at Groton	13	Dental services; sensorimotor/ positioning/movement (OT); neurology; SLP; staff to participate in planning; work with guardian re: treatment and medical supports; staffing issues; data collection inadequate; develop better objectives; ensure #35 receives adult services as per RISP; use assessment recommendation to inform and modify plan	3	OT; SLP (communication/ assistive devices); staffing issues (ratio)	N
	3	11/10/10	Seven Hills at Groton	4	Dental and mammogram needed; review issues of frequent UTIs, lethargy and pain mgmt; objectives need completion dates and responsibility assigned; SC notes should be detailed and complete	1	dental needed;	N
36	1	6/1/09	Seven Hills at Groton	8	Functional assessment needs more detail; needs alternate positioning; needs mammogram; no progression in objectives; only criteria changed when SP achieve objectives; AT schedule not reflect real life; need system to maintain adaptive equipment; NF staff need RISP/ carryover training			N
	2	2/16/11	Seven Hills at Groton	4	HepB antibody status; communication assessment more frequently; clarify positioning options; SC notes need to be detailed and complete			Y
37	1	8/5/09	Seven Hills at Groton	10	Updated neurological; update SLP for communication and devices; OT/PT for sensorimotor and positioning; Ophthalmology; staff should attend meetings; outcomes need more developmental steps; increase staffing ratio to ensure #37 is engaged; data collection needs improvement; hours of Adult Services do not match RISP; SC notes need more detail			N
	2	11/8/10	Seven Hills at Groton	8	Complete Annual Health Screen; guardian not at meetings; complete October 2010 RISP; update Kardex; fix goal completion dates to sequence and assign person responsible; review communication needs (VOCA and switch) SC notes need detail and completion; ensure all staff know SC			Y
38	1	8/5/09	Seven Hills at Groton	8	Ophthalmologist; #38 attend meetings and get SLP; data collection needs help; #38 needs expanded options including off campus; staffing ratio impedes RISP implementation; day services hours do not match RISP; SC should attend quarterlies and improve detail in notes; need to find way to get guardian involved;			N
	2	2/14/11	Seven Hills at Groton	5	Try to get #38 and mother to see each other; try to get #38 in activities of preference; date the feeding formula; staff should be trained and monitored to use equipment; SC notes need to be detailed and complete	2	get #38 in activities of preferences; SC notes need to be detailed and complete	Y
39	1	6/1/09	Seven Hills at Groton	7	Team needs to figure out why lethargic; training on tracking seizures; SC not at quarterly meetings; CNA/ activity and #39, guardian not attend quarterlies; need to			N

Class Members with More Than One Active Treatment Review

Findings and Recommendations, Repeat Findings and Recommendations, Scoring Improvement or Decline

Repeat Person #	Review #	Review Date	Nursing Facility	# F/R	Issues Identified in Findings and Recommendations Note: To protect confidentiality the names and initials of class members have been replaced with the Person # in the far left column.	# Repeats	Repeat Findings and Recommendations This column relates to Column #6 ("issues").	ACTIVE TR?
					make data requirements more progressive and clear for all; ensure AT/AC is in place and do person-centered planning; team should evaluate progress quarterly			
	2	2/14/11	Seven Hills at Groton	5	Build on functional observation tool re: lethargy; ensure all attendees sign into meetings; continue sequencing, consider changing objectives; staff should ensure records show correct diagnoses and treatments; NF should train CNAs on carryover objectives, including data collection; SC notes should be detailed and complete	1	figure out lethargy;	Y
40	1	4/22/08	Wachusett Extended Care Center	10	OT assessment; cognitive assessment; vocational assessment; SLP assessment; #40 not at meetings; guardian not at meetings; NF medical staff not at meetings; NF not implementing carryovers; Needs _'s guardian; needs behavior eval			N
	2	7/15/09	Wachusett Extended Care Center	18	Meds needs purpose listed; need functional assessment; strengths not addressed or described in assessments; cognition assessments; get and implement communication assessment; auditory; community participation; vocational assessment; review seating system and need for powerchair; try recommended equipment/devices; CNAs should attend RISP; review objectives/ strategies; reconsider skin disk (for J-tube), mitts and binder; training staff; create objectives that reflect #40 interests; NF and day specialists (OT/PT/SLP) need to get it together; repositioning schedule;	4	cognitive/functional assessment; communication assessment; auditory; vocational;	N
41	1	5/7/08	Wachusett Extended Care Center	8	Needs functional assessment; audiological/SLP assessments; track audio/visual stimuli responses; RS not involved in planning; more stimulating activities needs; need to track how he responds to things; need more data to achieve AT;			N
	2	7/15/09	Wachusett Extended Care Center	6	Meds need purpose listed; implement Dr. LaVecchia's recommendations; (including audiological); track responses to determine level of awareness; seating system eval; RS not attend RISP meetings; begin weekend services;	2	audiological; track responses;	N

E. OBSERVATIONS

1. This report is replete with data that identifies significant improvements by many. The collaboration with DDS/UMASS and leadership provided by DDS has been invaluable. The positive, enthusiastic and real hard work done by Seven Hills Pediatric Center on behalf of class members is exemplary.

2. It is important to note that the data provided in this report is not representative of all class members. The Court Order in effect in 2007 envisioned that all class members would receive Active Treatment Reviews. Consequently, the original group of 97 class members reviewed in 2007/2008 is demographically and geographically much more diverse than the Class Members reviewed after the June 2008 Settlement Agreement went into effect. This is true for two reasons. First, consistent with the Settlement Agreement, only class members not on the Community Placement List, (not scheduled to move to the community) received Active Treatment Reviews conducted by the Court Monitor[1]. The other reason is that the majority of the individuals identified early on as not being recommended for community placement were from two pediatric centers: New England Pediatric Center and Seven Hills Pediatric Center.

3. This report also identifies areas needing swift attention. Without unilaterally identifying specific actions, it is recommended that the Court Monitor and the Parties review this data together and identify priorities for improvement.

4. The approximately eighty-five additional class members whom DDS has recently identified as likely not to move to the community must also be considered. These individuals appear to reside in over 45 different nursing facilities. Further it appears that close to half of these class members reside in a large number of facilities that have not previously participated in an Active Treatment review. Of the facilities (est. 11) that have previously participated in Active Treatment Reviews, at least half have not been found to provide any of the class members reviewed with Active Treatment. With few positive exceptions (i.e. Catholic Memorial Skilled Nursing/Rehab Care and Everett Nursing Center and Rehabilitation), nursing facilities with only a few residents that must meet Active Treatment requirements have a far greater likelihood of not being able to accomplish Active Treatment the first time they are reviewed.

   Without an initial Active Treatment review utilizing the existing process and protocol, there will not be comparable individual findings and recommendations or baseline data from which to measure the delivery of Active Treatment for these eighty-five individuals. These class members are then left without the base data from which to measure and hold facilities accountable for delivery of Active Treatment after 2012.

   Based on preliminary discussions regarding these and other individuals who may not move by the end of this litigation (December 2012), the parties considered transitioning Active Treatment Reviews from the Court Monitor to DDS. The initial proposal was that the Court Monitor would train and approve DDS reviewers so that DDS could conduct the Active Treatment Reviews post litigation in substantially the same way as done during the litigation. For a variety of reasons, not least of which is available resources, DDS feels it cannot assume this responsibility.

   Initially the Court Monitor proposed that, consistent with the Settlement Agreement, she conduct two Active Treatment Reviews for each 'new'[2] class

[1] See ¶32 of the June 2008 Settlement Agreement.

[2] By 'new' the reference is to those class members identified as not recommended for community placement since January 2011.

member not recommended for community placement. A third review would focus only on whether or not findings and recommendations had been successfully addressed and/or resolved. This proposal has not been fully discussed with or endorsed by the parties. The Court Monitor has received some input from the Parties and looks forward to continuing these discussions. In addition, the Court Monitor requests direction of the Court in addressing this issue as quickly as possible in order to ensure the timely resolution of this case in line with timelines identified by the Settlement Agreement.