Welcome!

As a Rolland Active Treatment Reviewer you are joining a select and specialized team. We are excited to have you as part of this process and hope that this guide will help you understand your roles and responsibilities as a Reviewer. In addition, this guide is intended to summarize some of the tasks and timelines that we collectively know need to happen in order for the Review to be completed accurately and timely.

Please review this carefully and bring a copy of this guide to training and to each review.

Court Monitor's Contact Information: Lyn Rucker,   email: RPAltd@aol.com
Office: 785-258-2214 (If she is not in, please leave your information with David or Paula.)
Cell: 785-366-6468
Mailing Address: PO Box 70, Herington, KS 67449
Shipping Address: 419 South Broadway, Herington, KS 67449

General Guidelines for Reviewers

This Guide will provide instructions on the review process, how to fill out the protocol and what you should consider when scoring each question. If you have questions during the training, please ask your mentor or the Court Monitor. If you are on an actual review, please call the Court Monitor at her office. If she is not in, call her on her cell. You are always welcome to call. If she is in a meeting she will call you back as quickly as possible.

The following general guidelines apply to the review/protocol document.

You must insure that you answer ALL questions in the scoring section (pages 42 to the end) of the protocol book. You must use one of the listed options. Interview sections are to be completed unless an interview does not occur or is ended early.

You must interview, at a minimum, the following people using the Interview Questions in the Protocol Document:
- The Rolland Class Member,
- If the class member has a guardian, this person's Legal Guardian,
- The class member's Service Coordinator or Case Manager,
- The direct care/support staff person from day services who best knows and works most closely with the person, and
- The direct care/support staff person from the nursing facility who best knows and works most closely with the person.

You must observe each class member in:

- The nursing facility. While at the nursing facility, you will want to:
  - meet, be introduced to, interview and observe the class member;
  - observe the implementation of the class member's RISP and schedule at the nursing facility;
  - meet and interview the staff who know the class member best and who works with the class member the most;
  - meet and interview knowledgeable nursing facility staff such as: the charge nurse; social worker; activities coordinators, therapists and others important to the class member.

- The Specialty Services/Day program. You will want to:
  - meet, be introduced to, interview and observe the class member (if he/she hasn't already);
  - observe the implementation of the class member's RISP and schedule;
  - meet and interview the staff who know the class member best and who work with the class member the most;

You must review files at the nursing facility and specialized services (day) program and request copies of assessments/documents, as needed to be able to answer questions and justify scores.

You must insure all evidence to support your findings is of at least one (1) of the four (4) types:
- <u>Physical Evidence</u> obtained through direct observation, such as the need for equipment by a Class Member;
- <u>Testimonial Evidence</u> obtained through an interview;
- <u>Documentary Evidence</u> which consists of assessments, RISPs, schedules, records, progress notes, physician's orders, etc; and
- <u>Analytical Evidence</u> secured by comparative or deductive analysis from several pieces of evidence you have obtained. An example would be comparing or contrasting the same data secured from different sources.

You must insure that the protocol book reflects the details of the evidence that you have relied upon.

**You must insure** that the evidence that you provide meets the following tests:
- **Sufficiency.** Sufficiency is the presence of enough factual, adequate, and convincing evidence to lead a prudent person to the same conclusion as the Reviewer. Determining sufficiency requires good judgment.   There is no need to provide elaborate documentation to support non-controversial matters; however, you should provide sufficient evidence to support his/her conclusion.
- **Relevance.** Relevance refers to the relationship of evidence to its use.   Facts or opinions used to prove or disapprove an issue should have a logical, sensible relationship to the issue. Information that does not have this relationship is irrelevant and should not be used to prove or disprove a point.
- **Conciseness.** A report should be no longer than necessary to communicate the information you are reporting. Too much detail may conceal the primary message and discourage readers.
- **Objectivity.** Findings should be presented in an objective and unbiased manner and should include sufficient information to provide readers with a proper perspective. This aim is to produce a report that is fair, not misleading, and which places primary emphasis on the matters needing attention.
- **Accuracy, Completeness, Fairness.** Procedures should be applied to produce a document that contains no errors in fact or reasoning.

You must insure that the documentation for each rating contains sufficient information to promote an adequate understanding of the matters reported and to provide a convincing, but fair presentation in proper perspective. If you have conclusions or concerns you want readers to know about, you should <u>state them directly</u> rather than leaving them to the inference of the reader.

Step 1:
Organize Your Tool Kit

Every reviewer develops his/her own style of reviewing and may put slightly different items in his/her tool kit. Some items reviewers have found to be invaluable include:

- Pencils/mechanical pencils. DO NOT use ink.
- Extra pencils/lead
- A big eraser. Yes, we all use them, a lot.
- Paper clips
- Stapler
- Kleenex tissues (not for tears as much as for colds and allergies)
- Hand cleaning wipes/solution used frequently to insure you are not distributing or receiving germs.
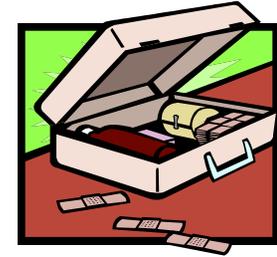
The following are also very helpful as you will want to be able to go back and find information quickly (to readily find dates, specific documents to reference and or quotes, etc.) when you are filling out your Protocol document.

- Highlighters
- Post-it notes of various colors that are about one inch by one inch. Helps you tab and find things when you are going through and scoring your protocol book and want to go back and find something to use as justification for your finding.

You don't need to, but some reviewers prefer to put the class member's file in a three ringed notebook or secure the file with loose leaf binder rings so papers don't get lost or out of order. Consequently, some would add a three hole paper punch to this list.

Step 2:
Organize and Thoroughly Review EACH Class Member's File

Seven calendar days prior to the day your on site reviews begins, you should receive two packets of information:

1. By email from the Court Monitor's Office, an electronic Protocol Document for each person you are preparing to review. A copy will also be sent to your QR Judge.

2. Also from the Court Monitor's Office, a paper copy of the class member's file. A copy will also be sent to your QR Judge.

As you complete the following steps, you may want to check the box to the left so you know what has been done and what remains.

Organize the file

❑ If you have not received documents seven days in advance of your review, you must contact the Court Monitors Office at 785-258-2214. Tell Lyn, Paula or David that you have not received your documents. Please have the names of the Class Member(s) you are to review and the dates of your review available for this call.

❑ Your paper file should already be organized with key components numbered and tabbed. Generally, the file should be organized topically to include:

Tab/Post It Note	Contents
Table of Contents	This comes from DMR and represents how they have organized things in the RISP Binder.
History/Demographic Data	The Regions have data sheets which provide this information. There may be other documents completed by the nursing facility or specialized services provider that contain this information too.
Assessments	The ones we receive in advance will come to you numbered and tabbed. Any you request during the review you should number and tab so you can easily find the: *PASARR*: completed by DMR and used, in part, to determine if the person is eligible for nursing facility and specialized services. *Specialized Services Assessment,* is completed by the day service provider. After the PASARR has been completed and the person has been determined to be eligible for nursing facility services, the person is referred to the specialized services Provider who will complete this assessment. *Therapy Evaluations/Assessments*: If the person has an assessment completed by a PT, OT, SLP and/or BT these assessments should be placed here. *Educational Assessments*: If you review a class member who is school aged (between 18 and 22 years of age) you may receive assessments completed by the school. *Vocational Assessments*: If you review a class member who is interested in or engaged in employment, this assessment should be placed here. *Nursing Facility Assessments*: Might include the MDS and other assessments completed by the nursing facility.
Plans	Plans that involve the class member you are reviewing should be filed here. Plans that you may receive or acquire during a review include: The Rolland Integrated Services Plan (RISP); the Specialized Services Plan or Day Habilitation Services Plan (DHSP); the Individual Education Plan (IEP); the Individual Transition Plan (ITP); Individual Support Plan (ISP for RICCI class members or DMR-funded vocational or educational services); nursing facility Plan of Care (NF POC);
Programmatic Data	Data which verifies that the RISP has been implemented and indicates the level of progress the person is making towards attainment of the Objectives in the RISP should be filed together. This may also include progress reports completed by the nursing facility and/or specialized services provider. If you receive an Active Treatment Schedule or calendars which identify what the person is doing during the day/night/weekends, place that information here as well.
Wellness Data	Medication Administration Record (MAR), Physician Orders, doctors/nurses notes, are the types of documents which may go

Tab/Post It Note	Contents
	here.
Progress Notes	Case Management/Service Coordinator, nursing facility, Day Services, etc., progress notes should be put together in chronological order by source. That is, put all of the Case Management/Service Coordinator's progress or contact notes together, put the nursing facilities progress notes together and so on.
Safeguards	Legal documents that identify the court appointed guardian, court appointed Rogers Review, and/or identified power of attorney should go here. Documentation indicating the class member's end of life wishes should go here.

<u>Thoroughly Review the File</u>

❑   Before you begin any review, you MUST have read the complete file that has been sent to you. It is absolutely imperative that you know what you are looking for before you ever meet the class member. You must know what the assessments have been recommended so you can verify that recommendations are being carried out. You must know what the RISP calls for so that you can verify that objectives are implemented as planned. For example, if the class member is to decide what he/she wears each morning you need to know that so during your early morning observations you can confirm if choice is being offered. If the class member should not have milk or milk products for any meal or snack, you need to know that so when you observe meals and snacks you can verify if the meal time plan is being followed. If the Class Member is to use a Voice Output Communication Aid (VOCA), you need to know that so you look for it in both the day and nursing facility, confirm that it is working and that the class member is using it across all environments. The file also provides you with an image of how the service system views the class member, a view which is important to understand in advance, and test when you meet, observe and interview the person.

❑   As you read through the file and identify the things that need to be verified during observations, you should complete the Preparing for Observations and Interviews section of the Protocol so that items can be checked off as they are observed or notes can be made as to your observations.

Step 3:
Verify the Information Entered into the Protocol

When you receive the Protocol Document, demographic and document submission information will already be entered.

❑ You must verify that the data already entered into the Protocol Document is accurate. That is, you must verify that the data entered into Questions 1 to 16 of your protocol document are correct. You do that by reviewing the information contained in your file and comparing it to the data entered into the Protocol Document. If it is correct, put an "X" in the verification box next to that data. If you find an error, correct it, then check the box. The "X" means that you have verified that the data is correct. More instructions follow by question.

❑   As you review the file, you will find recommendations made by various individuals (e.g., therapists) and/or groups (e.g., the RISP Team). You should make note of these recommendations so that you can verify that they have been carried out or if not, why not. Space has been made available in your Protocol to note items or recommendations that you will need to verify.

INFORMATION SECTION #10: DESCRIPTION OF THE PERSON BEING REVIEWED

❑ As part of this review, we want to get to know each person. After you have conducted your document review, interviews, and observations please write a description of this person which highlights his/her history, preferences, joys and challenges. If you find a disconnect between what is in the file and what you observe, state that here. If the guardian/family share important historical and/or current information that you want people to know and not forget, put the information here. Consider, If the person you are reviewing was your family member, what would you want people to know about this person?

INFORMATION SECTION #11: DOCUMENTS PROVIDED

All of the documents that you receive should be listed here. This section will come to you ELECTRONICALLY with a listing of all of the documents provided in advance.

❑ If you acquire additional documents during your review you must include that information here, number the document and enter the Name and date of the document.

INFORMATION SECTION #12: DIAGNOSIS/DIAGNOSES

The information entered into this section of the Protocol Document will come to you electronically and reflects the diagnoses which have been ascribed to this class member by various clinicians per documents contained in the file. **You must verify that the information entered is correct**. The purpose of this section is to identify the class member's diagnoses so you can keep them in mind as you review the supports and services being provided. When the same diagnosis is listed in different documents they should be noted next to each other and under the appropriate document in which the diagnosis was found. If one document identifies a diagnosis that others do not, that diagnosis should be on a line alone.

To add lines to this chart, place your cursor to the far right of the last column, press enter and a new line will be added.

Information Section #13: Medications

A copy of the most current Medication Administration Record (MAR) should be in the class member's Nursing Facility file. **You will have to ask for a copy during your on site visit.** If the class member is taking psychotropic medications, there should be a record of a Rogers Review, unless there is evidence that the class member refused the review.

List of Antipsychotic Drugs: Individuals on these drugs need routine AIMS (Abnormal Involuntary Movement Scale) or Discus (Dyskinesia Identification System—Condensed User Scale) monitoring by the psychiatrist or Primary Care Physician (PCP). The frequency with which these screenings are administered would be determined by the psychiatrist or PCP.

GENERIC NAME	TRADE NAME
Antipsychotic Medications	
Paliperidone	Invega
Aripiprazole	Abilify
Chlorpromazine	Thorazine
Chlorprothixene	Taractan
Clozapine	Clozaril
Etrafon	
Fluphenazine	Permitil, Prolixin or Prolixin dec-Anoate (long-acting injectable)
Haloperidol	Haldol or Haldol decanoate (long acting injectable)
Inapsine	
Loxapine	Loxitane
Mesoridazine	Serentil
Moban	
Molindone	Lidone, Moban
Olanzapine	Zyprexa
Permitil and Prolixin	
Phenergan	
Perphenazine	Trilafon
Pimozide (*for Tourette's syndrome*)	Orap
Quetiapine	Seroquel
Reglan	
Risperidone	Risperdal
Stelazine	
Taractan	
Thioridazine	Mellaril
Thiothixene	Navane
Thorazine	
Triavil	
Trifluoperazine	Stelazine

GENERIC NAME	TRADE NAME
Trifluopromazine	Vesprin
Trilafon	
Ziprasidone	Geodon
Zyprexa	

Antipsychotic Warning: In September 2003, the FDA requested from pharmaceutical companies updated product labeling for all atypical antipsychotics in order to better warn of hyperglycemia and diabetes risks. The atypical antipsychotic class includes: Zyprexa, Clozaril, Risperdal, Seroquel, Geodon and Abilify. **Individuals on these drugs need blood sugar monitoring; the frequency would be at the discretion of the psychiatrist or primary care physician.**

Information Section #14: Assessments

Assessments provided in advance of the review will be entered electronically here. **You must verify that the information is correct**. If you gather additional assessments during your review, **you must enter the information in this section**, get a copy of the additional assessment(s) and include it in the packet of information which is sent to your Quality Review Judge. Once you have been QR Judged, the complete file should be returned to the Court Monitor.

Information Section #15: Team Composition

The information provided in the file in advance of the review will be entered electronically here when you receive the Protocol Document. **You must verify that this information is correct.** If you gather additional information during your review about relevant meetings, **you must enter the information** pertaining to those team members attending meetings **here**. Also get copies of the meeting minutes and include this information in the file sent to your Quality Review Judge. Once you have been QR Judged, the complete file should be returned to the Court Monitor.

Information Section #16: RISP

Information regarding the last two RISPs, at least, should be entered here in parallel columns. Information from RISPs received prior to the review will be entered electronically before you receive the Protocol Document. **You must verify that this information is correct.** (Please note that the pre-entered goal/objective information may be arranged in a different order than what you find in the paper document(s). When pre-entering information an attempt was made to list goals/objectives that are carry-overs (the same as from the previous year) side by side in the columns in order to more quickly demonstrate the extent (or lack thereof) of change in goals and objectives from year to year.

You must know what goals the class member's RISP calls for him/her to be working on so that you know what you are looking for. Part of your responsibility is to verify that the class member is receiving Active Treatment in line with his/her needs and RISP.

❑ **You must provide information** in the last two columns of this chart. <u>If you find data</u> verifying that a specific objective has been implemented in the day and/or nursing facility, enter that information in one or both of the last two columns to the right which says, "Evidence of Implementation NF/Day". <u>If you observe</u> staff implementing objectives contained in the RISP, enter that information in the appropriate column (day, NF or both).

❑ If you do not find evidence that an objective has been implemented, **enter "none" or "no evidence"**. **DO NOT LEAVE THE "Evidence of Implementation" COLUMNS BLANK!**

INFORMATION SECTION #17 OBSERVATION

Do not assume that everyone knows you are coming to conduct a review. Even though everyone is to have advanced notice, sometimes people are surprised by our visits so be forthcoming about who you are and why you are visiting. You will have business cards so feel free to leave them with those with whom you visit including the administrators of the facilities, charge nurses, etc. Expect people to be nervous, so do your best to help them relax.

When you arrive at the nursing facility/Day program, be sure to introduce yourself and sign in so that people know who you are and that you are in the building. Be mindful of the security procedures of each place you visit. If you move from floor to floor or room to room remember to introduce yourself to those who live/work there, as well as the staff. Do your best to make everyone feel comfortable.
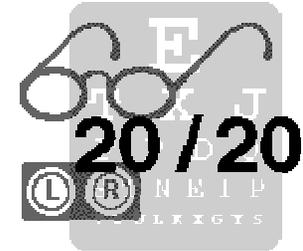
<u>NOTE</u>: If there are questions about your right to access documents and/or speak with the class member or staff, please provide a copy of your business card and the Court's <u>Order Directing Nursing Facilities and Specialized Services Providers to Provide the Court Monitor with Access, and Requiring the Monitor to maintain Confidentiality</u>, dated September 4, 2007. If you do not have a copy with you, you can direct the nursing facility or specialized services personnel to the website (<u>www.RollandATReview.org</u>) so they can download a copy.

Start and End Time: Please note the time you arrive to observe and the time you leave on the observation form, left hand column. You may also want to note different times you observe different things within the observation notes themselves, but this is optional.

Location of Observation: Please note where you are observing, e.g., person's room at the nursing facility or day habilitation services art room. It is expected that you may make several observations between interviews.

For the active treatment process to be effective, the overall pattern of interaction between staff and this person must be consistent with and accountable to the comprehensive functional assessment and the RISP process. During the overall observation of this person, you should be able to track that:
❑ the person has a comprehensive assessment which identifies the specific developmental need or strength justifying the activity, technique or interaction;
❑ in the case of a "need", the team projected a measurable objective or target to address it; and
❑ the technique, interaction, or activity which is observed produced the desired target, produced a close approximation of the target, or was modified based on the person's response.

You should determine if the content of the activities and the schedule of activities relate directly to the strengths, needs and objectives in the RISP or if the activities/content "make work" or non-developmental "time fillers"?

Objectively record what you see and hear. Record factually.

Adaptive Equipment and Augmentative Communication Devices: You must look for the adaptive equipment recommended for the class member you are reviewing. You must verify that it is present, functional and being used. A list of the adaptive equipment recommended for the class member you are reviewing has been entered electronically into this section of your protocol. If you find that there are more pieces of equipment recommended, list them here and verify their use.

Recommendations/interventions staff should be following that you want to be sure to follow up on should be listed in the "**Preparing for Interviews and Observations**" section.   Use your list as a method of ensuring that you do not forget to look for specific interventions. As you observe them check them off. If staff are not implementing them or implementing interventions contrary to recommendations you should note those observations as a part of your observation notes. If what staff are doing puts the class member's health/safety in jeopardy, you MUST notify the staff and a supervisor immediately. Do this calmly but swiftly in line with the level of potential harm. If you have questions, call the Court Monitor.

Interviews: General Guidelines

Do not assume that everyone knows why you are conducting this review. When beginning an interview, ask the person you are interviewing if he/she knows why you have asked for the interview. Tell them that the Rolland lawsuit is focused on the supports and services received by people living in Nursing Homes who have mental retardation or developmental disabilities. Federal Magistrate Judge Nieman appointed a monitor to conduct reviews. You are one of the Monitor's reviewers. You will interview people, look at files and observe. Based on this information, you will fill out a protocol document and provide this information to the Court Monitor. She will report to all of the Parties and the Judge on what was found.

Assure the person that what he/she has to say is important and will be kept confidential. Also, if this person would like to speak directly with the Court Monitor, give him/her one of the Court Monitor's business cards and tell them you will tell the Monitor that the person would like to talk directly. Be sure to get the phone number where they want to be contacted.

Ask the questions to the best of your ability. You may reword any question BUT do not lead the person to an answer. Explain to the person being interviewed that you will be recording the information gained through the interview. If you prefer to record responses directly in the protocol on your lap top, explain that this is what you will be doing with the lap top. Apologize for having to make reference to the paper or screen but tell the person being interviewed that you want to be as consistent and accurate as possible with the information you gather and the questions you ask.

You should make every effort to record responses verbatim. Try not to paraphrase, and **do not prompt** the interviewee for desired answers. You should make any needed notes at a level of detail and reference that permits you to put the information in the context necessary to be useful in supporting your judgments and

descriptions. You should try not to use acronyms when asking questions. Staff interviewed (case manager/service coordinator, day or nursing facility) may have the individual's file with them, especially the RISP/POC, and may refer to it as needed.

Even if asked directly, **do not** tell the person interviewed that anything is or is not "all right," "okay with me," does or does not "comply" with any regulation, law or requirement, or give any other indication of approval or disapproval.

Even if asked directly, **do not** provide technical assistance or "recommendations" to resolve or improve issues.

Remember that during an interview, staff may have to respond to an emergency or crisis situation. If this happens, you should terminate the interview immediately and establish a time to reschedule or resume the interview. Do not continue to engage the person in conversation. If the interview is terminated and not rescheduled, make note of it in the protocol and contact the Court Monitor.

Be respectful at all times and thank each person for their time and information. Do not wear scents when you are reviewing. Some people are very allergic and some scents can cause distressing reactions.

Some guardians and/or staff may want to know what will be done with the information you gather. Tell them that you will complete a protocol document and submit it to the Court Monitor who will, in turn, report the results. If anyone wants a copy let the monitor's office know and a copy will be provided. Copies will also be available on the web at www.RollandATReview.org .

Interviews #18 and #19: Person Receiving Services and Guardian

Interview with the class member

Start by introducing yourself to the person. Tell him/her why you are there and that you'll be around most of the day. You have read the file so you know how the person feels about strangers, his/her personal space and touch. Respect his/her preferences and do not force the person to talk or interact with you if he/she does not want to. If the person is wary of strangers, come in and out of his/her space during the day with the hopes that you can spend some time together after the class member has seen you with others whom he/she trusts. If the person gets agitated by your presence, back off.

For class members who are pleased to visit with you, set a time and conduct your interview and observations. If you do not feel it is practical to complete the entire interview, please try to have enough of an exchange with the class member to determine issues of choice, satisfaction with his/her daily life, participation in service planning and awareness of guardian, case manager/service coordinator, other staff and friends.

If the person chooses not to participate in the interview, please document reason(s) and draw a line through the pages of Interview #18. If the person being interviewed wishes to have someone with him/her during the interview you should respect the person's wishes. However, the purpose of the interview is to gather information from the person. If the other person attempts to answer questions and/or "take over" the interview, continually redirect the questions to the class member. You must determine and address the degree to which someone assists the person to express his/her responses or responds "for" the person.

Thank the person for his/her time and cooperation.

<u>Interview with the guardian</u>

This interview may be in person or over the phone. You may reword any question BUT do not lead the person to an answer. If you are not able to complete the full interview, you should ensure that at least the following topics are discussed:

- satisfaction with the person's total program;
- involvement of guardian in the planning process;
- level of satisfaction with case manager/service coordinator;
- frequency and adequacy of communication with the team; and,
- perception of the adequacy of the implementation of services.

Some guardians may want to know what will be done with the information you gather. Tell them that you will complete a protocol document and submit it to the Court Monitor who will, in turn, report the cumulative results of all reviews. Those results will be available on the web at www.RollandATReview.org. If anyone requests a paper copy let the monitor's office know and a copy will be provided.

Interview #20: Case Manager/Service Coordinator

If the case manager/service coordinator does not come to the interview as scheduled, call them. If you have to, interview them over the phone and then indicate in your protocol book what happened and why. If you cannot get in contact with the Service Coordinator/Case Manager, call the Court Monitor's Office at 785-258-2214. If this is at night or on the weekends, call her cell phone at 785-366-6468.

When interviewing the case manager/service coordinator, most Reviewers have found it helpful to begin with a general "tell me about" the person question to allow the person being interviewed to express his/her initial and/or primary views.

Before beginning the initial questions about the person, tell the Service Coordinator/case manager that you have a copy of the (give them the date) RISP and current assessments. Please verify with the case manager/service coordinator that the copy(s) you have is the most current and that there are no other assessments/documents you should have. **If you know of documents that are missing ASK the case manager for copies.**

You should make every effort to record the case manager's responses verbatim. Try not to paraphrase, and **do not prompt** the interviewee for desired answers. You should make any needed notes at a level of detail and reference that permits you to put the information in the context necessary to be useful in supporting your judgments and descriptions. You should try not to use acronyms when asking questions. The case manager/service coordinator may have the individual's file with them, especially the RISP, and may refer to it as needed.

Even if asked directly, **do not** tell the person interviewed that anything is or is not "all right," "okay with me," does or does not "comply" with any regulation, law or requirement, or give any other indication of approval or disapproval.

Even if asked directly, **do not** provide technical assistance or "recommendations" to resolve or improve issues.

Remember that the Service Coordinator/case manager may have to respond to an emergency or crisis situation during the interview. If this happens, you should terminate the interview immediately and establish a time to reschedule or resume the interview. Do not continue to engage the person in conversation. If an interview is terminated, make note of that and the reason in the protocol and contact the Court Monitor if you are unable to reschedule.

Thank the person for his/her time and cooperation.

Interview #21 and #22: Nursing Facility and Specialized Services Staff

The nursing facility and specialized services providers have been asked to identify the direct support person who knows the class member best to be interviewed. The purpose of the interview is to gain insight into the perspective, knowledge, opinions, preferences, and circumstances of the person interviewed. The interview may present you with the opportunity to observe first hand someone's communication skills, appearance, manner and working style. The questions presented in interview protocols are intended to elicit certain information. Each Reviewer is expected to phrase or rephrase the question(s) as necessary to promote clear communication addressing the intent of the questions. However, you MAY NOT lead the person to an answer.

You should make every effort to record the interviewee's responses verbatim. Try not to paraphrase. You should make any needed notes at a level of detail and reference that permits you to put the information in the context necessary to be useful in supporting your judgments and descriptions. You should not use acronyms when asking questions.

If you have not met the person to be interviewed before, begin by introducing yourself. If the person does not know, describe your role as a Reviewer and the overall aim of the review and the purpose of the interview in the information gathering process.

Even if asked directly, **do not** tell the person interviewed that anything is or is not "all right," "okay with me," does or does not "comply" with any regulation, law or requirement, or any other indication of approval or disapproval.

Even if asked directly, **do not** provide technical assistance or "recommendations" to resolve or improve issues.

If the direct support staff has been on the job for 30 days or less, his/her supervisor may also want to sit in on the interview and provide information AFTER the direct support staff has answered.

If the class member's direct support staff is not available/allowed to participate in this interview find out why and note the reason and who is giving you this information. Make these notations in your protocol book under the appropriate interview.

During the interview, whenever the protocol uses the term "person" or "class member" you should use the person's name when speaking, for example, "Ms. Smith," or "Mr. Jones."

Remember that the service provider may have to respond to an emergency or crisis situation during the interview. If this happens, you should terminate the interview immediately and establish a time to reschedule or resume the interview. Do not continue to engage the person in conversation. If the interview is terminated, make note of that along with the reason why in the protocol and contact the Court Monitor if you are unable to reschedule.

At the end of the interview, thank the person for his/her time and cooperation.

After reviewing all available documentation and completing all scheduled interviews, you will evaluate your findings in this section. All questions in the protocol include "yes", "no", "NA" or "CND" responses.

A response of "yes" indicates compliance with the expectations for that question.
A response of "no" indicates the item is not in compliance with the expectations for that question.
A response of "NA" indicates the item does not apply to the class member being reviewed.

In some instances, there may not be adequate information available for you to answer a scoring question. In these situations, an option of "CND" (Can Not Determine) is available as a response option. A response of "CND" can only be used when it is offered as one of the available responses.

You can NOT write in a response that is not made available for a scored question.

All ratings require justification. Reviewers will justify each response using a "+" or "–" to indicate support for the response.

 "+" indicates you have physical, testimonial, documentary, and/or analytical evidence to support the response.
 "-" indicates a lack of physical, testimonial, documentary, and/or analytical evidence to support the response.

Each "+" and "-" statement must be factual and supported by one of the types of evidence listed above.

Justification, including the "+" and "-" statements, should be entered prior to determining if the item will be scored "yes" or "no".

While there is no hard, fast rule for the number of + or – statements needed to derive a score of "yes" or "no", you should exercise due professional judgment in evaluating the weight of each statement. For example, an item with 2 + statements is "yes", while an item with 2 "+" statements and 1 "–" statement may also be "yes" dependent on the weight of the "-" statement. The contrary is also true.

Once available evidence has been evaluated and justification has been indicated using the +/- system, the item should be scored.

Examples of appropriate use of the +/-- scoring system are on the next three pages.

CFR	Regulation	Finding	Evidence and References
483.440©(3)(i) W212	34. Did the assessments identify the presenting problems and disabilities and where possible, their causes?	__X__ Yes _____ No	List which assessment(s): *+ PT report (4/07) identifies relevant issues (bilateral iliopsoas, adductor, hamstring and heelcord lengthenings in 1/1988), left pelvic osteotomy and proximal femoral derotational osteotomy with bilateral rectus femoris release in 1/93) from the past which impact on his abilities and interventions today. The same is true in varying degrees for his other Public Schools assessments. (See list in Question 31)*
483.440.(c)(3)(ii)	34a. Did the assessments identify this person's strengths?	__X__ Yes _____ No	List which assessment(s): *+ Language and Communication Evaluation (4/07) identifies what he likes, dislikes and how he demonstrates*

CFR	Regulation	Finding	Evidence and References
W213			*these feelings; identifies his relationships with certain staff and his sense of humor all of which are identified by those interviewed as "strengths".* + *The same is true of his other assessments as identified in Question 31.* + *His IEP identifies his strengths and preferences.*
483.440(c)(3)(iii) W214	34b. Did the assessments identify this person's specific developmental and behavioral management needs?	__X__ Yes _____ No	List which assessment(s): + *Life skill assessment (4/07) and Present level of performance observations (10/06) identify behavioral traits that are typical of his personality and fit into his support needs. No one identified challenging behavioral needs.*
483.440(c)(3)(iv) W215	34c. Did the assessments identify this person's needs for services without regard to the actual availability of the services needed?	__X__ Yes _____ No	List which assessment(s): + *Public Schools identified needs relevant to his comprehensive educational program;* + *The Transition Plan identifies supports that he will need once he turns age 22. It also identifies what he has now that will need to continue.*
483.440(c)(3)(v) W216	34d. Did the assessments include physical development and health issues/needs?	__X__ Yes _____ No	List which assessment(s): + *The nursing facility has a number of assessments related to his physical needs (MDS, PT, OT) as does Public Schools (see #31).* + *Children's Hospital Neurology report of 11/26/03*
483.440(c)(3)(v) W217	34e. Did the assessments include nutritional status?	__X__ Yes _____ No	List which assessment(s): + *He receives his nutrition via g-tube. The 10/18/06 Pleasant Hills Social Work Summary addresses his weight range and last recorded weight.* + *His Objectives/Goal Plan from POC #2 indicates that nutritional assessments are to be done every 6 months with Quarterly nutrition updates.* + *Social Work Quarterly Review from Pleasant Hills gives his current weight and addresses whether this is below, at or above his goal weight.*
483.440(c)(3)(v) W218	34f. Did the assessments include sensory motor development?	__X__ Yes _____ No	List which assessment(s): + *Has an OT Assessment completed by Pleasant Hills (10/16/06) which addresses bed elevation, pillows, seating system, straps, ROM, etc.* - *but does not address sensory (smell, sight, touch, texture).* + *the Applied Academics section of his 4/07 Educational Report from Public Schools indicates, "Activities with a high sensory component, scents, visual presence, and tactile materials have produced interest as evidenced by prolonged participation in the activity." This document also recommends, "frequent opportunities to experience a variety of sensory activities".*
483.440(c)(3)(v) W219	34g. Did the assessments include affective development?	__X__ Yes _____ No	List which assessment(s): - *There is no affective or emotional assessment,* + *however his "present Level of Performance" summarized by Public Schools reviews his strengths and responses to a variety of activities, physical and academic. He is not described as having issues that would warrant other assessments at this time.*
483.440(c)(4) W228	47. Does the RISP identify the planned sequence for dealing with those objectives? *Note: Service Needs are identified and the team has determined in what order the needs will be addressed.*	_____ Yes __X__ No	+*DH/SS objectives include Implementation Strategies* +*7 objectives are carried over into NF and being addressed* -*objective that he is Rolland class member and will participate in SS; this objective has no purpose and no identified sequence* -*objective that he responds to name (all interviews indicate he is aware of names of himself and others, including many of his staff); this objective has no purpose*
483.440(c	48. Are the objectives identified in this person's	_____ Yes	+*DH/SS: single outcome identified for each objective*

CFR	Regulation	Finding	Evidence and References
)(4)(i) W229	RISP stated separately in terms of a single learning or behavioral outcome?	__X__ No	+NF objectives on plans of care identify single outcome -objective that he is Rolland class member and will participate in SS; this objective has no purpose and no identified sequence -objective that he responds to name (all interviews indicate he is aware of names of himself and others, including many NF staff); this objective has no purpose
483.440(c)(4)(ii) W230	49. Has each objective been assigned a projected completion date?	__X__ Yes _____ No	+DH/SS: Review date identified as 5/08 for each objective +NF dates are revised/extended at least every 3 months
	49.a. Are completion dates individualized and based on this person's rate of learning? *Note: All objectives are not assigned the same completion dates.*	_____ Yes __X__ No	-all dates are same in DH, NF (coincide with date of scheduled review)
483.440(c)(4)(iii) W231	50. Are the objectives expressed in behavioral terms that provide measurable indices of performance?	__X__ Yes _____ No	+DH: all objectives include measurable indices of performance
483.440(c)(4)(iv) W232	51. Are the objectives organized to reflect a developmental progression appropriate to this person? *Note: Objectives should be organized to begin with the next logical step and move the person toward the next level of functioning (consider chronological age and preference).*	__X__ Yes _____ No	+DH: objectives include progression over 4 quarters with most challenging performance identified in 4th quarter
483.440(c)(4)(v) W233	52. Are the objectives assigned priorities? *Note: Do objectives address what is most important to the person?*	__X__ Yes _____ No	+affective development is listed as the priority, followed by +sensory motor development
483.440(c)(6)(i) W240 (FT)	53. Does the RISP describe relevant interventions to support this person toward independence?	__X__ Yes _____ No	+DH/SS: each objective includes step to offer encouragement, take control, perform similar tasks with staff, cued to use techniques
483.440(c)(6)(ii) W241	54. Does the RISP identify the physical location where program strategy information can be found? *Note: This information must be accessible to any person responsible for the implementation of the RISP.*	__X__ Yes _____ No	-physical location not identified in RISP +RISP located in 'red book' +RISP accessible in DH, NH
483.440(c)(6)(iii) W242 (FT)	55. If appropriate, does the RISP include 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	_____ Yes __X__ No	+3/5/07 Bowel and Bladder Assessment indicates a score of 5 (poor candidate for retraining or toileting schedules – care plan for incontinence care). -no medical evaluation completed to address increased incontinence

CFR	Regulation	Finding	Evidence and References
	demonstrated that this person is developmentally incapable of acquiring them?		
483.440(c)(6)(iv) W243	56. Does the RISP identify mechanical supports, if needed to achieve proper body position, balance or alignment? *Note: If you answered this "yes" then answer 56.a. to 56.c. If you answered this "no" score N/A on 56.a. to 56.c.*	__X__ Yes _____ No _____ N/A	*+wheelchair* *+self release belt*
	68. Was data collected in the form and frequency required by the plan?	_____ Yes __X__ No	- *the plan did not specify the form and frequency of data collection for all objectives.*
	69. Are data collected on objectives implemented, reviewed and analyzed to justify change in the objectives?	_____ Yes __X__ No	- *there were no changes in objectives from the past year. Progress notes and interviews indicate he can do these objectives.*
	70. Is there a correlation between recorded data and observed individual performance?	_____ Yes __X__ No	- *recorded data did not clearly indicate what his level of performance should be.*
	71. Did the facility document changes in the individual's health condition?	__X__ Yes _____ No	+ *Hypertension not controlled by previous medication so discontinued and Toprol XL started.* + *There was also concern with pedal edema in the past year.*
483.440(d)(1) W 249	72. As soon as the interdisciplinary team has formulated this person's RISP, did this person 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?	_____ Yes __X__ No	- *objectives identified were not measurable* - *Objective have not changed substantially from previous year* - *no active treatment schedule was available.* - *no evidence of follow up with an assessment*

NOTE: Guidelines in the scoring section come from the Intermediate Care Facilities Serving Persons with Mental Retardation, Rules, Regulations, & Guidelines, Med Pass, H50215, Miamisburg, OH 45342.

ASSESSMENT: SCORING

In addition to the information in your protocol document, the following information shall be used as a guide to responding to particular questions.

Question #23

Within (90) days after admission, the IDT must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.

Accurate Assessment - Assessment data that are current, relevant and valid, and that the skills, abilities, and training needs identified by the assessment correspond to this person's actual status. In addition, for assessment data to be accurate, the cultural background and experience of this person must be reflected in the choice, administration and interpretation of the evaluation(s) used.

Question #24

The comprehensive functional assessment must take into consideration, the person's age…

Comprehensive Functional Assessment (CFA) (42 CFR §483.440(c)(3)) may consist of a combination of assessments, including the PASARR assessment, all specialized services assessments and any other assessments done for that person. The CFA identifies the results of salient assessments with the complete diagnostic work-up or problem list identified if relevant to a particular assessment. Findings are recorded in terms that facilitate clear communication across disciplines. Diagnoses or imprecise terms and phrases in the absence of specific terms are not acceptable.

The active treatment assessment process should be sensitive to the behaviors of individuals throughout their life span. For example, adolescents are expected to engage in activities of increasingly greater responsibility in preparation for adulthood, adults are expected to support themselves or at least be engaged in training or education activities toward that end, and elderly citizens are expected to choose whichever form of productive activity meets their needs and interests (employment, handiwork, pursuit of leisure, etc.) for as long as they are able.

Question #25, and #26: See Protocol Document

Question #27

The comprehensive functional assessment must… identify the person's specific developmental and behavioral management needs.

Specific "developmental" strengths and needs describe what the person can and cannot do.

Question #28

The comprehensive functional assessment must… identify the person's needs for services without regard to the actual availability of services needed.

In the presence of significant developmental deficits, it is not acceptable for the comprehensive evaluation to identify that a particular professional therapy or treatment is not needed. To meet the requirement for "need for service," the assessment must identify the course of specific interventions recommended to meet the individual's needs. The fact that direct therapy may not be available does not justify the lack of a recommendation for direct professional therapy or treatment.

Look to see if there is a pattern of individual need areas not addressed in the person's RISP objectives that correspond to the absence of those professional service areas at the nursing facility or specialized services.

Question #29

Accurate Assessment - Assessment data that are current, relevant and valid, and that the skills, abilities, and training needs identified by the assessment correspond to this person's actual status. In addition, for assessment data to be accurate, the cultural background and experience of this person must be reflected in the choice, administration and interpretation of the evaluation(s) used.

Current Assessment - Assessments are completed as needed and reflect the current needs/status of the person. Reassessments are completed every five years, or as needed based on the person's needs.

Assessment of each area provides specific information about the person's ability to function in different environments, specific skills or lack of skills, and how function can be improved, either through training, environmental adaptations, or provision of adaptive, assistive, supportive, orthotics, or prosthetic equipment.

The facility must assess in developmental areas, but not by professional disciplines unless the functional assessment shows a need for a full professional evaluation. Findings relative to the domains required include but are not limited to the following areas:

Question #29.i.   physical development and health;
Question #29.ii.   nutritional status;
Question #29.iii.   sensorimotor development;
Question #29.iv.   affective development;
Question #29.v.   speech and language development (communication);
Question #29.vi.   auditory functioning
Question #29.vii. cognitive development;
Question #29.viii. social development;
Question #29.ix.   adaptive behaviors or independent living skills;
Question #29.x.   as applicable, vocational skills.

Question #30

This question asks you to determine, overall, if the comprehensive functional assessment(s) (CFAs) were reviewed and updated as needed as dictated by the person's needs.

The CFA is reviewed at least within the required timeframe. The review of the CFA occurs sooner than annually (W259) when indicated by the needs of the individual.

Question #31 to #34: See Protocol Document

Question #35, #36, #37, #38: See Protocol Document

Question #39

"Comprehensive" means that objectives are stated for the needs identified in each domain included in the comprehensive functional assessment(s). Objectives may address services to be provided, learning/treatment needs, adaptive equipment, etc.

Question #40

To organize objectives into a planned sequence, the team must consider the outcomes it projects for the person in the long term. For example, if the long term objective is for the person to travel independently in the community, the planned sequence may involve training the person to recognize traffic signs, cross a street safely, and to obtain help when needed if lost or an emergency arises.

Interview staff to discover the purpose to be achieved upon completion of the objective. For example, does staff know why an individual is taught to stack rings?

Question #41

"Single" behavioral outcome means that for each discrete behavior that the team intends the person to learn a separate objective is assigned. (For example, "Mary will bake a cake and clean the oven" are two separate behaviors and, therefore, should be stated in two separate objectives.)

Performance of a series of separate behaviors could constitute a single behavioral outcome when appropriate for the individual. For example, completing a hygiene routine of face washing, tooth brushing and hair combing is one behavioral outcome when the individual is able to perform each of those skills, but needs to learn to complete the entire routine each morning.

Question #42

Projected date of completion - for a RISP Objective is not the same as a "review" date. For each objective assigned priority, the team should assign a projected date (month and year) by which it believes the individual will have learned the new skill, based on all of the assessment data. This date triggers the team to evaluate continuously whether or not the individual's progress or learning curve is sufficient to warrant a revision to the training program. There is no requirement to identify an implementation date for each objective in the plan.

Question #43:

Behavioral Terms – Those behaviors which are "this person (individual)" rather than "staff" oriented and those that any person would agree can be seen or heard.

Measurable indices of performance – are the quantifiable criteria to use in determining successful achievement of the objective. Criteria include various measurements of intensity and duration. For example, "M. will walk ten feet, with her tripod walker, for 5 consecutive days.

Question #44:

To organize an objective in an appropriate progression, the Team must consider the person's current functional abilities and project what steps, methods and strategies are likely to be effective in achieving the objective. Baseline data are one means of establishing an appropriate starting point for an objective. Objectives must be adapted based upon the person's functional abilities. For example, if the objective is to learn to put on shoes independently and the person does not have the manual dexterity to tie shoe laces, then the objective could include the use of slip-on shoes with Velcro closures in order to facilitate the person learning this skill.

See if chosen objectives are the most direct means for resolving identified needs.

Question #45

The RISP should identify those objectives which the team considers to be most important, or which need to be implemented before others can be accomplished, and then assign them priority.

Question #46, #47, #48: See Protocol Document

Question #49:

The Team must determine the type of data necessary to judge an individual's progress on an objective, and describe that data collection method in the written training program. The Team determines what data to collect, but the system chosen must yield accurate measurement of the criteria stated in the individual's RISP Objectives. For example, if criteria in the individual's RISP objective specified some behavior to be measured by "accuracy", or "successes out of opportunities," then it would not be acceptable for the prescribed data collection method to record "level of prompt."

Methods of data collection on RISP training programs should be based on the total (including direct care) facility's staff analysis and observations of an individual's behavior. Examples of a few data collection systems include, but are not limited to: level of prompt, successful trials completed out of opportunities given, frequency counts, frequency sampling, etc. The Team should collect data with enough frequency and enough content that it can appropriately measure the individual's performance toward the targeted RISP objective.

Question #50, #51, #52 and #53: See Protocol Document

Question #54

The receipt of training targeted toward amelioration of these most basic skill deficit areas is a critical component of the active treatment program. Some ADL skills overlap with each other (e.g., personal hygiene, oral hygiene, grooming and bathing). It is acceptable for the IDT to set priorities within these overlapping skills. It must be clear, however, that the providers (NF and Specialized) have organized services to emphasize training in these areas. This will be seen not only in the RISP, but also in the competent interaction of staff with individuals, in both formal and informal settings.

Training as defined in this 483.440(c) (6) (iii) means:
- Aggressive implementation of a systemic program of formal and informal techniques (competent interactions);
- Continuously targeted toward the person achieving the measurable behavioral level of skill competency specified in the RISP objectives;
- Conducted in all applicable settings; and
- Conducted by all personnel involved with this person.

Developmental Incapability – A decision to be made by the interdisciplinary team based on its assessment of this person's developmental strengths and needs. For example, there is ample evidence that individuals with the most severe physical and mental disabilities can be toilet trained. Recognition is given to the fact that some individuals, however, have insufficient sensory and neuromuscular control ever to be totally independent in toileting skills. For most of this group, there are intermediate steps which can be achieved, including toilet scheduling, in which the individual is able to be trained to a schedule of elimination with needed assistance from staff. The intent of the toileting part of this regulation is met if there is evidence that the individual has been provided an aggressive, well organized, and well executed toilet training program in the past and that the team determines the individual's "developmental incapability".

Is developmental incapability based on individual performance, medical evidence, historical efforts at training; or is it based on "opinions" of staff (in the absence of performance data)? Does the activity prepare individuals to function more independently or does it merely train the individual to adapt to his/her particular facility (e.g., institutional living)?

Question #55 and #56

Wheelchairs are not generally used to position or align the body and would not alone constitute a mechanical support. However, adaptations to wheelchairs which do position or align the body would have to be specified according to this requirement. Adaptations to a wheelchair which facilitate correct body alignment by inhibiting reflexive, involuntary motor activity are also mechanical supports.

Question #57

Question patterns of bed rest "orders" or "scheduled" bed rest as a routine part of an individual's program. A nap period of an hour, for example, is not "bed rest." However, if the NF has a general pattern of scheduling, expects an individual to be one to two hours in bed in the morning, one to two hours in bed in the afternoon, and an 8:00 p.m. bedtime in the evening, for example, the practice becomes "bed rest", and the intent of the regulation will more than likely not be met. Question large amounts of time during which a person is in bed.

For those for whom out-of-bed activity is a threat to their health and safety, look for:

- Individuals and staff engaged in activities to increase sensory stimulation; and
- Equipment designed to promote increasing the individual's sensory stimulation.

Is equipment available to provide access to community activities? Are mobility devices available and used as needed by this person?

Question #58, #59 and #60: See Protocol Book

STAFFING AND TRAINING: SCORING

Question #61

Have staff received training, both upon hiring and on an ongoing basis, which results in the competencies needed to do their job? Is there an observed systemic lack of appropriate interactions and interventions with individuals?
Do staff interviews and your observations confirm little or no training activities?

Observe the staff's demonstration of their knowledge by observing the outcomes of good staff competencies as:

- Respect, dignity, positive regard for individuals;
- Use of behavioral principles in training interactions between staff and individuals;
- Use of developmental programming principles and techniques, e.g. functional training techniques, task analysis and effective data keeping procedures;
- Use of accurate procedures regarding abuse detection and prevention, restraints, medications, individual safety, emergencies, etc;
- Use of adaptive mobility and augmentative communication devices and systems to help individuals achieve independence in basic self help skills; and
- Use of positive behavior intervention programming.

Are staff observed to demonstrate cross-cutting skills which are appropriate when training and interacting with the developmental disabilities/mental retardation that the class member presents (e.g. shaping, breaking tasks into small steps, providing positive reinforcement, providing informal opportunities to practice skills, using appropriate materials, etc.)?

Regarding addressing *behavior*, are staff observed to demonstrate cross-cutting skills and interactions which are effective in addressing inappropriate behavior and in supporting appropriate behavior for the person you are reviewing (e.g. teaching and reinforcing positive, adaptive or incompatible behaviors, diffusion strategies, environmental manipulation, differential reinforcement or other behaviors, differential reinforcement of incompatible behaviors, physical management techniques, etc.)?

Regarding staff knowledge and competence of *health needs*, do staff display the knowledge and competence to address the health and emergency medical needs of the person you are reviewing?

Question #62

In staff interactions with the person you are reviewing, did you observe the specific interventions, techniques and strategies to change inappropriate behavior outlined in the class member's program plan and were they correctly implemented? If they are not observed being implemented, investigate further to determine if there was a justifiable reason for not implementing an intervention. When staff are unable to demonstrate how to correctly implement an intervention, or are unable to explain when and how the intervention is to be implemented, inadequate training is evident.

Question #63

Do staff have the knowledge to correctly and consistently implement the class member's RISP? Observe whether or not staff are competent and knowledgeable about the needs, programs and progress of the class member. Staff should be able to demonstrate, in practice, the results of training for the person you are reviewing.

Question #64

Consistent with the training issues cited in questions 61-63 above, did staff report that they have had training to work with the person you are reviewing? Could staff describe the training they had received to work with this person?

Question #65

There is evidence that special staffing needs identified by the RISP are provided. "Sufficient" direct care staff means the number of staff necessary to implement active treatment, as dictated by the individual's active treatment needs.

Do not look at numbers alone. The facility is responsible for organizing and evaluating its individual appointments, programming schedules, activities, materials, equipment, grouping assignments and available staff in such a way that maximizes benefit to the individual. While onsite you should be able to observe behavioral evidence of such organization.

IMPLEMENTATION/RECEIPT OF ACTIVE TREATMENT: SCORING

Question #66.

Does the activity schedule and content of the activities relate directly to the strengths, needs and objectives in the RISP for this person or are the activities/content "make work," generalized, non-developmental time fillers?

Can staff describe how activities relate to strengths, needs and the RISP objectives? Are active treatment activities integrated into a "normal daily rhythm"? Is the person observed performing scheduled active treatment activities? Are there sufficient and appropriate staff to implement the RISP? Is training on priority objectives implemented at discrete time intervals exclusively, or is training implemented as the person's needs emerge during the course of the day as well? Is

there a consistent discernible pattern of evidence that staff implement, practice, reinforce and otherwise carry out strategies to achieve individual objectives? Does the environment lend itself to the learning experience or are distractions, noise levels or other individual behaviors obstacles to individual learning?

Question #67

All staff includes direct care staff.

The agencies are responsible for ensuring that during staff time spent with the person, the staff is able to provide needed interventions or reinforce acquired skills in accordance with the RISP. This is one way to implement continuous active treatment. The activities in the NF are coordinated with other habilitative and training activities in which the individual may participate outside of the NF and vice versa.

Do staff assigned to work with this person encourage him/her to perform activities of daily living with maximum independence? Is there evidence that each discipline working with this person integrates, as appropriate, other disciplines' objectives and techniques? For example, does direct care staff implement manual communications systems? Does the OT implement behavior management programs, if needed, during OT training sessions?

Question #68

The active treatment schedule directs the intensity of the daily work of the staff and the individual in implementation of the RISP in both informal and formal training activities. To the extent possible, the schedule provides a range of options, rather than a fixed regimen. The person should have opportunities to choose activities and to engage in them as independently and freely as possible. Staff routines and schedules should be supportive of this goal and result in the presence of reasonable choices by the person.

Investigate any pattern of staff action or scheduling which routinely results in all or the majority of individuals engaging in the same activity or routine at the same time. The active treatment schedule is not required to be posted. There is no requirement that the schedule for the NF and specialized services schedule be merged into one document.

Question #69

Data are those performance measurements recorded at the time the treatment, procedure, intervention or interaction occurs with the individual. They should be located in a place accessible to staff who conduct training.

Do data collected yield information relevant to making program decisions? Do the data collected yield information relevant to making program decisions? Are the data collected on objectives implemented outside the agency also reviewed and analyzed to justify change in the objectives? Is there a correlation between recorded data and observed individual performance?

Question #70 and #71 See the Protocol Document

Question #72, #73 and #74

The major elements of the active treatment process are present and functioning in a consistent, cohesive manner including:

- This person's needs and strengths have been accurately assessed and relevant input has been obtained from team members;
- This person's RISP is based on assessed needs and strengths and addresses major life areas essential to increasing independence and ensuring rights;
- Identified priority needs are addressed formally and through activities which are relevant and responsive to individual need, interest and choice;
- Active treatment is consistently implemented in all relevant settings both formally and informally as the need arises or opportunities present themselves;
- This person receives aggressive and consistent training, treatment, and services by trained staff in accordance with their needs and the RISP;
- New skills and appropriate behaviors are encouraged and reinforced;
- This person has the adaptive equipment and assistive technology necessary for him/her to function with increased independence;
- This person's routines and environments are organized to facilitate acquisition of skills, appropriate behavior, greater independence and choice;
- This person's performance is accurately measured and programs are modified based on data and major life changes; and
- If this person has a degenerative condition, he/she receives training, treatment and services designed to maintain skills and functioning and to prevent further regression to the extent possible.

The Team ensures that this person receives active treatment daily regardless of whether or not an outside resource(s) is used for programming (e.g., public school, day habilitation center, senior day services program, supported employment).

Active treatment for elderly individuals may increasingly need to focus on interventions and activities which promote physical wellness and fitness, socialization and tasks that stress maintaining coordination skills and reducing the rate of loss of skills that accompanies the physical aspects of the aging process. Attending a senior center may be a justifiable part of an active treatment program for elderly people.

Question #75

As you conduct your observation, determine:

- Is the activity scheduled or planned?
- Are materials present to implement the activity?
- Are they used?
- Is the person you are reviewing involved or engaged in the activity?
- Are the activity and materials age-appropriate, adaptive and functional?
- Are new skills and behaviors being taught or reinforced?
- Was the person you are reviewing reinforced and prompted frequently?
- Were staff verbally and physically involved?
- Are there sufficient staff for the activity?
- Are interactions characterized by a "mentor/friend" tone? Does the activity relate directly to specific objectives and needs? Do staff demonstrate the skills necessary to train or reinforce training on the RISP objectives?
- Was this person observed to engage in aggression, self-injurious behavior or self-stimulatory behavior (e.g., finger flicking)? If so, did staff intervene in line with recommendations and the RISP?

Question #76 to #80

The interval within which the RISP reviews are conducted is determined by the Team. However, the review system must be sufficiently responsive to ensure that the RISP is reviewed whenever the conditions specified in this section (Questions #77 to #81) occur. Information relevant to RISP changes should be recorded as changes occur.

Is the Case Manager/Service coordinator actually monitoring individual programs, or does the CM/SC simply review paperwork?
Are timely modifications of unsuccessful programs or development of programs for unaddressed, but significant,needs made or ensured by the CM/SC?
Does the CM/SC routinely visit program areas and discuss performance and problems of this person?
Is there evidence that collected data are systematically recorded, analyzed, and used to make changes in programs?
Can the CM/SC describe programs implemented with this person or do they need to go to the record for this information?

Question #81:

For the "annual" review to meet the requirement, it must be completed by at least the 365th day after the last review.

Recommendations

You are asked to provide recommendations to improve the quality of life of the person you have just reviewed. You are also asked to provide recommendations to both the nursing facility and the specialized services providers in the categories necessary for them to achieve Active Treatment. Specifically, what do the providers need to do in order to provide Active Treatment to this class member? Consider the categories identified in the protocol, that is:

- Assessment
- Team Composition
- Adequacy of Planning
- Staffing and Training
- Implementation/Receipt of Active Treatment
- Monitoring and Follow-up

These recommendations will be shared with the providers so be thoughtful about how they can improve the supports and services they provide to this person in a practical, effective and meaningful way.

You will be provided with a sample of an individual write up and recommendations during training.   Thanks!!