

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
DEVELOPMENTAL DISABILITIES PROGRAM



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April 20, 2006

TO: Gary Garlock, Program Administrator
Sue Dow, Executive Director
Thomas McKenna, Board Chairman

FROM: Bob Trent, Quality Improvement Specialist
Developmental Disabilities Program (DDP)

SUBJECT: Annual Quality Assurance Review

Attached is the FY '06 Annual Quality Assurance Review for STEP, Inc. This review covers the time period from October 2004 through January 2006, and addresses all the DDP-funded services provided by STEP: Children's Group Homes, Supported Living, Community Supports, Work, and Family Education and Support.

I wish to thank all the staff at STEP for their professional assistance in completing this review. Everyone was very willing to give of their time to answer questions, help me find documents, and arrange for home visits.

cc: Suzn Gehring, Regional Manager
Tim Plaska, Community Services Bureau Chief
John Zeeck, Quality Assurance Specialist

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Scope of Review:

This review covers the period from October 2004 through January 2006, and addresses all services provided by STEP: Children's Group Homes, Supported Living, Community Supports, Work, and Family Education and Support.

General Areas

A. Administrative

Significant Events from the Agency

- STEP became a Qualified Provider for Work/Day services
- A job shadowing program was developed and implemented to provide employees with the opportunity to shadow other employees in other programs within the agency for a couple of shifts in order to appreciate the jobs other employees do in the agency.
- A comment card was added to the quarterly newsletter to solicit consumer opinion on a more frequent basis.
- Visibility of STEP in the community was increased by:
 - increasing newspaper articles 200% over the previous year,
 - increasing TV news stories 135% over the previous year, and
 - increasing public presentations 35% over the previous year.
- One new revenue source was added through a contract with the school district to provide day service to one individual who could not be served in the school system.
- The number of contracts was increased with Senior and Long Term Care Division.

Policies and Administrative (DDP) Directives

The STEP policy manual was reviewed and found to be in substantial compliance with DDP directives. The following findings are relevant to STEP policies:

- Commendation is given to STEP for developing and implementing an exemplary Incident Management Policy (QAOS #8).
- The agency does not have a written policy describing training for staff who use agency vehicles (QAOS # 11). **HR director for STEP will develop a policy that requires on-line driver training and will develop checklists to assure staff can use van lift and wheelchair tie-downs.**

Licensing

Licenses for the two Children's Group Homes were found to be current with no significant deficiencies or issues.

Accreditation

-STEP recently received a 3 year accreditation from CARF with no programmatic deficiencies noted. A number of recommendations in the accreditation report addressed administrative issues such as accessibility, orientation training and job descriptions, protections for staff who report wrongdoing, risk management, and quality individualized services. Since the CARF survey took place in November 2005, STEP has not yet had a chance to address the recommendations, and follow-up on the CARF survey will be part of the Quality Assurance Review next year.

Agency Internal Communication Systems

-Although there appears to be fairly good communication within the agency, there were a few deficiencies noted that might have been identified and corrected through a better system of internal communication within the agency. These deficiencies are described in the appropriate sections that follow. I would suggest that STEP develop a comprehensive system of internal monitoring, either through supervisor or peer review, to address the deficiencies noted in order to do continuous quality improvement.

Fiscal

-STEP's end of the year financial report and budget information was received within the specified time lines. DPHHS auditors performed a desk review of STEP's FY '05 audit. They reported that the findings were unqualified and that the auditee qualified as low risk. There were no questionable costs or material weaknesses, though there was one reportable condition in terms of internal control for cash disbursements. Net assets increased by \$98,352.
-STEP has set up an endowment fund and appears to be very healthy financially.

Appendix I

There are two Appendix I items negotiated for the current contract period:

-QIS will provide training on a quarterly basis to group home staff. This is ongoing, with training to date provided on the topics of client to client aggression and bathing and feeding protocols.
-QIS will provide training and technical assistance as necessary to agency to develop and implement Incident Management Policy. STEP has developed and implemented an excellent Incident Management Policy (see above under Policies and Administrative Directives).

Specific Services Reviewed

A. Residential

Accomplishments

-As mentioned above, STEP has developed and implemented a job shadowing program, so that employees will have a chance to shadow other employees for a couple of shifts in order to appreciate the work other employees do.

Programmatic Deficiencies

-No significant programmatic deficiencies were noted.

Corrections to Deficiencies

-No corrections to deficiencies was required.

I. Health and Safety

Vehicles

-STEP has a vehicle maintenance program to maintain vehicles owned and operated by the agency in safe operating condition. As mentioned above, the agency needs to

develop a more thorough orientation for staff who use agency vehicles (QAOS # 11).

Consumers

-In March 2005, padding around the bed of , had not been installed in a timely manner as requested by her IP team (QAOS #1). **The padding was then subsequently installed.**

-No seizure/bathing protocol could be found for . (QAOS #2). **A protocol was promptly written and posted in the group home.**

-No other health or safety issues directly related to consumers were noted.

Medication Safety

-Staff who were interviewed were all familiar with the protocol for assisting consumers to take their medications, and a second staff witnesses medication administration. Medication errors are subsequently kept at a very low level. Medication logs were all found to be kept up to date. On one occasion a staff person was found to have an expired medication administration certification (QAOS #3).

The staff person in question promptly renewed his certification.

-Written protocols for administering PRN medications were found for those consumers who have the need for medications to be given on an 'as needed' basis. Through interviews with staff, it was apparent that staff were familiar with the protocols. During the course of the year, when PRN medications have had to be given, the protocols were followed as written.

Sites

-The two children's group homes were visited on a quarterly basis throughout the reporting period and as part of this review, and no health and safety issues were noted. Both homes are nicely decorated and portray a very 'homey' atmosphere. During the course of the year, water temperatures were measured on a quarterly basis and consistently found to be below 120 degrees F. Both homes are equipped with smoke alarms and fire extinguishers. Evacuation drills were conducted at regular intervals and on various shifts with no problems or issues noted.

-During the course of the year, there have been a number of instances of client to client abuse in the children's group homes. Training has taken place, and the staff at both of the group homes have become much more conscientious and have taken proactive measures to reduce the number of such incidents. As a result, the frequency of client to client abuse has decreased, and a commendation is offered to that effect (QAOS # 7).

-The apartment of a consumer receiving Supported Living services was also visited during this review. There was adequate egress capacity, water temperature was below 120 degrees F, and there was a fire extinguisher in the kitchen. No health and safety issues were noted with the residence. However, there was no documentation of evacuation drills conducted for the apartment visited, nor for other folks who live in their own apartments (QAOS #12). **STEP Safety Committee has adopted a procedure to check evacuation drills for Supported Living Consumers on a monthly basis.**

II. Service Planning and Delivery

Individual Planning (Assessment, Implementation, Monitoring)

-The files of two consumers who live in the Children's Group Homes, as well as the files of two consumers who receive Supported Living Services were reviewed. All plans reviewed were based on assessment data and related to specific long range goals.

-The files at the 2101 11th Ave. Group Home were particularly well organized, and a commendation is offered to that effect (QAOS #4).

-Implementation of objectives for the consumers receiving Supported Living Services was incomplete and not well documented in the STEP office. Through follow-up interviews with the consumers and families, it was determined that the objectives were being implemented, and in the cases where they were not, there were extenuating circumstances beyond STEP's control. Implementation of objectives should be documented, and notations made when gaps in implementation exist. A better system of internal monitoring would help alleviate this issue (QAOS #14).

Support Coordinators will collaborate with direct care staff each month to write a narrative summary of data collected. Support Coordinators will collaborate with direct care staff each month to write a narrative summary of data collected. Since documentation of objectives has been identified as an issue in previous quality assurance reviews, I will follow-up within the next six months.

Leisure/recreation

-Leisure and recreation logs were reviewed for the Children's Group Homes and for consumers receiving Supported Living Services. There appeared to be a wide variety of leisure and recreation activities offered to consumers, with individual preferences being taken into account.

Client Rights

-During the course of the year, and as part of this quality assurance review, no issues related to violations of client rights were noted.

Medical/Health Care

-STEP actively attends to the medical and health care of the consumers it serves. No instances of medical neglect were noted throughout the period of this review. See additional comments above under medication safety.

Emotionally Responsible Care Giving

-During on-site visits throughout the year, staff were observed to be interacting with consumers in a caring and emotionally responsible fashion. And as mentioned above, staff at the Children's Group Homes have taken proactive steps to reduce incidences of client to client abuse.

Consumer Surveys

-Consumer surveys were reviewed for all files sampled with no problems identified.

Agency's Consumer Satisfaction Surveys

-STEP contracts with a neutral party to conduct comprehensive anonymous satisfaction surveys, not only with consumers and families, but also with staff and other stakeholders. Results of the surveys are synthesized, and the findings are used to direct long-range strategic planning. A commendation is offered to this effect (QAOS #6). For some, but not all of the findings, a comparison was made to findings from the year before, and I would suggest that this practice be expanded to include all findings. By comparing recent results to those obtained previously, the agency can indeed determine if the level of satisfaction with services is increasing.

III. Staffing

Screening/Hiring

-The files of four recently hired employees were reviewed, and criminal background checks were found in all files.

Orientation/Training

-The files of the same four recently hired employees were reviewed. Documentation of orientation received at the main office was found for all four. However, documentation of on-site orientation specific to the group homes was missing for three of the four (QAOS # 10). **Human Resources Director is developing a tracking form to ensure that on-site orientation is completed, documented, and kept on file in the main office.**

-STEP has a job shadowing policy which requires new employees to shadow veteran employees for a couple of shifts before providing direct care. A commendation is offered for this practice (QAOS #5).

Ratios

-Staff to client ratios were checked at both Children's Group Homes on a quarterly basis through on-site visits during regular working hours and telephone calls during off-peak time hours, and were consistently found to be within contracted requirements.

Staff Surveys

-Five staff were surveyed using the Staff Survey assessment tool. All staff were able to correctly respond to the questions asked, with the exception of Abuse/Neglect reporting. Two staff were uncertain regarding the requirements for reporting abuse and neglect to Adult Protective Services. This would be a good topic to present for staff training and I would be willing to coordinate a presentation for all staff with Adult Protective Services.

IV. Incident Management

APS

-During the period covered by this review, the following incidents were reported to and investigated by Adult Protective Services:

-4/29/05: Allegation of physical neglect of (2101 11th Ave.) by group home staff. Recommendations included additional staff being hired short-term to provide assistance with the care of and that there be improved communication between all IP and IEP members. Additional staff was hired and s Case Manager reports that there have been no subsequent issues with communication.

-6/17/05: Allegation of physical aggression of (841 Parkhill) by group home staff. Recommendations included providing training to staff on reporting abuse and neglect, sending incident reports out to parents and/or legal guardians, using video cameras in the group homes, and developing strategies to prevent abuse of by another group home resident. Training was provided to staff, incident reports are being sent to parents and/or guardians, and staff have developed strategies to reduce incidents of client to client abuse. STEP declined to install video cameras in the group home, citing issues of privacy. The staff person involved in the incident was subsequently terminated.

-Allegation of physical abuse of) by foster parents. APS determined that maltreatment did not occur, and there were no recommendations.

-Allegation of sexual abuse of by a family member. APS determined that the finding of sexual abuse was not indicated, and there were no recommendations.

Incident Reporting

-As mentioned above, STEP has developed and implemented a comprehensive Incident Management Policy. Notification of critical incidents is received in this office within the 8-hour reporting requirement, and incident reports of reportable and critical incidents are received in this office within stipulated time frames. Also noteworthy is the STEP Incident Management Committee. The meetings I have attended have been thorough and have generated thoughtful discussions of each incident, with action plans developed as necessary.

B. Work/day/community Employment

Accomplishments

-STEP became a Qualified Provider of Vocational services. To date, STEP is supporting two individuals vocationally; one individual through a contract with the Billings School District, and the other through a Supported Living cost plan.

Programmatic Deficiencies

-No programmatic deficiencies were noted.

Corrections to Deficiencies

-No corrections to deficiencies is required.

I. Health and Safety

Vehicles

-See above under residential.

Consumers

-No health and safety issues were noted.

Medication Safety

-STEP staff do not assist with medication administration for vocational services.

Sites

-There were no sites to review, as vocational support is provided in the community.

II. Service Planning and Delivery

Individual Planning

-The vocational plan of the one individual receiving vocational support through his Supported Living cost plan was reviewed. The agency is assisting this individual to develop a consumer-owned food truck/catering business. As of this review, the food truck was being painted, and projections are for the business to start up in March 2006. A staff person has been hired to provide vocational support.

Leisure/recreation

-Leisure and recreation activities are not included in the vocational program.

Client Rights

-See above under residential.

Medical/health Care

-Medical and health care are provided by the family for the one file reviewed.

Emotional Responsible Care Giving

-See above under residential.

Consumer Surveys

-See above under residential.

Agency's Consumer Satisfaction Surveys

-See above under residential.

III. Staffing

Screening/hiring

-See above under residential.

Orientation/training

-See above under residential.

Ratios

-There are no staff to client ratios designated through the vocational program.

Staff Surveys

-See above under residential.

IV. Incident Management

APS

-See above under residential.

Incident Reporting

-See above under residential.

C. Community Supports

Accomplishments

-No significant accomplishments were noted.

Programmatic Deficiencies

-There were not significant programmatic deficiencies.

Corrections to Deficiencies

-No corrections to deficiencies was required.

I. Health and Safety**Vehicles**

-See above under residential

Consumers

-The files of five individuals receiving Community Supports were reviewed with no health or safety issues noted.

Medication Safety

-STEP does not assist with medication administration for any of the five consumers in the sample.

Sites

-All five consumers in the sample live with their families, and no residential sites were visited as part of this review.

II. Service Planning and Delivery**Individual Planning**

-Four of the consumers in the sample had objectives set through Individual Planning meetings. For those four consumers, data on implementation of objectives was incomplete and not retrievable at the main office of STEP (QAOS #14). See also comments above under residential.

-One consumer receives respite only through her Community Supports agreement, and there were no objectives to review.

Leisure/recreation

-Three of the Community Supports agreements reviewed contained objectives for leisure and recreation activities. Documentation of such was not accessible in the STEP office (QAOS #14).

Client Rights

-There were no findings relative to client rights in the Community Supports Program.

Medical/health Care

-The medical and health care of the consumers receiving Community Supports is being attended to by the families of the individuals. For one individual, the Community Supports agreement included paying for medical procedures not covered

by Medicaid and insurance, and documentation of reimbursement for those bills was found in the individual's file.

Emotionally Responsible Care Giving

-No interactions between staff employed by STEP and the individuals receiving Community Supports services were observed during this review.

Consumer Surveys

-The consumer surveys for all five individuals were reviewed with no problems or issues noted. In addition, the families of two of the consumers were interviewed via telephone, and both families expressed satisfaction with the services being received.

Agency's Consumer Satisfaction Surveys

-See comments above under residential.

III. Staffing

Screening/hiring

-See above under residential.

Orientation/training

-See above under residential.

Ratios

-There were no staff to client ratios identified in any of the Community Supports agreements.

Staff Surveys

-See comments above under residential.

IV. Incident Management

APS

-There were no APS referrals regarding any of the consumers receiving Community Supports.

Incident Reporting

-See comments above under residential.

D. Transportation

-STEP is not a qualified provider of transportation services, but does maintain several vehicles for staff to use on agency business. Staff who use agency vehicles are required to provide a current driver's license. The agency has a scheduled maintenance program, and agency vehicles are maintained in good condition. As mentioned above, the agency does not have a written policy describing training for staff who use agency vehicles (QAOS #11).

E. Child and Family Services

-The files of 15 families receiving Child and Family Services were reviewed. Five families were receiving Part C Services, five were receiving Family Education and Support, and five were receiving Intensive Family Education and Support. In addition to the review of files, three families in each category were personally interviewed.

-Through a review of files and interviews with families, it was determined that STEP is in substantial compliance with State and Federal regulations governing Child and Family Services, with findings as follows:

Maintenance of Records:

-For all files reviewed, STEP was found to maintain complete child and family records.
-Family service records appear to document each contact with or on behalf of an eligible child or family and describe the service(s) provided.

Eligibility:

-The agency screening and selection process is consistent with Department rules.
-Children are not served concurrently by state-funded, Part C, and Intensive Services.

Service Coordination:

-The agency assists families with service coordination.
-STEP cooperates/coordinates with other community service agencies such as Early Childhood Intervention (ECI), the Billings Public School system, and Head Start.

IFSP's:

-IFSP's were found to be written, signed, and implemented for each child/family.
-IFSP's consistently included demographics, identified a support coordinator, included child development information, indicated each service provided, the frequency and intensity of service, the location of service, the method of service delivery, the date of initiation of service, the duration of service, and the funding source. Outcomes were consistently found to be written in the family's own words. Family strengths and resources were identified, as well as objectives and programs relative to the accomplishment of outcomes.
-Items in cost plans were directly related to objectives in the IFSP's.
-Outcomes and objectives were modified as needed.
-For 12 of the 15 files reviewed, there was documentation of written notice for IFSP meetings. Documentation of such was not found for 3 of the files, but in those instances, families were able to verify that they had indeed received notification of meetings; consequently, no deficiency was noted.

Family Centered Services:

-Families interviewed indicated that they were the primary decision makers in:
Identifying family needs and resources, deciding what role they wish to play in evaluations, who members of the IFSP team would be, determining desired outcomes, identifying what role they wish to play in service coordination, determining the frequency of home visits, choosing which resources or service

- options to pursue, and evaluating the progress of the IFSP.
- Families assist in choosing ancillary service providers.
 - Families assist in hiring and training of habilitation aides and respite providers.

Provision of Resources and Supports:

- Resources and support services identified on the IFSP were consistently found to be provided to each child/family.
- No gaps were found in planned versus actual services delivered.

Information and Referral for persons found ineligible:

- Letters to families found ineligible contained excellent information about other potential services. In addition, the letters contained an explanation of why the child was found ineligible, and a commendation was written to STEP to this effect (QAOS # 9)
- Children and families were referred to other appropriate agencies.

Procedural Safeguards:

- For 13 of the 15 files reviewed, there was documentation that the family had received a copy of STEP's complaint procedure and appeal process. For 2 of the files, there was no documentation that these policies had been received, but in each of those cases the families were able to verify that they had indeed been provided with this information; consequently, no deficiency was noted. However, a peer review of files might help alleviate issues such as this.
- The agency was found to protect confidentiality of information.
- Parents verified that they had access to child and family records.
- Families were found to receive information in language that was understandable to the families.
- Agency policy requires that all services be non-discriminatory.
- Documentation of consent was routinely secured before evaluations are conducted or services begun, and before information is released to or gathered from other sources.
- All families interviewed indicated that they had been informed that services were voluntary.
- All Family Support Specialists were found to have documentation of Primary or Comprehensive FSS Certification.
- DDP exit policy was followed for the files of two families who exited from or voluntarily left services.

Timelines:

- All IFSP's reviewed were re-evaluated in compliance with regulations—6 months for Part C; annually for FES and IFES.

Other Contract Provisions:

- STEP submits a monthly waiting list to the Regional Office.
- ICAP's are completed and submitted for each child as required.
- Staff to individual ratios were found to be in compliance with Appendix I requirements.
- Each family on the waiting list is contacted at least every 6 months.
- The agency notifies the regional office about changes in services to individual children on a

Client status sheet.

-For files reviewed, DPHHS was found to be the 'payer of last resort' for IFSP services.

Requirements specific to Part C Early Intervention Services:

Public Awareness/Child Find Efforts:

-STEP was found to have an ongoing child find and public awareness system. Such efforts are done in conjunction with other agencies, including ECI, schools, physicians, Head Start, and the High Risk Infant Clinic.

Eligibility:

-For all five files reviewed, there was documentation that evaluations and assessments were individualized and multidimensional.

-There was documentation that children being served had an established condition, a 50% delay in one developmental area, or a 25% delay in two developmental areas.

-Children are exited from Part C services when they become 3 years of age.

-Services were not delayed by the eligibility determination process.

-For all files reviewed, contact with families was made within 2 working days of the initial referral.

-Evaluations were completed and the IFSP in place within 45 days of the referral date.

Transition Planning:

-In two files, transition planning meetings were not well documented at least 90 days prior to the child's 3rd birthday. However, families were able to verify that transition planning was occurring, and I was personally able to attend one very informative and comprehensive transition meeting with one family and the school. (See also comments below under IFES Transition Planning—QAOS #13).

-There are formal interagency agreements in place with local education agencies.

-Families verified that they were made aware of the differences and similarities between Part C and Part B services.

Procedural Safeguards:

-For files reviewed, no children were found to require the appointment of a surrogate parent.

-Agency IFSP process allows families to approve the provision of only some of the services, without jeopardizing the provision of others.

Requirements Specific to Intensive Family Education and Support:

Eligibility:

-There was documentation that children being served are eligible under the waiver definition for IFES

-Children are exited from IFES when they become 22 years of age.

-Children are not concurrently served by IFES, the PD Waiver, or Targeted Case Management.

-There was documentation that parents are informed of alternatives available under IFES.

Family Centered Services:

-None of children sampled for IFES were living with foster families.

Individual Family Service Plans (IFSP)

-Habilitation programs were found to be carried out in accordance with the IFSP.

-All services provided were required by the IFSP.

-Parents were notified that IFSP services are portable.

Transition Planning:

-There was documentation that families were made aware from the time services began that IFES services will end when the individual reaches age 22, the IFSP team determines that IFES services are no longer required, or the needs of the child exceed the resources available.

-For the one child/family of transition age sampled, the transition plan was not well documented in the IFSP. In addition, the family expressed frustration with the transition process (QAOS # 13). **File reviews will be conducted by pairs with results submitted to supervisor, and each consumer receiving IFES services will have at least one objective each year after 18th birthday to discuss and evaluate adult transition plan.**

Procedural Safeguards:

-No children in the sample were living in foster homes.

-None of the files sampled contained adaptive equipment in excess of \$4,000.

-For all files reviewed, adaptive equipment and environmental modifications met waiver criteria.

Other Contract Requirements:

-For the 5 files reviewed, there was documentation of at least one contact per month with or on behalf of each family.

-Contacts with families were found to be made for the purpose of providing support coordination or direct services.

-None of the children sampled lived in foster homes, but historically STEP does notify the Regional Office as soon as possible when moves to foster homes occur.

-As openings occur, STEP notifies the Regional Office within 10 working days of the office, and referral packets are submitted to the regional office as required.

-For all files reviewed, cost plans for IFES services were found to be revised at least every six months.

Interviews with families:

-Nine families (three each in Part C, FES General Fund, and IFES) were interviewed during this review. Every family interviewed expressed gratitude for the services they have received from STEP. Even the one family who felt frustration with the transition to adult services stated that they had indeed benefitted over the years from services with STEP. A sampling of comments by family members follows:

“STEP has provided a very good service for us.”

“Things are going great!”

“I can’t believe the difference in my son with STEP services.”

“We have really benefited from the service.”

“The service is really great.”

“It’s been really great working with .

“Transition to adult services has been very frustrating.”

“Thanks to STEP!”

“We’ve been really pleased.”

“I don’t know what we would have done without STEP.”

Other:

Although not technically a part of this Quality Assurance Review, I want to take this opportunity to say “Thank you” to the STEP Board of Directors for sponsoring the Tri-County Guardianship Council. The Council is a group of volunteers who collectively provide medical guardianships for people with developmental disabilities who need assistance making complex medical decisions and who have no appropriate family members to speak for them. A prerequisite for forming such a council is a requirement to be sponsored by a not-for-profit agency such as STEP. A number of folks in the region have been assisted with medical issues through the Council, and STEP’s willingness to sponsor this program is much appreciated.

Conclusion

Findings Closed

-All findings are considered closed.

Findings Open/plan of Correction

-No findings will remain open, and no corrective action plans are required. However, a follow-up to QAOS #14, which identified problems associated with documentation of objectives for consumers receiving Supported Living and Community Supports services will take place within the next six months.