

Developmental Disabilities Program  
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DATE: September 11, 2009

TO: Cristin Volinkaty, CEO, Child Developmental Center, Inc.

FROM: Paula Sherwood, Quality Improvement Specialist, DDP

RE: Quality Assurance Review Fiscal Year 2010

Please find enclosed the QA Review for Fiscal Year 2010 for the Child Developmental Center, Inc. (CDC). I wish to extend my gratitude to all the CDC staff, families, and individuals served for assisting me in this review throughout the past year. It is always a great pleasure to work with this agency which continues to provide excellent services to individuals with developmental disabilities. If you have any questions, please do not hesitate to contact me at 329-5418.

cc: Paddy Trusler, CDC Chairperson  
Paula Tripp, Region V Manger, DDP  
Perry Jones, Waiver Specialist, DDP  
Tim Plaska, Community Service Bureau Chief, DDP  
Jannis Conselyea, Program Support Bureau Chief, DDP  
Jackie Emerson, Child and Family Specialist-IFE&S, DDP  
Erica Peterson, Child and Family Specialist-Part C, DDP  
CDC Contract File

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Scope of Review

This review covers the period from September 2009 to September 2010.

General Areas

A. ADMINISTRATIVE

The Child Development Center, Inc. (CDC) provides services to families and their children with developmental disabilities throughout Region V. This encompasses seven counties: Missoula, Ravalli, Lake, Mineral, Sanders, Lincoln and Flathead. Services include Part C, Family Education and Support (FES), Intensive Family Education and Support (IFE&S) and Adult Supported Living and Work/Day/Community Employment Services. CDC is not a provider of Community Supports. Individuals served through Supported Living were former recipients of IFE&S who aged out and transferred their funding to adult services. Those under this category are served by CDC only if their family has elected to maintain them in the family home. Family Support Specialists travel extensively to all areas throughout the seven counties, often to very remote locations to meet with individuals served in their family homes.

CDC's main office building is in Missoula with a large satellite office in Kalispell. The leadership team includes individuals who have years of experience in the field of Developmental Disabilities. CDC operates two Respite houses, one in Missoula and one in Kalispell. These homes each have respite hosts and they continue to be invaluable to families, providing excellent care to children.

CDC also conducts an Evaluation and Diagnosis clinic with a team of professionals who carry out multi-dimensional assessments for children.

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These include a Psychologist, Speech/Communication Therapist, and a Physical Therapist.

Family Support Specialists have all met the requirements for certification or primary certification as an FSS.

Cost plans for all service recipients are developed on an individual basis by the agency then submitted to the Region V DDP office for approval. Cost plans are also modified through the same process. CDC is the payer of last resort.

CDC submits a monthly waiting list for IFE&S services as well as any necessary changes to the Region V DDP office.

All staff who provide transportation for anyone in services are required to have a current driver's license and proof of insurance. Proof of such is kept in CDC's main offices. CDC has complied with the DDP's requirements for the College of Direct Support and all Habilitation Aides who are employed at least half time and up are enrolled and are meeting time lines for completion of required modules. CDC follows the Incident Management Policy.

Policies and administrative directives for all services are found in CDC's policy manual. CDC's last Audit was completed on June 18, 2009 by Steve Tucek, Auditor-Audit Bureau. The audit report was found to be acceptable with no findings or questioned costs.

There were no deficiencies noted for this review.

Significant events from the agency include the following:

1. CDC received expansion funds for Part C Services.
2. CDC received expansion funds for its Evaluation and Diagnosis Clinic.
3. CDC's Missoula office was repainted on the outside.
4. CDC's library was updated.

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5. CDC continues to play a significant role in the development of the new Children's Autism Waiver program.
6. CDC has spent increased resources of both time and money in researching and purchasing materials to train Family Support Specialists on Best Practices in Early Intervention.
7. CDC has managed to provide some summer activities and programs in Missoula, Hamilton, Polson, and Kalispell for children served.
8. Two Family Support Specialists have been enrolled in the Board Certified Behavior Analyst program.
9. Several new staff have been hired and trained to handle service expansions.
10. Numerous forms and processes have been developed in order to meet the needs of the new billing practices.
11. CDC applied for and was approved for a Vista volunteer starting in July of 2009.

**B. PART C EARLY INTERVENTION SERVICES**

CDC serves 160 children through Part C Services as of August, 2009.

**1. Public Awareness/Child Find**

CDC coordinates Child Find activities throughout Region V annually. Interagency agreements are documented between CDC and schools and special education cooperatives. CDC FSS' sign up for specific sites, dates and times and conduct screenings for potential referrals.

**2. Eligibility**

CDC conducts its Eligibility Review Panel on a regularly scheduled basis. This is conducted according to DDP policies and procedures. Two files of children who were not eligible for Part C services were reviewed. There was clear documentation that these children were not eligible and that the families had been referred for other services where appropriate. Part C recipients are not served simultaneously under any other possible service such as FES or IFE&S

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3. Time lines

Five files were reviewed for current Part C recipients. All prescribed time lines were met within this sample.

4. IFSP

All IFSP components were met for all five file reviews.

5. Family Centered Services and Coordination

Three Part C families were interviewed throughout the past year. All three families felt that their services were family centered. They were very pleased with the resources and information CDC staff have given to them. Coordination is outstanding and well documented in IFSP's

6. Provision of Resources and Support

Family interviews, contact notes, and IFSP's all documented evidence of the provision of resources and supports. Parents interviewed have relied heavily on the support and services from CDC staff.

7. Information and Referral

Families receive needed and requested information and referral to other services and supports. Once again, CDC staff are to be commended for the resource coordination that they provide. This is evidenced throughout the agency.

8. Transition Planning

Two of the Part C files reviewed also included documentation of transition from Part C to Part B services. This information was found throughout the files in contact notes, home visits and the IFSP's. All Part C files showed that parents are informed that Part C services are time limited.

9. Procedural Safeguards

Procedural safeguards are well documented throughout files. All files are confidential. Families have access to their child's file. Families are informed about the grievance process. Families also know that they will not jeopardize their services should they choose to participate with only certain parts of services.

10. Feedback from Families/Other Agencies

All interviews with families showed that they were extremely pleased with CDC's

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services. CDC continues to have excellent working relationships with other agencies on an on-going basis such as schools, Early Head Start, mental health services, and the DCFS. They rely greatly on CDC and appreciate their services very much.

C. FAMILY EDUCATION AND SUPPORT SERVICES

There were 70 children served by CDC in FES as of August, 2009

1. Eligibility

The Eligibility and Review Panel meets regularly to assess on-going eligibility for services. The Quality Improvement Specialist now receives requests for eligibility determinations for children at age 6.

2. Service Coordination

Five files of FES recipients were reviewed and three families were interviewed. Families attested to the fact that CDC provides excellent service coordination. This was also well documented throughout individual files.

3. Individual Family Support Plans

All components for IFSP's were accounted for in file reviews. Services are family centered and outcomes are written in the family;s words

4. Family Centered Services

IFSP's documented that families continue to be the main voice in their children's services. Family interviews indicated such also.

5. Provision of Resources and Support

CDC is exceptional in this area and it is evidenced through individual files.

6. Procedural Safeguards

Families are informed of procedural safeguards when they enter services and annually at each IFSP. Families interviewed were aware of these and reported that they were well informed in this area.

D. INTENSIVE FAMILY EDUCATION AND SUPPORT SERVICES

There are 81 children served through IFE&S services as of August, 2009.

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1. Eligibility

CDC's Eligibility Review Panel ensures that all recipients are eligible for IFE&S services. The DDP Quality Improvement Specialist is now determining eligibility at age six.

2. Family Centered Services

Five IFE&S files were reviewed and three families were interviewed throughout the past year. Files reviews and interviews indicated that services are family centered. CDC remains extremely focused on the whole family while always keeping the child's best interests in the forefront.. CDC staff have gone above and beyond the scope of their job responsibilities to ensure families have needed supports in times of crisis.

3. Individual Family Support Plans

All components of the IFSP's reviewed were in place. IFSP's and 6 month reviews are sent to the Region V QIS upon completion who also reviews them. IFSP's are timely and extremely comprehensive.

4. Provision of Resources and Supports

As stated previously, CDC does an extraordinary job in assisting families with needed resources and supports. This also includes support groups for families and helping with fundraisers.

5. Time lines

All IFSP's and 6 month reviews have met time lines.

6. Transition Planning

Two IFE&S files reviewed also included transition from IFE&S to adult services. One of these families was also interviewed. Documentation included contacts with an adult provider for day services, referral for DDP Case Management and numerous other contacts for transition.

7. Procedural Safeguards

Please refer to the above services regarding Procedural Safeguards.

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E. ADULT SUPPORTED LIVING SERVICES

CDC currently provides adult supported living services to 9 individuals. Eight of these people live in their natural homes with their biological parents and one lives with her foster family that she has been with most of her life. CDC is not involved with the licensing of this foster home. Service recipients have adult Case Managers and CDC provides Supported Living Coordinators, who were formerly the FSS' for these individuals.

i. Health and Safety

Most of the individuals in Supported Living have extensive medical and/or self-help needs and require continuous supervision and care throughout their daily activities. Medical care is monitored by their families. The Annual Health Care Checklist is completed and subsequently submitted with each annual IP. The IP teams ensure that families are meeting medical, dental and ancillary needs each person may have. Families provide assistance with medication administration.

CDC does not own agency vehicles for transportation services.

ii. Service Planning and Delivery

All IP's for individuals in Supported Living were reviewed throughout the year. Five files were reviewed for adherence to the IP. Documentation for objectives was in place and time lines had been met for implementation.

Consumer surveys have been completed and submitted with each IP. Interviews conducted during this review were completed with family members as all individuals in services have significant needs and are for the most part non-verbal. Families are very familiar with their loved ones and are well informed of their rights, how to proceed with grievances and how and when to contact Adult Protective Services if the need arises. They remain the greatest advocates for their adult children.

iii. Staffing

All staff hired to work with Supported Living Individuals have had background checks

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completed. They continue to be trained in various areas depending on each individual's needs. These include First Aid/CPR and Mandt training. Hab aides and/or respite workers are scheduled according to family/individual needs and are dependent on available current funding. Hab Aides for all of CDC service areas are not allowed to assist and/or supervise with medications. Respite providers are allowed to assist/supervise with medications as they are trained by the families. The Respite Hosts for Kalispell are med certified. The previous Respite Host for Missoula was med certified. The new Missoula hosts have been with CDC for two weeks and will be med certified by October 1, 2009.

iv. Incident Management

As was the case last year, there was one incident report for an individual in Supported Living Services who was extremely medically fragile and passed away during the past year. DDP was notified immediately and further investigation was not warranted.

I. ADULT WORK/DAY/COMMUNITY EMPLOYMENT SERVICES

CDC serves only two adults under this category who also have Supported Living Services. Their work/day service plans are individualized and one individual continues to spend much of her week days in the community completing various activities and attending a volunteer position.

i. Health and Safety

See health and safety under Supported Living Services.

ii. Service Planning and Delivery

See service planning and delivery under Supported Living Services.

iii. Staffing

See staffing under Supported Living Services.

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iv. Incident Management

There were no incident reports for either of the individuals served through Work/Day/Employment Services.