

1) Do parents/guardians have a right of refusal?

Parents/guardians do have a right of refusal but such refusal does not preclude the closure of MDC. In lieu of accepting the offered proposal, an individual's parent/guardian has the option of placement at a state or private ICF-IID or finding an alternate provider who accepts Montana Medicaid.

2) Will any of these clients be supervised by court-ordered or facility directed community treatment plans? Is MDC working to establish such plans right now for the clients in transition? Do parents have input into such plans?

There are two adjudicated clients being placed with AWARE. Both clients have been paroled. Montana Board of Pardons and Parole has been informed of the potential placements and is waiting on placement dates, and location to make sure they meet the parole standards.

There are no facility directed treatment plans.

Individual Cost Plans (ICP) were developed by MDC and DDP staff in order to ensure that clients health and safety needs were met. MDC staff have contact with parents/guardians who so desire and, where appropriate, their input was incorporated into ICP development.

3) What is the time frame for placement?

Per the contract with AWARE, four residents are to be placed within 45 days of signing the contract, which was signed 1-5-16. All clients will be placed by June 30, 2016. So as to be minimally disruptive, placements will be phased in with an average of 2-4 clients being placed per month.

4) Where specifically will clients reside? What does the facility or facilities look like? How is it (are they) structured?

The clients will be residing in Butte, MT. AWARE is in the process of purchasing homes for client placements.

5) Can transition committee members receive a tour of the facility or facilities proposed for placement? Can we schedule this?

Yes.

6) What level of psychiatric care or therapy plans will clients be receiving in their new placement? How does it compare to the same being provided at MDC? Can we have a summary provided?

Per their proposal, AWARE has the ability to provide "psychiatric evaluation, medication management, psychiatric consultation for individuals and families, professional consultation with primary care physicians, nurse practitioners and other care providers within the community, and staff supervision and care consultation within a team framework."

7) What are terms, both financial and logistical, for clients who do not make it in group home setting and must come back to MDC? If placement is not successful, how will MDC respond? What alternative settings may be utilized?

If AWARE is not able to establish or provide the agreed upon services as set forth in the ICP, the person may be placed in the normal course through listing on the port list and acceptance by another provider.

8) What are the terms of the agreement with AWARE? Is there a contract with specified terms? What are those terms? Yes there is a contract for these 21 individuals.

The contract is attached.

9) What do the cost plans look like for the individual clients?

The ICPs for the 21 individuals being served by AWARE range from a low of \$156,970.00 to a high of \$255,455.48 with the average ICP amount being \$189,326.39.

10) Why all 21 to AWARE? Were there other proposals?

AWARE was the first and only provider to submit proposals to serve these 21 clients.

11) How were proposals evaluated? What about AWARE proposal led to their selection?

Proposals were evaluated for their ability to meet the health and safety needs of the clients.

12) Is there a mechanism in place to assure that public knows about client on client abuse or instances of aggression similar to reporting required at MDC?

See question 17

13) What recreational opportunities, job training/work experience opportunities will be in existence? How will they be supervised?

Per AWARE's work/day services they must "provide individualized, meaningful work services for people with developmental disabilities. AWARE work services provide a wide range of employment services that meet the needs of adults with disabilities, including those who have intensive or senior needs. To accomplish this, AWARE provides a combination of individualized work or day services options that range from facility-based work to supported work activities or competitive work. AWARE has also developed a collection of businesses called the AWARE Business Network that provide real-world employment opportunities for people with disabilities. Some of the opportunities available include work in recycling, pottery, radio, publications, and art. These businesses work in conjunction with our supported employment program.

Supported Employment Services provide job placement for individuals within the community. These services include job development, coaching and support to employers to ensure job completion. They provide opportunities for meaningful, paid work and for work within integrated settings. These services also provide opportunities for the development of natural supports (e.g., the development of supportive relationships with coworkers). Transportation services and building skills to use community transportation are also a part of these services."

Each ICP indicates the level of staffing that should be provided during work/day programming.

14) What will be staffing levels at AWARE facilities? How will that compare with MDC?

Staffing levels will be determined by requirements of the ICPs. Direct care staffing levels should be comparable to staffing levels at MDC but were tailored for community placement.

15) What wages, benefits will be offered to AWARE employees?

We have asked AWARE for this information and will provide it upon receipt.

16) What is current staff turnover rate at AWARE? How does that compare with MDC's turnover rate?

MDC's turnover rate for 2015 was 33.8%.

17) What information does state have about abuse (staff to client/client to client) at AWARE homes now that they have contract? How many documented instances/allegations of abuse, neglect, aggression have taken place at AWARE facilities in last month, in last year? This information should be shared with transition committee. AWARE has developed and maintains their own electronic incident management database. Incidents of suspected abuse, neglect, exploitation and/or mistreatment are required to be reported in the incident management system. AWARE is held to the same reporting requirements, meaning types of incidents reported, timeframe in which to report, any follow-up activities as all other contracted providers, however documentation is completed within AWARE's incident management system then transferred monthly to the incident management system provided by the State. AWARE has provided access to their incident management system to one State staff (Quality Improvement Specialist) in each region in which AWARE delivers direct care services.

How many documented instances/allegations of abuse, neglect, aggression have taken place at AWARE facilities in last month, in last year?

2 incidents under the abuse or assault categories were reported by AWARE as of 1/26/16 for December, 2015. For calendar year 2015 there were 18 incidents under the abuse or assault reported by AWARE as of 1/26/16. These were mostly under the assault category. There was nothing reported under "neglect" reported in the 2015 data.

19) What is process of reviewing success or failure of placement? Evaluation procedures? Parent or guardian consultation? What is process of reviewing success or failure of placement?

Success or failure of a placement is evaluated through many avenues. The Consumer Survey, completed by the Case Manager, is the tool used to gather information from the member or

parent/guardian to evaluate satisfaction with services and assists teams in the ongoing process of developing plans of care that meet the individual's needs. The Waiver 5 form is also completed by the case manager annually which documents the member or guardian, if applicable has been informed of choices, including the opportunity to remain or discontinue waiver services; remain with or change providers; or choose to self-direct services. Both of these forms are available on the DDP website under "Forms/Tools." Many providers also have internal mechanisms whereby they gather consumer satisfaction information on a regular basis.

Additionally, the planning team develops a plan of care annually with and for each member. The plan of care is developed based on assessed needs and the visions or goals of the member. The actions or activities and supports that are to occur over the year are reported by provider staff to the case manager on a quarterly basis and monitored for progress. The plan of care is modified or amended as needed to reflect the changing needs of the member or to attempt different strategies if current methods are unsuccessful.

DDP desires that every member be successful so has designed a system to support this. If a member exhibits or develops needs that cannot be met by the current provider(s) DDP has services and supports available to the provider to promote success. This includes annual training grants available to each DDP contracted provider, consultation and training with behavior support professionals, and consultation with medical and psychiatric professionals.

For the 21 individuals governed by this contract, client information for each person including the ICP will be reviewed at 3, 6, 9, and 12 months following placement into services to determine the appropriateness of the plan. The persons will be assigned to a Department designated case manager with enhanced case management duties. The DDP Bureau Chief will serve as the Regional Manager for these persons. The case manager will complete at least one functional adaptive behavior assessment yearly in conjunction with AWARE. These results must be shared with the Personal Supports Team. Additionally, the case manager will conduct increased in-person visits to individual's day/work service and living environment. The case manager will have access to client's case file and may facilitate review by the DDP Psychiatrist.

20) What is the notification process and consultation process that will be used with parents/guardians as the transition occurs?

The Client Services Coordinator (CSC) will notify the parent/guardian by phone when a placement decision is made. A letter outlining the placement decision and any other pertinent information will be mailed to the parent/guardian once a placement date has been determined. The letter will include contact information for members of the Treatment Team. The CSC and other members of the Treatment Team will be available to answer any questions the parents/guardians may have.

21) What is the current plan for MDC once these clients are removed? Will other clients be moved in – such as those who could and should be eligible for MDC services but have been denied access in recent months? Are there currently folks waiting for placement that could be served by MDC?

Since SB 411 requires the transition of most residents out of the Montana Developmental Center and into community-based services by December 31, 2016, therefore, as clients exit MDC, the census of the facility will be correspondingly reduced.