



PROOF
**Parent-Relative Organization
for Oakwood Facilities, Inc.**

**Family & Consumer Evaluation of Providers & Programs
For Persons with ID/DD**

What should I be looking for in a community based provider and residential program?

November 30, 2007

Introduction

In early October PROOF sent a letter to all Oakwood families, parents and guardians about the increased effort by Bluegrass Oakwood to educate us about community based options. Shown below are two paragraphs from that letter (underlines added for emphasis).

The purpose of these educational events is 1) to make us more aware, more informed parents, relatives and guardians, 2) to help insure that Oakwood remains in operation and, 3) to satisfy the U.S. Department of Justice. Strictly speaking, the goal is education, not to transition our loved ones to a community-based service. Any transition should occur only with the approval of the parent or guardian after a lengthy period of intense scrutiny of available community options.

Some events are designed to educate us about community options. Please be assured that PROOF is committed to the on-going support and advocacy of Bluegrass Oakwood ICF/MR. We see the absolute necessity of the Commonwealth providing Oakwood as a choice for some portion of Kentucky citizens with developmental disabilities. However, as advocates, we should become informed about all available choices.

Sometime in early 2008 the Kentucky Money Follows the Person (MFP) program, Kentucky Transitions, will most likely be approved by CMS. When this occurs, the emphasis on transitioning to community based services will only increase.

Families, parents and guardians have many things to consider when evaluating competing choices. Every person viewing a program sees different areas of importance and priority that determine whether that program and provider are acceptable or unacceptable. It is a very personal choice. We continue to suggest a lengthy period of intense scrutiny. To aid in that process you may want to use these questions as part of your evaluation. PROOF thanks Polly Spare, Past President of VOR, for her early work in creating these questions [and Anne Montgomery, PROOF, for her administrative help]. Thanks to the Council on Mental Retardation, Louisville, KY, for providing help with Section 6.

Disclaimer

PROOF, Inc, its members, and its directors do not warrant or guarantee that the use of this document will result in a satisfactory placement for your loved one. The questions are an incomplete list of questions. Please modify, delete and add questions to meet your specific needs.

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General Suggestions

1. Visit the home or facility in pairs, one to question and take notes, and one to observe.
2. Schedule one or more visits for times when the current clients are there.
3. Request another visit if you don't get to see everything.
4. When you leave, compare notes and impressions with your partner.
5. Keep in mind that what you see is usually the best of the program.
6. DO NOT SIGN ANY AGREEMENT TO MOVE YOUR FAMILY MEMBER until 1) you have allowed yourself ample time to investigate the new placement and, 2) all your questions have been answered to your satisfaction and, 3) you have in writing and fully understand the transition process including any right you may have to change your mind.
7. PRIOR TO SIGNING ANY AGREEMENT TO MOVE YOUR FAMILY MEMBER, you may wish to consult with a lawyer concerning the legal rights of your loved one.
8. See Section 13 – Words of Caution for Parents & Guardians.

Section 1 – The Provider	Personal Notes & Observations
1-1 Provider Corporate Headquarters - Name, Address & Phone # ?	
1-2 Provider Local Headquarters - Name, Address, Phone #, Contact Person Name & Title?	
1-3 What is the type of provider organization – for-profit corporation, not-for-profit organization, partnership, sole proprietorship, etc.	
1-4 How long has the provider been in business in Kentucky?	
1-5 In which cities does the provider have homes and how many homes does it have in each city?	
1-6 How many provider homes are in the same neighborhood or subdivision as the home you are considering?	
1-7 Does the provider have a current license? If yes, for how many homes and clients? Has it ever been revoked or suspended?	
1-8 What is the length of the current certification in months?	
1-9 Please provide the dates and the number of discrepancies for the past three CHFS inspections.	
1-10 Who (besides the provider) inspects individual homes? How often?	

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Section 2 – The Home	Personal Notes & Observations
2-1 What is the address (street, city, state & Zip) and phone # at the home?	
2-2 What is the name, title and phone # for the primary parent contact(s) at the home?	
2-3 What is the distance from this home to my home?	
2-4 How easy is it to get to the home?	
2-5 Is the home rented, leased or owned by the provider? If leased for what period of time?	
2-6 What happens when the lease is up?	
2-7 If rented or leased are there plans to purchase?	
2-8 How does a monthly rent/lease increase affect the client charges?	
2-9 Is the home all on one floor level? If not explain.	
2-10 How many clients and bedrooms?	
2-11 Does the provider ever place two or more clients in a bedroom?	
2-12 How many bathrooms?	
2-13 Are there safety rails in the bathroom?	
2-14 Is the hot water temperature controlled at a safe level? What is the hot water temperature?	
2-15 Is the home well constructed?	
2-16 What year was it built?	
2-17 Does it have smoke alarms? If yes, where?	
2-18 Does it have a fenced yard front and back?	
2-19 Is it centrally air conditioned and heated?	
2-20 What types of door locks are used? Can they be unlocked without a key?	
2-21 Are there screens in the windows?	
2-22 Are there two or more outside exits?	
2-23 Is the home comparable to other homes in the area?	
2-24 Is the outside of the home attractive and in good repair?	

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Section 2 – The Home (continued)	Personal Notes & Observations
2-25 When you enter the home how does it smell?	
2-26 How would you describe the appearance of the home on the inside – clean, fresh paint, good furniture, etc.?	
2-27 As you observed the home, in your opinion, would the home meet state and local standards for health and safety?	
2-28 Who is responsible for home repairs?	
2-29 Are any ramps in place?	
2-30 Is there a clothes washer and dryer in the home?	
2-31 Is it coin operated? If yes, who pays?	
2-32 Who does the laundry for the client if they can't do it?	
2-33 If staff does the laundry have they been trained to properly care for clothing?	
2-34 Who is responsible for cleaning the home?	
2-35 How often and by whom is the home inspected for cleanliness?	
2-36 What other home inspections and oversight does the provider regularly use to insure the proper operation of the home?	
2-37 Are all medications kept locked? Please describe.	
2-38 Are all cleaning supplies and bleaches kept locked? Please describe.	
2-39 How far does the client travel to his/her day program central point?	
2-40 On average how many miles does the client generally travel during the week for outings, recreation, work, activities, etc.	
2-41 How far does the client travel to see a doctor? Please indicate for each specialist normally seen by the prospective client.	
2-42 How far is it from the home to the hospital or hospitals used by the provider?	
2-43 How far does the client travel to his/her church?	
2-44 How is the residential program funded? Please describe.	

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Section 2 – The Home (continued)	Personal Notes & Observations
2-45 What is the per diem charge? Is any of this charge currently subsidized by the provider? If yes, please explain.	
2-46 Who monitors the residential program?	
2-47 How often do they monitor?	
2-48 Are written reports filed by the monitors?	
2-49 Who receives these reports?	
2-50 Are all reports such as monitoring, accidents, evaluations, available to parents and legal guardians?	

Section 3 – The Staff	Personal Notes & Observations
3-1 What are the educational and other qualifications necessary to be hired as a Direct Support Professional (DSP)?	
3-2 How is the DSP trained initially upon hiring? Describe the type and length of all training.	
3-3 What areas/topics are covered in training?	
3-4 Is there a structured plan for continued training?	
3-5 Please describe the typical advancement path for the DSP.	
3-6 Please describe the employment benefit package for the home DSP.	
3-7 How many staff members are present in the home for each shift (1-3)?	
3-8 Is a Supervisor onsite? Whether onsite or not, how many homes is the Supervisor in charge of?	
3-9 How many hours per day and hours per week does the staff work usually? In special situations?	
3-10 Is the home staff ever allowed to sleep while on duty?	
3-11 Is the staff allowed to smoke or use other tobacco products in the home?	

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Section 3 – The Staff (continued)	Personal Notes & Observations
3-12 Is the staff allowed to take clients from their home on outings without prior approval from the provider and/or guardian?	
3-13 What is the client/staff ratio for each shift (1-3)?	
3-14 What is the staffing plan for each shift during the weekends?	
3-15 What is the staffing plan for each shift during the holidays?	
3-16 Does this overall staffing arrangement agree with the prospective client's pre-placement plan? [Note: Be sure you have a <u>written plan that describes staffing prior to any transition placement.</u>]	
3-17 What is the length of service for each DSP now working full time or part time in the home where my family member will live?	
3-18 Does the provider staffing policies allow for the use in the home of temporary staff from a pool?	
3-19 What is the length of time each DSP has worked in the home where my family member will live? Continuity is a concern.	
3-20 What percent of the provider DSP staff has a length of service of 12 months or more, 18 months or more?	
3-21 What is the average tenure of DSP staff for this provider?	
3-22 Is the home staff made aware of special diets?	
3-23 What type of training are they given in preparing special diets?	
3-24 How is the home staff trained to handle seizures? What procedures are used?	
3-25 How is the home staff trained to handle behavior problems? What procedures are used?	
3-26 How is the home staff trained in the administration of medication? What procedures are used?	
3-27 If only one person is on duty when a client becomes ill or "acts out", how are the other clients supervised until help arrives?	

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Section 4 – Other Clients	Personal Notes & Observations
4-1 What ages are the clients?	
4-2 Is the age range compatible?	
4-3 Are the other clients all male or all female?	
4-4 Are there any clients with special needs present – blind, deaf, non-ambulatory, etc?	
4-5 What special provisions were made for these special needs?	
4-6 When you observed the clients, how did they interact with each other?	

Section 5 – Medical Services	Personal Notes & Observations
5-1 Who administers medication?	
5-2 What qualifications are required to do this?	
5-3 How is this monitored?	
5-4 Who does the monitoring? How frequently?	
5-5 Is the staff trained in C.P.R.?	
5-6 Is the staff trained in First Aid?	
5-7 Is the staff trained in special therapies?	
5-8 What experience do the provider selected hospitals have with persons with ID/DD as admitted inpatients?	
5-9 Which doctors, specialists (neurologists, podiatrists, orthopedic, surgeons) and dentists are used to provide care?	
5-10 Who pays for services rendered that are not covered by Medicaid?	
5-11 How often are clients given medical, dental, and vision checkups?	
5-12 In case of an illness, is staff available at the home to care for the client?	
5-13 Who provides convalescent services after surgery or illness?	
5-14 If a client is hospitalized do you provide staff to stay in the room 24/7?	
5-15 How do you handle medical emergencies?	

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Section 5 – Medical Services (continued)	Personal Notes & Observations
5-16 After sedation for medical procedure/treatment as an out-patient, are the clients taken home or to the day program? If to the day program, are beds available for clients to recuperate?	
5-17 Is staff encouraged to call 911 in the case of an emergency? Is a written policy regarding calling 911? Ask for a copy.	

Section 6– The Program	Personal Notes & Observations
6-1 What are the relevant resources close to the program and are those resources utilized by clients?	
6-2 Does the program/service fit well into the neighborhood or is it out of place?	
6-3 Do staff members in the program represent a positive image to the community and treat clients respectfully?	
6-4 Do clients have an opportunity to interact with non-disabled people in the community?	
6-5 Is the program facility age appropriate for the client?	
6-6 Are the client's personal appearances appropriate?	
6-7 Are daily activities and routines appropriate for the age of the client?	
6-8 Are clients addressed in age appropriate language?	
6-9 Do clients have age appropriate possessions?	
6-10 Does the program staff appear to be well trained? Is the training consistent across all program staff?	
6-11 Does the program content appear to be appropriate for the student's level of understanding?	
6-12 How intense is the program being offered? Is it relevant to the client's need, and how much time is spent in the activity?	

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Section 6– The Program (continued)	Personal Notes & Observations
6-13 Is the program space pleasant and appealing to spend time, is it safe for clients and is it comfortable?	
6-14 Are the unique needs of clients recognized and are programs/services individually directed?	
6-15 What is the quality of interactions between clients and staff, staff and staff, clients and clients, and does staff encourage and develop adaptive and appropriate interactions?	
6-16 Does the program use services that are utilized typically by the general population (doctors, recreation programs, outpatient centers, adult education programs, transportation services, churches, etc.)?	
6-17 Are consumers (clients and their families) and the public involved in the organization serving the client? For example, parents and/or consumers on the board or committees, advisory roles, etc.	
6-18 Is the program or service innovative?	
6-19 Does the program have any working relationships with local or regional colleges and universities?	
6-20 Does the program make an effort to education the public about ID/DD issues and/or the needs of children and adults with ID/DD?	
6-21 How is the program licensed? Is it an ICF/MR, waiver program, or solely state funded?	
6-22 If the home is licensed as an ICF/MR does the provider have a history of converting ICF/MR homes to waiver homes?	
6-23 What are the funding sources for the program?	
6-24 Is there more than one source of funding?	
6-25 What happens to the client, if funding is cut back?	

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Section 6– The Program (continued)	Personal Notes & Observations
6-26 What indoor and outdoor recreational activities are available? Are clients offered choices?	
6-27 Does the program have adequate transportation available for all program activities?	
6-28 If one client is restricted due to illness or behavioral issues will the other clients be denied the opportunity to participate in programs or recreational activities?	
6-29 If one client is restricted due to illness or behavioral issues, or just doesn't want to go, will the other clients be denied the opportunity to attend church?	
6-30 How often are "special" activities planned? Who pays for the activities?	
6-31 How are clients transported?	
6-32 How much supervision is provided?	

Section 7 – Money & Allowances	Personal Notes & Observations
7-1 How are client funds handled?	
7-2 What financial reporting do parents receive? How often are reports provided?	
7-3 Who is the payee for government funds paid on behalf of the client?	
7-4 Please describe the financial reporting required of parents or guardians in your system of care?	
7-5 Who buys clothing for the client?	
7-6 Who buys personal care items for the client?	
7-7 What is the amount of the allowance for incidentals provided for the client?	
7-8 Who decides what this amount should be?	
7-9 Who pays the allowance? (Suggestion – you negotiate a proper allowance amount?)	

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Section 8 – Client Training & Employment	Personal Notes & Observations
8-1 Will the day program involve job/skill training and/or employment?	
8-2 What percentage of clients is employed in the community?	
8-3 Do all clients who are capable of employment in the community have jobs? If not, why not?	
8-4 What options are available for the client in the area of job/skill training?	
8-5 Is the client or the legal guardian involved in the choice of training and employment?	
8-6 Did you visit both the day and residential program?	
8-7 Is the work compatible with what my family member has been doing?	
8-8 Is it compatible with my family member's abilities and skill level?	
8-9 How long is the work day?	
8-10 What breaks are planned?	
8-11 What are the pay goals? How is pay calculated?	
8-12 What is the workplace ratio of staff to clients?	
8-13 What is the overall goal for the work effort – supported work, independence, etc?	
8-14 Do you agree with the goals?	
8-15 How often are these goals reviewed?	
8-16 Did the provider conduct any testing prior to accepting your family member?	
8-17 What were the results? Did you get a copy?	

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Section 9 - Education	Personal Notes & Observations
9-1 If your family member is under 21 years of age he/she has a right to education under federal law.	
9-2 What school would he/she attend?	
9-3 How many students would be in the classroom?	
9-4 Is a separate special education option provided?	
9-5 Are special education students mainstreamed with regular classes?	
9-6 Is the teacher certified in special education?	
9-7 How many teachers and aides are in the classroom daily? Provide a count of each please.	
9-8 Does the teacher coordinate planning and training with the residential program?	
9-9 Are related services offered such as P.T., O.T., and speech therapy?	
9-10 Who provides transportation to and from school?	
9-11 Who provides meals? Are special diets observed?	
9-12 Is this a 9 or 12 month education program?	
9-13 If 9 months, what happens the other 3 months?	

Section 10 – Menu & Food Preparation	Personal Notes & Observations
10-1 How much money is allocated for each individual's meals per week?	
10-2 What is purchased with the food budget? Is it food only, or are cleaning supplies, laundry detergent, toilet paper, paper towels, etc. purchased with that money in addition to the food?	
10-3 How are meals for staff paid for?	
10-4 Who prepares the menu? For what period of time—such as weekly or monthly?	

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Section 10 – Menu & Food Preparation (continued)	Personal Notes & Observations
10-5 What types of special diets are available?	
10-6 Who monitors this process?	
10-7 Does the provider have a dietician or food consultant?	
10-8 Who cooks the food? If staff, have they been trained in cooking/handling food properly.	
10-9 Have they been provided recipes for preparing meals that are indicated on menus?	
10-10 May I see the menu for the past two weeks?	
10-11 How often are frozen meals served?	
10-12 How often is food from fast food restaurants served at meal time?	
10-13 Did you observe that the food served in the home was nutritious and well balanced (fresh vegetables, fruit, etc.)?	
10-14 Is the kitchen equipment adequate?	
10-15 Is there a dishwasher installed?	
10-16 Is the food area clean?	
10-17 Is the menu posted?	
10-18 Does the food served match the posted menu? (It is wise to visit at mealtime.)	
10-19 Are the refrigerator, freezer and pantry adequately stocked?	

Section 11 – Admission & Discharge Policies	Personal Notes & Observations
11-1 For what reason would a client be discharged from the home (behavior, medical, elopement, reclassification?)	
11-2 Who makes the decision on discharges?	
11-3 Will the parent or guardian have a voice in the decision?	

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Section 11 – Admission & Discharge Policies (continued)	Personal Notes & Observations
11-4 If community living proves to be wrong for my relative, will he/she be allowed to return to his/her prior placement? Please provide a written statement to that effect, and name the state authority or reference that backs up your position.	
11-5 If a client is reclassified, and there is no bed space available, what happens to the client?	
11-6 How long can a client be on furlough from the home? How often?	
11-7 May I have a copy of your written Due Process policy?	

Section 12 – Questions for Parents & Guardians	Personal Notes & Observations
12-1 After placement, will we be allowed to visit without prior notice? If not, why not?	
12-2 Prior to placement, will we be allowed to visit without prior notice? If not, why not?	
12-3 Will I be notified immediately if my family member becomes ill, or is injured, or needs hospitalization, or runs away?	
12-4 Is there a family association that meets regularly? Will the provider help facilitate the organization of a family association?	
12-5 Will all services, programs, and funds be in place and secure before my family member is moved?	
12-6 Have you been appointed by the court as legal guardian? Can you prove it?	

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Section 13 - Words of Caution for Parents & Guardians

- 13-1 Get all pertinent information in writing including a pre-placement transition plan.
- 13-2 Ask for copies of all state regulations regarding client rights, parental rights, and due process rights or due procedure rights.
- 13-3 If you are told that something will happen or will be provided, get it in writing prior to accepting placement. Once enrolled in a program, use annual and semi-annual reviews to document promises kept and not kept.
- 13-4 After placement, visit on an irregular schedule, unannounced. BE OBSERVANT!
- 13-5 Be cooperative, listen to what is said, but do not agree to anything that seems irregular or may endanger the client's rights to health, safety, and program.
- 13-6 Don't sign ANYTHING, particularly room and board contracts, if you are not totally satisfied. The one exception is the form for emergency medical care. BE SURE that it is a separate form, not part of any overall release.
- 13-7 You are not responsible for damage to property or liability insurance that protects the provider.
- 13-8 Be sure you understand how funding is obtained for the program. Is it ICF/MR? Supports for Community Living? 2175 Waiver? Pure state dollars? Today, almost all states share costs with the Federal Government to maintain community placements. The cost to the resident will vary according to the type of program. BE SURE you know how much of his/her monthly benefits is assessed for room and board.
- 13-9 If you are considering placement with the provider with whom you conducted this interview, take this completed form to the administrator or owner of the program and asked for his/her signature. Keep this signed document with your records.
- 13-10 Ask to see the current SCL Policy Manual. Spend time reviewing the manual.
- 13-11 Do not be intimidated. Do not allow anyone pressure you into making a decision quickly.