Oklahoma Department of Human Services
Phase-Down Plans for the State Administered Resource Centers
January 9, 2013

On November 1, 2012, the Human Services Commission passed a resolution directing the Oklahoma Department of Human Services (OKDHS) to close the Southern Oklahoma Resource Center (SORC) by April 30, 2014, and the Northern Oklahoma Resource Center of Enid by August 31, 2015. In accordance with the resolution, this document sets forth the plans to phase-down and cease State operation of the Resource Centers. The plan does not include the Robert M. Greer Center or Oklahoma Employment Services both of Enid. However, state employees of the NORCE Oklahoma Employment Services may be affected by displacement and/or reduction.

The Developmental Disabilities Services Division (DDSD) Director will appoint a Transition Manager from DDSD's senior staff. The transition manager will ensure a smoothly flowing process, including reviewing every plan to assure necessary services are in place for each individual before leaving the facility.

Implementation of the phase-down plans for each facility will require flexibility contingent upon the transition rate of residents to the community. The plans will be reviewed on a quarterly basis. The DDSD Transition Manager will identify those areas where experience indicates a need to amend the plans to meet the goal of ensuring that the needs of the residents are met. Any proposed amendments, along with supporting rationale, will be submitted to the DDSD Director for review and approval.

DDSD Community Services staff and Resource Center staff recognize that the continued transitioning of residents may present some challenges. Pre-identified needs of each resident will be addressed to ensure that the transition process goes as smoothly as possible for each resident. All staff are committed to both maintaining quality services at the facilities and providing quality services to enhance the success of each individual's placement. During this process, the facilities will make every effort to maintain and/or meet State licensing and ICF-MR compliance standards. The DDSD Programs Administrator for Institutional Services shall be responsible for ensuring compliance and shall provide monthly status reports to the DDSD Director. The reports will include: 1) summaries of the activities, findings and the status of corrective action specified in the Health and Sanitation section of each facility's Phase-Down plan; 2) status updates and ongoing activities to maintain compliance related to the Plan of Correction from the ICF-MR survey, if applicable; 3) status of all allegations of maltreatment of

residents and of all injuries of unknown source which are suspicious in nature and/or injuries which require treatment beyond provided by a nurse; 4) hospitalizations; 5) the number and types of medication errors; 6)number of individuals currently residing at each facility; 7) identification of those residential buildings open at each facility and the census of each building and identification of those buildings that have been closed; 8) the number of staff by classification/category employed at each facility; and, 9) minutes of the Human Rights Committee meetings.

During November and December, 2012, experienced and knowledgeable members of the DDSD Area Office staff will visit each individual on campus and review his or her record giving priority to those residing in buildings that will not meet fire codes in 2013. Area Managers will provide status reports on all scheduled visits during the weekly State Office transition meetings. This process will continue as phase-down progresses. In order for residents to have the opportunity to move with others they know, potential roommates will be identified from those currently residing together. The Area Office staff will arrange meetings with the resident's family or guardian to discuss and identify available service options. The family or guardian will identify the community where they would like the individual to live so that a case manager from the appropriate area office may be identified and assigned. Area Office staff will also provide each family the opportunity to tour community settings serving individuals with needs similar to those of their loved one and to visit with family members and guardians of individuals currently receiving community services. A written information packet describing community service options, answering frequently asked questions and providing contact information for the Area Office staff will also be provided at this time.

Projected Capacity at Resource Centers as of December 31, 2013

	Unit	Current Census	Proposed Capacity
SORC:	Turner (Hospital) (1951)	16	18
	Junior (1960)	20	0
	Multi-Unit North (1974)/South (1961)	78	0
	Independence (1960)	3	0
	Deacon I (1951)	3	0
	Deacon II (1950)	3	0
	Subtotal	123	
NORCE:	Cherokee (Hospital) (1948)	42	48

	Delaware Group Home (1951)	9	9
	Alpha (1950)	5	5
	Beta (1951)	3	5
	Omega House (1971) (20 from SORC)	0	21
	Cherokee Circle (2010)	12	16
	Rose (Chickasaw) (1951)	37	0
	Subtotal	108	
GREER:	Greer Group Home (1949)	3	0
TOTAL:		234	120

The transition process will commence January 1, 2013. Priority moves will be given to volunteers who desire to live together in the community. Three to four residences need to be established monthly beginning in January 2013. If there are persons at SORC who must move because their building is being closed, but do not desire a community placement and want to take advantage of the opportunity to move to NORCE, on a short-term basis, up to 20 persons will be selected based on the first date of admission at SORC. Compatibility of the residents will be a consideration in the decision as will suitability of meeting their needs at the NORCE facility. Residents may be referred to private ICFs-MR if they desire.

Transition Process

Other than the individual moving, the case manager is the most important component in the transition process. A case manager will be assigned by the Area Office to work with and guide individuals and their families/guardians through the transition process. The DDSD case manager will meet with every resident and his or her family or legal guardian to discuss needs and service options and assist them in selecting the service option that is best for them. Depending on the option selected, families and guardians will need to make a number of other choices such as selecting service providers, roommates, houses, etc. The case manager will help locate and coordinate services and will provide information needed to help make necessary decisions.

Once service options are selected, case managers will identify service providers available to provide needed services. The individual and his or her family/guardian will select the service provider and may interview several service providers prior to making their selection. The individual and his or her family members and guardians will be included to the extent they desire in team

meetings to develop their transition plan. Community providers selected to provide services will be part of the Team developing the plan. Staff from the Resource Centers who know the individual well will also be included in the planning process. The plan may include a provision that familiar staff from the Resource Centers accompany the resident on visits to the selected service site to assist in adjusting to their new home.

All service providers including a primary care physician and dentist will be identified prior to the individual's move from the Resource Center. All community provider staff will be fully trained prior to the transition date. A written Individual Plan will be prepared by the case manager based on planning meetings conducted and will be available to the community service providers and the individual and his or her family/guardian prior to the move into the community. The Plan will be reviewed and updated if necessary within 30 days of transition. The OKDHS OCA Advocate General will review every individual's plan for community placement and will certify that all necessary services and supports are in place prior to the transition date

Additional safeguards that will be in place prior to transition include: an OCA advocate will be assigned as a team member to each individual; household furnishings and utilities will be in place and operational; the case manager and the family/guardian will review and complete a pre-transition checklist to assure all needed services and supports are in place; and the case manager and the provider agency program coordinator will review and complete the Residential Pre-Service Checklist to ensure all necessary services and supports are in place. Area transition coordinators verify that all necessary services are in place prior to an individual's move to the community. Case managers will make weekly visits to the home for the first thirty (30) days following transition. Frequent visits will continue as necessary until placement is stabilized.

SORC Phase-Down Plan

Transition of the 123 residents currently residing in residential buildings that are not sprinklered will commence by January 1, 2013. Transition of the residents of Turner will begin no later than January 1, 2014 and be completed by April 30, 2014. The projected end date for state administered residential services at SORC is April 30, 2014.

The SORC phase-down plan addresses medical care, health and sanitation, staffing, training and programming. In closing living units, consideration will be given to minimizing the number of on-campus moves prior to transition from the facility and to moving residents with identified community living companions. During this process, the facility will make every effort to maintain and/or meet state licensing and ICF/MR compliance standards. There will be need for flexibility with this plan contingent upon the transitioning rate of residents to the community. The plan will be reviewed on a quarterly basis. DDSD will identify those areas where there is a need to amend the plan to meet the goal of ensuring that resident needs are met. The DDSD Transition Coordinator will provide written quarterly progress reports to the Governor's Office, the OKDHS Director, the OKDHS Chief Coordinating Officer, and the DDSD Director reporting the number of individuals who transitioned into the community, the number of individuals in active transition planning status, the number of individuals still residing at each facility, the number of residential buildings open and closed at each facility, and the number of staff employed at each facility.

Resident needs in the community will be identified and addressed to ensure that the transition goes as smoothly as possible. All necessary services will be in place and included in the Individual Plan prior to moving from the facility. Case management will monitor community services closely during the first thirty days after transition to enhance the success of each individual's placement. The area transition coordinator will complete a Quality of Life Survey for each individual prior to his or her movement to the community, another survey at the one-year anniversary of the move and another survey at the two-year anniversary. Results of these surveys will be provided to The Oklahoma Health Care Authority as specified by the Centers for Medicare and Medicaid Services.

HEALTH CARE SERVICES

Health Care and Dental Services will be maintained as long as any resident remains at the facility. These services are currently provided by contracted community providers. These contracts will be maintained until the facility is

vacated. Pharmacy services are provided on-campus. If feasible, these services will be provided until the facility is closed. If necessary, pharmacy services will be contracted with community providers.

The allied medical services such as Physical Therapy, Occupational Therapy, Speech Therapy and Nutrition Therapy are currently provided by contracted providers. These will continue until the facility is closed. Psychological Services and Nursing Services will continue until the facility closes. Psychological staff will transfer to the community program when no longer needed at the facility.

HEALTH AND SANITATION

Facility residential supervisory staff will continue weekly environmental inspections for each living area until such time as that living area is closed for client use. Any condition or issue of critical importance will be reported immediately to the Unit Manager, and to the maintenance department. Any condition that might be in non-compliance with ICF-MR regulations, Health Department licensing, or OKDHS requirements will also be reported immediately to the Facility Director and Facility Assistant Director. Issues will be corrected as soon as possible by the appropriate department or personnel, and the corrections reported to the Facility Director once completed. The maintenance department will conduct monthly preventative maintenance inspections, and follow up on all work orders submitted by the living areas.

Residential supervisory staff will also be responsible for conducting required safety drills and reporting information pertinent to the drills. Fire drills are conducted for every shift of every cottage on a quarterly basis. Severe weather drills are conducted twice a year for each shift. Issues of concern in the conduct of safety drills will be addressed through the appropriate supervisor with follow-up training provided, if necessary. Facility maintenance functions and regulatory compliance inspections will continue until facility services are discontinued to assure compliance with applicable standards. The facility Safety Committee will continue to review inspection reports and ensure that issues are addressed as needed. Quality Assurance functions will continue until facility services are discontinued to assure compliance with applicable standards. Social service inspectors will transfer to the community program when no longer needed at the facility.

DIRECT CARE STAFF

The following classifications fall into this category: Residential Habilitation Specialists (temporary), Direct Care Specialist I, II, III and IV. Staffing will remain at or above ICF-MR resident/staff ratios. Efforts will be made to retain the most

experienced direct care staff to assure quality and continuity of services (See, Staff Reduction Activities, pages 9 and 10).

ACTIVE TREATMENT SERVICES

Active treatment services will be provided as established through the Individual Plans (IP) to ensure residents' needs are met. Each IP is reviewed on an annual basis and necessary revisions are made. The IP describes the services necessary for health and welfare, the outcomes desired and the services and supports necessary to achieve those outcomes. Programming is reflected on a 24-hour schedule for each resident and the schedule will be followed by all staff providing services to the resident. Progress information is documented by the assigned facility staff. Facility case managers will continue to coordinate and monitor IPs until facility services are discontinued. The Case Manager reviews all service provisions monthly and makes a written entry of this review in the resident record. For those programs in which resident progress is not indicated within 90 days, the case manager will be responsible for initiating interventions required to correct program deficiencies or other program modifications. Case management staff will be reassigned to the area office to provide case management services in the community once their services are no longer needed at the facility.

Vocational training functions will continue until facility services are discontinued.

The Human Rights Committee serves as a mechanism of assisting the facility's administration in monitoring conditions, practices and policies of the facility to ensure that they do not infringe upon or violate residents' rights. As part of the habilitation effort, some individuals require a behavior program to decrease inappropriate behaviors and replace them with more socially appropriate behaviors. These programs are reviewed based upon their level of restrictiveness. This review process will continue as needed until the facility closes.

SUPPORT SERVICES

The following departments fall into the category of "support services": Accounting, Central Communications, Canteen, Personnel, Housekeeping, Supply, Maintenance, Food Services, and Laundry.

All physical property and grounds will be appropriately maintained throughout the phase-down process and repairs will be made on an "as needed" basis. DDSD will fund repairs totaling less than $15,000 per occurrence to occupied buildings. If the cost of repair or replacement of any physical property is equal to or

exceeds $15,000, written approval must be obtained from the DDSD Director or designee before an expenditure for such repair or replacement may be authorized. Sufficient staff will be retained to maintain the grounds and repair the physical plant.

Support Services will remain intact with sufficient staff necessary to perform essential functions based on the number of residents remaining at each facility. The actual reduction of staff in each of these services appears in the tables attached. After all the residents have moved, it will be necessary that a few of these staff remain at the facility to secure the buildings and close out all financial obligations.

Equipment appropriate for the use of an individual resident will become the separate property of that resident and will be transported with that resident into his/her new placement. This is being done currently and will continue with future placements.

CLOSURE OF LIVING UNITS

As individuals are identified and preparations are being made to transition to community placements, consideration will be given to the selection of suitable living companions, i.e., other individuals residing at the resource centers or otherwise, who may wish to share a residential placement. Residents will be given the opportunity to express their choice for a living companion(s) and these choices will be honored, if at all possible. Efforts will be made to accommodate each resident within their placement. For those residents unable to express a choice, the team will make recommendations as to suitable living companions based on a history of personal interactions indicative of close relationships or mutual needs. The resident and his/her parent or guardian will be a part of this process.

It is projected that when the total population within a living area is reduced to eight (8) or fewer residents, preparations will be made to move the remaining residents in groups, if appropriate, into other living areas. Planning decisions will attempt to minimize the number of moves for each individual. A resident will not be moved from one residential unit to another within the same facility if it is determined that the individual's anticipated move into the community will occur within four (4) weeks, unless such internal move is necessary to maintain compliance with regulations. Every effort will be made to ensure continuity of services and to maintain resident/staff relationships. The closure plan identifies the target dates for each living unit's closure.

TRAINING

Staff training is an ongoing process. Training is provided for those currently employed and to all newly hired personnel. Training will continue to be provided until the facility discontinues services. The training specialists will be reassigned to DDSD Human Resource Development to provide training in the community when their services are no longer needed at the facility.

STAFF REDUCTION ACTIVITIES

During the phase-down period, employee attrition will occur from time to time due to transfers within OKDHS and with other state agencies, employment in the community or retirement from state service. Certain facility staff, including case managers, social services inspectors, psychological clinicians, training specialists IIs, the independent living coordinator IV over vocational services, the Resource Center director and the assistant director will be given the opportunity to remain as DDSD employees with community services programs. Additionally, information will be provided to interested staff on opportunities to work in community services programs with private service provider agencies. This includes staff who may be interested in contracting with OKDHS directly to provide community-based professional and para-professional (specialized foster care) services.

A retention differential of $1.00 per regular hour worked will be given to employees in the following categories: Direct Care Specialist (all levels); Habilitation Specialist (all levels); Independent Living Instructors I-III who are certified nurse aides; Customer Services Representative II and III; Food Services Specialist I and II; Food Services Manager II; Housekeeping/Custodial worker II and III; and all unclassified equivalents to these positions. The retention differential will be paid quarterly. To receive the retention differential, staff must be employed by SORC for the full quarter in order to be eligible. Staff being retained as DDSD employees will not be eligible to receive the retention differential.

Should OKDHS management determine that SORC is overstaffed due to the transition of residents into community settings, OKDHS will offer a voluntary out (VOBO) or begin the reduction-in-force (RIF) process. VOBOs or RIFs may occur periodically throughout the phase-down period.

The proposed benefit package for employees separated from employment as the result of a VOBO is as follows:

*18 months of the employee only health insurance premium at the time of separation;

*Longevity based on the employee's next service anniversary

*One (1) week of pay for each year of service up to $26,000 or $5,000 whichever is greater; and

*Payment of accumulated sick leave at one-half (1/2) of the employee's hourly rate (50% of the hourly rate is the maximum allowable by law per 74 O.S. Section 840-2.27D, A.2.c.)

The components of a RIF package will be determined at a later date. The basic RIF package includes payment of the 18-months of employee only health insurance premium at the time of separation and the longevity payment based on the employee's next service anniversary. Staff separating from state service by VOBO or a RIF will be paid annual leave according to policy and any "comp time" that has been accrued.

In addition, any employee separated as a result of reduction-in-force may be eligible for benefits administered by the Oklahoma Employment Security Commission, including unemployment compensation and job training under the Adult and Displaced Worker Program. Employees who are separated as a result of a reduction-in-force are entitled to recall rights for employment with OKDHS and priority consideration for employment with other state agencies for a period of eighteen (18) months.

The attached tables include projections of staff reductions during phase-down. The numbers will likely need to be adjusted as the resident population is reduced. The numbers and type of program and direct care staff maintained will be determined by the specific needs of the remaining resident population. It is anticipated that administrative staff and professional staff will be able to assume a combination of duties during the phase-down.

SORC TABLES

We acknowledge the possibility of having to adjust the number of staff needed as the resident population is reduced. The number and type of professionals maintained will be determined by the specific needs of the remaining resident population.

TABLE 1 SORC

STAFF REDUCTION BY RESIDENT POPULATION

ADMINISTRATIVE SERVICES

Personnel Office		Central Comm.		Quality Assurance	
Resident Count	Staff Count	Resident Count	Staff Count	Resident Count	Staff Count
123	3	123	5	123	3
50	2	50	5	50	1*

Training		Administration	
Resident Count	Staff Count	Resident Count	Staff Count
123	2*	123	7**
50	2	50	6

*Social Services Inspector IIs and Training Specialists IIs will be given the opportunity to remain as DDSD employees with community services programs.

**Includes Resource Center Director, Assistant Director, Secretary IV, Business Manager III, and Institutional Program Coordinator; Two (2) additional positions are currently being re-allocated as Transportation Officers. One of these positions will be retained when the resident population reaches 50. The Resource Center director and assistant director will be given the opportunity to remain as DDSD employees with community services programs.

TABLE 2 SORC

STAFF REDUCTION BY RESIDENT POPULATION

Support Staff

Housekeeping

Resident Count	Staff Count
123	7
50	7

Food Service

Resident Count	Staff Count
123	14
50	9

Supply

Resident Count	Staff Count
123	3
50	2

Maintenance

Resident Count	Staff Count
123	10
50	4

Vocational Staff/Adult Training

Resident Count	Staff Count
123	27
50	15

*** Includes Customer Service Representative (1); Admin. Tech. III (1); Direct Care Specialists (5); Independent Living Instructor (20). The Independent Living Instructor IV will be given the opportunity to remain as a DDSD employee with community services programs.**

TABLE 3 SORC

STAFF REDUCTION BY RESIDENT POPULATION

Accounting

Accounting

Resident Count	Staff Count
123	3
50	2

Laundry

Resident Count	Staff Count
123	1 (Light Vehicle Driver)
50	1

Canteen

Resident Count	Staff Count
123	1
50	1

TABLE 4 SORC

STAFF REDUCTION BY RESIDENT POPULATION

Residential

DCS I & II		DCSIII		DCS IV & V	
Resident Count	Staff Count	Resident Count	Staff Count	Resident Count	Staff Count
123	136	123	22 (2 vac)	123	4
50	90	50	11	50	2

CMII		AAI	
Resident Count	Staff Count	Resident Count	Staff Count
123	4	123	2
50	2*	50	1

Habilitation Specialist I (temps)

DCS II Vacancies: 60

Resident Count	Staff Count
123	3
50	0

***As reduction in the resident population occurs, case managers will be given the opportunity to remain as DDSD employees with community services programs.**

TABLE 5 SORC

STAFF REDUCTION BY RESIDENT POPULATION

Professional Staff

Psychology

Resident Count	Staff Count
123	2
50	2*

***As resident population is reduced, psychology staff will be given the opportunity to remain as DDSD employees with community services programs.**

TABLE 6 SORC

STAFF REDUCTION BY RESIDENT POPULATION

Health Care Services

Medical Services

Pharmacy

Resident Count	Staff Count
123	3*
50	2

Nursing Services

Nurse Admin.

Resident Count	Staff Count
123	5**
50	2

RNIII

Resident Count	Staff Count
123	3
50	3

LPN III

Resident Count	Staff Count
123	11
50	11

LPNII

Resident Count	Staff Count
123	2
50	0

LPNI

Resident Count	Staff Count
123	1
50	0

* Includes Chief Pharmacist (1); Pharmacist (1); Pharm-Tech (1); Adm. Tech (1)

** Includes Nursing Services Supervisor (1); Nursing Manager II (1); Administrative Assistant I (2); Adm. Tech (1)

NORCE Phase-Down Plan

Transition of the 37 residents of Chickasaw (Rose) will commence January 1, 2013. Twelve residents from Cherokee Circle and three (3) from Beta will also begin the transition process at that time. Beta will be converted for use by the Robert M. Greer Center (Greer) to replace the non-sprinklered home some of the Greer residents currently use. Residents from SORC who wish to temporarily relocate to NORCE will only be relocated to sprinklered residences. Transition of residents of the remaining residential areas will commence at a later date but will be completed by the following projected timelines: Residents of Delaware and Alpha will transition by July 30, 2014; residents of Omega will transition by December 15, 2014 and residents of Cherokee (Hospital) will transition by August 31, 2015. The projected end date for state administered residential services at NORCE is August 31, 2015.

OKDHS will prepare an Invitation to Bid (ITB) for the operation of Oklahoma Employment Services and the two eight-bed ICFs-MR known as “Cherokee Circle”. The entire ITB process is expected to take one (1) year to complete. The successful bidder will begin operation in accordance with the approved bid.

OKDHS will comply with the requirements of the Oklahoma Privatization of State Functions Act and allow employees the opportunity to submit proposals for improving the operations, efficiency or organization of the Oklahoma Employment Services and Cherokee Circle.

The NORCE phase-down plan addresses medical care, health and sanitation, staffing, training and programming. In closing living units, consideration will be given to minimizing the number of on-campus moves prior to transition from the facility and to moving residents with identified community living companions. During this process, the facility will make every effort to maintain and/or meet state licensing and ICF/MR compliance standards. There will be need for flexibility with this plan contingent upon the transitioning rate of residents to the community. The plan will be reviewed by DDSD on a quarterly basis. DDSD will identify those areas where there is a need to amend the plan to meet it’s the goal of ensuring that resident needs are met. The DDSD Transition Coordinator will provide written quarterly progress reports to the Governor’s Office, the OKDHS Director, the OKDHS Chief Coordinating Officer, and the DDSD Director reporting the number of individuals who transitioned into the community, the number of individuals in active transition planning status, the number of individuals still residing at each facility, the number of residential buildings open and closed at each facility, and the number of staff employed at each facility.

Resident needs in the community will be identified and addressed to ensure that the transition goes as smoothly as possible. All necessary services will be in place and included in the Individual Plan prior to moving from the facility. Case management will monitor community services closely during the first thirty days after transition to enhance the success of each individual's placement. The DDSD transition coordinator will ensure services are in place prior to the transition. The area transition coordinator will complete a Quality of Life Survey for each individual prior to his or her movement to the community, another survey at the one-year anniversary of the move and another survey at the two-year anniversary. Results of these surveys will be provided to The Oklahoma Health Care Authority as specified by the Centers for Medicare and Medicaid Services.

HEALTH CARE SERVICES

Health Care, Pharmacy, and Dental Services will be maintained as long as any resident remains at the facility. The actual reduction in the number of physicians as the resident population decreases can be found in NORCE Table 6.

NORCE pharmacy services are jointly used by the residents of NORCE and the residents of the Robert M. Greer Center (Greer) as provided in the Shared Services Agreement between NORCE and Liberty Healthcare. The closing of the pharmacy will take into consideration the needs of both facilities.

Dental Services are jointly used by the residents of NORCE and the residents of the Robert M. Greer Center as provided in the Shared Services Agreement between NORCE and Liberty Healthcare. Reduction in the provision of dental services will take into consideration the needs of both facilities. When services are no longer needed the NORCE dentist will transition to the community program.

The allied medical services of Physical Therapy, Occupational Therapy, Speech Therapy, Psychological services, and Nursing Services are currently provided primarily by NORCE staff. These services will continue until the facility is closed. Recreation staff and Music Therapy staff will also continue until the facility is closed. The actual reduction of staff as the resident population decreases can be found in the tables showing the staff decreases.

Psychological staff will transfer to the community program when no longer needed at the facility.

HEALTH AND SANITATION

Quality Assurance staff will continue to perform quality assurance activities. Every residential home will continue to be inspected on a daily basis with areas of concern documented in the Daily Log. Other areas such as work sites and program areas used by the clients will also be monitored each month. Any concern that may be in non-compliance with ICF-MR standards, Health Department licensing, or OKDHS requirements will be reported to the proper personnel. Quality Assurance staff will conduct follow-up inspections to ensure that corrections have been made.

Residential and vocational services conduct required safety drills and report pertinent information and/or issues of concern regarding the drills to the proper personnel. Quality Assurance functions will continue until facility services are discontinued to assure compliance with applicable standards. Social services inspectors will transfer to the community program when their services are no longer needed at the facility.

DIRECT CARE STAFF

The following classifications fall within the term “direct care staff”: Habilitation Specialist (all levels); Direct Care Specialists (all levels); and residential Independent Living Instructors. Staffing will remain at or above ICF-MR resident/staff ratios. Efforts will be made to retain the most experienced direct care staff to assure quality and continuity of services. (See, Staff Reduction Activities, pages 16 and 17).

ACTIVE TREATMENT SERVICES

Active treatment services will be provided as established through the Individual Plans (IP) to ensure resident needs are met. Each IP is reviewed on an annual basis and necessary revisions are made. The IP describes the services necessary for health and welfare, the outcomes desired and the services and supports necessary to achieve those outcomes. Programming is reflected on a 24-hour schedule for each resident and the schedule will be followed by all staff providing services to the resident. Progress information is documented by the assigned facility staff. Facility case managers will continue to coordinate and monitor IPs until facility services are discontinued. The Case Manager reviews all service provisions monthly and makes a written entry of this review in the resident record. For those programs in which resident progress is not indicated within 90 days, the case manager will be responsible for initiating interventions required to correct program deficiencies or other program modifications. Case management staff will be reassigned to the area office to provide case

management services in the community once their services are no longer needed at the facility.

Vocational training functions will continue until the Invitation to Bid results in the transfer of those functions to the selected bidder.

The Human Rights Committee serves as a mechanism of assisting the facility's administration in monitoring conditions, practices and policies of the facility to ensure that they do not infringe upon or violate residents' rights. As part of the habilitation effort, some individuals require a behavior program to decrease inappropriate behaviors and replace them with more socially appropriate behaviors. These programs are reviewed based upon their level of restrictiveness. This review process will continue as needed until the facility closes.

SUPPORT SERVICES

The following departments fall into the category of "support services": Accounting, Central Communications, Personnel, Housekeeping, Supply, Maintenance, Food Services, and Laundry.

All physical property and grounds will be appropriately maintained throughout the phase-down process and repairs will be made on an "as needed" basis. DDSD will fund repairs totaling less than $15,000 per occurrence to occupied buildings. If the cost of repair or replacement of any physical property is equal to or exceeds $15,000, written approval must be obtained from the DDSD Director or designee before an expenditure for such repair or replacement may be authorized. Sufficient staff will be retained to maintain the grounds and repair the physical plant.

Support Services will remain intact with sufficient staff necessary to perform essential functions based on the number of residents remaining at each facility. The actual reduction of staff in each of these services appears in the tables attached. After all the residents have moved, it will be necessary that a few of these staff remain at the facility to secure the buildings and close out all financial obligations.

Equipment appropriate for the use of an individual resident will become the separate property of that resident and will be transported with that resident into his/her new placement. This is being done currently and will continue with future placements.

CLOSURE OF LIVING UNITS

As individuals are identified and preparations are being made to transition to community placements, consideration will be given to the selection of suitable living companions, i.e., other individuals residing at the resource centers or otherwise, who may wish to share a residential placement. Residents will be given the opportunity to express their choice for a living companion(s) and these choices will be honored, if at all possible. Efforts will be made to accommodate each resident within their placement. For those residents unable to express a choice, the team will make recommendations as to suitable living companions based on a history of personal interactions indicative of close relationships or mutual needs. The resident and his/her parent or guardian will be a part of this process.

It is projected that when the total population within a living area is reduced to eight (8) or fewer residents, preparations will be made to move the remaining residents in groups, if appropriate, into other living areas. Planning decisions will attempt to minimize the number of moves for each individual. A resident will not be moved from one residential unit to another within the same facility if it is determined that the individual's anticipated move into the community will occur within four (4) weeks, unless such internal move is necessary to maintain compliance with regulations. Every effort will be made to ensure continuity of services and to maintain resident/staff relationships. The closure plan identifies the target dates for each living unit's closure.

TRAINING

Staff training is an ongoing process. Training is provided for those currently employed and to all newly hired personnel. Training will continue to be provided until the facility discontinues services. The training specialists will be reassigned to DDSD Human Resource Development to provide training in the community when their services are no longer needed at the facility

STAFF REDUCTION ACTIVITIES

During the phase-down period, employee attrition will occur from time to time due to transfers within OKDHS and with other state agencies, employment in the community or retirement from state service. Certain facility staff, including case managers, social service inspectors, psychological clinicians, training specialists IIs, the director of dental services, the Resource Center director and the assistant director will be given the opportunity to remain as DDSD employees with community services programs. Additionally, information will be provided to interested staff on opportunities to work in community services programs with

private service provider agencies. This includes staff who may be interested in contracting with OKDHS directly to provide community-based professional and para-professional (specialized foster care) services.

A retention differential of $1.00 per regular hour worked will be given to employees in the following categories: Direct Care Specialist (all levels); Habilitation Specialist (all levels); Independent Living Instructors I-III who are certified nurse aides; Customer Services Representative II and III; Food Services Specialist I and II; Food Services Manager II; Housekeeping/Custodial worker II and III; and all unclassified equivalents to these positions. The retention differential will be paid quarterly. To receive the retention differential, staff must be employed by NORCE for the full quarter in order to be eligible. Staff being retained as DDSD employees will not be eligible to receive the retention differential.

Should OKDHS management determine that NORCE is overstaffed due to the transition of residents into community settings, OKDHS will offer a voluntary out (VOBO) or begin the reduction-in-force (RIF) process. VOBOs or RIFs may occur periodically throughout the phase-down period.

The proposed benefit package for employees separated from employment as the result of a VOBO is as follows:

*18 months of the employee only health insurance premium at the time of separation;

*Longevity based on the employee's next service anniversary;

*One (1) week of pay for each year of service up to $26,000 or $5,000 whichever is greater; and

*Payment of accumulated sick leave at one-half (1/2) of the employee's hourly rate (50% of the hourly rate is the maximum allowable by law per 74).S. Section 840-2.27D. A.2.c).

The components of a RIF package will be determined at a later date. The basic RIF package includes payment of the 18-months of employee only health insurance premium at the time of separation and the longevity payment based on the employee's next service anniversary. Staff separating from state service by VOBO or a RIF will be paid annual leave according to policy and any "comp time" that has been accrued.

In addition, any employee separated as a result of reduction-in-force may be eligible for benefits administered by the Oklahoma Employment Security

Commission, including unemployment compensation and job training under the Adult and Displaced Worker Program. Employees who are separated as a result of a reduction-in-force are entitled to recall rights for employment with OKDHS and priority consideration for employment with other state agencies for a period of eighteen (18) months.

The attached tables include projections of staff reductions during phase-down. The numbers will likely need to be adjusted as the resident population is reduced. The numbers and type of program and direct care staff maintained will be determined by the specific needs of the remaining resident population. It is anticipated that administrative staff and professional staff will be able to assume a combination of duties during the phase-down.

NORCE TABLES

We acknowledge the possibility of having to adjust the number of staff needed as the resident population is reduced. The number and types of professionals maintained will be determined by the specific needs of the remaining resident population.

TABLE 1 NORCE

STAFF REDUCTION BY RESIDENT POPULATION

ADMINISTRATIVE SERVICES

Personnel Office		Central Comm.		Quality Assurance	
Resident Count	Staff Count	Resident Count	Staff Count	Resident Count	Staff Count
108	5	108	6	108	6
50	2	50	6	50	2*

Training		Administration	
Resident Count	Staff Count	Resident Count	Staff Count
108	4	108	4**
50	2*	50	4

*Social Services Inspector IIs and Training Specialist IIs will be given the opportunity to remain as DDSD employees with community services programs.

**Includes Resource Center Director, Assistant Director, Secretary IV, and Case Manager IV. The Resource Center director and assistant director and the case manager will be given the opportunity to remain as DDSD employees with community services programs.

TABLE 2 NORCE

STAFF REDUCTION BY RESIDENT POPULATION

Support Staff

Housekeeping

Resident Count	Staff Count
108	9
50	9

Food Service (Shared Services)

Resident Count	Staff Count
108	13
50	11*

Supply (Shared Services)

Resident Count	Staff Count
108	5
50	4

Maintenance (Shared Services)

Resident Count	Staff Count
108	8 (includes 1 temp)
50	4

Vocational Staff (Shared Services)

Resident Count	Staff Count
108	35*** (plus 4 vacancies)
50	35

*** Includes Nutrition Therapist IV (1)**
*****Includes Director of Patient Activity (1); Institutional Program Coordinator (1); Independent Living Instructor (4); Equipment Operator (1); Administrative Assistant I (1); Direct Care specialists (27)**

TABLE 3

STAFF REDUCTION BY RESIDENT POPULATION

Accounting

Accounting

Resident Count	Staff Count
108	4
50	2

TABLE 4 NORCE

STAFF REDUCTION BY RESIDENT POPULATION

Residential

DCS II		DCSIII		DCS V	
Resident Count	Staff Count	Resident Count	Staff Count	Resident Count	Staff Count
108	126	108	16	108	3
50	90	50	8	50	1

ILI II		CMII		Sec III	
Resident Count	Staff Count	Resident Count	Staff Count	Resident Count	Staff Count
108	5	108	4	108	1
50	2	50	2*	50	1

Habilitation Specialist I (temps) **DCS II Vacancies: 42**

Resident Count	Staff Count
108	6
50	0

***As reduction in the resident population occurs, case managers will be given the opportunity to remain as DDSD employees in community services programs.**

TABLE 5 NORCE

STAFF REDUCTION BY RESIDENT POPULATION

Professional Staff

Psychology

Resident Count	Staff Count
108	2
50	2*

Speech-Language/Audiology

Resident Count	Staff Count
108	3**
50	2

Recreation

Resident Count	Staff Count
108	2
50	2

Occupational Therapy

Resident Count	Staff Count
108	1
50	1

Music Therapy

Resident Count	Staff Count
108	2
50	1***

Physical Therapy

Resident Count	Staff Count
108	0****
50	

*As resident population is reduced, psychology staff will be given the opportunity to remain as DDSD employees with community services programs.
** Includes Speech Pathologist (1); Aide (1) and DCS II (1)
*** If required per Individual Plans of residents
****Contract for physical therapy services will continue until no longer necessary

TABLE 6 NORCE

STAFF REDUCTION BY RESIDENT POPULATION

Health Care Services

Medical Services

Physicians		Pharmacy (Shared Services)		Dental	
Resident Count	Staff Count	Resident Count	Staff Count	Resident Count	Staff Count
108	2	108	3*	108	1**
50	1	50	2	50	1

Nursing Services

Nurse Admin.		RNIII		LPN III	
Resident Count	Staff Count	Resident Count	Staff Count	Resident Count	Staff Count
108	6***	108	5	108	10
50	2	50	5	50	10

* Includes Pharmacist (1); Pharm-Techs (2)

**The Director of Dental Services will be given the opportunity to remain as a DDSD employee in community services programs.

*** Includes Nursing Services Supervisor (1); Nursing Manager II (1); Nursing Manager 1 (2); Administrative Assistant I (1); Health Information Tech. I

STATE OF OKLAHOMA
RESOURCE CENTER TRANSITION PLAN

A plan to safely and effectively transition individuals with intellectual and developmental disabilities residing at the Southern Oklahoma Resource Center (SORC) in Pauls Valley and the Northern Oklahoma Resource Center in Enid (NORCE) into community-based homes

CONTENTS

Overview
Individual Transition Plan
Community Living Services
Community Health Services
Day Program Services
Transition Process Chart
Community Safeguards
Frequently Asked Questions
Contact Information

OVERVIEW

This plan incorporates best practices developed by the Oklahoma Department of Human Services, Developmental Disabilities Services Division (DDSD), over more than 20 years of transitioning individuals with developmental disabilities from state operated Intermediate Care Facilities for the Mentally Retarded (ICF-MR) to homes in the community with the assistance needed to live safe, healthy and productive lives.

More than 5,000 individuals are successfully served in community settings including many with a diagnosis of profound or severe mental retardation and many who have serious medical conditions as well. Within this system are contract service providers well-versed in the challenges of assisting individuals in community homes and who serve individuals with varying intellectual and physical disabilities, including individuals who need extensive nursing, therapy, or behavioral support services.

The SORC facility will close no later than April 30, 2014 and the NORCE facility will close no later than August 31, 2015. The transition of residents of both facilities into community-based homes will be a gradual, planned process with buildings being closed at projected dates up to the deadline.

INDIVIDUAL TRANSITION PLAN

Transition plans will be developed for each person based on his/her individual needs and preferences.

Individuals will be moved only when full supports are in place.

The OKDHS Office of Client Advocacy Advocate General will review every individual plan and will certify that all services and support are in place prior to transition.

Each resident and their families/guardians will be assigned a case manager who will work with and guide them through the transition process.

- The case manager will meet with every resident and his or her family or legal guardian to discuss the needs and service options available and assist them in selecting the service option that is best for them. Depending on the option selected, the individual and their family or legal guardian will need to make a number of other choices such as selecting service providers, roommates, houses, etc.
- The case manager will help locate and coordinate services and will provide information needed to help make necessary decisions.
- The individual and his or her family/guardian will select the service provider and may interview several service providers prior to making their selection.
- When individuals wish to live in areas of the State where services they need are not available, they will be advised of other alternatives where services are available.
- The transition into community based homes will not require any additional financial burden to individuals or families. Transition funding to establish and furnish community homes will be provided to every resident.

COMMUNITY LIVING SERVICES

In order to match community-based services to meet the needs of the residents of NORCE and SORC, three different service models are described below. Case managers will work with families and residents to customize plans to meet their needs and describe other options when needed. Each of these service models has several components in common:

- Transportation, including adapted transportation for those who need it, is provided.
- Home modifications to address accessibility needs and adaptive equipment are also provided, as are medical supplies, including incontinence supplies.
- Each resident has a local physician and dentist. Specialty medical services and hospital services are also available when needed. Therapies are often provided in the home.

1. **Medical Support Home**
   For individuals with significant medical needs, three or four individuals share a home that has round the clock staffing including needed nursing staff. The families/guardians of the individuals who share the home decide together to select a provider of the residential services and nursing services. Typically staff will include a nurse to work on each shift in the home to ensure the individuals' needs are met. Day programs provided outside the home are available based on the needs interests, abilities, health status and desires of the individuals.

2. **Comprehensive Support Home**
   Individuals who have significant needs but require less nursing care may be served in this type of home staffed around the clock. Three or four people share a home. Staffing may be increased for those individuals with more extensive needs and increased staffing may be provided intermittently when circumstances support the need. The family/guardians of individuals who share the home decide together to select a provider. A variety of day programs are provided outside the home based on the needs of the individual.

3. **Specialized Home**
   In this model, the resident moves into a home with an individually selected and trained support staff that provides needed supports on an ongoing basis. In this model, the resident lives as part of a family who has special training to meet the individual's needs. Additional services are provided by trained staff when the regular caregiver needs a break or when additional supports are necessary. The resident typically participates in a day program provided outside the home. This service model provides a unique opportunity for some staff currently employed at the Resource Center to become the provider of these services.

COMMUNITY HEALTH SERVICES

When planning for a transition into the community, DDSD works with all parties involved to locate physicians or other clinicians or resources necessary to safely care for the individual once they move to their new home. Needed professional services such as a nutritionist, home health nurse, occupational therapist, speech therapist, or physical therapist, will be identified and added to the plan of care. Necessary medical supplies and equipment provided through the Community Waiver will be included in the Plan of Care. Each year, or more often if needed, the plan is reviewed and updated to ensure needs are met.

One advantage enjoyed by individuals receiving DDSD community residential services is that the residential services providers often have an extensive knowledge of local clinicians such as eye doctors, dentists and other specialized clinicians who work with individuals with special needs. Families and guardians that assist the person in managing their health needs are free to meet with community clinicians to ensure that they can serve the needs of the individual.

Before leaving the Resource Centers, facility staff will ensure the person's medical records are up to date and their individual health needs are clearly documented. DDSD Community Services staff will also assist in identifying sources of payment for community clinicians such as SoonerCare (Oklahoma's Medicaid system), Medicare, Indian Health, Tricare or other resources associated with a parent's service in the military or private health insurance.

DAY PROGRAM SERVICES

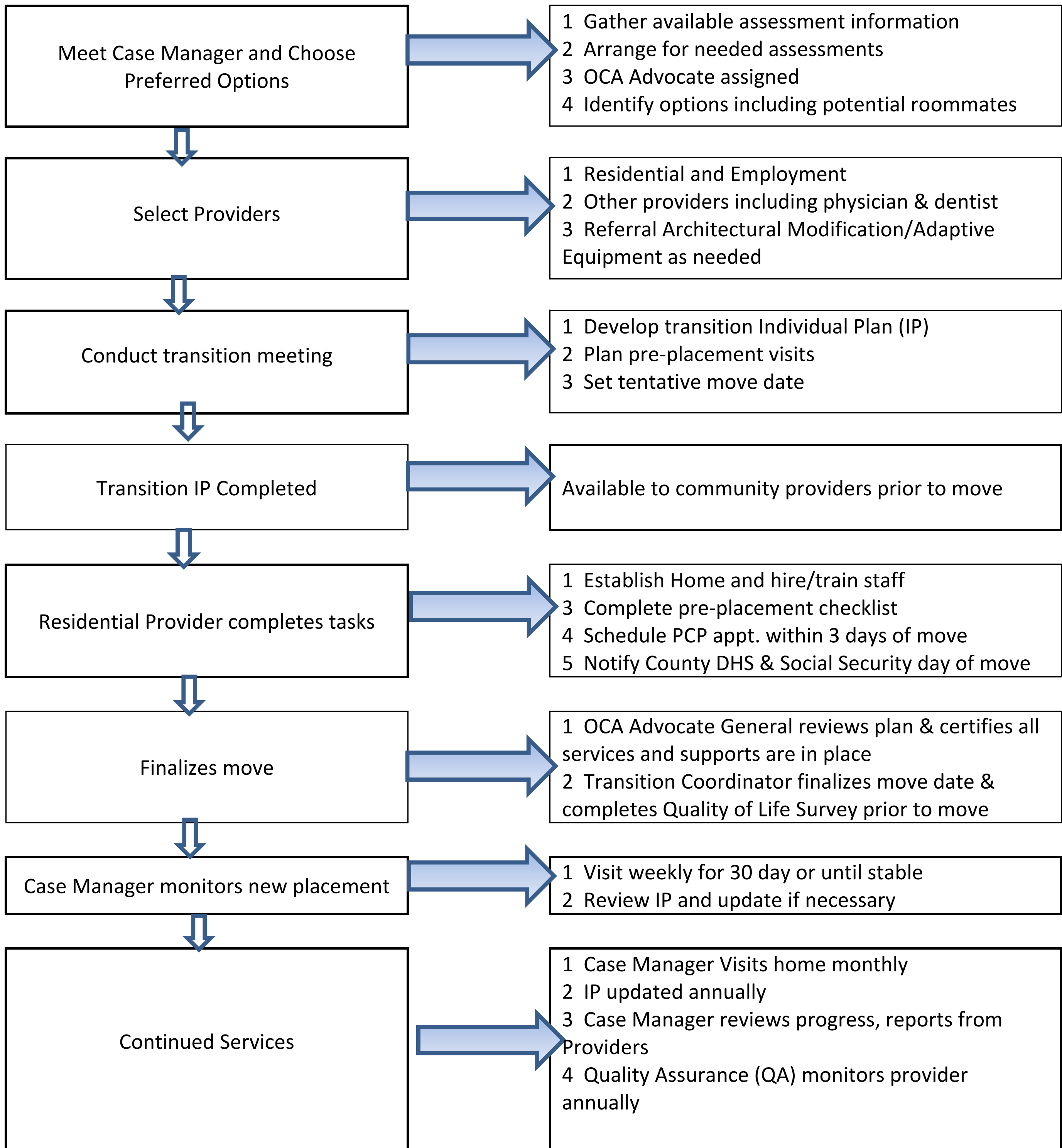
Individuals who live in the community often find that opportunities to be involved in the community are more versatile and can offer more personalized and flexible options as well as a higher quality of life.

- **Adult Day Services**
  In order to provide meaningful activities for adults, structured daytime programs are available that offer supervised health, social, supportive and recreational services. Each center provides a minimum of 4 hours, planned activities daily. Adult Day Services include arts and crafts, games, community activities, nutritional meals, health monitoring, etc. Activities are designed to meet the needs, interests and abilities of participants.

- **Employment Services**
  Oklahoma has one of the best rates of employment for people with disabilities in the entire country. A variety of work programs are available to help people become more independent and earn wages. Services include assessment, job development and placement, as well as on-the-job training and supports. Individuals can choose the type of work they would like to do as well as the setting. They may receive services in a typical job situation within the community or assistance can be provided in a setting where the majority of the individuals have disabilities and are supervised by paid staff.

  Sheltered workshops may provide sub-contract work and/or training activities. Individuals are paid in accordance with their individual production and the Fair Labor Standards Act (FLSA). Community-based activities are those that include volunteer activities and training through community organizations and can be provided in individual or group placements. Supported employment provides ongoing supports needed for individuals to work in community businesses such as Wal-Mart, Lowe's, Homeland, etc. Group placements include work crews for dedicated tasks in places like parks and movie theaters, and other business-based employment using small groups of workers with disabilities.

RESIDENT TRANSITION PROCESS CHART



COMMUNITY SAFEGUARDS

- DDSD case managers develop and update the Individual Plan with the involvement of the individual and his/her family, advocates and guardian and monitor implementation through the receipt of regular reports from providers and a monthly face-to-face visit
- Staff complete training courses applicable to their job duties including basic health care training and specialized training to meet individual's specific health care needs
- Staff administering medication complete medication administration certification training and must renew certification annually. Safe administration of medication monitored by case manager, DDSD RN and Quality Assurance staff
- Background checks completed on all employees by community service providers including reference checks, criminal history record check, check of OKDHS Community Services Worker Registry prior to permanent employment of any community services worker
- Advocate assigned to each individual through the Office of Client Advocacy to monitor and advocate for individuals residing in the community to ensure compliance with policy, rules and regulations applicable to the health, safety and well-being of the individual
- Same reporting requirements regarding abuse, neglect, verbal abuse, financial exploitation or financial neglect are applicable to both the facilities and the community
- Quality Assurance staff conduct annual performance reviews of provider agencies to assure compliance with regulations affecting the health and welfare of individuals served. Provider agencies must correct any deficiencies found within 60 days. Any outstanding deficiencies beyond 60 days may result in provider sanctions
- Quality Assurance staff conduct Administrative Inquiries to evaluate the validity of allegations of non-compliance in response to complaints filed by any interested party
- Quality Assurance staff conduct quarterly surveys of the DDSD Area Offices to assess case management compliance with performance measures
- Provider agency program coordinator makes announced and unannounced visits to the home, is available to the direct care staff 24 hours per day and available to respond in person if necessary to an emergency and ensure appropriate staff and basic household requirements are always in place including utilities, furniture, food, linens, prescriptions, supplies, etc.
- Any proposed use of restrictive or intrusive procedures must be reviewed and approved by the Behavior Review Committee and the Human Rights Committee
- Providers must report critical and non-critical incidents to OKDHS. All critical incidents are reviewed monthly by the DDSD Critical Incidents Committee
- All individuals have access to the same OKDHS grievance system available to the residents of NORCE and SORC
- Oklahoma Advocates Involved in Monitoring (OK-AIM) is an independent monitoring initiative involving service recipients and family members as monitors of service delivery. OK-AIM monitors visit over 1,600 Oklahomans each year. Family members and guardians interested in participating may contact OK-AIM staff through www.ddadvocacy.net

FREQUENTLY ASKED QUESTIONS

Q. How are community service providers screened and monitored?

- The state of Oklahoma takes significant measures to protect individuals who are served in community home settings. Administrative rules (OAC 340: 100-3-39) established "Pre-employment Screening for Community Services Workers" requirements. Before a community services provider hires a new employee, they must meet the requirements of OAC 340: 100-3-39, which include but, are not limited to conducting reference checks, criminal history record checks (through OSBI), and a search through the OKDHS Community Services Worker Registry.

- The Developmental Disabilities Services Division (DDSD) within the Oklahoma Department of Human Services (OKDHS) has strict training requirements for all community-based staff including requirements for incident reporting using a real time web-based tracking system. Each client is assigned a case manager that conducts regular in home checks.

- Oklahoma Advocates Involved in Monitoring (OK-AIM) serve~~s~~ as an independent monitoring initiative that involves service recipients and family members as monitors of service delivery. The OK-AIM program brings volunteers into homes to report on living conditions.

- The Office of Client Advocacy, an independent entity within OKDHS, is responsible for oversight. The Office of Client Advocacy provides special advocacy services, conducts investigations and maintains grievance programs to promote client safety and independence and the delivery of OKDHS programs and services in a fair, honest and professional manner.

Q. Where do I begin?

- Movement into the community begins with an open discussion between DDSD Community Services staff and parents or guardians about the assistance that will be required to enable the individual to participate in the community. Transition plans will be developed for each person based on their individual needs and preferences.

- All placements will include 24-hour support and staff to client ratios could be anywhere between 1 to 1 and 1 to 3.

Q. How many people served by DDSD live in the community and what are their diagnoses?

- There are currently 5,041 people with intellectual disabilities being served in the community. Of this population, 721 are people with profound mental retardation, 714 are people with severe mental retardation, 1297 are people with moderate mental

retardation, 2047 are people with mild mental retardation, and 262 are people with an unspecified level of mental retardation.

Q. How many community providers are there in Oklahoma?

- There are currently 110 private community service provider agencies in Oklahoma with representation in all 77 counties offering services ranging from community residential supports to employment services. A complete listing of all agencies, types of services, and contact information can be located on the DDSD website.

Q. How do I know that my loved one will be safe?

- Unfortunately abuse occurs in all types of settings. There are many layers of external oversight in community settings to provide maximum safety.

Q. How is the home selected?

- Once providers and roommates are chosen, the provider will assist in locating suitable homes. Parents/guardians will have the opportunity to be as involved in this selection as they wish.

Q. What if I am unable to attend meetings to plan the transition?

- The DDSD Case Manager will keep parents/guardians informed by telephone, email or letter. The Case Manager will also provide parents/guardians the opportunity to express opinions and choices and be a part of decision making.

Q. How will problems and changing needs be identified and addressed?

- There are several ways problems and changing needs are identified. These include incident, progress and site visit reports sent to the Case Manager by service providers; medical reports provided by physicians; home visits by Case Managers; and phone calls to Case Managers from providers, family members or others who know the person. Once the Case Manager is aware of the issue, a team meeting will be scheduled to address the issue and revise the individual plan if necessary. At a minimum, plans are reviewed and revised each year.

Q. If I have a question, who can I call?

- Contact the Case Manager once that person is assigned. If a Case Manager has not yet been assigned, call ______________________ at ____________________________ .

CONTACT INFORMATION

Name	Title	Phone	Email address

SAFETY AND QUALITY OF COMMUNITY SERVICES

DDSD community services programs and related quality assurance activities assess and encourage delivery of services and supports consistent with the preferences and needs of service recipients. Most importantly, family members and guardians are able to visit their loved one as they desire. In addition, individuals in community placements typically have opportunities for contact with a variety of people in the community. Other agencies and professionals providing services, as well as members of the public with whom the person has contact provide important safeguards and often report when something "isn't right". A variety of more formal service safeguards are employed as specified below.

Health Safeguards

Each individual's Plan will identify his or her health care needs and how they are met. There are other safeguards available when a person begins receiving DDSD community residential supports**. DDSD will require any staff that work in the person's home to complete basic health training courses, as well as receive any specialized training necessary to meet the individual's specific health needs. A Health Care Coordinator (and backup) will be identified to manage the person's ongoing health needs, and a DDSD registered nurse will perform a health review at least annually to determine if the person's health needs are being adequately met or if any changes are needed.**

The safe administration of medication in community settings is an area that DDSD closely monitors, both through monthly oversight by DDSD case managers as well as reviews and audits by DDSD nurses and quality assurance staff. **All staff administering medications in community settings are required to successfully complete medication administration certification training, and this certification must be renewed annually.**

Background Check Requirements

One component in preventing abuse, neglect, and exploitation is conducting background checks on prospective employees who work with our individuals. In addition to background checks, personal contact with previous employers or others who are n a position to have personal knowledge about a prospective employee's qualifications to work with vulnerable individuals is another step in assuring the health and safety of those we serve. **Providers of community services are required to conduct reference checks, a criminal history record check (OSBI) and a check of the OKDHS Community Services Worker Registry prior to permanent employment of any community services worker. The requirements are established in administrative rule OAC 340: 100-3-39 Pre-employment Screening for Community Services Workers.**

Advocacy Services of the Office of Client Advocacy

Individuals transitioning from the Resource Centers will be assigned an Advocate through the Office of Client Advocacy. **OCA's Advocates provide advocacy and monitoring for individuals residing in their communities to ensure compliance with policies, rules, and regulations applicable to the health, safety, and well-being of the individual.**

Training Requirements for Community Staff

DDSD staff and provider agency staff complete training courses applicable to their job duties. The requirements are established in administrative rules at OAC 340: 100-3-38, Training requirements for Community Staff. Required courses cover topics including: preventing and reporting abuse, neglect and exploitation; respecting and supporting individual rights; recognizing and responding to safety and health issues; communication skills; development of life skills; use of people first language and promoting normalization and community inclusion; promoting independence; supporting self-advocacy; and, applying positive behavior support principles. In addition to required courses, staff receive individualized training on the unique needs of the person receiving supports such as existing health conditions, use and maintenance of adaptive equipment, lifting/positioning needs and mealtime assistance and safety needs, Staff are required to complete medication training prior to administering medications. All direct support staff complete cardiopulmonary resuscitation and first aid training. **During performance surveys of provider agencies, the DDSD Quality Assurance staff routinely review personnel records to assure staff are appropriately trained to the meet the needs of individuals served.**

Investigations of Alleged Maltreatment

Persons having reason to believe that a vulnerable adult is a victim of abuse, neglect, verbal abuse, financial exploitation or financial neglect are required to promptly report to OKDHS. This reporting requirement applies to the Resource Centers and also to DDSD home and community-based services providers. OKDHS maintains a statewide toll free hotline for receipt of reports of maltreatment of children and adults. The hotline operates 24 hours a day, seven days a week and is staffed by State personnel trained in reporting procedures. Section 10-105 of Title 43A of the Oklahoma Statutes gives the OKDHS responsibility to investigate allegations of caretaker abuse, neglect, verbal abuse, exploitation, and financial neglect of vulnerable adults. While Adult Protective Services has been the OKDHS Division to investigate allegations involving vulnerable adults who receive DDSD services, that responsibility is being transferred to the **Office of Client Advocacy (OCA). OCA will now have the responsibility to investigate all allegations of maltreatment of vulnerable adults who receive DDSD services, including those individuals who reside in the community. All reports of maltreatment are provided to the applicable district attorney. The OKDHS Director and members of the OKDHS Commission for Human Services review monthly information regarding confirmed findings and the corresponding disciplinary actions taken.**

Quality Assurance and Quality Improvement

The DDSD Quality Assurance Unit is an integral component of the Division's overall Quality Management Strategy for community-based services. **Monitoring and review of provider agencies to assure compliance with regulations affecting the health and welfare of the individuals we serve begins with an annual performance review of all 112 agencies located throughout the state.** The DDSD Quality Assurance performance survey team evaluates information secured from observations, interviews with individuals served and staff, and personnel and financial record reviews to determine compliance with contract standards and administrative rules. If deficiencies are found, agencies are expected to correct the deficiencies within 60 days following the performance survey. Deficiencies that are outstanding beyond 60 days may result in the imposition of sanctions.

Quality Assurance staff conduct Administrative Inquiries to evaluate the validity of allegations of non-compliance with provisions of the provider agency's contract(s). Administrative Inquiries are conducted in response to complaints filed by any interested party that represent potentially serious breaches of service assurances, contract requirements, or OKDHS policies.

In addition to surveys of provider agencies, internal quarterly surveys of each of the three DDSD Area Offices are conducted by Quality Assurance staff to assess case management compliance with performance measures required in the home and community-based waivers. State Office Community Services Unit staff track remediation to assure 100% compliance with the performance measures.

Case Management

Each individual is assigned a case manager to ensure individual needs are met. The case manager completes or arranges for necessary assessments to identify the individual's needs; develops and updates the Individual Plan with the involvement of the individual and his or her family/guardian; describes options in sufficient detail so that the individual and his or her family/guardian can make an informed choice; assists in linking the individual with needed supports and services; and coordinates and monitors services to determine their effectiveness in meeting the individual's needs. **Prior to relocation from the resource centers, the family/guardian and case manager will review a pre-transition checklist to assure all needed services are in place.**

Program Coordination

Each residential agency is required to provide Program Coordination for the individuals served by the agency. The program coordinator is required to get to know the individual and his or her needs; make announced and unannounced visits to the home; provide support and assistance to any individual who is experiencing an emotional, behavioral, or medical crisis; be available to direct service staff 24 hours per day and available to respond, in person if necessary, to an emergency; supervise direct contact staff to promote achievement of outcomes in the individual's plan; ensure

staffing levels meet the requirements of the individual's plan; ensure staff are trained; ensure records are maintained; ensure basic household requirements are always in place, including utilities, phone service, furniture, food supplies that meet the service recipient's nutritional needs, linens, personal items, adaptive equipment and prescription medications; assist the DDSD case manager as requested to prepare for and implement the Plan and its revisions; and ensure applicable OKDHS and OHCA rules are followed.

Restrictive/Intrusive Procedures and Due Process

DDSD is committed to use of positive supports and least restrictive procedures when an individual has issues that place his or her safety at risk or when there is risk of harm to other people or to community participation. DDSD has several safeguards and due process requirements available when use of restrictive or intrusive procedures is requested. Restrictive procedures are those resulting in limitations of an individual's rights and include limiting movement, communication with others, access to personal money, property and activities, as well as heightened supervision/observation as the result of challenging behavior. Intrusive procedures are those that impinge on the bodily integrity of the person such as use of medications for the sole purpose of controlling behavior, the use of physical restraint and the use of medical, mechanical restraints.

Administrative rule OAC 340:100-5-58 prohibits the use of corporal punishment; communication that humiliates, intimidates or damages a person's self-respect; seclusion; aversive conditioning procedures; withholding meals, breaks or sleep; involuntary forfeiture of money or personal property; and. the use of exclusionary time out or time out rooms. When an individual has issues that place his or her safety at risk or when there is risk of harm to other people or to community participation, the individual's Personal Support Team completes an assessment identifying the areas of risk, the frequency and degree of potential harm as well as the impact of the risk. If the Team determines restrictive or intrusive procedures are essential for safety, the Team must develop a protective intervention plan.

The protective intervention plan must describe preventative supports needed to reduce or eliminate the safety risks including a component to teach the individual necessary skills or alternative methods of responding to situations, as appropriate, and include detailed instructions and procedures for staff to keep the individual and others safe and to reduce or eliminate harm or injury. The plan must include justification for the use of restrictive and intrusive procedures and include steps to reduce or eliminate use and restore the individual's rights.

Each plan with a restrictive or intrusive procedure is reviewed by a Human Rights Committee to determine whether proposed procedures conform to policy and are appropriate based on the level of risk involved. In addition to review by the Human Rights Committee, the protective intervention plan is reviewed by the Statewide Behavior Review Committee. This committee ensures that each protective intervention plan complies with policy, that use of the restrictive or intrusive procedures is justified and that the plan focuses on prevention, education, staff training and other positive approaches. Each plan containing restrictive or intrusive procedures must be reviewed by

the committees annually or at any time that additional restrictive procedures are requested.

Critical Incident Reporting Requirements

As in the Resource Centers, certain incidents involving the health and welfare of any individual receiving DDSD services in the community trigger mandatory reporting. **OKDHS administrative rule OAC 340: 100-3-34 requires DDSD contract service providers and DDSD staff to report critical and non-critical incidents involving the health and welfare of any individual receiving DDSD services.**

Immediate notification of the DDSD case manager or on-call service, if the incident occurs outside regular working hours, is required when a critical incident occurs. Incidents considered critical are: 1) suspected abuse, neglect, or exploitation of a service recipient; 2) threatened or attempted suicide by a service recipient; 3) death of a service recipient; 4) an unplanned hospital admission of a service recipient; 5) a medication event resulting in emergency medical treatment for a service recipient; 6) law enforcement involvement in a situation concerning a service recipient; 7) property loss of more than $500. involving a service recipient; 8) a service recipient who is missing; and 9) a highly restrictive procedure is used. A written report of each critical incident is provided to the Case Manager for review and further action if necessary and to the DDSD State Office for review by the Critical Incident Committee.

Procedures for reporting incidents considered "non-critical" are identical to those described for critical incidents except that immediate notification is not required and reports are not provided to DDSD State Office. DDSD case management staff are responsible for reviewing each Incident Report and taking further action when necessary.

All critical incidents are reviewed monthly by the DDSD State Office Critical Incident Committee. The Committee is charged with analyzing the reports to identify systems issues, trends, and patterns and makes findings and recommendations to support continuous quality improvement and prevent recurrence. Use of a web-based system for reporting critical incidents is currently being phased in and is now in use by the majority of DDSD community services providers.

Availability and Access to the Grievance System

Individuals receiving residential services in the community have access to the same grievance system as do residents of NORCE and SORC. **The OKDHS grievance system, administered through the Office of Client Advocacy (OCA), provides individuals the opportunity to have their concerns heard and addressed beginning at the local level and continuing, through an appeals process, to the Director of the OKDHS**. Each DDSD Area office assigns a staff person to serve as the Local Grievance Coordinator whose responsibility is to assist individuals in filing a grievance and to monitor each grievance filed to ensure timely and adequate response. In addition, DDSD contract provider agencies are required by policy to establish a grievance process that must be approved by OCA. The OCA ensures the quality of grievance systems by

establishing minimum standards and through an ongoing monitoring program. The Advocate General and OCA staff have immediate and unlimited access to service members, staff and provider agency files, records and documents relating to grievance procedures and practices.

Oklahoma-Advocates Involved in Monitoring (OK-AIM)

OK-AIM is an independent monitoring initiative involving service recipients and family members as monitors of service delivery. **The OK-AIM program brings volunteers into homes to report on living conditions and to assess and monitor the quality of life of the individuals served. The program monitors the services provided by agencies that contract with OKDHS/DDSD for residential services.** The desired outcome of the OK-AIM monitoring process is improvement in the quality of life of the individuals receiving services. When problems are identified that adversely affect quality of life, OK-AIM advises DDSD staff and tracks those problems to ensure they are addressed. **OK-AIM monitors visit over 1,600 Oklahomans each year.** OK-AIM provides yet another "set of eyes" to monitor the health and welfare of individuals receiving community-based residential supports. Family members and guardians who are interested in serving as volunteer monitors may contact OK-AIM staff through www.ddadvocacy.net.

Transition Safeguards

The following safeguards will be in place prior to transition:

- An Individual Plan will be completed and available.
- All service providers required to meet the individual's needs will be in place.
- All residential staff will be trained.
- An OCA advocate will be assigned and in place.
- Household furnishings and utilities will be in place and operational.
- The Individual Plan will be reviewed and updated if necessary within 30 days of transition.
- The case manager and the family/guardian will review and complete a pre-transition checklist to assure all needed services and supports are in place.
- The case manager and the agency program coordinator will review and complete the Residential Pre-Service Checklist to ensure all services and supports are in place.
- The OKDHS OCA Advocate General will review every individual's plan for community placement and will certify that all services and supports are in place prior to the transition date.