



September 9, 2021

Mr. David Brandon-Friedman
Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
Indianapolis, Indiana 46204

RE: Request for Services 22-67778, Respondent Clarifications and Oral Presentation Request

Dear Mr. Brandon-Friedman,

Columbus Medical Services, LLC dba The Columbus Organization (Columbus) is pleased and honored to submit our response to the "Respondent Clarifications and Oral Presentation Request" issued by the Bureau of Developmental Disabilities Services (BDDS) of the Division of Disability and Rehabilitative Services (DDRS) of the Family and Social Services Agency (FSSA). Please see Columbus' responses below to the State's request of the following questions.

Clarification Questions:

Question #1: For any of the satisfaction surveys cited in your proposal, please detail how many surveys were distributed and how many surveys you received back.

In 2021, Columbus sent out 2,302 surveys and received 464 complete and 86 incomplete surveys back. Columbus' average response rate (approximately 20%) is in line with industry averages as compared to the National Core Indicators Family/Guardian Survey Report 2019-20, which showed an overall response rate of 24.5% (ranging between 5.8% and 45.9%). Columbus' Annual Satisfaction Survey (English and Spanish) can be found in Attachment 1, "Columbus' Annual Satisfaction Survey."

Among the respondents who submitted completed surveys, Columbus found positive results overall, with the majority of respondents expressing they are

satisfied or very satisfied with Columbus' case management services. Across each statement, positive responses averaged 91%. Additional survey highlights include:

- Ninety-two percent of respondents indicated they "strongly agree" or "agree" their Case Manager is responsive to all questions and concerns in a timely fashion.
- Ninety percent of respondents indicated they "strongly agree" or "agree" their Case Manager advocates for their needs in a timely manner.
- Ninety percent of respondents indicated they "strongly agree" or "agree" their Case Manager listens to them and supports them in developing person-centered goals.

Question #2: How do you utilize the Plan-Do-Check-Act cycle?

While the Plan-Do-Check-Act cycle was originally formed as a business application, Columbus' Care Coordination teams leverage a comparable model, the ASPIRE to Excellence® model. The model, which was developed by the Commission on Accreditation of Rehabilitation Facilities (CARF) includes Assessment, Strategy, Stakeholder Input, Implementation, Review, and Effecting Change. It is a continuous cycle of assessing, strategizing, implementing, and reassessing that serves as the basis for Columbus' quality improvement and performance management systems. The goal of the model is to improve service delivery of positive outcomes for individuals and business functions.

Similarly, Columbus also utilizes Charting the LifeCourse principles to further assess and improve service delivery and to track and facilitate staff performance. Charting the LifeCourse principles, which are grounded in a transformational framework for change, effectively support individuals with intellectual and developmental disabilities and those who serve them by supporting knowledge exchange, capacity building, and collaborative engagement.

Columbus was awarded the "Innovation in Person Centered Practices" award from the Charting the LifeCourse organization for our leadership and exceptional use of the Charting the LifeCourse framework in Delaware. Columbus was honored at The LifeCourse Nexus' with this award at the

annual showcase in May 2021. The LifeCourse Nexus was pleased to highlight and celebrate Columbus' integration of the Charting the LifeCourse framework into our person-centered planning practices, including how we are training community navigators to "think" this way (not just to complete a tool) and considering the quality measures and metrics to ensure that the principles are incorporated into the ongoing planning process so that people have good lives.

Columbus utilizes both models in monthly 1:1 supervision meetings with our Case Managers in Indiana to test improvement measures on a small scale before updating procedures and working practices. Columbus' staff use the model to set goals by identifying key performance measures and create a strategy to identify how tasks will be accomplished. Over the month, supervisors track progress and check for completion. At the next 1:1 supervision meeting with the Case Manager, progress is reviewed to identify any goals that have been met, as well as any potential areas for improvement or metrics not on target to meet goals. Together, the Supervisor and Case Manager identify the effective and ineffective actions and make strategic changes as needed, and the cycle continues.

Question #3: In the event that you are not awarded a contract, how are you going to address situations where individuals are having difficulties meeting the required timeframe to choose a new CMCO.

In the event that Columbus is not selected to participate in providing case management services for the State, we will continue to provide and bill for service delivery until all individuals have transitioned to a new case management company (CMCO). In accordance with the transition process implemented by BDDS, Columbus will remain committed to consumer choice and will ensure consumers are educated on all options by presenting specific information on each available CMCO, including assisting with facilitating meetings between the individual and prospective CMCOs, to ensure a smooth transition as well as compliance to the identified selection timelines. Historically, in transitioning individuals from a BDDS provider who loses their accreditation or decides to eliminate services, Columbus has successfully transitioned individuals within the provided timeline and has submitted timely follow up reports to the transitions based on the BQIS' report. Or, if an individual chooses to transition to another provider, Columbus successfully

transitions those individuals within the provided timeline and as stated above will submit timely follow up reports to the transitions based on the BQIS' report.

Question #4: In the event that you are not awarded a contract, how would you ensure that there are sufficient staff to serve individuals throughout the transition process?

In the event that Columbus is not awarded a contract, we will continue to provide statewide services within six months of contract award and will comply with all transition requests. Columbus will also immediately begin working with those approved provider agencies to ensure a smooth transition for both individuals receiving services and staff wishing to continue their case-relationships with a new agency. Our priority will be to ensure consistency of care for those individuals we support while assisting staff that wish to continue their involvement through full-time employment with a new CMCO. During this transition process, our existing staff will remain fully employed through Columbus and be eligible for an additional retention bonus to encourage continuity of care through the duration of the transition process. Because Columbus supervisors do not maintain full caseloads, they will be able to support individuals throughout the transition process, as well as provide support to our Case Managers.

Question #5: If a case manager leaves your organization for another CMCO, will you share the name of the CMCO to which they moved with the individuals served by the departing case manager? Will you share that information with the State?

If a Case Manager chooses to leave Columbus for another CMCO, Columbus will provide the name of the CMCO they are joining to both the individual that they worked with as well as the State.

Question #6: Please identify and detail any familial relationships within your company's supervisory employees and officers.

Columbus currently does not have any familial relationships within our company's supervisory employees and officers. Columbus' Code of Ethics and Code of Conduct outlines that all care coordination employees are required to disclose any information that may put them and/or Columbus in conflict with the government authorities, the facility, and/or consumers that we serve, which is reviewed and signed upon the employee's hire.

Question #7: What would happen if no case manager at your organization agrees to take a particularly challenging case? Under what circumstance would your company refuse to accept a challenging case?

Columbus treats each person with dignity and respect in regard to every aspect including choice. As a result, Case Managers work directly with their supervisor for support for any cases that are deemed challenging. Columbus approaches challenges proactively, and we have not refused to work with any challenging cases since services were first provided in 2012. In support of Columbus' approach to address challenges proactively, we created the ACCOMPLISH™ Solution, an innovative care coordination model that aids in early identification and management of health risks in individuals with intellectual and developmental disabilities, as well as those with complex medical and behavioral health care needs. ACCOMPLISH™ uses a systematized approach through care coordinator selection and onboarding, ongoing learning and development, and continuous data tracking and outcomes measurement. In using ACCOMPLISH™, Columbus ensures that no case is deemed too challenging by addressing an individual's mental, physical, emotional, social, and daily living needs in real time.

If a challenging case arises, the Team Lead is required to attend meetings for at least one year with the Case Manager. Additionally, the Team Lead and the Case Manager will conduct bi-weekly phone calls to address challenges or concerns, which will be noted on the monthly 1:1 supervision meeting with the Case Manager.

Additionally, Columbus has the unique ability to draw from clinicians currently available to us, within our own organization (network), to assist with (in) complex cases. We have experience with providing intensive therapy services that emphasize the importance of individually tailored supports and value a range of person-centered approaches to social care. Our Case Managers play an important role, bridging professional boundaries and breaking down the barriers of competing cultural and organizational differences. They bring together the expertise and skills of different professionals to assess, plan, and manage care jointly. Based in the community, and networked with other stakeholders, staff work proactively to support individuals' goals and ensure comprehensive, continuous, and seamless care services are delivered.

Columbus places a high value in the competency training of our staff, so our Case Managers are provided extensive, on-going education to have the knowledge and understanding to successfully work with individuals of all abilities. Our curriculum is grounded in evidence-based practices that directly guide the development and maintenance of curricula and strategies that focus on experiential techniques that tap into the experience of learners. We have seen a direct correlation between how these training experiences positively affect job performance and overall job satisfaction.

Furthermore, in the unforeseen event that an employee refuses to take a challenging case, Columbus can easily access our Applicant Tracking System (ATS), Jobvite, to search and source candidates (as well as our internal Recruitment Model) to recruit an individual with the specific skillset needed to navigate the potential challenges faced with a particular case.

Question #8: How will the case manager to supervisor ratio scale during rapid growth?

Columbus averages one Supervisor to 15 employees (1:15) ratio. Once the ratio reaches 1:13, it triggers our process to recruit and hire an additional Supervisor.

Columbus utilizes our ATS, Jobvite, as our central hub for searching and sourcing candidates nationwide. Jobvite integrates with all major job search engines, including Indeed, Zip Recruiter, Monster, Glassdoor, etc., to automatically index jobs for faster searching. This allows us to centralize our job management efforts into a single location with real-time pipeline management, job advertising, social media marketing, client submissions, and analytics.

During periods of rapid growth, Columbus' Recruitment Division will be strategically positioned to recruit and hire additional supervisory roles immediately using the ATS and Columbus' Recruitment Model: (1) Development of an Ideal Candidate Profile; (2) Candidate Identification and Screening; (3) Candidate Interviews; and (4) Timelines for Recruiting Process. Columbus' history of recruitment success is founded on an approach that rapidly identifies and engages qualified candidates, supports them to succeed, and provides regular on-site interaction.

Question #9: What does it mean to be "the country's leading provider of Traditional, Complex Medical, Behavioral, Acquired Brain Injury (ABI), Acquired Brain Injury, Long

Term Care (ABI LTC), Head and Spinal Cord Injury (HASCI), and Aged and Disabled (A&D) case management services"?

Since the date of our proposal submission (14,000 individuals served) in July 2021 to now, Columbus proudly provides both Traditional and Intensive Case Management services to over 15,000 individuals with intellectual and developmental disabilities nationwide. To answer the question, "What does it mean to be the country's leading provider...?" Since 1984, we have worked hard to advocate for individuals with intellectual and developmental disabilities and mental health challenges. We are a group of caring professionals whose mission is to assist children and adults with physical and intellectual disabilities achieve independence through a life that is meaningful to them. With a person-centered planning and thinking approach, it is our vision to be recognized as an organization that transforms individuals' lives and provides families the peace of mind in knowing their loved one has a voice and a valued role in their community.

Additionally, Columbus has established itself as having the largest national presence in our focus and ability to execute case management services throughout the United States. According to market research conducted by The Marwood Group in July 2021, Columbus' expertise is recognized as a stand-out feature by state and case management stakeholders we have held contracts with. This is further exemplified in Columbus' ability to differentiate itself among competitors for both care coordination and staffing through our high degree of expertise and our ability to assemble a range of holistic programs and services to meet client needs in a highly fragmented market.

Columbus' national reputation has been built on a results-oriented approach in the gathering and analyzing of data, coupled with a commitment to work closely with each state agency on successful reporting outcomes. We strive to maintain continuous progress within every level of our organization and will continue to implement new processes and procedures, where deemed necessary, for the betterment of the organization and the individuals we serve. We ensure that our Regional Directors, Team Leaders, and Case Managers take pride in making a difference in the lives of many by assisting people with intellectual challenges and developmental disabilities to access and coordinate needed supports and services in community settings. Their knowledge of social, economic, health, or rehabilitative service objectives is

critical in this role, as well as methods of compiling, organizing, and analyzing data. Our Case Managers evaluate and monitor service delivery and implement corrective action plans. They also have the ability to provide technical assistance regarding program and client issues. As effective communicators, they establish and maintain effective working relationships with others to understand and apply applicable rules, regulations, policies, and procedures.

We believe and follow the Charting the LifeCourse Framework. This means we center the care around the individual to ensure each family member with an intellectual or developmental disability has the opportunity to live a meaningful life. We assess not only immediate physical and behavioral needs, but we also consider them within the framework of a full and meaningful life.

Question #10: Please specify how often each report listed in your proposal is generated?

To ensure all reporting standards are met, Columbus has developed and implemented an internal Quality Assurance (QA) review process with dedicated quality personnel. The structure of the QA department escalates from service delivery to management on a monthly basis where any issue identified and reported by QA is addressed with each Case Manager at the monthly 1:1 supervision meeting. The overarching goal of the department is to support the Care Coordination team in providing quality services while maintaining compliance with applicable laws, rules, and policies. The overall process and resulting Quality Improvement Plan (QIP) aids Columbus in determining the effectiveness of services provided, identifying deficiencies that undermine the provision of quality services, and making necessary revisions to practices, policies, and procedures for continuous improvement. An example of Columbus' Quality Assurance Scorecards may be found in Attachment 2, "Sample Quality Assurance Scorecards." Columbus' standard operating procedure for all reports is as follows:

- Quarterly Monitoring Checklists
 - Quarterly Monitoring Checklists (MC) are due every quarter, according to a consumer's Cost Comparison Budget (CCB) start date.

- Team Leads generate MC reports monthly by the due date specified in the report. The information is proactively provided to Case Managers and addressed reactively if the deadline is not met.
- The Executive State Director generates this report monthly and addresses when deadlines are not met.
- Incident Reporting
 - Case Managers are responsible for Incident Report follow-ups. A follow-up is due every seven days from the date of the incident report and every seven days after until a Bureau of Quality Improvement Services (BQIS) closure is received.
 - Incident reports are generated monthly and addressed at monthly 1:1 supervision meetings with Case Managers.
- Level of Care (LOC) Expiration
 - This report is flagged by the State. Every expiration date is written into the Executive State Director's planner and the report is pulled daily by the Executive State Director to ensure that no LOC becomes outstanding.
- Cost Comparison Budgets (CCB)
 - This report is flagged by the State and are due 45 days prior to the new start.
 - All work is to be completed within seven days of the activity. CCBs are requested to be completed no later than seven days after the last date possible to facilitate a team meeting.
- Person-Centered Individual Support Plans (PCISPs)
 - PCISP reports are pulled by the QA department and Team Leads monthly. The reports are addressed at the monthly 1:1 supervision meetings with Case Managers.
 - The Executive State Director generates the report at least monthly. The report is pulled two weeks prior to a new month to ensure no outstanding plans are on the report.
- Unannounced Home Visit
 - Unannounced home visits are required once per year for individuals that live in a provider-owned setting. The report is pulled monthly and upcoming visits are



addressed in the monthly 1:1 supervision meetings with Case Managers to ensure compliance.

- Case Noting
 - One meaningful case note is due by the 25th of each month. Fifty percent of case noting must be completed by the 15th of the month, and 100% completed by the 25th of the month.
 - Team Leads generate the report by close of business on the 15th and the 25th of the month.
 - The Executive State Director generates the report to address any outstanding notes by 5pm EST on the 25th of each month. Any outstanding notes are added to the Case Manager's 1:1 supervision report.
- Ad Hoc Reports
 - Columbus will generate any ad hoc reports, requested for a specific purpose by the State, within five business days, or at least 24 hours prior to the deadline given by the State.

Additionally, Columbus maintains a hierarchy of councils to oversee our QA Department. The Executive Quality & Compliance Committee (EQCC), which consists of six members of Columbus' executive team including the President & CEO, provides oversight of, and direction to, the company's Quality & Compliance Program, and reviews monitoring reports/corrective actions every month. Reporting to the EQCC, the Compliance and Quality Council (CQC) comprises the Operational State Care Coordination management who have direct oversight of the provision of Care Coordination services. The CQC ensures that the company provides day-to-day operational oversight of and direction to all employees on the company's Quality & Compliance Program.

Question #11: How many LifeCourse Ambassadors are on staff?

Columbus employs trainers who are credentialed Person-Centered Thinking (PCT) trainers and Charting the LifeCourse Ambassadors. Our care coordination division promotes utilizing PCT and Charting the LifeCourse principles for discovery and planning in the services we provide. All Columbus staff are trained on PCT, and the overall mission of the company is to provide everyone we serve with a meaningful life. Columbus has seven certified



Charting the LifeCourse Ambassadors and each Charting the LifeCourse Ambassador has received formal training provided through the LifeCourse Nexus®. Columbus' Ambassadors are listed below.

1. Shenika Kirby
2. Devon Manley
3. Jennifer Moccia
4. Cassandra DeStefano
5. Morgan Hovington
6. Daniel Guidice
7. Kerry Parker

Question #12: What is your current caseload average?

Columbus uses best practices and employs a ratio of 1:45 for our Case Managers. We understand that a full-time Case Manager has a minimum caseload ratio of 1:21 and will not go below that number. We understand that the State will monitor our adherence to this caseload limit on a quarterly basis. Caseloads are reviewed weekly by a Team Lead Supervisor and when geographic changes occur (e.g., families move) or there is a need for additional supports or services, the ratio is adjusted accordingly. Columbus' philosophy is to hire Case Managers who are flexible, work collaboratively, and have a positive attitude. Our goal is to work up to the caseload and not to exceed Medicaid waiver requirements.

Question #13: Do supervisors carry caseloads? If so, how large is their caseload?

Columbus uses best practices and employs a ratio of 1:10 for Team Lead Supervisors overseeing the case management services in Indiana. Team Lead Supervisors are selected for their experience, management skills, as well as flexibility, positive attitude, and willingness to work collaboratively when difficult situations occur. Columbus also will have the Executive State Director and Clinical Team available to the Team Lead Supervisors for advisement and support, as needed.

Columbus would be honored and privileged in partnering with the State to continue our case management efforts in providing services to people with



intellectual and developmental challenges and empowering them and their loved ones to realize meaningful life goals.

Thank you again for your time and consideration. You are welcome to contact me at (800) 229-5116 or jklmaski@columbusorg.com if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeff Klimaski', enclosed within a circular scribble.

Jeff Klimaski
President & CEO
The Columbus Organization



Attachment 1: Columbus' Annual Satisfaction Survey

Please see Columbus' Annual Satisfaction Survey (English and Spanish) on the following pages.



Welcome to The Columbus Organization's Annual Satisfaction Survey. If you would like to take this survey online, please go to <https://www.surveymonkey.com/r/ColumbusCares>. This survey should take only 3 – 5 minutes to complete. We appreciate your time. Your opinion is very important to us.

Please return the completed survey to: Columbus Organization, 350 Sentry Pkwy., Suite 120, Blue Bell, PA 19422.

Who is your Case Manager?

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|---|
| <input type="radio"/> [Redacted] | <input type="radio"/> [Redacted] | <input type="radio"/> [Redacted] | <input type="radio"/> [Redacted] |
| <input type="radio"/> [Redacted] | <input type="radio"/> [Redacted] | <input type="radio"/> [Redacted] | <input type="radio"/> [Redacted] |
| <input type="radio"/> [Redacted] | <input type="radio"/> [Redacted] | <input type="radio"/> [Redacted] | <input type="radio"/> Other: [Redacted] |

Who are you?

- ☐ A person who receives case management services
- ☐ A family member or guardian of a person who receives case management services
- ☐ A provider who is paid to assist a person who receives case management services
- ☐ Other:

How old is the person receiving case management services?

- ☐ Under 18 years ☐ 18 – 21 years ☐ 22 years or over

IN2021

Please rate your agreement with each statement below. (Note: if you are a family member, guardian or provider, please rate these with respect to the person who receives case management services. Ex. People respect my child.)

	Never	Rarely	Sometimes	Often	Always	N/A
People respect me.						
I participate in meaningful activities in my community.						
I have a natural (unpaid) support network.						
I feel safe.						
I choose whether and where to work.						
I choose where and with whom to live.						
I choose my personal goals.						

Please indicate how much you agree with each of the following statements.

	Strongly Disagree	Disagree	Undecided /Neutral	Agree	Strongly Agree
My case manager spends time getting to know me and understanding my needs and goals.					
My case manager listens to me and supports me in developing person-centered goals.					
My case manager keeps scheduled appointments.					
My case manager responds to my questions and concerns in a timely manner.					
It is easy to contact my Case Manager.					
My Case Manager advocates for my needs in a timely manner.					
My Case Manager is polite and treats me with respect					
My Case Manager is knowledgeable about waiver services and community resources.					
Overall, I am satisfied with my Case Manager.					

IN2021



Bienvenido a la encuesta de satisfacción de la Columbus Organization. Gracias por tomarse el tiempo para completar nuestra encuesta. Su opinión es muy importante para nosotros. Esta encuesta debería tomar de 3 a 5 minutos para completar.

Por favor, devuelva la encuesta completada a: Columbus Organization, 350 Sentry Pkwy., Suite 120, Blue Bell, PA 19422.

Quién es su administrador de caso?

- | | | |
|----------------------------------|----------------------------------|---|
| <input type="radio"/> [Redacted] | <input type="radio"/> [Redacted] | <input type="radio"/> Otro (por favor especifique): |
| <input type="radio"/> [Redacted] | <input type="radio"/> [Redacted] | |
| <input type="radio"/> [Redacted] | <input type="radio"/> [Redacted] | |
| <input type="radio"/> [Redacted] | <input type="radio"/> [Redacted] | |

Soy una y/o un?

- ☐ Persona que recibe servicios de navegación comunitaria
- ☐ Miembro de la familia y/o tutor de la persona que recibe servicios de navegación comunitaria
- ☐ Proveedor a quien se le paga por ayudar a una persona que recibe servicios de navegación comunitaria
- ☐ Otro:

Cuántos años tiene su familiar?

- | | | |
|--|------------------------------------|-------------------------------------|
| <input type="radio"/> Menor de 18 años | <input type="radio"/> 18 – 21 años | <input type="radio"/> 22 años o mas |
|--|------------------------------------|-------------------------------------|

IN2020

Por favor, indique cuan de acuerdo está con cada una de las siguientes declaraciones. (Si eres un miembro de la familia o proveedor, indique con respect a la persona que recibe los servicios. E.g. La gente respeta a mi hijo.)

	Nunca	Raramente	A Veces	A Menudo	Siempre	N/A
La gente respeta a mi familia.						
Mi familia participa en actividades significativas en mi comunidad.						
Mi familiar tiene un soporte natural (sin pagar).						
Mi familia se siente segura.						
Mi familia elige si quiere y dónde quiere trabajo.						
Mi familia elige dónde y con quien viver.						
Mi familia elige sus objetivos personales.						

Por favor, indique cuan de acuerdo está con cada una de las siguientes declaraciones.

	Muy Desacuerdo	En Desacuerdo	Indeciso /Neutral	De Acuerdo	Totamente de Acuerdo
Mi administrador de caso se toma su tiempo para conocerme y entiende mis necesidades y objetivos.					
Mi administrador de caso me escucha y me apoya en el desarrollo de las metas cetradas en mi persona.					
Mi administrador de caso atiende a todas las citas programadas.					
Mi administrador de caso responde a mis preguntas y preocupaciones de manera oportuna.					
Es fácil contactar a mi Administrador de caso.					
Mi Administrador de caso aboga por mis necesidades de una manera oportuna.					
Mi Administrador de caso es educado y me trata con respeto.					
Mi Administrador de caso es experto en servicios y recursos para la comunidad.					

IN2020

En general, estoy satisfecho con mi Administrador de caso

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IN2020



Attachment 2: Sample Quality Assurance Scorecards

Please see an example of Columbus' Quality Assurance Scorecards on the following pages.

Measure					Score
DAILY LIFE - Supervision Needs	67%	74%	76%	65%	70%
DAILY LIFE - Preferences	89%	83%	93%	88%	88%
DAILY LIFE - Supporters	96%	89%	90%	94%	92%
DAILY LIFE - Participant Assessment Tool	100%	100%	100%	100%	100%
COMMUNITY LIVING - Supervision Needs	89%	100%	95%	91%	94%
COMMUNITY LIVING - Preferences	100%	99%	91%	96%	96%
COMMUNITY LIVING - Supporters	100%	93%	96%	100%	97%
COMMUNITY LIVING - Control of Resources	70%	94%	82%	100%	87%
CITIZENSHIP & ADVOCACY - Supervision Needs	74%	97%	94%	100%	91%
CITIZENSHIP & ADVOCACY - Preferences	55%	90%	88%	96%	83%
CITIZENSHIP & ADVOCACY - Supporters	81%	92%	93%	100%	92%
EMPLOYMENT - Supervision Needs	100%	100%	96%	96%	98%
EMPLOYMENT - Preferences	100%	100%	98%	96%	99%
EMPLOYMENT - Supporters	100%	100%	96%	96%	98%
EMPLOYMENT - Prevoc	89%	100%	100%	100%	97%
HEALTH & SAFETY ACTIVITIES - Preferences	81%	96%	91%	96%	91%
HEALTH & SAFETY ACTIVITIES - Supporters	89%	92%	91%	100%	93%
CURRENT HEALTH INFORMATION, ADAPTIVE SUPPLIES AND EQUIPMENT	100%	100%	90%	100%	98%
SOCIAL & SPIRITUAL ACTIVITIES - Supervision Needs	74%	96%	89%	100%	90%
SOCIAL & SPIRITUAL ACTIVITIES - Preferences	81%	96%	84%	100%	90%
SOCIAL & SPIRITUAL ACTIVITIES - Supporters	77%	96%	89%	100%	90%
CLINICAL RECOMMENDATIONS	100%	100%	100%	100%	100%
WORK GOALS	37%	56%	56%	48%	49%
PERSON-CENTERED GOALS	100%	100%	100%	100%	100%
INDIVIDUAL STRENGTHS	100%	100%	100%	100%	100%
ACTION STEPS IDENTIFIED	100%	100%	100%	100%	100%
ACTION STEP STRATEGIES	96%	100%	100%	100%	99%
OUTCOMES OF PRIOR GOALS	100%	100%	100%	100%	100%
ACTION STEPS JUSTIFICATION	100%	100%	100%	100%	100%
SERVICE PLAN	100%	100%	100%	100%	100%
INFORMED CHOICE & SIGNATURE PAGE	52%	57%	72%	79%	65%
INDIVIDUAL RISK PLANS	100%	100%	100%	100%	100%
CASE NOTES - Monthly	100%	100%	100%	100%	100%
CASE NOTES - Quarterly Meeting	100%	100%	100%	100%	100%
CASE NOTES - Annual Meeting	100%	100%	100%	100%	100%
AVERAGE	87%	93%	92%	95%	92%

Measure																	Score
DAILY LIFE SUPERVISION NEEDS	0%	100%	0%	100%	50%	60%	100%	100%	100%	100%	0%	0%	100%	100%	100%	65%	
DAILY LIFE PREFERENCES	0%	100%	100%	100%	50%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	88%	
DAILY LIFE SUPPORTERS	100%	100%	100%	100%	50%	60%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	
DAILY LIFE PARTICIPANT ASSESSMENT TOOL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
COMMUNITY LIVING SUPERVISION NEEDS	100%	100%	100%	100%	100%	80%	100%	100%	0%	100%	100%	100%	100%	100%	100%	91%	
COMMUNITY LIVING PREFERENCES	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	
COMMUNITY LIVING SUPPORTERS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
COMMUNITY LIVING CONTROL OF RESOURCES	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
CITIZENSHIP & ADVOCACY SUPERVISION NEEDS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
CITIZENSHIP & ADVOCACY PREFERENCES	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	
CITIZENSHIP & ADVOCACY SUPPORTERS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
EMPLOYMENT SUPERVISION NEEDS	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	
EMPLOYMENT PREFERENCES	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	
EMPLOYMENT SUPPORTERS	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	
EMPLOYMENT PREVOC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
HEALTH & SAFETY ACTIVITIES PREFERENCES	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	
HEALTH & SAFETY ACTIVITIES SUPPORTERS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
CURRENT HEALTH INFORMATION, ADAPTIVE SUPPLIES AND EQUIPMENT	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
SOCIAL & SPIRITUAL ACTIVITIES SUPERVISION NEEDS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
SOCIAL & SPIRITUAL ACTIVITIES PREFERENCES	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
SOCIAL & SPIRITUAL ACTIVITIES SUPPORTERS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
CLINICAL RECOMMENDATIONS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
WORK GOALS	0%	100%	0%	0%	50%	20%	100%	100%	0%	100%	0%	0%	100%	100%	100%	48%	
PERSON-CENTERED GOALS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
INDIVIDUAL STRENGTHS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
ACTION STEPS IDENTIFIED	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
ACTION STEP STRATEGIES	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
OUTCOMES OF PRIOR GOALS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
ACTION STEPS JUSTIFICATION	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
SERVICE PLAN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
INFORMED CHOICE & SIGNATURE PAGE	100%	100%	100%	0%	100%	100%	100%	100%	100%	0%	100%	0%	100%	100%	100%	79%	

INDIVIDUAL RISK PLANS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
RIGHTS AND RESPONSIBILITIES	100%	100%	100%	0%	100%	100%	100%	100%	0%	0%	100%	0%	100%	100%	100%	71%
Case Notes - Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Case Notes - Quarterly Meeting	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Case Notes - Annual Meeting	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AVERAGE	92%	100%	94%	83%	94%	94%	100%	100%	92%	94%	94%	89%	100%	100%	95%	

▾

Time to complete: 15:32 Points: 34/36

1. Name of Service Recipient

0 / 0 pts

Auto-graded

2. Name of Case Manager

0 / 0 pts

Auto-graded

3. Name of Reviewer

0 / 0 pts

Auto-graded

4. Date of QEC Review

0 / 0 pts

Auto-graded

Daily Life

5. SUPERVISION NEEDS (DL): The section should include individual-specific information that support staff would need to support the person with ADLs

1 / 1 pt

Auto-graded

☒ Yes or N/A ✓

☐ No

6. COMMENTS:

0 / 0 pts

No answer provided.

Auto-graded

7. PREFERENCES (DL): This section should include the person's vision of a preferred life, related to home living

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

8. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

9. SUPPORTERS (DL): Who supports the person with home living activities and to what extent? Include natural supports

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

10. COMMENTS:

Family provides natural supports.

0 / 0 pts
Auto-graded

11. PARTICIPANT ASSESSMENT TOOL: Information is consistent with the tools.

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

12. COMMENTS:

Input from family and individual

0 / 0 pts
Auto-graded

Community Living

13. SUPERVISION NEEDS (CL): The section should include individual-specific information that support staff would need to support the person outside of the home.

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

14. COMMENTS:

0 / 0 pts

Auto-graded

No answer provided.

15. PREFERENCES (CL): This section should include the person's preferences related to community living.

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

16. COMMENTS:

0 / 0 pts

Auto-graded

No answer provided.

17. SUPPORTERS (CL): Who supports the person in the community and to what extent? Include natural supports; What opportunities does the individual currently have to engage in community life? What new community connections will be attempted during the ISP year?

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

18. COMMENTS:

0 / 0 pts

Auto-graded

Individual is a minor, family provides natural supports accessing the community.

19. CONTROL OF RESOURCES: What support?s are needed for handling of personal spending money 1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

20. COMMENTS: 0 / 0 pts
Auto-graded
Family manages personal finances.

Citizenship & Advocacy

21. SUPERVISION NEEDS (CA): The section should include individual-specific information that support staff would need to know about the way a person learns 1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

22. COMMENTS: 0 / 0 pts
Auto-graded
No answer provided.

23. PREFERENCES (CA): This section should include the person's preferences related items in this domain 1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

24. COMMENTS: 0 / 0 pts
Auto-graded
No answer provided.

25. SUPPORTERS (CA): Who supports the person in these activities and to what extent? Include natural supports?

1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

26. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

Employment

27. SUPERVISION NEEDS (EM): The section should include individual-specific information that support staff would need to support the person in their employment.

1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

28. COMMENTS:

Individual is a minor and not employed.

0 / 0 pts
Auto-graded

29. PREFERENCES (EM): This section should include the person's preferences related to employment supports.

1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

30. COMMENTS:

N/A

0 / 0 pts
Auto-graded

31. SUPPORTERS (EM): Who supports the person in these activities and to what extent? Include natural supports?

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

32. COMMENTS:

0 / 0 pts

Auto-graded

N/A

33. PREVOC: If in Prevocational Services, justification for continuation of prevocational services is included.

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

34. COMMENTS:

0 / 0 pts

Auto-graded

N/A

Health & Safety Activities

35. PREFERENCES (HS): This section should include the person's preferences related to receiving support with their health and safety

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

36. COMMENTS:

0 / 0 pts

Auto-graded

No answer provided.

37. SUPPORTERS (HS): Who supports the person with health and safety activities and to what extent? Include natural supports?

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

38. COMMENTS:

0 / 0 pts
Auto-graded

No answer provided.

39. CURRENT HEALTH INFORMATION, ADAPTIVE SUPPLIES AND EQUIPMENT: Refer to Healthy Living module for current health information, adaptive equipment and supplies

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

40. COMMENTS:

0 / 0 pts
Auto-graded

No answer provided.

Social & Spirituality Activities

41. SUPERVISION NEEDS (SS): The section should include individual-specific information that support staff would need to know about the way the person interacts in social settings in the home and community?

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

42. COMMENTS:

0 / 0 pts
Auto-graded

No answer provided.

43. PREFERENCES (SS): This section should include the person's preferences related to social activities.

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

44. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

45. SUPPORTERS (SS): Who supports the person in these activities and to what extent? Include natural supports?

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

46. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

Recommendations, Outcomes, Action Steps and Services

47. CLINICAL RECOMMENDATIONS: Recommendations from current Social Work, Behavioral, or Nursing Assessment is included (if completed since last ISP)

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

48. COMMENTS:

Recommended assessments are completed and included in documents.

0 / 0 pts
Auto-graded

49. WORK GOALS: All questions are answered completely and accurately. If barriers exist, they are described

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

50. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

51. PERSON-CENTERED GOALS: List as many as the person and his/her team can identify. Goals do not require formal implementation plans. Goals should be broad and reflect supports needed to achieve the person's goals

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

52. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

53. INDIVIDUAL STRENGTHS: List as many as the person and his/her team can identify. Consider positive character traits, skills, talents, relationships, social roles and community connections.

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

54. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

55. ACTION STEPS IDENTIFIED: Action steps should be identified and prioritized based on achieving the person's vision, assessment of needs, and goals that are important FOR the person

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

56. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

57. ACTION STEP STRATEGIES: "For each action step, include:

- desired outcome/goal
 - strategies for implementation (how will you accomplish)
 - Action steps needed
 - Progress measured
- Which Service is Tracking this goal?"

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

58. COMMENTS:

N/A

0 / 0 pts
Auto-graded

59. OUTCOMES OF PRIOR GOALS: Discuss each outcome in the previous PCISP in terms of whether the goal was achieved, what worked, what didn't work, and if the goal should be modified or discontinued. Goals should not be continued without modification.

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

60. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

61. ACTION STEPS JUSTIFICATION: Include team discussion around justification for the final selection of action steps and decision about the number of action steps for this PCISP. Every PCISP must include at least one action step that is IMPORTANT TO the person discussion of team not including an action step for PAC, RHS, Therapy, Community Access, PreVoc, and/or SE, if individual receives any of these services. 1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

62. COMMENTS: 0 / 0 pts
Auto-graded
The team has discussed the outcomes and action step justification for Daily Life & Employment strategies for implementations.

63. SERVICE PLAN: CM included CM/CMGT service description – 12 Units (if Field Office has not already completed Service Plan) and selected Minimum QT Visit Frequency 1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

64. COMMENTS: 0 / 0 pts
Auto-graded
No answer provided.

65. INFORMED CHOICE & SIGNATURE PAGE: BDDS/AED signature page and PCISP Statement of Agreement is complete and accurate. Individual or legal representative's original signature is included 0 / 1 pt
Auto-graded

☐ Yes or N/A ✓

☒ No ✗

66. COMMENTS:

0 / 0 pts

Auto-graded

The informed consents; HIPPA signature page; BDDS/AED signature page and PCISP Statement of Agreement forms included in documents has expired 10/2020.

67. INDIVIDUAL RISK PLANS: Necessary Risk Plans must be updated

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

68. COMMENTS:

0 / 0 pts

Auto-graded

No answer provided.

69. Rights and Responsibilities Form is complete, signed, and uploaded.

0 / 1 pt

Auto-graded

☐ Yes or N/A



☒ No



70. COMMENTS:

0 / 0 pts

Auto-graded

R & R form has expired

Case Manager Notes

71. How many monthly notes were reviewed

0 / 0 pts

Auto-graded

Three

72. Case Notes - Monthly

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

73. COMMENTS:

0 / 0 pts

Monthly case notes from 08/17/2021; 07/2/2021 and 06/24/2021 were all reviewed.

Auto-graded

74. How many quarterly notes were reviewed?

0 / 0 pts

Two

Auto-graded

75. Case Notes - Quarterly Meeting

1 / 1 pt

☒ Yes or N/A



Auto-graded

☐ No

76. COMMENTS:

0 / 0 pts

Quarterly meeting case notes from 06/29/2021 and 04/13/2021 both reviewed. Good case notes.

Auto-graded

77. How many Annual Notes were reviewed?

0 / 0 pts

One

Auto-graded

78. Case Notes - Annual Meeting

1 / 1 pt

☒ Yes or N/A



Auto-graded

☐ No

79. COMMENTS:

0 / 0 pts

Annual meeting case note from 10/15/2020 reviewed.

Auto-graded