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HUMAN RIGHTS AUTHORITY - PEORIA REGION
REPORT OF FINDINGS

Case #20-090-9010
EP!C

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving complaints of possible rights violations involving services at EP!C. The allegations were as follows:

- 1- Inadequate treatment, including not providing services after individual was arrested, not finding alternative placement for individual after disrupted host home placement, and not following individual support plan or behavior plan.**

If found substantiated, the allegations would violate the Department of Human Services (DHS) regulations regarding Community Integrated Living Arrangements (CILA) (59 Il Admin Code 115), the Mental Health and Developmental Disabilities Code (405 ILCS 5/1-100) and Housing and Urban Development Regulations (24 C.F.R. 982.553). EP!C has a large service area covering counties in Central and Southern Illinois. The agency serves approximately 200 plus individuals living in Community Integrated Living Arrangements (CILAS) or host home providers. The CILAs are also considered Section 8 housing. The agency operates 16 CILAS in the Peoria county area and have 4-8 individuals residing in the homes. They also provide an opportunity to live with a host home provider which is less restrictive and no more than two service recipients can reside in the home. At the time of the site visit the agency had 14 Qualified Intellectual Disabilities Professionals (QIDP), 3 full time nursing staff, 2 nurse trainers (in the process of hiring a 3rd) and a contract with a local provider for 5-6 Board Certified Behavior Analysts (BCBA) to provide Support Service Teams (SST) for service recipients requiring intensive behavioral supports. They also offer Day Program services which provide opportunities for individuals with disabilities to volunteer, find jobs in the community, and other organized employment services. The agency no longer provides respite homes for service recipients needing a short-term stay due to the state terminating funding of these placement types.

Complaint Statement

The allegations state a service recipient who was living with an EP!C host home provider had services disrupted in a significant way. Allegedly, this individual had a medication change when she should not have. Her behaviors ended up escalating while residing with the host home provider. The host home provider called the police and the service recipient was arrested when she allegedly threatened the host home provider with scissors. The allegations state that while the individual was detained at the jail EP!C refused to transport her when she was released, her mother was forced to transport the recipient from the jail to a homeless shelter because EP!C no longer had placement for her. She is currently living with her mother. Allegedly, the agency has not been supportive for services since she has been living with her mother. The individual has no guardian and cannot stay long term with her mother due to other issues, and additionally this is not the goal of the service recipient. The allegations state the agency has not followed her behavior plan and is not providing support to her with her current temporary placement.

Interview with staff (6.17.2020)

The HRA had a written consent to release information pertaining to a service recipient's services from one of EP!C's Host Home providers and case management services. The site visit took place via videoconferencing due to COVID19 restrictions implemented throughout the state. Two agency staff attended the site visit along with one HRA Coordinator and a volunteer board member.

The agency described the different levels of living arrangements they can provide to their service recipients. They are licensed through the Illinois Department of Public Health (IDPH) and their CILA regulations require that they provide 24/7 supervision to the service recipients living in the home. The staff in these houses need to be awake during the night shift. The agency's CILAs are structured as rentals for those living within the home through the Department of Housing and Urban Development (HUD) guidelines. Meaning, the individuals living in the CILA sign a lease to rent their rooms in the home. Their Host Home providers (HHP) are also considered contracted providers through the agency but are not employees. The Illinois Department of Human Services (DHS) provides the guidelines for licensing of the homes and what services are mandated to be provided to EP!C service recipients. If an individual resides in a Host Home, DHS will approve this less restrictive living arrangement and provide payment to the Host Home. Individuals in this type of living arrangement are usually able to be more independent in the community and allowed to have alone time. EP!C provides a Qualified Intellectual Disabilities Professional (QIDP) to manage the service recipients' Person Centered Plans (PCP) and would visit the service recipients as mandated by DHS, which is: 3 in-home visits a year, 1 being unannounced, and 2 scheduled visits for one hour each. If a behavior crisis requires more frequent visits, then the Board Certified Behavior Analyst (BCBA) would make these contacts. Also an EP!C nurse would also provide oversight of the individual with medication, medical and other needs. The Host

Home provider is primarily responsible for scheduling appointments and providing transportation to meet the needs of the individual.

The agency receives referrals from a PAS (Pre-Admission Screening) agent. The agency would then review a referral packet with their admissions committee, which has several different EP!C staff from different departments within the agency. After the committee has reviewed and is considering a service recipient for placement, a screening would be set up with the service recipient. Once the agency accepts a recipient, they would locate a placement for this person within their homes. One challenge that the agency has had to navigate is the way the group homes are structured; since they are HUD funded anyone with a criminal background is not able to reside in a CILA. A HHP can accept an individual with a criminal background for placement. Once placement has been determined, the Admission Packet would be completed with the service recipient. The Admission Packet includes: Individualized Education Plan, Person Centered Plan, Psychiatric Assessment, medical information, background check, guardianship status, birth certificate, social security number, client rights form, medical support services, and restriction forms. When the service recipient signs (and the guardian if there is one) the signature page of the Individual Support Plan or PCP provides consent to the information. An Award Letter would be provided from DHS if the service recipient is in crisis before the placement; if crisis happens after placement the award letter would come after. If services are disrupted due to the agency being unable to meet the needs of the service recipient, per the EP!C Host Home contract, a 60 day notice has to be given by the HHP for a regular placement change or a health/safety crisis. The matching process would then be started by the agency to seek out placement within their CILA resources, if they have openings. Team meetings are also part of this process. The agency is not able to force any of their HHP to accept a service recipient and if their CILA beds are full, then they would not be able to accommodate someone with a disrupted placement. Each situation is handled on a case by case basis and if it is a safety issue in a Host Home, then they would try and find other placements.

EP!C began providing services for this individual in October 2018 when she was placed from another agency with an EP!C HHP. The service recipient involved in this case did have a 2018 criminal conviction that was discovered through a background check that the agency was aware of when she was placed with one of their HHPs. The service recipient came to EP!C from another agency after experiencing a disrupted placement. She had a Behavior Specialist involved and her PCP also included a Behavior Plan due to her dual diagnosis. This information was disclosed to the HHP before placement and the BCBA provided training to the HHP and any other direct support staff (DSP) that were involved with providing supervision to the service recipient. This individual was prescribed psychotropic medications and saw her psychiatrist every three months to help manage her medications. She was also involved in individual counseling. The HHP is trained on passing medications and would know to enter into the computer, on the Electronic Medication Administration Record (EMAR), when medications were given or refused. The QIDP and EP!C nursing would work with the HHP to ensure medications were given as prescribed.

In December 2019, the service recipient required inpatient psychiatric care after becoming physically aggressive towards the Host Home provider. The service recipient was hearing voices, had manic behavior, and was threatening to kill her provider. She was sent to the hospital for an evaluation and was released. At the time of her release, the service recipient wanted to return to her mother's care. She had a positive relationship with her mother and regularly visited with her on the weekends. The HHP gave a sixty day notice, in writing, to EP!C when she was admitted to the hospital. She then changed her mind verbally and allowed the service recipient to return after she discharged from the hospital. She had 3 unsafe behaviors documented after her hospital discharge. A team meeting was facilitated, including her mother, to discuss the medication changes that were made by the hospital. The agency identified her placement as "at risk" and increased their monitoring.

The service recipient had another increase in physical aggression on the day of her arrest. The service recipient was experiencing manic behavior as a symptom of her mental health diagnosis that morning and there was another individual at the home. The service recipient has a history of being envious of attention her roommate receives. There was a plan for the house to attend a movie that afternoon around 3:45pm, but the service recipient did not want to go for some unknown reason. The service recipient ate dinner that evening and then her behavior began to escalate. She was making verbal threats and cursing. The HHP tried to redirect her, but the service recipient did not respond. She continued to make threats of self-harm and threatened to cut her own hair. She then grabbed a pair of scissors. She sat the scissors down and agreed to talk with the HHP but to no avail. The other individual living in the home is the HHP's daughter and when the service recipient became verbally aggressive again, the daughter went to the bathroom to avoid the behavior. The service recipient then threatened to attack the daughter through the door and was verbally aggressive. The police and EP!C on call were called and when they arrived the service recipient calmed down. The police spoke with the service recipient and informed her that if they were called to return to the home then she would be arrested. When the police left, her behavior escalated again and she threw a television, dog food, and kicked in the stove. The service recipient physically attacked the other household member hitting and scratching her. Once the household member was moved to a safe place within the home, the police were called again via 911. When police returned to the home the service recipient was arrested for property destruction and physical assault, and transported to the county jail where she remained overnight. The next morning, the QIDP was brought into the crisis situation and when the QIDP called the jail, was notified that she had been released and bail was dropped. The agency was confused about the bail being dropped, additionally the HHP refused to take her back and the agency did not have placement. Her mother picked her up from the jail before the agency had even become aware of her release. The agency then facilitated an emergency meeting to discuss placement options with the service recipient and her mother. The agency notified them both of the placement issues and that they did not have any openings in the Peoria area. The agency discussed looking for placement outside of their agency and the mother denied the other agency options. The service recipient's PAS agent was involved. Her mom permitted the service recipient to stay

with her due to the disrupted placement. Placement in a homeless shelter was never discussed as an option by the agency.

At the time of the site visit, June 2020, the service recipient's placement was considered family intermittent and the plan of care was to locate another agency placement to provide services. While EP!C managed the case, they had to apply for a change in funding and were able to provide 2-15 hours of support in the home by January 2020. The services involved taking medications to the service recipient, helping with appointments, and some relief hours during the week to help with socializing. The agency did see the service recipient within the first week of new placement. When the pandemic began in March 2020, her mother, who is immune compromised, would not let anyone come to the home. There have not been any in-person visits since February 2020. The service recipient has been admitted for inpatient psychiatric services since being placed with her mom in their county of residence. Also, scheduled relief staff was cancelled. The PAS agent is responsible for finding alternative placement and is still working on this. The agency did continue to be the payee for her social security income but that has since been switched to her mother. The agency was not sure when the service recipient's personal items from the Host Home provider were received. The agency stated that her clothes were sent January 15. The agency did have a system snag with the family intermittent funding packet approval. The agency needed mortgage confirmation from the family member, to request the additional staff support for the family home.

In February 2021, the HRA had further communication with EP!C Management who clarified the following practice: the service recipient did not have a formal HUD background check completed when she was placed with the HHP, since these homes are not HUD funded and do not require one. HHP policy is the information provided in the HHP contract. A behavior plan would be reviewed with them in the admission meeting for the person if they have one. Staff must complete 3 visits for any host homes per DHS, so the QIDP or a site monitor would be at the new host home in the first 5-10 days. It is mandated staff see the recipient in the first 30 days, but it mostly happens sooner.

Complaint #1- Inadequate treatment, including not providing services after individual being arrested, not finding alternative placement for individual after disrupted host home placement, and not following individual support plan or behavior plan.

The HRA reviewed a document with no title, written by EP!C's Director of Community Operations dated 6/17/2020 explaining why this service recipient was not placed in one of their CILA homes. It reads as follows "Due to our EP!C group homes being HUD funded, [service recipient] was not allowed to move in due to her criminal background. This was stated when [service recipient] and her mother explored our services in September 2018. We explained if for some reason the host home did not work out, we would not be able to use the group homes as an alternative placement. This is just our group homes...she would be able with any homes that are not funded by HUD outside our agency and we let the family know that. [PAS Agent] has been made aware and worked closely with us the entire time. We called him the night she was arrested.

We had an emergency team meeting the day she was released from jail. We brought [service recipient] her essential belongings that day from the host home and moved her bigger items quickly after that. We have done everything we were asked of from the family, [service recipient] and [PAS agent]. All team members agreed on [service recipient] moving to her mother's temporarily with family intermittent services until [PAS agent] could find alternative placement due to all local host home providers not accepting [service recipient]. We contacted 3 host home providers who were the only host homes openings at the time. None were willing to accept her. We did have a few host homes available in the Swansea area that we said we could contact, and [service recipient] and her mother refused those due to location. All other host homes said no and with group homes being HUD, we did not have a place for [service recipient]. Emergency relief would have mostly been done at [local address], which is an apartment complex with an available bedroom, when necessary, however, it is HUD funded too. Therefore, the team agreed to her mother's house for stability until placement was found. She was very close at being accepted to another agency before COVID19. [PAS Agent] is still working with family on placement. She is currently funded through family intermittent which we submitted for with mother's permission as soon as we got the required paperwork from mother regarding BALC (Bureau of Accreditation Licensure and Certificate) information. We received the award letter dated February 24th, 2020. We have been providing support to [service recipient] and her mother while she has been at her mother's since January 15th. These services include QIDP, Nursing, and DSP hours and oversight. We have set up appointments, attended appointments, and maintained [service recipient's] medications. [service recipient's mother] has access to our on-call nursing and residential numbers also. During the COVID19 pandemic, [service recipient's mother] requested that no staff enter the home and provide relief due to her history of medical issues. She did refuse DSP hours before COVID19 pandemic also, but currently it is due to the COVID19 pandemic and her compromised immune system."

The HRA reviewed the Annual Plan Signature sheet, which appears to be the formal "transition plan" meeting admitting the service recipient into services with EP!C. The service recipient's signature is observed on this form dated 10/1/18 attesting to the following "My service plan has been developed with me, and I agree with the plan as it is formed. It has taken into account my ideas about who I am, what things I like to do, and what I do not like. A copy of the service plan has been made available to me, and I understand that I may request changes to the plan at any time." There are also supporting signatures from the Interdisciplinary Team (IDT) on this form of a Guardian/Parent/Significant Other, Day Program QIDP, EP!C QIDP, CLM/Host Family Provider, EP!C Director of Admissions and Behavioral Therapist. This signature page does not have any criminal history information listed as a barrier to accessing services for the service recipient.

The HRA reviewed the EP!C Rights of Individuals Form that does not have the service recipient's formal signature on the form. The EP!C case manager has the service recipient's name and "verbal consent" is written where the individual receiving services would sign. This document is dated 10/1/18 and again on 2/24/20. This form explains the

service recipient's rights under the Illinois Mental Health And Developmental Disabilities Code and other laws: "Retention of rights: You maintain all of your legal and civil rights while receiving services. Non-Discrimination: You have a right to be treated fairly without regard to your sex, race, religion, ethnic background, handicapping condition, national origin, age or financial standing. ...Human Care and Services Plan: You have a right to adequate and humane care, services in the least restrictive environment and an individual service plan. You have the right to participate in the development of your own individualized service plan. ... Meetings: You have a right to participate in any team meeting about you. Discharge: You have a right to continue to receive services unless you voluntarily withdraw or you meet the criteria for discharge from services (medical needs cannot be met by the CILA program; behavior places you or others in serious danger). You have the right to terminate services at any time. Grievances: You have a right to express grievances in writing to the chief of the agency providing your services. Some decisions by the agency (denial, reduction, suspension, termination of services) are appealable to the Department of Human Services and to the Department of Healthcare and Family Services. ..."

The HRA reviewed an EP!C Individual Restrictions document completed the day of the transition meeting on 10/1/18 and has the residence of the service recipient identified as a HHP. The following were listed as Restrictions for this service recipient: chemicals locked up, EP!C is payee, Medications locked-up, Temperature 110*, and Sharps Locked. Further along it explains why the restrictions are in place "Chemicals are locked up to reduce the risk of wrongful ingestion. EP!C will be payee of benefits to reduce financial exploitation. To reduce risk of scalding, water temperature will be regulated to 110*. Medications are locked up to reduce the risk of wrongful ingestions. EP!C will assist with psychiatric diagnosis and monitor maladaptive behaviors. Behavior plan (for psychiatric diagnosis). 24/7 supervision to ensure safety. Sharps locked to ensure safety." The service recipient's signature and the other IDT team members signatures are observed on this form.

The HRA reviewed the EP!C Host Homes Contractual Agreement between the agency and the HHP and what services the Host Home would be provided "In Support of" the service recipient. There were four people living in this Host Home, the provider, her child, and two EP!C Service Recipients. The contract documents that the service recipient is expected to be supported by the HHP "in accordance with the Personal Plan identified in the Implementation Strategies for the Individual(s) and enable the Individual(s) to fully capitalize on the opportunities in the community. The HHP will assist individuals in ways which support and encourage him/her to make choices and life decisions to facilitate the outcomes s/he has communicated are important. ..." Page 12 of this contract which is titled Terms/Purposes of the Arrangement states "The Individual(s) is being placed with this HHP under this agreement with EP!C because the arrangement has determined to be in his/her best interest. Any changes to this arrangement must also be made in the individual's best interest. The HHP may terminate the agreement at any time as specified in accordance with the terms specified in the agreement. In such cases, EP!C is responsible to secure and identify a new placement that is determined to be in the best interests of the individual. If the HHP or Individuals served/supported determine

they would prefer to continue the Host Homes arrangement with an agency other than EP!C, the HHP must provide 60 days written notice to EP!C as specified within this agreement. Any transfer of this nature will require the approval of the Individual(s) and/or guardians and the EP!C team representing the individual(s). The purpose of the IDT approval is to ensure that the proposed change is a bona fide individual-driven choice and/or clinically necessary and that the Individual(s) has not been coerced, manipulated, led, coached, incentivized, or influenced in anyway by the HHP or agency. In the event the change is not approved the HHP will either continue to provide services pursuant to the terms of this agreement or EP!C may terminate this agreement pursuant to the terms contained herein and secure alternative arrangements for the individual(s). **(emphasis added)**” The contract provided is observed to have a signature of the Host Home provider with a date of 6/27/19.

The HRA reviewed the MAR for October and November 2019. The medications prescribed to treat mental health disorders were: Clonidine, Depakote, Prozac, Gabapentin, and Seroquel. She also had an increase in her Depakote medication. The HRA did not observe any documented conversations with the service recipient about her right to refuse medication or what potential side effects she could experience with the medications. (405 ILCS 5/2-102a-5 and 405 ILCS 5.2-107)

The HRA reviewed a handwritten note in the service recipient’s record dated 12/5/19 that indicates the Host Home Provider was giving their formal notice on the service recipient. This document states “I, [Host Home Provider] do hereby give my notice on [service recipient] effective today through 1.30.20. Ok 2.5.20” The HRA observes the Host Home Provider’s signature and initials next to the Ok. The HRA sees no other information from agency staff documentation to provide context as to why the Host Home Provider was giving notice for this service recipient.

The recipient’s December 2019 MAR reflects a new medication order for Buspar. The following information is in the Exceptions section of the document: from 12/4/19-12/9/19 the service recipient did not receive medication pass from the HHP due to “Hospital/Nursing Home Stay”. From “**12/9/19-12/26/19 the [service recipient] was not staying with** (emphasis added)” HHP and did not receive medication pass due to “Given to family to give later.” The way this information is documented on the HHP Medication Administration Record (MAR) is by initialing to indicate the medication was given as prescribed but circle the initials to indicate another person passed the medications. The HRA did not observe any psychotropic medication consents in the information provided.

On 12/16/19 an IDT meeting was held and documented on EP!C form, Monthly Update for At Risk individuals, to discuss the provider turning in her 60 day notice. This form, under the section regarding IDT discussion, documents the service recipient and family being told “[service recipient] can’t live in our group homes due to HUD funded. ...”. On 1/15/20 an IDT meeting was documented to discuss why the police were called and the Service Recipient had access “to a pair of scissors and cut her hair. [service recipient] attacked provider and provider’s daughter. [service recipient] had the cops called twice on 1/14/20.” In the meeting, it was determined that the service recipient

would stay with her mother and consider it an inter-home CILA. The service recipient's name was not documented as having attended that meeting.

The HRA reviewed an EP!C General Events Report (GER) completed by the EP!C Host Home Relief Manager that documents an Event Type of "threatening behavior". The report reads "When I arrived, the police were present. The provider didn't want to press charges, but [service recipient] was scared. The officer told her that if he came back, she would be arrested. I was trying to just relax with her, just chatting about the unicorn on her pants, and maybe she could have a haircut like mine. (She did cut her hair). After the officer left, the provider talked to her. [service recipient] got angry and said she didn't want to live there anymore. Went outside, came back in for the phone, said a verbal threat to the provider, and called her Mom. Mom and the provider talked for a few minutes. While they talked, I asked [service recipient] about her favorite color, her favorite musician, and she showed me pictures of her nieces and her dogs. [Host Home Provider] was off the phone and asked to if [service recipient] could take meds. [service recipient] got upset because she wanted to go home with her Mom. [service recipient] tried calling her several times with no answer. [service recipient] grew more angry. She started throwing a box with machinery inside, kicking the oven, tossing a piece of shelving, kicked [Provider's daughter], made more verbal threats. 911 called again. [service recipient] went after the provider and daughter to prevent them from calling. Then attacked provider. We pulled her off. Provider locked herself in a room. The daughter was then attacked by [service recipient] while I tried to talk to [service recipient] and block. [service recipient] threw phones, furniture, and electronics. Police showed and put her under arrest. He took info from us and took pictures of the damages of persons and property. Then he left with [service recipient]. I informed the Q and back-up on call. Upper management notified." Under the section Corrective Action Taken, it is documented: "Sharps should be locked, but the scissors and the pizza cutter were both used as a threat to self-harm. That will be corrected." The Case Manager, Chief Operating Officer, Director of Residential Services, and Director of Community Options were all notified by the Host Home Relief Manager at 6:22am, 6:45pm, 7:17pm, and 7:34pm.

The HRA reviewed an EP!C General Events Report describing "Threatening Behavior" that took place in the host home, "[Service recipient] did not want to go to the movies. Family decided to stay home. Dinner was served. [service recipient] started making calls to Mom after dinner, getting more agitated with each call. [service recipient] escalated into cussing, yelling and making threatening statements in the living area. Provider tried to redirect [service recipient] into a private area, [service recipient's] room, to deescalate the situation. [service recipient] turned on provider making threatening statements to her, I'm going to hurt you if you don't leave me alone. [service recipient] grabbed a pair of scissors from somewhere and threatened to cut off her hair. [service recipient] then started to cut her hair. Provider asked for the scissors and [service recipient] came at provider saying she was going to stab her. Provider went and sat down, called on call for assistance, and asked [other household member] to get in her room and lock the door. [Service recipient] sat the scissors down and came at provider saying we're going to talk now lady, sit down. Provider agreed with [service recipient] and was open

to talking about what was going on. [service recipient] escalated again, threatened provider again. [Service recipient] walked back to the kitchen and provider went to her room. Provider couldn't get the door open, [service recipient] was coming at her, Provider went into the bathroom and locked the door. [service recipient] beat on the door several minutes, making threatening statements. [service recipient] then started beating on [other household member] door threatening her. Provider called 911 at this time. The EP!C Case Manager was notified at 6:19pm. On the next day, this General Event Report was documented to have been reviewed by the agency's Director of Quality Management, Manager, Senior Director of Residential Services, and the Case Manager who documents "[I have reviewed this report] QIDP had a meeting to discuss incident." Documentation in a third General Events report indicates the case manager was notified of the situation via telephone at 7:30pm.

There was a third General Events report which added "Provider came out of bathroom and saw Computer on the ground, desk items on the ground and broken. Radio on the ground where it had been thrown. Tv on the ground, it had been thrown and stepped on, broken. Dog food everywhere, sewing table dumped over and thrown across the room. Stoved kicked in."

The Case Manager documented the response "[I have reviewed this report] I followed up with director and we are having a meeting on [date] to discuss behaviors and placement and implementing safety plan." The HRA reviewed the Communication Log provided that indicates the service recipient was not living with the Host Home provider on the date of the incident and there was no data entered on that date. The next in-person contact by EP!C staff was when EP!C staff took medications to the service recipient, as well as transporting the service recipient to a dentist appointment on 2/3/20 with her mother and Behavior Analyst also attending. Behavioral health care was again needed for the service recipient on 2/5/20 with an unknown discharge date and again on 2/13/20 with unknown discharge date. On 2/25/20, 2/27/20, and 3/9/20 there was documentation in the Communication Log where EP!C staff spent 4-6 hours 1:1 with the service recipient. The communication notes made available to the HRA did not document any in-person contact with the family nor were there any details communicated via telephone to indicate the service recipient was made aware by EP!C staff of the pandemic and the State of Illinois Executive Orders issued by the Governor with regard to essential vs. nonessential services on or around 3/17/20. EP!C Management staff report that the mother "... requested that no staff enter the home and provide relief due to her history of medical issues. She did refuse DSP hours before COVID19 pandemic also, but currently it is due to the COVID19 pandemic and her compromised immune system."

The HRA reviewed an Individual Service Plan (ISP) dated 2/26/20. The section of this document titled Ongoing Supports documented the following: "[service recipient] will be assisted with her medication and emergencies. Staff will support her wants and needs at home and in the community but promote independence. She receives 24 hour supervision unless she would like to use her home alone time. She also receives behavioral support through a positive support plan." The section titled Risks documents that the service recipient was unable to administer her own medications and needs

support, she is at risk for misusing chemicals, and “[Service recipient] is not able to manage or handle sharp objects and they are locked up at home.”

EP!C Human Rights Meeting Minutes dated 5/15/20 documented this service recipient’s case being discussed and documented that the service recipient was living with their parent in an “Inter Home Based CILA Program”. The minutes also detailed that the service recipient had a lot of changes in the last six months. The recipient was no longer attending day program due to lack of transportation, had hospitalizations and medication changes, saw a Behavioral Therapist, family did “no tracking” (of behavior plan), and “no relief staff are allowed to work with her due to her mother’s health concerns and shelter in place.”

The HRA reviewed the MAR for the month of January 2020. During this month the service recipient was not living with the Host Home Provider as contracted. The MAR reflected the following information in the Exceptions section of the document, from 1/2/20-1/8/20 “Given to family to give later.” and from 1/14/20-1/26/20 “Out of House. See GER (General Events Report)” was documented.

The HRA reviewed a blank MAR for the month of February 2020.

The HRA did not see any evidence of signed psychotropic medication consent forms to indicate the service recipient was provided with informed consent and educated by EP!C staff on prescribed medication dosage, reason for medication, and possible side effects.

EP!C’s Personnel Policy Handbook last revised 3/31/11 and in effect since 7/17/13 lists an opening Welcome from the agency CEO and states “...As a new employee, you will receive training to equip you for your new job along with support and role modeling from current experienced EP!C staff. It will be up to you to learn and practice the skills and responsibilities of your new job... EP!C’s overriding purpose is to provide the best possible programs and services for individuals with intellectual disabilities and their families. As an employee of EP!C, you have the opportunity to make a difference in the lives of others in your community. ...” The Mission Statement for the agency is “To enrich the lives of children and adults with developmental disabilities.”

The HRA reviewed the facility policy titled “Client Management on the Subject of Development and Implementation of Behavior Management Programs (Policy: 108.01).” This policy guides staff on Behavior Management Programs for EP!C clients. “Behavior Management Programs shall emphasize positive approaches and be in agreement with the current best practices and current Mental Health Code, Nursing Home Care Reform Act of 1979 and other applicable regulations/standards/policies.” The Purpose of the policy is “To protect the human rights of a person during implementation of Behavior Management Programs that are designed to maximize a person’s growth and development in the most positive and least restrictive environment.” The policy states “... 5. All Behavior Management programs will include an emphasis on Positive

Programming-a gradual educational process for behavior change, based on a functional analysis of the presenting problems and systemic teaching of more adaptive ways of behaving.” The policy for the behavior plan also reads “... 1. Psychotropic medication when used to manage behavior and authorized by a physician who has observed the person and reviewed the person’s record. The responsibility and decision in the use of psychotropic medications resides with the Interdisciplinary Team, the person, guardian, family, advocate and the physician. ... Individuals or their guardians must be informed of the attendant risk of psychotropic medication therapy and must give their consent to the use of medication. This consent will be entered into the client’s record.”

EP!C provided a policy document titled “PARC Developmental Homes, Inc. Transition Selection Plan”. This document provides agency procedure on the Section 8 Process. The document reads “Section 20, C. Criminal Background Check ... Any conviction within the past ten (10) years for any crime of violence, fraud, theft, or other crime which establishes that the applicant’s tendency might constitute a direct threat to the health or safety of other individuals or result in the substantial physical damage to the property of others is grounds for denial.” Section 10 titled “Rejection Procedures” states “1. **MANAGEMENT REJECTION OF APPLICANT:** When management rejects an applicant, the *applicant will be notified of this decision in writing*. This written statement, which will be sent in a timely fashion, will include the reason(s) for the rejection, and will state that the applicant has the opportunity to request a meeting with management representatives to discuss the rejection. The applicant will be further instructed to request the meeting within fourteen (14) days of the date of the rejection letter. 2. **REQUEST PROCEDURE:** If the applicant wants to request a meeting, the applicant's verbal or written request must be sent to **PARC Developmental Homes, Inc.** within fourteen (14) days of the date of the rejection notice. A staff member, who was not involved in the initial decision to deny admission or assistance to the applicant, will hold the requested meeting. Within five (5) business days of management’s response or meeting, management must advise the applicant in writing of the final decision regarding eligibility. All of this material (original application, rejection letter, applicant's request for a meeting, summary of the meeting and the final decision) must be kept for three (3) years in confidential files. **Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.”

CILA Regulations (59 Ill. Adm. Code 115.210). Criteria for participation of individuals state: “a) An individual receiving services in a CILA shall be at least 18 years of age, have a mental disability and be in need of an array of services and a supervised living arrangement. If an agency does not have the capacity to accommodate the individual's particular type or level of disability, this does not render the individual ineligible for CILA services. b) The individual or guardian shall give informed consent to participate in a CILA, which shall be documented in the individual's record. c) The individual or guardian shall agree to participate in the development and implementation of the individual integrated services plan, which shall be indicated by the individual's or guardian's signature on the plan or a note describing why there is no such signature. ...”

Regulations (59 Ill. Adm. Code 115.230) on the Interdisciplinary process agencies licensed to certify CILAs shall comprehensively address the needs of individuals through an interdisciplinary process require: “a) Through the interdisciplinary process, the CST shall be responsible for preparing, revising, documenting and implementing a single individual integrated services plan for each individual. ... f) Within 30 days after an individual's entry into the CILA program, a services plan shall be developed that: 1) Is based on the assessment results; 2) Reflects the individual's or guardian's preference as indicated by a signature on the plan or staff notes indicating why there is no signature and why the individual's or guardian's preference is not reflected; 3) Identifies services and supports to be provided and by whom; and 4) States goals and objectives.”

Regulations (59 Ill. Adm. Code 115.250) that govern Individual rights and confidentiality state: “To ensure that individuals' rights are protected and that all services provided to individuals comply with the law, agencies licensed to certify CILAs shall assure that a written statement, in a language the individual understands, is given to each individual and guardian specifying the individual's rights. All individuals enrolled in the Medicaid DD Waiver shall be given a written copy of DHS Medicaid Home and Community-Based Services DD Waiver, Rights of Individuals. a) Employees shall inform individuals entering a CILA program of the following: 1) The rights of individuals shall be protected in accordance with Chapter II of the Code except that the use of seclusion will not be permitted.”

CILA mandates (59 Ill. Adm. Code 115.590) concerning Minimum agency/caregiver contract requirements “a) All independent contractors or caregivers shall provide services in compliance with a contract or signed agreement made with the provider agency. The contract or signed agreement shall include, at a minimum, the following provisions: ... 5) Description and documentation of training of the primary caregivers. 6) Detailed description of how the home will be monitored by the provider agency and related entities, including assurance of the host family's compliance with investigations of the Department's Office of the Inspector General, federal CMMS, DPA, DHS, and the provider agency. ... 9) Indication of participation in the development and/or review of the individual's service plan and how ongoing documentation of service delivery will occur.”

Regulations (59 Ill. Adm. Code 115.620) also require a Quality assurance plan: “In addition to general oversight requirements stated or implied in other Sections of this Part, the provider agencies' own quality assurance plans must ensure that additional monitoring occurs through visits by the following staff: ... Issues to monitor include, at a minimum: 1) health of the individual; 2) safety of the individual; 3) provision of services as outlined in the individual's service plan; 4) individual's satisfaction with level of service received; and 5) individual's integration into the recommended living environment outlined in the individual's service plan. b) Program management of professional services staff will visit each individual two times per month for a minimum of one hour each visit. **Additionally, regulations (59 II Admin Code 115.570) that govern Provider Requirements read** a) The provider agency is responsible for

adhering to Department of Labor and Internal Revenue Service regulations. The agency is also responsible for assuring compliance with DHS Office of Developmental Disabilities contractual requirements, rules and procedures, and quality assurance and accreditation requirements, as applicable. ...”

CILA regulations (59 Ill. Adm. Code 115.320) that address **Administrative requirements that:** “...4) The following shall be entered in the individual's record during the period of service: A) Written informed consent by the individual or guardian to participate in a CILA;...”

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102). **Care and services; psychotropic medication; religion states:** “(a) A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan. (a-5) If the services include the administration of electroconvulsive therapy or psychotropic medication, the physician or the physician's designee shall advise the recipient, in writing, of the side effects, risks, and benefits of the treatment, as well as alternatives to the proposed treatment, to the extent such advice is consistent with the recipient's ability to understand the information communicated. The physician shall determine and state in writing whether the recipient has the capacity to make a reasoned decision about the treatment. The physician or the physician's designee shall provide to the recipient's substitute decision maker, if any, the same written information that is required to be presented to the recipient in writing. If the recipient lacks the capacity to make a reasoned decision about the treatment, the treatment may be administered only (i) pursuant to the provisions of Section 2-107 or 2-107.1 or (ii) pursuant to a power of attorney for health care under the Powers of Attorney for Health Care Law¹ or a declaration for mental health treatment under the Mental Health Treatment Preference Declaration Act.² A surrogate decision maker, other than a court appointed guardian, under the Health Care Surrogate Act³ may not consent to the administration of electroconvulsive therapy or psychotropic medication. ...”

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-107) states: Refusal of services; informing of risks. (a) An adult recipient of services or the recipient's guardian, if the recipient is under guardianship, and the recipient's substitute decision maker, if any, must be informed of the recipient's right to refuse medication or electroconvulsive therapy. The recipient and the recipient's guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication or

electroconvulsive therapy. If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available. The facility director shall inform a recipient, guardian, or substitute decision maker, if any, who refuses such services of alternate services available and the risks of such alternate services, as well as the possible consequences to the recipient of refusal of such services. ...”

Housing and Urban Development regulations (24 C.F.R. 982.553) address the Denial of admission and termination of assistance for criminals and alcohol abusers as follows:

“(a) Denial of admission.

(A) The PHA may prohibit admission of a household to the program if the PHA determines that any household member is currently engaged in, or has engaged in during a reasonable time before the admission: ... (2) Violent criminal activity; (3) Other criminal activity which may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity; or (4) Other criminal activity which may threaten the health or safety of the owner, property management staff, or persons performing a contract administration function or responsibility on behalf of the PHA (including a PHA employee or a PHA contractor, subcontractor or agent). (B) The PHA may establish a period before the admission decision during which an applicant must not have engaged in the activities specified in paragraph (a)(2)(i) of this section (“reasonable time”). ... (d) Use of criminal record— (1) Denial. If a PHA proposes to deny admission for criminal activity as shown by a criminal record, the PHA must provide the subject of the record and the applicant with a copy of the criminal record. The PHA must give the family an opportunity to dispute the accuracy and relevance of that record, in the informal review process in accordance with § 982.554. (See part 5, subpart J for provision concerning access to criminal records.) ... (3) Cost of obtaining criminal record. The PHA may not pass along to the tenant the costs of a criminal records check. ...”

Housing and Urban Development regulations (24 C.F.R. 982.552) on PHA denial or termination of assistance for family state:

“(a) Action or inaction by family— (1) A PHA may deny assistance for an applicant or terminate assistance for a participant under the programs because of the family's action or failure to act as described in this section or § 982.553. The provisions of this section do not affect denial or termination of assistance for grounds other than action or failure to act by the family. (2) Denial of assistance for an applicant may include any or all of the following: denying listing on the PHA waiting list, denying or withdrawing a voucher, refusing to enter into a HAP contract or approve a lease, and refusing to process or provide assistance under portability procedures. (3) Termination of assistance for a participant may include any or all of the following: refusing to enter into a HAP contract or approve a lease, terminating housing assistance payments under an outstanding HAP contract, and refusing to process or provide assistance under portability procedures. (4) This section does not limit or affect exercise of the PHA rights and remedies against the owner under the HAP contract,

including termination, suspension or reduction of housing assistance payments, or termination of the HAP contract. (c) Authority to deny admission or terminate assistance. (1) Grounds for denial or termination of assistance. The PHA may at any time deny program assistance for an applicant, or terminate program assistance for a participant, for any of the following grounds: (i) If the family violates any family obligations under the program (see § 982.551). See § 982.553 concerning denial or termination of assistance for crime by family members. (ii) If any member of the family has been evicted from federally assisted housing in the last five years; (iii) If a PHA has ever terminated assistance under the program for any member of the family. (iv) If any member of the family has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program (see also § 982.553(a)(1)); (v) If the family currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act. (vi) If the family has not reimbursed any PHA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease. (vii) If the family breaches an agreement with the PHA to pay amounts owed to a PHA, or amounts paid to an owner by a PHA. (The PHA, at its discretion, may offer a family the opportunity to enter an agreement to pay amounts owed to a PHA or amounts paid to an owner by a PHA. The PHA may prescribe the terms of the agreement.) (viii) If a family participating in the FSS program fails to comply, without good cause, with the family's FSS contract of participation. (ix) If the family has engaged in or threatened abusive or violent behavior toward PHA personnel. ... (i) The PHA may consider all relevant circumstances such as the seriousness of the case, the extent of participation or culpability of individual family members, mitigating circumstances related to the disability of a family member, and the effects of denial or termination of assistance on other family members who were not involved in the action or failure....(iv) If the family includes a person with disabilities, the PHA decision concerning such action is subject to consideration of reasonable accommodation in accordance with part 8 of this title. ... The PHA's admission and termination actions must be consistent with fair housing and equal opportunity provisions of 24 CFR 5.105, and with the requirements of 24 CFR part 5, subpart L ... (d) Information for family. The PHA must give the family a written description of: (1) Family obligations under the program. (2) The grounds on which the PHA may deny or terminate assistance because of family action or failure to act. (3) The PHA informal hearing procedures. (e) Applicant screening. The PHA may at any time deny program assistance for an applicant in accordance with the PHA policy, as stated in the PHA administrative plan, on screening of applicants for family behavior or suitability for tenancy.”

Housing and Urban Development (24 C.F.R. 982.554) regulations require the following: “Informal review for applicant. (a) Notice to applicant. The PHA must give an applicant for participation prompt notice of a decision denying assistance to the applicant. The notice must contain a brief statement of the reasons for the PHA decision. The notice must also state that the applicant may request an informal review of the decision and must describe how to obtain the informal review. (b) Informal review process. The PHA must give an applicant an opportunity for an informal review of the PHA decision denying assistance to the applicant. The administrative plan must state the PHA

procedures for conducting an informal review. The PHA review procedures must comply with the following: (1) The review may be conducted by any person or persons designated by the PHA, other than a person who made or approved the decision under review or a subordinate of this person. (2) The applicant must be given an opportunity to present written or oral objections to the PHA decision. (3) The PHA must notify the applicant of the PHA final decision after the informal review, including a brief statement of the reasons for the final decision. (c) When informal review is not required. The PHA is not required to provide the applicant an opportunity for an informal review for any of the following: (1) Discretionary administrative determinations by the PHA. (2) General policy issues or class grievances. (3) A determination of the family unit size under the PHA subsidy standards. (4) A PHA determination not to approve an extension of the voucher term. (5) A PHA determination not to grant approval of the tenancy. (6) An PHA determination that a unit selected by the applicant is not in compliance with HQS. (7) An PHA determination that the unit is not in accordance with HQS because of the family size or composition. (d) Restrictions on assistance for noncitizens. The informal hearing provisions for the denial of assistance on the basis of ineligible immigration status are contained in 24 CFR part 5.”

Housing and Urban Development regulations (24 C.F.R. 8.4) address the topic of Discrimination as follows: “(a) No qualified individual with handicaps shall, solely on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance from the Department.”

Complaint #1 Conclusion

This service recipient, who does not have a legal adult guardian, was placed in a Host Home provider in October 2018, but training the Host Home provider on the Behavior Plan and ISP is not clearly documented in the records provided, violating CILA regulations (59 Ill. Adm. Code 115.590) which state training needs must be clearly documented in the contract. The HRA also assesses that this service recipient was not properly supported by the agency based on lack of follow-through to ensure the best interest of the service recipient when the HHP presented written notice during the service recipient’s inpatient admission for mental health care. The agency made the service recipient continue to live with the HHP for 60 days (although sending her to stay with family for 18 of the first 30 days) due to the technicalities of the Host Home contract. In the second 30 day window, behaviors began to increase for the service recipient, she required two hospitalizations, and she had medication changes without any involvement from an EP!C nurse or QIDP for that matter. The HRA was also unable to identify any safety plan clearly written and put in place to protect the service recipient or the agency’s Host Home provider. In reviewing the regulations for Host Home providers, it clearly indicates that the provider is to provide oversight in multiple ways when a host home is being provided to a recipient (59 Il Admin Code 115.620, 115.570, 115.590).

The agency initially alleged that they had no CILA openings when the Host Home provider disrupted, then communicated they did have a couple openings out of the area,

but the service recipient refused. EP!C stated that due to HUD regulations, the recipient was not able to be placed in their CILA due to her criminal background. The criminal background is not documented in the formal record, but is only mentioned in the 6/17/20 untitled case summary provided by the Director of Program Admissions. As stated previously, the lack of formal documentation of a criminal background could be considered housing discrimination by the provider especially when related HUD guidelines were not followed. In addition, there was a lack of services provided to prevent a crisis. The agency refused to place the client in one of their CILAs, even temporarily after the Host Home gave written notice, and sent the service recipient to stay with family, who were not associated with the provider, for several weeks in the 60 day period. Due to the poor case management services, the HRA determines that the service recipient's Rights were violated by lack of service planning and the outcome caused her behaviors to increase resulting in significant behaviors of threatening self-harm, physically aggressive behaviors in the Host Home putting others in the home at risk, and the host allowing access to scissors when the recipient cut her own hair. The service recipient subsequently was arrested, but charges were dropped and she went back home to her family. The facility has a policy regarding refusal to homes with HUD funding and that illustrates a process and procedure for denial of services, and these services are documented in the federal regulations regarding HUD (24 CFR 982.552, 553, and 554). The HRA saw no documentation in the record of any policy or regulation being followed, only the staff stating the individual could not move to a CILA due to a previous arrest, which also was not shown in the record through a formal criminal background check. If a formal background check would have been conducted then this includes the opportunity to appeal the decision of denial. The HRA specifically wants to highlight that the mandate states "...the tenant/applicant has a right to then appeal this decision. Special consideration should also be given to individuals with disabilities and if a reasonable accommodation could mitigate the criminal charge that is a barrier to housing (24 CFR 982.552)." With consideration of HUD regulations (24 CFR 982.552), the HRA concludes that the behaviors this service recipient was struggling with were symptomatic of her mental health diagnosis that are clearly documented on her ISP and detailed in her Supportive Behavior Plan triggered by medication changes; placement within a CILA might have been permitted and help to support the individual in crisis.

The EP!C record does not provide any documentation to indicating that the Mental Health Code was followed regarding psychotropic medication per **405 ILCS 5/2-102**. There was no statement regarding capacity or documented discussion of the treatment risks. This individual was prescribed Clonidine for a diagnosis of Anxiety, Depakote to treat a Mood Disorder, Prozac for a diagnosis of Depression, Gabapentin to treat aggression, Seroquel, and then Buspar for a new diagnosis of Generalized Anxiety Disorder in December 2019 after an in-patient hospitalization. None of her other medications were decreased when the service recipient was prescribed Buspar. There is also no information that the EP!C Interdisciplinary Team reviewed medication changes at her monthly meeting due to being in crisis. In January 2020 there is the comment "med change?-October 2019" however, adverse reactions were not reviewed nor was her positive support plan amended to meet this service recipient's needs at the time. It also does not appear to the HRA upon review of the case record that staff documented a

conversation with the service recipient to determine if she was experiencing any side effects from this medley of psychotropic medications after her first discharge from the hospital. EP!C's policy indicates "Individuals or their guardians must be informed of the attendant risk of psychotropic medication therapy and must give their consent to the use of medication. This consent will be entered into the client's record." An EP!C Psychotropic Medication Monitoring Form is only observed in the record for December 2019 for a follow-up visit with a psychiatrist after the December hospitalization but there are no staff or service recipient signatures observed on the form to indicate this information was reviewed. These meetings also fail to discuss how the service recipient's own Positive Behavior Plan was not followed by the provider due to the recipient having access to scissors which violates her rights per EP!C's Rights of Individuals form specifically the sections regarding Discharge, Grievances, and Exercising Your Rights.

The HRA finds it to be of significant concern that the current practice or practice in this situation of applying Housing and Urban Development regulations to their CILA homes program. The agency provided a Monthly Update for At Risk Individuals document dated 12/16/19 that has the comment "...can't live in our group homes due to HUD funded. ...". The HRA reviewed documentation indicating that here has been a movement to change Federal Housing Law, Section 8 housing voucher program and how it disproportionately discriminates. The HRA reviewed the April 4, 2016 *US Department of Housing and Urban Development Office of General Counsel Guidance on Application of Fair Housing Act Standards to the use of Criminal Records by Providers of Housing and Real Estate Related Transaction* that provides guidance on the discriminatory effects on citing a reason to refuse access to agency HUD homes due to a criminal conviction, especially if the agency serves individuals with disabilities. The agency handbook on HUD applications provided by EP!C is dated October 2012 with no addendums or updates provided to the HRA that would document this change.

Because of the documentation reviewed by the HRA, it is concluded that the allegation of *Inadequate treatment, including not providing services after individual was arrested, not finding alternative placement for individual after disrupted host home placement, and not following individual support plan or behavior plan*, is **SUBSTANTIATED**. The HRA would also like to mention that this practice of denying admission to CILA homes with the agency could appear to be a discriminatory practice based on the agency's lack of complying with HUD mandates regarding the right to appeal and overall lack of following and documenting proper process and procedure. The agency serves people with disabilities that are of a protected class and this current practice, or practice in this situation, potentially shows a systemic pattern, and could disproportionately impact individuals with disabilities.

RECOMMENDATIONS:

- Update EP!C Policy 108.01 "Client Management on the Subject of Development and Implementation of Behavior Management Programs" on psychotropic medication policy to reflect the Mental Health Code regarding psychotropic

medications and consent (405 ILCS 5/2-102). Provide evidence to the HRA that this occurred.

- Train EP!C staff on (405 ILCS 5/2-102) their own policy 108.01 Addendum C regarding psychotropic medications and consent.
- EP!C should update their PARC Developmental Homes, Inc. Tenant Selection Plan dated October 2012 with the agency's current name of EP!C and ensure 24 C.F.R. 8.4, 24 C.F.R. 982.553, 24 C.F.R. 982.552, **with an emphasis on 24 C.F.R. 982.554** are included in the record. Provide evidence to the HRA that this has occurred.

The HRA makes the following suggestions:

- Provide verification to the HRA that the agency has a nurse-trainer and adequate nursing staff per 59 Ill. Adm. Code 115.20 to ensure qualified staff are available to train other employees on psychotropic medications.
- The agency needs to improve their record keeping process for service recipients, specifically ensuring client records include signed psychotropic medication consent forms being updated for every prescribed medication change, additional medication being added, or when a medication has been discontinued.
- QIDP and nursing staff with this agency need to document on-going conversations with their service recipient(s) specifically to a service recipient's Individual Service Plan, Positive Behavior Plan, and psychotropic medication side effects or lack of, particularly when there are behavioral needs that jeopardize placement.
- When a service recipient or legal guardian has an issue of concern with agency services the QIDP should notify them of how to grieve and help them with the grievance process, if necessary.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, provider responses appear verbatim in retyped format.

REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 20-090-9010

SERVICE PROVIDER: EP!C

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 *et seq.*), we have received the Human Rights Authority report of findings.

IMPORTANT NOTE

Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you have provided and indicated you wish to be included in a public document will be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

We ask that the following action be taken:

We request that our response to any recommendation/s, plus any comments and/or objections be included as part of the public record.

We do not wish to include our response in the public record.

No response is included.

De Hay
NAME

COO
TITLE

4-4-2022
DATE

Nowlan, Erin

From: Doris Hayes [REDACTED]
Sent: Tuesday, December 7, 2021 8:43 AM
To: Nowlan, Erin
Subject: [External] HRA No. #20-090-9010
Attachments: 108.01C Psychotropic Medication.doc

Erin-

I am attaching our updated policy to reflect the addition of the Mental Health Code (405 ILCS 5/2-102).

We will not be changing our agency name with HUD. We are registered with the Federal Government under PARC Developmental Homes, Inc., and with our legal counsel's advice, there is no need to change the name.

Please let me know if you have any further questions.

Doris Hayes, MA
Chief Operating Officer



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Our Mission: To enrich the lives of people with intellectual and developmental disabilities.