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**FOR IMMEDIATE RELEASE**

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## HUMAN RIGHTS AUTHORITY- CHICAGO REGION

### REPORT 15-030-9004 Envision

Summary: The HRA substantiated the complaint that the facility did not follow Code procedures when it did not provide adequate services for a recipient and did not include the guardian in the care and decision making of the recipient. The provider response follows the report.

#### INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Mock Center, part of Envision Unlimited (formerly known as CARC: Chicago Association for Retarded Citizens). It was alleged that the facility did not follow Code procedures when it did not provide adequate services for a recipient and did not include the guardian in the care and decision making of the recipient. If substantiated, these allegations would be violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.), the Department of Human Services Minimum Standards for Certification of Developmental Training Programs (59 Ill. Admin. Code 119) and the Illinois Probate Act (755 ILCS 5/11a-17 and 5/11a-23).

Envision is a non-profit social service organization that provides services to adults with intellectual and developmental disabilities. Approximately 1200 individuals and families are served throughout Chicago. Mock Center is a day program facility and part of the Envision Unlimited program.

To review this complaint, the HRA conducted a site visit and interviewed the Facility Director, the Division Director, and Legal Counsel. The Community Services Options, Inc. Supervisor and Individual Service Coordinator were also interviewed by phone. The recipient's clinical records were reviewed with written guardian consent. The guardian's Court Order for Guardian of the Person has been entered into the record.

#### COMPLAINT

The complaint indicates that the recipient's guardian requested funding for one-to-one care for her daughter with a disability who lived in her home and attended a workshop at

Envision. The Illinois Department of Human Services (DHS) then approved the application for one-to-one care and the facility received this funding beginning in 6/29/2005, however the one-to-one care was not provided. In 2012 a new ISC (Individual Service Coordinator) was assigned to the recipient's case and she realized that the recipient was not receiving the services she needed to function at her optimal level. At a meeting held in 2012 the ISC communicated to Envision that they were obligated to provide one-to-one care for the recipient. Envision staff indicated to the ISC that they were using the recipient's funding "informally." The ISC insisted that the funding that was awarded for one-to-one care must be applied to this service. Envision then assigned a worker to care for the recipient one-to-one and the recipient was doing well until another worker was hired who the guardian did not know. The guardian requested that another worker be assigned to her daughter because the recipient was not doing well with the worker who was assigned, and the agency refused to assign another worker. For this reason the guardian stopped sending the recipient for three weeks and then the guardian's car was totaled and the guardian was unable to send the recipient to Envision. The Center then discharged the recipient, stating that their relationship with the guardian had become "toxic."

## FINDINGS

The recipient was admitted into the day program at Envision (formerly CARC) in 9/4/04. In 2008 she began to develop behavioral problems and was then discharged on 8/20/2008 and admitted into Envision's Mock Center Autism day program 11/29/2010. The recipient's most recent Individual Support Plan (ISP), completed 12/10/2013 shows that the recipient tested at an IQ Level of 45 indicating Severe Mental Retardation with an age equivalent of 11 months and requiring "total personal care and intense supervision." It also points out that the recipient was never left alone at home or in the day program. This Plan states that a packet was sent to the DHS on 12/06/13 for 1:1 supports for the recipient. A summary and action plan for the ISP staffing indicates that the recipient's guardian responded by saying that her ward really needed one-to-one support from DHS and she prayed that it would be granted. Both the guardian and the interdisciplinary treatment team signed off on this plan.

A Behavior Support Plan was also developed on 12/10/13. The Program Updates section of the Plan states:

"...Data tracking for [the recipient's] target behaviors show a decreasing trend for verbal aggression and dropping to the floor from the months of January to April and then a sharp increase in both behaviors from June to August. In May [the recipient] was only present at workshop for 27% of all possible days she could attend which may explain the outlier in the data. Even though her data shows a slight decreasing trend for verbal aggression and dropping to the floor, she is still having about 25-30 incidents a month of each behavior. Incidents of physical aggression remain constant with about 6 to 14 incidents a month. Property destruction has not occurred for the last 9 months so it was removed as a target behavior from this plan, however, it will still continue to be tracked on [the recipient's] monthly behavior data tracking sheet.

Paperwork has been completed for a 1 to 1 staff person for [the recipient]. [The recipient] works well with one of her direct staff in the Autism Room at Mock Center, however, it is not always possible for this staff person to work directly with [the recipient] given the client

to staff ratio. [The recipient] would benefit from a 1 to 1 staff person to help her to increase on task behavior for longer durations (ex: sitting in her seat; completing drawing tasks; making requests via a choice board).”

This Plan also contains notes on 1:1 Assistance, stating, “When available a DSP [direct support person] or a 1:1 staff person will be within arm’s length of [the recipient] at all times, except when she is using the restroom. The 1:1 staff will assist [the recipient] with completing her work, implement the behavior plan and record data on [the recipient’s] target behaviors. The 1:1 staff will also keep [the recipient] and her peers safe.” This document indicates that the recipient has a Fading Plan for 1:1 Assistance: “If [the recipient] goes 3 consecutive months with zero incidents of physical aggression, the 1:1 staff will increase the distance between themselves and [the recipient] by one foot. The 1:1 will continue to increase the distance between themselves and [the recipient] by one foot each month she continues to have zero incidents of physical aggression thereafter.”

The record for the recipient includes an award letter, dated 6/29/05 and sent to the recipient, which includes the Department of Human Services Day Services Client Database outlining the Department’s commitment to fund Purchase of Service supports for the recipient beginning in September, 2004. This form indicates an hourly Developmental Training rate as well as an hourly add-on for “Staff at 100%”. Although the clinical record contains this document, it does not show when or if the facility received this notice.

The HRA obtained documentation as well as the “Individual Service and Support Advocacy- Visiting Notes” completed by an Individual Service and Support Advocate for a Community Service Options, Inc. meeting held on 11/02/07. Notes from this meeting indicate that the facility “might want to petition DHS for additional behavioral support funding” and the General Observations section of the document states, “The overall impressions during this visit were positive. It appears that [the recipient] would benefit from additional one on one support while her behavioral issues are being addressed. Additionally, the ISC spoke with [the guardian] about the possibility of receiving additional supports within the home such as Home-Based Supports. [The guardian] did not express a desire to pursue this service option but was told to contact the ISC should she decide that the services would be beneficial.” Again on 12/17/10 another of the same kind of meeting was conducted with another Individual Service and Support Advocate. This meeting was held in response to the recipient’s aggressive behaviors and to that regard the notes state, “...Tracking is being done and [the Program Director] indicated that 1:1 staff support funding may be needed until [the recipient’s] behaviors can be controlled...”

The record also contains the Individual Support Plan developed for the recipient on 12/15/2011. It states, “[The recipient] has an informal one on one to ensure her safety and others. [The recipient] has an (sic) explosive behaviors, that can hurt her self as well as others.” In the section which asks for Special Provisions needed for Safety and Security it states, “Enhanced Monitoring, an informal one on one.”

The Individual Support Plan developed for the recipient on 12/10/12 includes in the Summary and Action Plan: “[The recipient] has a [behavior plan] in place and staff persistent/constant monitoring and the implementation of [the recipient’s] [behavioral plan],

along with the need for 1:1 supports helps to reduce the risks. [The recipient] is non-verbal and unable to asks [sic] for help when needed. Family and staff supports w/use of communication devices with supports from staff at the day program. Other concerns- [The recipient] is unable to dial 911 and she is non-verbal. [The recipient] is never left alone at home and she is monitored by staff at the day program constantly.” The form contains a section titled “What is the level of supervision required? Provide consensus of what can be done safely and independently”. The comments state, “[The recipient] is never left alone at home. At the day program, [the recipient] is under general supervision with staff supports to continuously deescalate maladaptive behaviors via (seated next to her at all times).”

The HRA interviewed the ISC for the investigation. She stated that in 2012 she researched the issue of one-to-one supervision and informed Envision that the recipient had one-to-one funding that was already approved. The ISC informed the agency that this funding must be used for 1:1 services and the agency told her they were using the funding “informally.”

The record indicates that the recipient’s IDT met on 1/09/12 to address the aggression displayed by the recipient toward staff and peers at the program, which resulted in her being suspended from the Autism South program. At this time it was decided to enlist a Behavior Analyst for the recipient and begin a training program for family and staff. The team reconvened on 4/19/12 to review the recipient’s behavior plan and notes from this meeting state, “ ... The team discussed [the recipient’s] regression at Autism South and due to the fact the program area is one large area maybe not be conducive to meet [the recipient’s] needs. The team discussed one to one staff for [the recipient]: however that support is currently in place. It was discussed how to get a one to one funding from the state, and the process is length [sic]. The team also discussed if [the recipient’s] regression continues aggression towards others, and non compliance possible discharge from the program.”

On 7/19/13 a Special Staffing was held by the IDT regarding the recipient. Notes from this meeting state, “A Special Staffing was held on 7/19/2013 at the request of [the guardian]. [The guardian] wanted the IDT-Team to know that she would like to apply for home based services and 1:1 supports for her daughter. She also wanted to know what forms she needs to file or complete to receive these services. [The CSO-ISC monitor] explained the process of both services and stated that we can complete the application for the services; however it is a Lottery System. [The guardian] was getting very frustrated and began to cry. QIDP [Qualified Intellectual Disability Professional] comforted her and asked her not to cry and we will do what we can for [the recipient]. [The guardian] lashed out at the Director of the facility by stating that she did not care about [the recipient] and she should be present at the meeting. QIDP explained that [the Director] was in Autism [The Autism program] working due to staff shortage and she does care about [the recipient] and all the clients that we provide services to.”

On 1/09/14 an email was sent from the DHS Division of Developmental Disabilities stating that the recipient was denied her request for additional funding because “she already has an hourly add-on in her rate.”

The record contains “Individual Service and Support Advocacy- Visiting Notes” completed by an Individual Service and Support Advocate for a Community Services Options, Inc. meeting held on 2/12/14. The notes state:

“This meeting was requested because [the recipient] needs formal 1:1. [The Program Director] applied for 1:1 services for [the recipient], however the application was denied because [the recipient] already received an ‘additional add-on.’ ISC informed [the Program Director] [the recipient] received additional money on her award letter to pay for a 1:1. [The Program Director] stated the additional money on [the recipient’s] award letter has always been used informally. ISC informed [the Program Director] that the additional money needs to be used formally from this day forward because [the recipient] does require a 1:1. This meeting was held to put [the recipient’s] new services in place.

[The Division Director] opened up the meeting stating that the agency was unaware that [the recipient] had an add-on on her award letter, because they do not receive the award letters. [The Division Director] stated that [the recipient] was not being properly medicated and that the family needed to make sure [the recipient’s] medications were given on a daily basis. She also spoke about [the recipient’s] attendance at the workshop. [The recipient] attends the autism program 3/5 days a week. However, she has poor attendance on the days she is required to come. [The guardian] informed [the Division Director] that when [the recipient] is having a bad morning, she does not send her to the workshop. She stated that there has been plenty of days where they get to the workshop and [the recipient] refuses to go in, so the family decides to take her back home. [The guardian] is afraid that [the recipient] will be discharged for her behaviors because she has been discharged previously from the autism program [for behaviors]. [The Division Director] stated that [the recipient] needs to attend to workshop every day because they do not get paid for the days she is absent. [The guardian] stated that they will send [the recipient] to the workshop, however they do not want the staff calling and complaining about [the recipient’s] behaviors. It was explained to the family that [the recipient’s] 1:1 will be getting paid regardless of [the recipient] attending the workshop. Which is why they would like for her to attend on a regular basis.

[The guardian] mentioned she would like for [the recipient’s] 1:1 to be [the recipient’s] training counselor [A] because she works really well with [the recipient]. However, staff stated that [A] could not be [the recipient’s] 1:1 because she did not want to be [the recipient’s] 1:1. [The guardian] became upset because she stated that she has spoken to [A] many times regarding [the recipient], and she informed her that she would not have a problem with being [the recipient’s] 1:1. [The guardian] also asked if [A] could be present during the meeting and staff told her no because they were short staff. [The guardian/step father]) and [guardian/mother] is concerned that a new 1:1 staff will not know how to deal with [the recipient’s] behaviors and she will begin to digress.

[The guardian] stated that things did not make sense because [the recipient] had never had a formal 1:1 yet, she always had the funding. [The step-father] asked [the Division Director] where the funding goes, if it is not being applied towards services for [the recipient]. [The Division Director] did not give the family an answer, because she stated she did not know. [The family] also spoke with staff about [the recipient] receiving occupational therapy and physical

therapy. Staff informed the family that they do not offer these services, however, they are looking to provide occupational therapy in the future with grants they hope to receive. [The guardian] was upset throughout the meeting because [the recipient] had been attending Mock Center for several years, and she feels that [the recipient] has not received the proper services needed to help her grow. [The recipient's] 1:1 will begin on Tuesday 18, 2014."

A Change in Services (Addendum to ISP) memo was issued for the recipient on 2/12/14 amending the 12/10/13 ISP which states, "As of 2/24/14 the above individual will have a change in service. Change in service: [The recipient] will be receiving additional supports, 1:1 staff member. Current services received and explain why the change occurred: [The recipient] is currently receiving an 'informal 1:1'. The change in services is the result of special meeting held on 2/12/2014. All members involved agreed that [the recipient] is in need of 1:1 supports and is also entitled to the additional supports."

The "Exit/Discharge Authorization and Summary" is included in the record. It states, "Discharge from program is due to no attendance for 4 consecutive months." The discharge forms indicate that the guardians and recipient were not present for the discharge staffing but were sent the paperwork as well as information regarding the right to file an appeal, which they did not pursue.

#### Facility Response

Staff were interviewed about the complaint. They indicated that the recipient had received "informal" one-to-one supervision throughout her participation in the CARC and Envision programs. The staff defined one-to-one care as constant individual supervision by one staff. They defined "formal" one-to-one as constant individual supervision that is paid for by DHS through an add-on to her funding. The staff who were present at the site visit did not know who had originally applied for the one-to-one funding in 2004, and they had not known that it was approved or received. When the current Director arrived at Envision in 2012, she was not aware that the recipient had been awarded the add-on for DHS funded one-to-one supervision and she then began the process of applying for the funding. DHS then refused the request, stating that the funding had already been approved. Staff were asked if the guardian was part of the recipient's care planning and they indicated that she was involved because she was often at the facility to bring her daughter and pick her up from the program. Staff were asked if the guardian expressed her concern about the one-to-one supervision being provided for her daughter when she was present at the facility and they stated that she did mention it often and it was discussed frequently at meetings. Staff were asked if the guardian had filed a complaint regarding this issue and they indicated that she had.

Facility staff were interviewed about the repeated inquiries made by the guardian over the years and they were asked why the staff thought that these inquiries were made if the guardian approved of her ward's supervision. Facility staff believed these objections to the informal one-to-one supervision by the guardian were made because the facility had brought to the guardian's attention the problem behaviors which were being addressed by the provider. When staff were asked if the guardian had been told that the relationship with the provider was terminated because the relationship had become "toxic", staff indicated that this was not true.

Facility staff were interviewed about the protocol for tracking information related to one-to-one supervision. They indicated that DHS has recently changed the protocol for tracking information related to one-to-one supervision and that they are now following that protocol exactly. This means that the facility is now maintaining documentation to show the dates, times, staff names providing the one-to-one care, inclusion in the Service Plan of the recipient's need for one-to-one supervision, the duties and responsibilities of the staff support, and the specific schedule of the staff providing one-to-one care when they cannot be redirected to assist other recipients.

## STATUTES

The Mental Health and Developmental Disabilities Code states, "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 the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated 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 services being provided (405 ILCS 2-102a)."

Adequate and humane care and services is defined as those reasonably calculated to prevent further decline in one's clinical condition so that he is not an imminent danger to self or others (405 ILCS 5/1-101.2).

The Illinois Administrative Code (59 Ill.Admin.Code 119.230) outlines the requirements for an Individual Services Plan. It indicates that within 30 days of an individual entering a program a plan shall be developed by the team that states the goals and objectives for developing training that is based on the assessment results, reflects the individual's or the guardian's preferences for goals, objectives, and services, and identifies services and supports to be provided and by whom. The objectives must be measurable, have timeframes for completion, and have a person assigned responsibility. The Plan must also be signed by the QMRP and the individual or guardian, and the guardian must be offered a copy of the Plan. At least monthly the QMRP shall review the Plan and document in the record that services are being implemented and that the services identified in the Plan continue to meet the individual's needs or require modification or change to better meet the individual's needs.

Section 119.235 also states that providers shall have procedures that permit the individual or guardian to present grievances and to appeal decisions to deny, modify, reduce or terminate services up to and including the authorized agency representative. The procedure requires, at a minimum:

"1. Notification of a right to appeal actions to deny, modify, reduce, or terminate services be given to the individual or guardian upon entry into the program;

2. Written notice shall be given 10 days in advance, of actions to deny, modify, reduce or terminate services;
  3. That no provider action shall be implemented pending a final administrative decision;
- and
4. That no one directly involved in the action or decisions being grieved or appealed shall be part of the review of that action or decision.”

The Illinois Probate Act of 1975 defines the duties of the guardian:

"To the extent ordered by the court and under the direction of the court, the guardian of the person shall have custody of the ward and the ward's minor and adult dependent children; shall procure for them and shall make provision for their support, care, comfort, health, education and maintenance, and professional services as are appropriate....The guardian shall assist the ward in the development of maximum self-reliance and independence." (755 ILCS 5/11a-17a).

Also, the Probate Act gives direction to providers to rely on guardian decision making:

"Every health care provider...has the right to rely on any decision or direction made by the guardian....to the same extent and with the same effect as though the decision or direction had been made or given by the ward." (755 ILCS 5/11a-23).

### AGENCY POLICY

Envision Unlimited does not have program policy regarding guardian rights and inclusion, however the rights of recipients and guardians are included in the DHS and Mental Health and Developmental Disability admission forms and also signed for service plans and updates.

### CONCLUSION

The need for one-to-one support for the recipient in this case was documented in her Individual Service Plans and was brought forth by the guardian as an issue in her ward's behavioral problems as well as a concern for the ward's safety and the safety of others. Additionally, Service Plans developed for the recipient were signed off on by both the treatment team and the guardian which indicated the need for one-to-one supervision. The record also reflects repeated attempts by the guardian to question the adequacy of the supervision that was provided and whether or not the funding that had been approved in the past was being applied to her ward's care. Despite these continued inquiries, which span years, the provider did not contact DHS (this would entail a phone call to the regional office) to confirm that the funding was or was not available. Although the facility continued to provide what they called "informal" one-to-one, this level of care and service was not adequate by the facility's own evaluation and documentation and by the determination of specialists who were consulted on the case. A review of the record demonstrates the guardian's frustration in obtaining even the simplest understanding of the provider's rationale for care and the HRA agrees with her predicament. The HRA substantiates the complaint that the facility did not follow Code procedures when it did



not provide adequate services for a recipient and did not include the guardian in the care and decision making for the recipient.

### RECOMMENDATIONS

1. Honor the role of the guardian. Rely on their input and decisions and provide them with the information necessary to make informed decisions about their ward's care. Respond to guardian inquiries in a timely manner and address all concerns as though made by the recipient. Remember that guardians may refuse treatment on behalf of their wards.

2. The facility representatives indicated that they have implemented the DHS protocols for one-to-one supervision, so this should ensure a tracking system for enhanced funding. The HRA also recommends that Award letters for each recipient be reviewed to ensure that proper supports are implemented for those who have already been awarded supplemental funding. In the event that an Award letter is not received when additional support staff funding has been applied for, ensure that staff follow up with a DHS representative.

3. In the event that a recipient requires additional staff support (as reflected in the ISP or an independent evaluation), ensure that the agency applies for the supports in a timely manner.

### SUGGESTION

1. The HRA provided a Release of Information as well as the guardian's valid Letter of Office in order to open this case and obtain records. Initially, the counsel for the provider would not accept the signature of the guardian, stating that it did not match other records (which were not provided). Then the counsel refused to accept the Letter of Office, stating that the guardian must provide an updated Letter of Office. The Circuit Court of Cook County was contacted and they confirmed that the guardianship was valid and current. Nevertheless, the provider again demanded that a new, updated Letter of Office be produced. The HRA does not understand or accept these needless obstacles which hindered the investigation and caused inconvenience and cost to the guardian. We suggest that if there is ever a question of the legitimacy of a guardianship, that the provider or their counsel contact the Clerk of the Circuit Court and accept their certification of guardianship.

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## **RESPONSE**

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

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September 18, 2015

### VIA FIRST CLASS MAIL AND FACSIMILE (708-338-7505)

Ashley Casati  
HRA Chairperson  
Illinois Guardianship and Advocacy Commission  
1200 S. 1st Street, Box 7009  
Hines, Illinois 60141

**Re: #15-030-9004**

Dear Ms. Casati:

As you are aware, our office represents Envision Unlimited ("Envision") in the above-referenced matter. We are in receipt of your letter dated August 20, 2015 enclosing the Report of findings of the Chicago Regional Human Rights Authority of the Illinois Guardianship and Advocacy Commission ("HRA") in the above-referenced investigation. Envision submits this letter in response to the Report and requests that this response be included as part of the public record should the Authority vote to make any of its findings part of the public record. Enclosed please find a completed form so indicating this election.

The above-referenced investigation was opened September 16, 2014 after allegations that Envision did not follow procedures of the Mental Health and Developmental Disabilities Code ("Code") when it "did not provide adequate services for a recipient and did not include the guardian in the care and decision making of the recipient." As part of its investigation, the HRA reviewed records of the recipient, conducted a site visit at Envision's Mock Center, and interviewed individuals involved with the recipient.

This issue presented in the case involved one-to-one supports provided to the recipient. The recipient was previously enrolled in programming with Envision (then known as CARC), but later left the program. During this "first enrollment," the recipient had an award letter for one-to-one support. The recipient subsequently enrolled in programming with Envision again in 2010. When the recipient enrolled in 2010, she did not provide Envision with the award letter for one-to-one support. Additionally, it is not customary for individuals to enter a program with one-to-one funding, or an increased rate, but must apply for such services. Neither the ISC (Individual Services Coordinator) nor the guardian informed staff at the Autism South program at 1814 W. 103rd Street of the recipient's award letter upon her admission.

HRA #15-030-9004  
September 18, 2015  
Page 2

However, given the severity and frequency of the recipient's behavior problems, it was necessary for Envision to maintain staff close to, if not at times dedicated to, the recipient. Envision, unaware that recipient had one-to-one support, termed this an "informal" one-to-one. As such, the recipient was receiving substantially the same, if not identical, one-to-one services while enrolled in the day program.

Envision subsequently applied to the State of Illinois for one-to-one funding for recipient, specifically in response to the guardian's request. After said application, Envision learned that the recipient's one-to-one award letter was in place. After such discovery, Envision took steps to hire and place a one-to-one staff person for recipient. After identifying and selecting said staff person, Envision informed the guardian of said selection. The guardian expressed to Envision that she wished for the staff member who was the recipient's informal one-to-one to be the recipient's formal one-to-one. However, such arrangement was not possible due to the informal one-to-one's current position and the need to hire someone else as the one-to-one. After said conversation, the recipient did not attend the program.

Finally, after more than five (5) months of zero attendance, the recipient was discharged from the day program, well in excess of the required minimum 10-day notice under the Illinois Administrative Code.

Envision disagrees with the HRA's conclusion that Envision violated the Code and did not include the guardian in the care and decision making of the recipient. Envision voluntarily provided one-to-one support for the recipient even when it was unaware of the recipient's increased funding. Envision responded to the recipient's behavior problems and provided the services the recipient needed. When Envision became aware of the one-to-one award letter, it acted quickly to provide a formal one-to-one for the recipient. The record is clear that throughout the recipient's enrollment in programming with Envision, Envision included the guardian in the care and decision making of the recipient.

### *Response to Recommendations and Suggestion*

#### Recommendation #1

Envision complies with the provisions of the Illinois Probate Act of 1975 and honors the role of any court-appointed guardian for all recipients in its programs. The record in this case is filled with examples of when Envision honored the role of the guardian and kept the guardian informed and involved in the recipient's services. In fact, the HRA Report provides examples of when the guardian's role was honored, including that the "services plans developed for the recipient were signed off on by both the treatment team and the guardian."

#### Recommendation #2

The HRA recommends that the facility implement a system regarding award letters that Envision already implemented.

HRA #15-030-9004  
September 18, 2015  
Page 3

Recommendation #3

Envision reassesses the needs of recipients in its programs and makes changes as necessary.

Suggestion

The HRA suggests that the provider or their counsel accept the clerk of the circuit court's certification of guardianship; however, current letters of office are the clerk's certification of guardianship. The formal proof of appointment as guardian and the authorities of a guardian are letters of office produced and witnessed by the clerk of the circuit court. Current letters of office (as in witnessed at the time of production) are routinely requested as up-to-date evidence of a guardian's authority as changes in guardianship and identification of the guardian can occur. When the HRA first produced an authorization for release of information, said authorization contained only a signature not appearing to match the name of the recipient and no indication of a legal relationship of the signatory to the individual. The HRA then produced letters of office from the year 2000 as indication of a legal relationship to the recipient. Envision requested current letters of office to ensure that the guardian's appointment had not changed in the fourteen year since appointment. Upon receipt of the current letters of office, Envision produced the requested records.

Very truly yours  


Joseph T. Monahan

JTM:aeo  
Enclosure

**CHICAGO REGIONAL HUMAN RIGHTS AUTHORITY**

**HRA CASE NO. 15-030-9004**

**Envision**

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.

Betty Garkner  
NAME

Vice President/Chief Operating Officer  
TITLE

9/15/15  
DATE