



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY - PEORIA REGION
REPORT OF FINDINGS

Case #15-090-9007
Gateway Services, Inc.

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of possible rights violations at Gateway Services, Inc. The complaints alleged the following:

- 1. Inadequate protection of consumer finances.**
- 2. Inadequate treatment planning.**

If found substantiated, the allegations would violate the Mental Health and Developmental Disabilities Code (MHDD Code) (405 ILCS 5), the Illinois Department of Human Services Rule 115 (59 Il Admin Code 115), Rule 50 (59 Il Admin Code 50), the CILA Licensure and Certification Act (210 ILCS 135), and the Social Security Regulations (20 CFR 416).

Gateway Services, Inc. services 36 residents in 24 CILA homes and also services 100 clients in the community. The facility is the representative payee for all 36 clients in the CILAs.

The Illinois Office of Inspector General (OIG) referred investigation case #1014-0483 to the Illinois Guardianship and Advocacy Commission regarding an investigation with Gateway that they substantiated involving financial exploitation. The investigation found that the facility inappropriately used a resident's money to purchase items for a CILA and also inappropriately accepted donations from a client. Additionally the complaint substantiated that there were issues with the resident treatment plans. The HRA was provided a release by Gateway Services, Inc. that was signed by the individual involved with the complaint and witnessed, which allowed the HRA access to records needed for their investigation.

To investigate the allegations, HRA team members interviewed Gateway Services, Inc. staff members and reviewed documentation that is pertinent to the investigation.

COMPLAINT STATEMENT

The complaint states that the facility allegedly is not adequately protecting consumer finances. The facility staff allegedly used a consumer's finances to purchase items for the CILA house

such as a washing machine and also solicited donations from a consumer. The facility also allegedly does not provide adequate treatment planning for consumers. The treatment plans and behavior plans were allegedly disorganized and confusing.

INTERVIEW WITH STAFF (8.28.2014)

Staff began the interview by providing the HRA with a release for the individual who was named in the report that was signed by the individual and witnessed. Staff stated that in the Social Security handbook of representative payeeship, it states that the facility's actions were appropriate. The facility referred to the section that states the representative payee can buy furniture for the resident's personal use or items that may be shared with other members of the household, such as a television. Staff also stated that once an individual earns \$65 for the month, 50 cents of every dollar can be taken as a payment and the facility is entitled to that money because the Illinois Department of Human Services (DHS) has reduced the CILA rate. Staff said that Gateway Services does not take that money even though they are allowed.

Residents are not able to accumulate two thousand dollars, and when this occurs, the interdisciplinary team (IDT) is informed that the money must be spent. If two thousand dollars is accumulated, according to the Illinois Department of Human Services, the resident may no longer be eligible for services. Staff said that they are not sure exactly how the IDT plans for the monetary spend down, but the purchases go through a Consumer Benefits Advocate. The Consumer Benefits Advocate works with individuals on their finances and this staff member is also responsible for informing the IDT when the money is reaching two thousand dollars. The Consumer Benefits Advocate is also part of the IDT. The Consumer Benefits Advocate reviews monthly receipts and ensures that all the money is accountable and appropriately spent on consumer needs. Staff informed the HRA that there was an instance when staff took \$20 from the house account and on another occasion a house manager, who actually lived at the house, switched a resident's social security check to deposit into her account; social security theft charges were filed. Instances of staff theft were why the Consumer Benefits Advocate was created as a system of checks and balances. Prior to that, staff were only checking finances once a month or every couple of months. A significant portion of day program earnings is spent on food. For the day program earnings, money is sent with the residents and monitored by staff at the day program.

Staff explained that the Gateway Services Inc. does not have a sheltered workshop program and no employees are earning less than minimum wage. The facility closed the sheltered workshop in 1997. The philosophy is that people have to physically be in the community and experience the financial wherewithal to exercise control over their funds which empowers them.

Staff explained the residents typically spend money on movies, eating at restaurants, clothes, new bedding, furniture, trips and ice cream. They use their money for what they want. Facility policy is that the resident's money is used for the resident and no money should be spent on common use. Staff said that in the case of the individual involved, they bought a couch for the resident and his significant other. Buying the couch was an IDT decision. There was also an issue with a television in the OIG report and the TV is now in the resident's bedroom. Staff said

that if the resident and his significant other had their own house, this would not be in question. Staff explained that they have a foundation that purchases items for the houses, but some individuals purchase furniture and put it in common areas. For example, another individual has purchased a couch and it is in a common area; others have purchased recliners. They had an individual who purchased a video game system that they wanted to share with others but the item is now in that resident's room. Staff stated that they have never been approached by residents with a request for the facility to buy furniture. The houses have food allowances that are not always spent, and this accumulation has been used for house items in the past. Staff explained that when residents move, the items that they have purchased go with them.

Staff believed that a resident bought a mechanical chair for himself/herself once. If the item was medically ordered, then the facility would buy it, but if the item is just for convenience or preference, then the resident would purchase the item. If the residents vandalize the facility's furniture, then they must replace it.

One individual had a broken chair and the IDT spoke with the resident's mother at the meeting about a replacement and the resident's mother gave permission. Staff explained that these incidents are infrequent. The majority of the time, the team asks the individual what they want to purchase. Gateway Services recently built an 8 bedroom CILA and the furniture was not purchased by the residents. Couches, end tables, lamps, and other furniture were all purchased by the facility.

The IDT will talk to the resident's guardian about items that the team wants to purchase for approval. If there is no guardian, it is discussed with the Consumer Benefits Advocate and other people who provide the resident support.

Regarding the purchase of a washing machine, administrative staff was unaware of the situation and also did not know what led to the original purchase. The machine was purchased in the past and recently broke, but was under a warrantee, so they thought that it was going to be replaced. A \$600 voucher was sent from the manufacturer, which came in the name of the resident. They thought that it was going to be an even exchange but when staff took the resident to the store, he wanted a washer that was much more expensive. That staff member called the team supervisor who said that the resident had the money and needed to spend it down, so they purchased the more expensive washing machine. Administrative staff were not aware of the situation and they were going to reimburse the resident but decided to wait and see what the OIG had to say about the situation. They are not sure why Administrators were not asked about the purchase but they stated, if the resident moved, the washer and dryer would go with him. Staff said that this was the only instance this happened and they have not taken any action on resolving the issue because they appealed the OIG decision. Staff said that this is the only instance that has happened. The team supervisor that approved the purchase has been reassigned from dealing with the resident's finances and staff received OIG retraining. The Consumer Benefit Advocate was sent to representative payee training and would like to receive additional training. New spending has additional consultation and there is no spending without administrative approval.

Staff stated that resident money may be donated to Gateway Service's foundation and they believe that donating is a part of participating in the community so it has been allowed. Residents have donated through the facility's annual phone-a-thon. The foundation is a separate entity from Gateway Services Inc. and the purpose of the foundation is to support services at Gateway. The residents donate their earnings, not their social security money. Employees are asked if they want to donate and can donate via payroll deduction. The facility now wants to have a 3 person committee that would review donations. They do not have a large amount of donations and do not have a policy about accepting resident donations because they happen so rarely. Staff also do not solicit. The staff stated that there was a single donation of one thousand dollars when the facility needed patio furniture and the donation was by the same individual who purchased the washing machine. One of the Administrators told everyone that they were looking for further donations from local organizations for the parking lot to be fixed. They were using a specific local organization's money for the update and that individual was a part of that organization. The resident heard the organization's name and became excited and expressed that he wanted to donate. The staff did not know how the amount of money was determined and they guessed that it was probably due to a need for a spend down. They are not aware of employees soliciting donations, except through the phone-a-thon. Because they did not solicit the money, they did not believe that the individual was exploited. Nothing in the OIG training states the agency should not accept donations.

Staff explained that the individual service plan team meets two times a year but an interim meeting can be held if there is a behavior or medical issue. The resident is asked who they want to invite to the meeting. The Qualified Intellectual Disabilities Professional (QIDP) ensures that the people are invited and that there are additional staff members invited, like the nurse or team supervisor. For the meeting, they perform a variety of assessments and update all the releases. The personal focus worksheet (which used to be personal history worksheet) is updated, and the nurse will update the medical section. The employment team updates work related sections and the progress on goals are also updated. The QIDP is to sit with the individual, discuss his/her goals and then the IDT also discusses. They are also supposed to discuss what the residents want to learn and programs in which they are interested. If behavior plans are a part of the plan, those are reviewed by the Human Rights Committee and the Behavior Management Committee. There is also a narrative section that is written about the meeting and dietary sheets that need approved. Finally, the plan is signed by those involved and made a part of the resident's file. The process is repeated, minus the assessments, at 6 months. The facility received a 98% with the Bureau of Accreditation, Licensure and Certification (BALC). The facility switched to a new computer system which the staff enjoys but there is also a physical copy of the plans in the file in case the computer network fails. They have never received a complaint from family regarding the plans. Staff said that the ISP process has evolved over the years and some individuals even lead their own meetings. They once had an individual who could not read so they had a pictorial IDT. The individuals are the center of the plan and staff is trained on the implementation of the plans.

FINDINGS (Including record review, mandates, and conclusion)

Complaint #1 - Inadequate protection of consumer finances.

The HRA began the investigation by reviewing the treatment plan of the individual involved in the complaint. The individual's annual ISP was dated 6.10.13 and signed by the individual on 6.25.13. In that ISP it states that a goal is to "independently purchase items needed for the house at Wal-Mart" once a month with 70% accuracy. The resident also has a full program sheet in the ISP dedicated to purchasing items from the Wal-Mart. The goals on that program sheet indicate that 60% accuracy is desired. The program outlines a teaching method in which a list of needed items for the houses is made and then it is described how staff should teach the resident to purchase these items independently.

The resident's personal focus worksheet, which is part of the ISP, states that the resident "prefers to independently work around the home, especially in the yard or back porch. He has purchased a riding lawn mower and enjoys mowing the backyard."

The ISP also reads "Why does [resident] have to pay with his money (for example) a new washer for his house? QIDP asked [resident] if he agreed to buy the washer he said I don't know and put his shoulder in the air while rolling his eyes. [Staff] asked why [resident] buying a washer for the home, [Staff] also indicated that she does not understand why he is buying appliance, and will follow-up with Director of Residential. [Staff] asked if [Resident] had a spend down, QIDP noted she was unsure and will follow-up with [Staff]. [Staff] indicated that if he does not have a spend down then this could be considered exploitation. The team also indicated other purchases such as the benches outside of Gateway, [Staff] asked who asked him to purchase them? [Staff] noted that he does not think this is right and will be taking this to the board."

The HRA reviewed the facility financial policy which reads "Gateway Services, Inc. shall ensure that a system of financial accountability is in place to identify, safeguard and protect the expenditures of funds belonging to individuals who receive support services." The policy proceeds to state that they will ensure staff and residents are knowledgeable of the policy and procedures and that residents will give consent in order to receive financial assistance. Also the level of assistance should be added to the resident's plan and they should provide a means for the resident to retain or maintain as much control as possible. The policy proceeds to state that residents in a CILA and Developmental Training are able to receive assistance as identified and requests should be reviewed by the Human Rights Committee for compliance with rights. The policy proceeds to include types of supports and states that residents are encouraged to maintain payeeship for their SS/SSI [Social Security/Supplemental Security Income] benefits. The policy reads "If the individual and/or guardian choose to allow Gateway Services, Inc. to become representative payee for their benefits, this decision shall be documented in the case record. In the case of individuals maintaining their 'payee ship' status, SS/SSI benefits shall be deposited directly into their own personal bank accounts." The policy proceeds to state that individuals living in a 24 hour CILA are required to reimburse the facility for cost of support care and if Gateway Services is the representative payee for the individual "the monies will be deposited into a representative payee account, with the amount of \$60.00 effective 7/1/2014 being retained in the account for the individual, via check or account debit, for the individual's own personal use. SS/SSI monies paid to Gateway Services, Inc. are used by Gateway Services, Inc. to help offset program and individual support costs. Individuals who live in 24-hour residential homes,

and who have work earnings may use these monies for their personal use. If work earnings are over \$60.00, Gateway Services, Inc. may not issue a monthly personal allowance check or account debit to the individual, in lieu of the kept work earnings.” There is no other direct mention of representative payeeship in the CILA section of the policy nor is there direct mention of the individual’s personal money or benefits being used exclusively by the individual or for the individual’s benefit or that the SS money is used to benefit the individual or the individual’s interest. In an email from the facility dated 10/9, it states that this is the only policy that the staff was able to locate that references representative payeeship.

The facility Code of Conduct has a section titled “Conflict of Interest” which reads “No Agency employee shall engage in or have a financial interest directly or indirectly in any activity that conflicts or raises a reasonable question of conflict with his/her Agency responsibilities. All employees are expected to comply with the Agency’s Code of Conduct. Every employee has an obligation to avoid any activity, agreement, business investment or interest, or other situation which is in conflict with Gateway Services, Inc.’s interest or interferes with the duty to serve the Agency at all times to the best of the employee’s ability. All employees are required to disclose a conflict or potential conflict when: a. An employee is in a position to influence a business decision with the Agency that results in personal gain to the employee, an immediate family member, or close friend; or b. When an employee engages in any outside activity that will result in providing goods or services for payment to a person served or family member of the person served.”

The HRA reviewed a booklet titled “A Guide for Representative Payees” which is distributed by the Social Security Administration. In that booklet, there is a section titled “Special Purchases.” In the special purchases section, it reads “You may want to make some of the following special purchases for the beneficiary ... Furniture – You can buy furniture for the beneficiary’s personal use, as well as items that may be shared with other members of the household, such as a television.” The same section also reads that the individual receiving the funding could purchase a home and “... use funds as a down payment, and you can use some of the money to make payments on a house owned by the beneficiary. Home improvements – You can pay for renovations that make the beneficiary’s home safer and more accessible; for example, installing a wheelchair ramp or widening doorways to accommodate a wheelchair.” Other sections of the booklet state that “As a representative payee, you must know what the beneficiary’s needs are so you can decide how benefits can best be used for his or her personal care and well-being. This is especially important if the beneficiary does not live with you.” Another section of the booklet titled “How you must use monthly benefits” reads “First you must make sure the beneficiary’s day-to-day needs for food and shelter are met. Then, the money can be used for any of the beneficiary’s medical and dental care that is not covered by health insurance, and for personal needs, such as clothing and recreation.” The booklet states that if there is money left over must be saved, preferably in an interest bearing account or US savings bond.

The facility Human Rights Statement reads that “You have the right to earn, save, and spend your own money. Part of the support that you will receive may be to teach you how to do these things. No one can take your money from you.” The facility also provided the Illinois Department of Human Services rights statement that states individuals have the right to be free

from exploitation and may use their money as they choose, unless they are prohibited to do so under a guardianship order.

The HRA reviewed the job description for the Consumer Benefits Advocate. The position summary reads “Consumer Benefit Advocate provides assistance to adults with intellectual disabilities in the areas of account analysis, general ledger maintenance, and monthly processing.” Some of the essential job functions state it was the Consumer Benefits Advocate’s responsibility to “Maintain and update records and process transactions relative to deposits and check request for the benefits of individuals. Note and report discrepancies. Work with individual and staff to resolve issues....Reconciles checking accounts using data from monthly bank statements for consumer accounts....Maintain individual financial file. Assure they are updated and current, such as, address, social security card, Medicare/Medicaid, etc.,....Assist individual and staff regarding Social Security, Rep payee, LINK, Medicaid, etc.,....Serve as OIG Liaison.” Another job duty is informing the supervisor if there are any concerns or problems with people served. The job description for the Team Supervisor includes; “Maintain cash, checkbooks and Link cards of persons served....Maintain household accounts including grocery and household money....Participate in monthly audits with the Business Office.” The essential job functions include “Provide oversight of home and person served finances” and “Ensure welfare and safety of persons served and staff.”

The HRA reviewed the facility donation policy. The policy provides rules on how to thank the individual donating the money (such as a donation under \$250 will receive a thank you postcard) and it also states that in all cases the donor should consult their accountant or tax attorney to see if the donation should be considered charitable. The HRA also reviewed the facility “Abuse and Neglect Reporting and Investigative Procedure” which defines financial exploitation the same as the Illinois Department of Human Services which is “Taking unjust advantage of an individual’s assets, property or financial resources through deception, intimidation, or conversion for the employee’s facilities, or agency’s own advantage or benefit.” The policy illustrates procedures for investigating abuse and neglect but does not have any further statements regarding financial abuse.

The HRA reviewed financial ledgers for 4 individuals who reside in Gateway Service’s CILAs, one set for the individual involved in this complaint and masked/redacted sets for 3 other individuals. The individual involved in the complaint has a representative payee, and money from Social Security is deposited into his own account. The resident is also employed and that money is deposited into a separate account. The Social Security income is deposited and then withdrawn for payment to the facility, and \$55 - \$60 is always left in the account. Between 8/2012 and 7/2014 the HRA only saw two occasions when the money was used for something other than payment of the facility and the HRA did not recognize what the purchases were but they equaled \$10. The HRA also reviewed the resident’s personal account ledgers from 7/2012 – 8/2014. It was stated that the financial donation was given in 3/2012 but the HRA did not see an account indicating a donation. In those ledgers, the HRA reviewed a copy of a check to Gateway Services, Inc. for \$1500 dated 11/8/2012, and in the ledger it is described as “Cement to GW.” There is also a receipt in the ledger that describes the money as “Concrete for shed.” As stated earlier in this report, the resident’s ISP indicated that he purchased a lawn mower because he enjoys mowing. On 3.11.13 there was a receipt for a 50 inch television and in the August ledger,

there is a deduction of \$1099.99 for furniture. The OIG report states in the investigative report synopsis that “He also purchased a fifty-inch big screen television totaling \$684.50 and a couch totaling \$1099.99. All of these items are or were in use for everyone at [resident’s] CILA home.” The HRA also found the receipt for the purchase of the washing machine for \$1085.57 and a check. The HRA was not provided the checking account ledger where the purchase was recorded.

The HRA reviewed masked/redacted financial ledgers for 3 other residents. Two of the ledgers were Social Security benefits only and the HRA saw minor errors such as a few missing receipts and no check for a receipt. For the third resident, the ledger was for a personal account. This individual mostly spent money on attending movies and website purchases. The HRA did find the following discrepancies with this resident:

- 12/31/12 - there is no indication what the resident purchased from the website on the ledger and no receipt.
- 7/31/13 - there are no receipts indicating what was purchased from the website in the ledger
- 10/31/13 - the items that are debits are actually in the credit section of the ledger
- 12/31/13 - the ledger has no receipt for a \$348.65 laptop purchased and several website items.
- 2/28/14 - no receipt for a \$155.71 purchase on the website
- 3/31/14 - another website purchase with no receipt
- 4/30/14 - an entry for pizza reads \$18.57 when it should read \$13.57
- 6/30/14 - has the incorrect website receipt and two website purchases have no receipt

Rule 50 defines financial exploitation as “Taking unjust advantage of an individual's assets, property or financial resources through deception, intimidation or conversion for the employee's, facility's or agency's own advantage or benefit” (59 Il Admin Code 50.10).

The CILA Licensure and Certification Act reads “(a) To protect a recipient’s funds, a service provider;... (8) Shall (i) place any monthly allowance that a recipient is entitled to in the recipient's personal account or give the monthly allowance directly to the recipient, unless the service provider has written authorization from the recipient, the recipient's guardian, or the recipient's parent if the recipient is a minor, to handle the monthly allowance differently, (ii) take all steps necessary to ensure that a monthly allowance that is placed in a recipient's personal account is used exclusively by the recipient or for the recipient's benefit, and (iii) require any person other than the recipient who withdraws funds from the recipient's personal account that constitute any portion of the recipient's monthly allowance to execute an affidavit that the funds will be used exclusively for the benefit of the recipient” (210 ILCS 135/9.1). This regulation was effective 8.26.2014 and there were no state CILA requirements prior to this.

The Social Security regulations state “(a) Use the benefits received on your behalf only for your use and benefit in a manner and for the purposes he or she determines under the guidelines in this subpart, to be in your best interests” (20 CFR 416.635).

Complaint #1 - Conclusion

The HRA saw no evidence that there is policy specifically stating the resident's funds are to be spent exclusively for their benefit as per the CILA Licensure and Certification Act (210 ILCS 135/9.1) or Social Security Representative Payee regulations (20 CFR 416.635). The HRA recognizes that 210 ILCS 135/9.1 is a new mandate but the facility must update their policy and procedures based on new regulations. Additionally, the individual's treatment plan indicates that the individual was unaware as to whether he approved of the purchase of items for the house, which also points to the idea that the process needs to have a distinct policy per the Act and payee regulations. Based on the financial policies lack of clarification regarding benefits, the HRA **substantiates** the complaint that there is inadequate protection of consumer finances and **recommends** the facility update all policy and practices to include updates in the CILA Licensure and Certification Act (specifically the of 210 ILCS 135/9.1) and to include representative payee regulations (20 CFR 416). As part of the recommendation, the HRA requests evidence of the policy updates and related staff training. This also includes examining the practice of resident donations and who those donations benefit. The HRA also **strongly suggests** the creation of a donation policy that aligns with the state and federal regulations regarding client's finances. Also, due to the errors found in the resident's ledger, the HRA **suggests** auditing ledgers for quality control purposes.

Complaint #2 - Inadequate treatment planning.

The HRA reviewed the facility treatment planning policy (#800). The policy begins by stating that "Each individual shall have a single, individualized, comprehensive support plan." The plan defines an individual support plan and then states that a support plan should contain statements of "1. Identification of rehabilitation/habilitation supports desired and /or needed. 2. The individual's goals, objectives. 3. The supports or serves to be provided. 4. The specific goals of the supports provided. 5. Time interval at which service/support outcomes will be reviewed. 6. Anticipated time frame(s) for the accomplishments of the specified goals. 7. The measures to be used to assess the effects or support services. 8. The person(s) responsible for implementation of the plan. 9. Individual/guardian statement of interests, dislikes, preferences, dreams, goals, and objectives relative to their quality of life." The policy then describes the time frame for the meetings and the procedural responsibilities for the Qualified Individual Disability Professional (QIDP), Interdisciplinary Team, Case Coordinator, and Direct Support Professional. The policy then states that individuals will have assessments that will aid in the planning of supports. The assessments include a medical examination, dental examination, inventory of client and agency planning (ICAP), educational and/or vocational assessment, communication screening in vision, hearing, speech, language and sign language and specific level of functioning (SLOF), among others. The policy ends by discussing clients involved in the Developmental Training Program and assessing their ability to proceed to the next level of developmental services.

The interdisciplinary team policy (#801) begins by reading that "There shall be a single Interdisciplinary Team for each person served." The purpose of the policy reads "The primary purpose(s) of the team shall be to prepare, revise, document and implement the plan according to Policy #800, Individual Service Plan. The team meeting, by providing the opportunity for members to discuss data and information, results in decisions. These team members assist the person served in arriving at decisions about life goals. The team assists the person in identifying

the supports and services needed to achieve those goals.” The policy states the team should consist of relevant Gateway Services staff, relevant staff of the agencies involved in serving the individual, the person served and “his family/or significant other or guardian,” QIDP, medical and/or psychological consultants or therapists, and community members familiar with the person served. The policy lists the responsibilities for the interdisciplinary team which are to establish and review support goals and objectives, evaluate the outcomes of the supports, set priorities, meet as scheduled and according to policy, serve as the major decision-making body regarding goals, processes, and time lines, support the resident in achieving a desirable future that they see for themselves, and support community inclusion.

The HRA reviewed ISPs for three different individuals and they appeared to be consistent with each other. All have annual and six month review ISPs which consisted of cover sheets, invites, an ISP narrative, and then program sheets which consist of goals for the individuals within the different programs. The annual ISPs had additional assessments, rights sheets, and consents.

The HRA reviewed the Office of Inspector General Investigative Report case #1014-0483 which reads “Additionally, the agency revises its format of the individual service plan and behavior plan, as they are disorganized, confusing and difficult to navigate.”

In reviewing the policy, the HRA compared the contents of the ISPs to CILA requirements (59 Il Admin Code 115.230). In the comparison, the HRA found discrepancies between the policy and the regulations; specifically, items in the regulations were omitted from the policy. The omissions are as follows:

- b) The following shall be included in the interdisciplinary process: ... 3) Significant others chosen by the individual.
- e) The agency shall assure that each individual receives an initial assessment and reassessments that shall be documented in the individual's record and the results explained to the individual and guardian. 1) The assessments shall determine the individual's strengths and needs, level of functioning, the presenting problems and disabilities, diagnosis and the services the individual needs. 2) Assessments shall be performed by employees trained in the use of the assessment instruments. 3) Through the selection of the assessment instruments and the interpretation of results, all assessments shall be sensitive to the individual's: A) Racial, ethnic and cultural background; B) Chronological and developmental age; C) Visual and auditory impairments; D) Language preferences; and E) Degree of disability.
- 4) Initial assessment for individuals with a mental disability shall include ... B) Previous and current adherence to medication regime and the level of ability to self-administer medications or participate in a self-administration of medication training program; C) A psycho-social assessment including legal status, personal and family history, a history of mental disability and related services, evaluation of possible substance abuse, and resource availability such as income entitlements, health care benefits, subsidized housing and social services; F) A psychological and/or a psychiatric assessment; both must be conducted for individuals with both a mental illness and a developmental disability; H) Others

as required by the individual's disability such as physical therapy, occupational therapy and activity therapy. 5) Annual reassessments for individuals with a mental disability shall include: A) A physical and dental examination including a review of medications; B) The SLOF for individuals with a mental illness or ICAP or SIB for individuals with a developmental disability; C) An annual psychiatric examination for individuals with a mental illness; D) Other initially-assessed areas, as necessary.

- f) Within 30 days after an individual's entry into the CILA program, a services plan shall be developed that: ... 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; 4) States goals and objectives. Objectives shall: A) Be measurable; g) The individual integrated services plan shall identify the CILA site chosen with the individual's and guardian's participation and shall indicate the type and the amount of supervision provided to the individual. h) The services plan shall address goals of independence in daily living, economic self-sufficiency and community integration ... j) The services plan shall be signed by the QMRP and the QMHP and the individual or guardian. k) The individual or guardian shall be given a copy of the services plan. l) The services plan shall become a part of the individual's record. m) At least monthly, the QMRP and QMHP shall review the services plan and shall document in the individual's record that: 1) Services are being implemented; 2) Services identified in the services plan continue to meet the individual's needs or require modification or change to better meet the individual's needs; and 3) Actions are recommended when needed.
- n) The CST shall review the services plan as a part of the interdisciplinary process at least annually for individuals with developmental disabilities and semi-annually for individuals with mental illness and shall note progress or regression which might require plan amendment or modification.
- p) The provider agency must ensure that current copies of individuals' service plans are kept at the individuals' residences. The provider agency must also ensure that direct care workers (including employees, contractual persons, and host family members) are knowledgeable about the individuals' service plans, are trained in their implementation, and maintain records regarding the individuals' progress toward the goals and objectives of the individual service plans.
- q) Through the interdisciplinary process the CST shall be responsible for determining an individual's ability to transition from continuous supervision or support to an intermittent level of supervision or support. 1) If a determination is made that the individual is appropriate for a less restrictive environment, documentation shall be included in the individual's plan identifying time frames for transition. The individual's QMRP or QMHP shall be responsible for monitoring the individual's transitional plan and for documenting the individual's progress toward intermittent supervision and supports. 2) If a determination is made that an individual with a developmental disability is appropriate for intermittent supervision and supports, the PAS agency in conjunction with the provider agency must submit a completed CILA rate determination packet to the Department for development of a rate to support the intermittent supervision and

supports. 3) For individuals with a developmental disability, funding will remain at the individual's current level of funding for the first three months. At the end of the first three months, the QMRP or QMHP shall convene the CST to assess the individual's attainment of his or her goal for less restrictive supervision and supports. If the CST determines that the individual requires additional time to complete a successful transition, a request shall be made in writing to the Department for an extension not to exceed a total of six months. If the CST determines that the individual has not met, and is not likely to meet, his or her goal for less restrictive supervision and supports, the individual will continue to receive continuous supervision or support. r) An individual who requires continuous supervision or support indefinitely may stay alone or access the community independently under specific circumstances. The CST must determine that the individual has the ability and desire to stay alone safely for brief periods of time, or access specified locations in the community independently, or with supervision and support other than that provided by agency employees. The individual service plan must state the periods of time and restrictions on activities when at home, and locations and time frames for accessing the community. The individual will successfully complete an assessment demonstrating the skills necessary to assure his or her safety, and this must be part of the individual's record. This should occur only as part of the individual's habilitation/treatment process, and not to accommodate staffing concerns.

Complaint #2 - Conclusion

Because the facility policy regarding the treatment planning process and interdisciplinary team does not match the regulations for treatment planning, the HRA finds this complaint **substantiated** and **recommends** that the facility review CILA regulations related to treatment planning (59 Il Admin Code 115.230) to assure that their procedures are in compliance with the procedures. The HRA requests that evidence of the review, including any policy changes.

RESPONSE

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



Mr. Gene Seaman, HRA Coordinator
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Peoria, IL 61602

12/22/2014

Re: HRA No. 15-090-9007

Dear Mr. Seaman and Board Members:

Enclosed, please find the written response to case number HRA-090-9007. We have chosen to show our response by highlighting the changes recommended in our policies in red. We believe our response will provide you evidence of actions taken, including revision of policies and staff training to address the findings.

Please feel free to contact me if you have any additional concerns or questions.

Sincerely,

Jeffrey M. Dean
President/CEO
Gateway Services, Inc.