

# ***A GUIDE FOR ENSURING SUPPORTS & SERVICES IN THE COMMUNITY***

## **THE LANTERMAN ACT OF 34502.1 STATES THAT.....**

**The rights of individuals with developmental disabilities to make choices in their own lives requires that all private or public agencies receiving state funds for the purpose of serving persons with developmental disabilities including but not limited to regional centers, shall respect the choices made by the consumers or where appropriate, their parents, legal guardian or conservator.**

## **A Guide for Ensuring Supports & Services in the Community**

Every IPP should include a comprehensive list of supports and services needed by your loved one in order to live successfully whether at the Developmental Center or in the community. The regional centers are required to provide equivalent care and services when clients move, so it is **vital to identify those services ahead of time, and demand that they be in place before your family member leaves the Developmental Center.**

The following questions are designed to assist and educate families as they consider potential community placements. **They are not meant to promote, or discourage, community placement.** Questions may vary according to each client's needs and family preferences.

### **GROUP HOME OPERATOR:**

1. **Is the home rented or owned?**

**By whom?**

**How long is the lease?**

2. **Is the owner a non-profit or for-profit entity?**

3. **How long has the provider been in business?**

4. **Does the provider operate any other facilities?**

5. **How is the home funded?**

**What is the *per diem* per client?**

6. **Is the home currently licensed?**

**By Whom? Can we see, or get a copy of the license?**

**Is home licensed for hospice care? Can we see license? Get a copy?**

**For how many clients?**

7. How often is the home inspected?

By whom:

What was the date of the last inspection?

Are inspection reports available to families?

8. Who is responsible for home maintenance?

9. What insurance (property, liability, etc) does the owner/operator carry? Can we get a copy of the insurance policy?

10. Has there been any remodeling work done recently to make the handicapped accessible, for instance. When was it completed?

11. Was a fire clearance granted after the remodeling work was done?

12. Was the work done with building permits?

## THE HOME:

1. How many bedrooms?

Single or double occupancy?

How many bathrooms?

2. Smoke alarms or fire sprinklers in every bedroom? In working condition?

3. Are there at least two emergency exits?

4. Is the front/back yard properly secured?

5. **Is the home designed with break-resistant glass and furniture?**
  
6. **Are there safety locks on the doors?**
  
7. **Are medications and hazardous materials properly locked?**
  
8. **Are wheelchair ramps properly installed?**
  
9. **Are hallways and living spaces large enough to comfortably maneuver a wheelchair?**
  
10. **Are the bathrooms equipped with hand rails? Shower chairs with seatbelts?**
  
11. **Do the bedrooms have Hospital Beds with side rails?**
  
12. **Is there the opportunity for regular physical exercise on-site?**
  
13. **How far is the home from:**  
  
**The day program?**  
  
**Hospital?**  
  
**Recreational facilities?**
  
14. **Is transportation headquartered at the residence?**  
  
**Is the staff appropriately licensed to operate vans?**  
  
**Does the vehicle(s) have a wheelchair lift?**
  
15. **Phone number of home**

16. Phone number of main office?

17. Size of lot?

Square feet of lot?

18. Distance of home from Conservators home?

### **GROUP HOME STAFF**

1. What is the client/staff ratio?

For night shift? (24-hour awake staff)

For Weekends and holidays?

How are staffing needs managed in case of sick days, vacations, or emergencies?

What is the arrangement for staff coverage when a client needs to go to the doctor/dentist, etc.?

What happens if it is an urgent or emergency situation? How is adequate staffing ensured for any clients remaining in the home?

2. What are the educational/training requirements for staff?

3. Are there any R.N.'s on staff in the home? What are their hours? Is there R.N. coverage 24/7?

I need to see the certification of the RN.

4. Are there any Psychiatric Technicians on staff in the home? What are their hours? Is there Psych Tech coverage 24/7?

5. How often does a physician visit the home?

In between physician visits which technician has the responsibility to recognize a problem and contact an RN or a DR?

6. Have all employees had proper health screening?

7. Are all employees subject to a criminal background check? Fingerprinting?

8. Have any of the group home staff ever been convicted of a sexual offense?

9. Does any of the current staff have a criminal record?

10. How many years of experience does each staff member have in caring for mentally/physically disabled clients?

11. Is a staff roster available? Does the roster include hire dates and turnover rate?

Names/education/job title/licensing/salary range of each full time staff member:

1.

2.

3.

4.

5.

6.

7.

8.

9

10.

**12. Is there a benefit package?**

**13. Is staff fluent in the primary language of the family**

**Able to use American Sign Language**

**14. Is staff properly trained in the following areas:**

**Choking procedures?**

**Seizure control?**

**Administration of medications?**

**Basic nursing care?**

**15. Is staff physically able to perform behavioral interventions? What is the procedure if a client becomes violent?**

**16. How often are client-focused "team meetings" and IPPs held?**

**Are families invited to participate?**

**Are sample reports available?**

## **NEIGHBORHOOD**

**1. Is the area safe from excessive traffic?**

**2. Is the home in a low-crime residential area?**

**3. Are there wheelchair cuts in the sidewalks?**

## **OTHER CLIENTS**

1. Is there an appropriate matching of:

Age?

Gender?

Medical and behavioral conditions?

2. Do clients appear to interact well with each other?

3. Do clients have adequate privacy and "personal time"?

4. Are clients able to keep/avoid pets?

## **FOOD PREPARATION**

1. Who controls the menu?

3. Does the home have a dietician or food consultant?

4. Is the kitchen equipment adequate for the size of the home?

5. Is the kitchen clean and well maintained?

6. Are the refrigerator, freezer, and pantry adequately stocked?

7. What about ground meals?

## **MONEY MANAGEMENT**

1. How are client funds handled?

2. **Who is the representative payee?**
3. **Who is responsible for buying clothing and personal hygiene items?**
4. **Do clients receive a regular "allowance" for personal shopping?**
5. **Are client account balances available to families?**

## **HUMAN RIGHTS POLICIES**

1. **How are family concerns handled and addressed?**

**Who is the person to contact when a concern arises?**

**Is that person an employee of the home, or an independent overseer?**

2. **Can families contact other client families, if permission is given by those families?**
3. **What is the policy for unannounced visits?**
4. **Is there an Ombudsman notice posted? (How to report abuse)**
5. **Does the home have an advocacy committee?**

**How often does it meet?**

**Who are the members?**

**Are reports available from the most recent meeting?**

6. **Are inspection reports from overseeing agencies (Community Care Licensing, Fire, Public Health, etc.) available to the public?**

7. If there were any previous violations, how long did it take to correct them?

## **DISCHARGE POLICIES**

1. For what reason(s) could a client be involuntarily discharged from the home?

2. Who makes decisions on discharge?

Does the family have a meaningful role in this process?

3. If the home closes for any reason, what happens to the client?

4. If the family finds a more suitable placement, what is the policy for transfer?

5. How long can a client be on "furlough" from the home (medical, family vacation)?

How often?

6. Is there a written "due process" policy for the above situations?

7. What is the age range for clients? What happens if client reaches the end of the age range?

## **MEDICAL SERVICES**

1. Who administers medications?

2. How often are clients given medical and dental check-ups?

3. What clinic(s) will be used?

Name of regular Doctor?

**Name of Dentist?**

**Name of Orthopedist?**

**Name of other Doctor(s) and their specialties who will treat residents?**

**4. Are the appropriate specialists (podiatry, psychology) available?**

**5. How are medical emergencies handled?**

**6. If hospital care is needed, which hospital will be used?**

**How far is it from the home?**

**7. Who will provide convalescent services after surgery or illness?**

**8. Who will pay for non-medicaid eligible services?**

**9. Use the following checklist to identify the professional medical services required by your family member:**

Physician       Ophthalmologist (Eyes)       Dermatologist

Dentist       Audiologist (Hearing)       Dietician

Psychiatrist       Osteopath       Podiatrist

Psychologist       Cardiologist       Gynecologist

Neurologist       Assistive Technology       Other

**10. What on-site rehabilitation services are available?**

Speech Therapist       Physical Therapist       Rehabilitation Therapist

## **DAY, VOCATIONAL, AND RECREATIONAL PROGRAMS**

**1. What Day Programs will the clients attend? How far is it from the home?**

**Is there a choice?**

**What kind of activities are there? Is there a sufficient range of activities?**

**Are the activities appropriate for your family member?**

**Do all clients attend the same program?**

**How is transportation provided?**

**2. How long is the program day?**

**How many days per week?**

**3. What is the staffing ratio?**

**4. What kind of licenses does the Day Program staff hold? What is the staff pay scale?**

**5. What evening programs are available?**

**6. What is the goal of the Program (new skills, independence, employment, etc)?**

**Was your family member assessed to make sure these goals are realistic?**

**How frequently is client progress evaluated?**

7. Use the above questions (1-7) for all other Recreational and Vocational programs, and use the following checklist to identify the activities that are important to your family member.

- |  |   |
|--|---|
| <input type="checkbox"/> Physical Therapy    | <input type="checkbox"/> Indoor/Outdoor, Activities |
| <input type="checkbox"/> Swimming            | <input type="checkbox"/> Special Olympics           |
| <input type="checkbox"/> Dance               | <input type="checkbox"/> Special Camps              |
| <input type="checkbox"/> Music               | <input type="checkbox"/> Community Outings          |
| <input type="checkbox"/> Personal Tutor      | <input type="checkbox"/> Church Services            |
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Exercise Options           |
| <input type="checkbox"/> Speech Therapy      |   |

### **COMMUNITY ACTIVITIES**

1. What Community Activities are available?
2. How often?
3. What volunteer services are available to interact with client (in addition to paid staff)?

### **EDUCATION**

*(Clients under 21 years of age are entitled to education under Federal Law.)*

1. What school will the client attend?
2. How many students in the classroom?
3. Is this a special needs or "mainstream" classroom
4. Is the teacher certified in special education?
5. What other services are offered?

6. How long is the school year?

What happens during vacation periods?

7. Are transportation and meals provided?

\*\*\*\*\*

**SPECIAL FOOTNOTES**

1. The regional center representative and the public defender should meet with the disabled client personally.

2. The following statement should be included in the clients IPP:

**To the attention of the Unit Supervisor:**

**No person is to take my child (name) off the premises of Fairview Developmental Center without the permission of the parent or conservator for any reason except a medical or physical emergency (fire or earthquake) with the exception of a recreational outing.**

\*\*\*\*\*