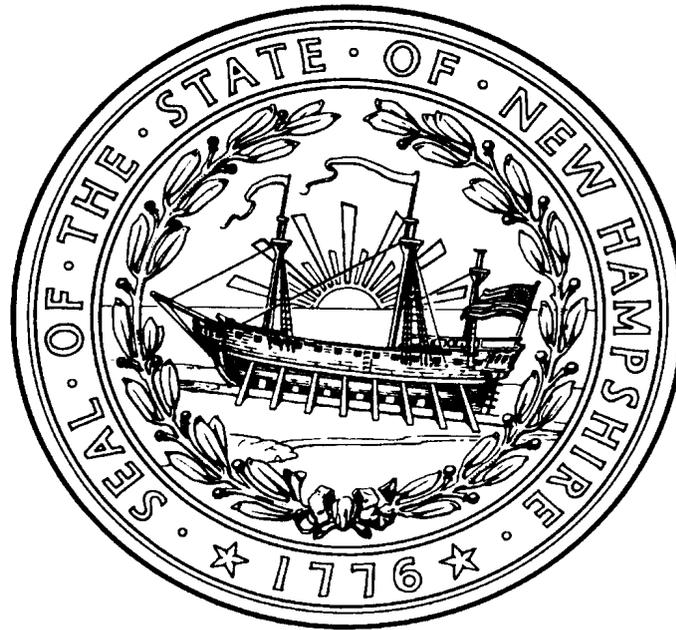


MOORE CENTER SERVICES, INC.

REGION VII

REDESIGNATION REVIEW



CONDUCTED BY:

THE BUREAU OF DEVELOPMENTAL SERVICES
Matthew Ertas, Bureau Administrator

THE DIVISION OF COMMUNITY BASED CARE SERVICES
Nancy L. Rollins, Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Nicholas A. Toumpas, Commissioner

APRIL 2008



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES

BUREAU OF DEVELOPMENTAL SERVICES

Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Director

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April 3, 2008

Newton Kershaw, Jr., Chair, Board of Directors
Paul Boynton, Executive Director
Moore Center Services, Inc.
195 McGregor Street, Unit 400
Manchester, New Hampshire 03102

Dear Newton & Paul:

As you know, the Bureau of Developmental Services has recently concluded its redesignation review in Region VII as required by the State Rule, He-M 505, Establishment and Operation of Area Agencies. The review focused on eight indicators of successful area agency operations: mission; rights, health and safety; choice, control and satisfaction; individual and family/guardian involvement; system of quality improvement; governance and administration; budget development and fiscal health; and compliance. I would like to thank all of the people associated with Moore Center Services, Inc. for their cooperation in assisting the Bureau in carrying out this important process. The redesignation team is particularly grateful for the assistance given by Cindy Pinder and Maureen Rose-Julian who made every effort to see that meetings were scheduled and that materials were available for the team's use.

It is my pleasure to inform you that Moore Center Services, Inc. has been approved for redesignation for the period of October 1, 2007 through September 30, 2012. The Bureau recognizes your agency's efforts on behalf of persons with developmental disabilities and acquired brain disorders and their families and is pleased that you are a part of New Hampshire's service delivery system.

The results of the redesignation review are contained in the attached narrative report. Please share it with the local stakeholders. Where recommendations have been made, please work with the appropriate parties regionally to consider how to improve the areas highlighted. If appropriate, please add areas of recommendation to your Biennial Plan. Finally, if support from the Bureau could be helpful in addressing any of these areas, please let us know how we could be of assistance. [Note that we are also sending you an extensive attachment, which lists all of the specific findings of the redesignation team. We hope that you will find this as a useful source document.]

Newton Kershaw, Jr. & Paul Boynton
April 3, 2008
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Again, thank you for your contribution to New Hampshire's community-based service system and to the lives of persons with developmental disabilities and acquired brain disorders and their families.

Sincerely,



Matthew Ertas
Bureau Administrator

Enclosures

cc: Nicholas A. Toumpas, Commissioner
Nancy L. Rollins, Director

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Bureau of Developmental Services

DATE: Monday, March 31, 2008

TO: Matthew Ertas, Bureau Administrator
Bureau of Developmental Services

FROM: John T. Capuco, Psy.D.
Redesignation Team Leader for Region 7
Moore Center Services, Inc.

RE: Redesignation Review, Region 7, 2007

On June 25, 2007, Region 7, Moore Center Services, Inc., requested redesignation as the area agency that provides services to individuals with developmental disabilities and acquired brain disorders in Region 7.

During September, October, November and December of 2007, a team of Bureau staff reviewed the services provided by the area agency. The team was comprised of Kaarla Weston, Kenneth Lindberg, Barbara Joyce Reed, Joyce Butterworth, Carolyn Stiles, Fredda Osman and me as team leader. Robert Landry conducted interviews with management staff of the agency's adult services sub-contract agencies and Jane Iarussi compiled and tabulated survey data. Fredda Osman conducted phone interviews with cooperating agencies and Carolyn Stiles conducted phone interviews with ESS families. The narrative report of our findings was written by Jeanne Cusson with input from the redesignation team.

Attached please find:

- ❖ A list of activities associated with the review process
- ❖ A source document containing bullets substantiating material used in reaching our conclusions
- ❖ A narrative report of our findings

The redesignation team wishes to recognize and thank Cindy Pinder for her coordination of the team's activities. Cindy's flexibility, organizational skills and positive and helpful approach truly facilitated the work of the redesignation team. We would also like to thank Maureen Rose Julian for her prompt responds to the team's questions and inquires. We also wish to thank the agency's Board of Directors, Family Support Council and the region's Self-Advocacy Groups, Fun and Friends and Action Team 7, for sharing their valuable perspectives on the work of the agency.

If approved, the agency's redesignation would extend from October 1, 2007 through September 30, 2012 or, if conditionally approved, any time therein. The review team has agreed to meet with the Board of Directors, agency staff and other individuals or groups that the agency wishes to invite to discuss our findings and answer questions.

Please contact me or any other team member if you require additional information.

Components of the 2007 Redesignation Review in Region 7

The redesignation review process in Region 7 included:

- Review of Region 7's Biennial Plan for fiscal years 2002 & 2003, 2004 & 2005, 2006 & 2007.
- Review of the area agency mission and vision statements and organizational chart.
- Review of the rosters of the Board of Directors, Board Committees, Family Support Council and the Self-Advocacy Groups, Fun and Friends and Action Team 7.
- Review of the Bureau's summary reports of the Adult Consumer Outcomes Surveys (ACOS) for fiscal years 2003, 2004, 2005, 2006 and 2007 and review of aggregate data for Adult Consumer Outcome Surveys collected from fiscal years 2003-2007.
- Review of Employment data collected as part of the Department's Employment Advisory Group during calendar year 2006.
- Review of Bureau of Health Facilities Administration program certification data from 2003-2007.
- Review of 2007 Complaint Investigator Summary
- Review of the 2005, 2006 & 2007 In Home Support Program audits.
- Review of the 2004 Region 7 He-M 521 Services report.
- Review of Early Supports and Services Family Outcomes data collected in calendar years 2006 and 2007.
- Review of results of a written survey of parents and guardians conducted by the redesignation team in collaboration with the area agency in September 2007 (153 respondents).
- Review of New Hampshire Developmental Services Family Survey conducted by the Community Support Network Inc. (CSNI) for the years 2003, 2005 & 2007.
- Review of results of written surveys of the following:
 - ❖ Area agency Service Coordinators (6 respondents)
 - ❖ Area agency Family Support Staff (10 respondent)
 - ❖ Direct Service Providers (45 respondents)
 - ❖ Home Providers (59 respondents)
 - ❖ Early Supports and Services direct service providers (10 respondents)
- A review of financial audits of the area agency.
- A review of 15 service agreements at the Region 7 office September 17, 2007.
- An onsite visit of the Moore Center Services Day Program on November 20, 2007.
- An interview conducted by the review team with the Region 7 Board of Directors on October 23, 2007.
- An interview conducted by the review team with the Region 7 Family Support Council on October 2, 2007.
- An interview conducted by the review team with the Service Coordination Staff on September 19, 2007.
- An interview conducted by the review team with the Family Support Staff on September 19, 2007.

- An interview conducted by the review team with the Region 7 Management Team (Senior Leadership Team) on October 9, 2007.
- An interview conducted by the redesignation team with Region 7 sub-contract Agency Nurse Trainers on October 15, 2007.
- An interview conducted by the redesignation team with the Fun and Friends Self-Advocacy Group on September 26, 2007.
- An interview conducted by the redesignation team with the Action Team 7 Self-Advocacy Group on October 9, 2007.
- An interview with the Director of Quality Improvement by selected members of the redesignation team.
- An interview with the Complaint Investigator by selected members of the redesignation team.
- An interview with the Human Rights Committee liaison by selected members of the redesignation team.
- An interview with the Training Coordinator by selected members of the redesignation team.
- Interviews with management team staff of 12 adult and 1 Early Supports and Services sub-contract agencies.
- Attendance at a family forum on September 29, 2007 at Camp Allen, Bedford, NH following the Region 7 Family Support Picnic.
- Phone interviews with 9 agencies identified to the redesignation team by Region 7 as Cooperating Agencies in providing supports and services.
- A review of the agency's Fiscal Policies was conducted by a member of the Department's Office of Improvement and Integrity.
- Review of documentation, including:
 - ❖ Area agency policies and procedures
 - ❖ Job descriptions of key personnel
 - ❖ Board of Directors Orientation manual
 - ❖ Board of Directors meeting minutes
 - ❖ Management Team meeting minutes
 - ❖ Human Rights Committee meeting minutes
 - ❖ Training curricula
 - ❖ Data regarding complaint investigations
 - ❖ Data regarding medication administration occurrences
 - ❖ Human Rights information
 - ❖ Moore Center Services Written Plan For Quality Assessment and Improvement
 - ❖ Area agency Newsletters
 - ❖ Area agency Brochures
 - ❖ Area agency Website

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I. MISSION

- I. The area agency demonstrates, through its services and supports, a commitment to a mission that embraces and emphasizes active community membership and inclusion for persons with disabilities.**

Expectations:

The area agency is unequivocal in its mission: supporting people who have a disability in being valued members of their communities, and educating communities to recognize the value of individuals who have a disability. Individuals who receive services in the region and/or their families and guardians have a clear understanding of the mission and its implications. All staff members of the area agency and of its provider agencies are committed to this common mission and understand the purpose of their work.

- I.1 The area agency mission articulates a commitment to community membership and inclusion for people with disabilities.**
- I.2 Individuals, families/guardians, and collaborating agencies are aware of the mission of community membership and inclusion for people with disabilities.**
- I.3 The area agency and its subcontract agencies staff, including all direct service providers, are aware of the mission of community membership and inclusion for people with disabilities, work to support individuals and their families in developing and maintaining relationships with family, friends, and community members.**
- I.4 The area agency focuses on providing inclusive opportunities in all service arrangements.**
- I.5 The area agency supports individuals to participate in paid employment, volunteering and being members of community organizations, as they choose.**

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II. RIGHTS, HEALTH AND SAFETY

II. The area agency, through multiple means, demonstrates its commitment to individual rights, health and safety.

Expectations:

The area agency has systems in place to promote the health and well being of the individuals who receive services. It is proactive in its efforts to protect individuals from abuse, neglect, and exploitation; and, when there are rights violations or questionable injuries, these are thoroughly investigated and the information is used to prevent future occurrences. Individuals, families, guardians and service providers receive on-going training regarding rights, rights' protection, health promotion, and safety.

- II.1 The area agency has policies and processes to ensure that individual rights protection, health care needs, safety and emergency situations are addressed.
- II.2 Individuals and families/guardians have been made aware of their rights, health care information, and safeguards and understand them.
- II.3 The area agency supports the individual's right to engage in meaningful activities during day and residential services, as evidenced in service agreements and progress notes.
- II.4 The area agency assures that trainings for staff, providers, subcontract agencies, individuals, self-advocacy groups and families/guardians include information on rights protection, Basic Health Observation Guidelines, safety measures, healthcare needs, and emergency situations.
- II.5 The area agency uses an effective complaint process, which includes follow-up on an individual and system-wide basis.
- II.6 Individuals and families express a feeling of safety and well-being.
- II.7 The area agency has a Human Rights Committee that provides oversight regarding rights, health care needs, and safeguards.

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III. CHOICE, CONTROL AND SATISFACTION

III The area agency provides individuals and families with information and supports to design and direct their services in accordance with their needs, preferences, and capacities and to decide who will provide them.

Expectations:

The unique needs, strengths and preferences of individuals and families are acknowledged, respected and supported. Individuals and families/guardians have the knowledge, authority and support they need to direct and manage their supports and services and to decide who will provide them. Supports and services are designed to address the needs of individuals and their families, and to improve the quality of their lives.

- III.1 Individuals and families/guardians are given information to help them understand their rights and responsibilities to plan, direct and manage their services and resources.**
- III.2 Services and goals are customized and reflect individual and family/guardian choices.**
- III.3 Individuals and families are supported to reach their goals.**
- III.4 Individuals and families/guardians are satisfied with the type of service options offered to them and the quality of services provided.**

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IV. INDIVIDUAL AND FAMILY/GUARDIAN INVOLVEMENT

IV. The area agency involves those who use its services in regional planning, system design and development.

Expectations:

The area agency believes that people who need and/or receive services have the greatest investment in and understanding of how those services should be designed and provided. Individuals and families/guardians are invited, welcomed, and supported as full participants in system planning and decision-making. The opinions of individuals and families/guardians are continuously sought to inform policy making and system improvement. Financial and other assistance is available to enable individuals and families/guardians to play leadership roles and participate in all activities that affect them.

IV.1 Individuals and families/guardians are made aware of area agency activities and committees, including the ones related to regional planning and quality improvement. They are invited, supported and valued as participants.

IV.2 Individuals and families/guardians receive information from the area agency regarding proposed or implemented changes in regional and/or statewide services.

IV.3 - Family Support Council members are invited and supported to participate in the agency's planning regarding overall availability, accessibility and quality of services, budget development, and waiting lists. Their participation is valued by the area agency.

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V. SYSTEM OF QUALITY IMPROVEMENT

- V. The area agency continuously assesses and improves the quality of its services and ensures that the recipients of services are satisfied with the assistance that they receive.

Expectations:

There is a resolute and continuous commitment to excellence and quality improvement. The area agency is committed to assessing the quality of services on an ongoing basis and is accountable to individuals and families who receive services. Individuals, families, as well as others are active partners in evaluating system quality and provider performance. There is continuous evaluation and improvement of services and supports to achieve better outcomes for individuals and families.

- V.1 The area agency and its subcontract agencies have policies and processes related to ongoing quality assessment and improvement. Ongoing inquiry regarding individual and family/guardian satisfaction is a common practice of the area agency and its subcontract agencies.
- V.2 The area agency and its subcontract agencies share the results of quality assessments and utilize the information to improve services, operations, and personnel development.
- V.3 The area agency provides effective follow-up if there is no progress in service agreement implementation.

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VI. GOVERNANCE AND ADMINISTRATION

- VI. The area agency Board of Directors and the Management Team demonstrate effective governance, administration and oversight of the area agency staff, providers, and if applicable, subcontract agencies.**

Expectations:

The area agency Board of Directors and Management Team play crucial leadership roles in administering an effective regional service system. A well informed and active Board and Management Team fulfill their responsibilities by engaging in and promoting effective communication with and among all stakeholders in the agency and region, achieving quality services, individual/family/guardian satisfaction, and employing a well trained, supported and supervised work force. The Board and Management Team engage in activities to enhance the area agency's association with the community at-large on behalf of individuals with disabilities.

- VI.1 The area agency policies, procedures, bylaws, organizational chart and job descriptions reflect current agency practices.**
- VI.2 The area agency Board of Directors and Management Team members receive orientation and ongoing training regarding their roles and responsibilities, as well as new regional and/or statewide initiatives.**
- VI.3 The Board of Directors and Management Team provide oversight and leadership to achieve individual safeguards, quality services and individual and family/guardian satisfaction.**
- VI.4 The management team provides effective communication, supervision and support to staff, providers and subcontract agencies.**
- VI.5 The area agency engages in community outreach and public education efforts regarding its services and mission.**
- VI.6 The area agency provides organizational supports for and has a collaborative relationship with the Family Support Council and the local self-advocacy group.**
- VI.7 The area agency and its subcontract agencies support staff orientation and ongoing training; and the area agency requires that subcontract agencies provide orientation and ongoing training consistent with area agency practices.**

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VII. BUDGET DEVELOPMENT AND FISCAL HEALTH

VII. The area agency is fiscally sound, manages resources effectively to support its mission and utilizes generic community resources and proactive supports in assisting people.

Expectations:

The Management Team and Board of Directors provide leadership in achieving financial health in the pursuit of the area agency mission. The agency's resource allocation, budget oversight, and billing procedures reflect sound fiscal management. The development and management of the agency and individual budgets are achieved through the involvement of appropriate stakeholders. The agency reviews its fiscal status on an ongoing basis, maintains good financial health and considers cost effectiveness in resource allocation. In responding to requests from individuals and families/guardians for assistance, the area agency draws on generic community supports and services as key resources to enhance its own funding, including its efforts to address the needs of those who are on waiting lists.

- VII.1 The area agency has policies and procedures to ensure sound fiscal management and financial health.**
- VII.2 The area agency Management Team members are involved in regional budget development.**
- VII.3 The area agency and its subcontract agencies seek input from appropriate staff and providers in developing and managing budgets.**
- VII.4 The area agency manages its resources to address waiting list needs.**
- VII.5 The area agency seeks and utilizes other/generic sources of revenue to enhance its financial resources.**
- VII.6 The area agency is financially sound and manages its fiscal resources effectively and efficiently.**
- VII.7 The area agency demonstrates a commitment to proactive supports and services to reduce the need for or intensity of long-term services.**

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VIII. COMPLIANCE

VIII. The area agency complies, along with its subcontractors, if applicable, with state and federal requirements.

Expectations:

The area agency and its subcontract agencies are knowledgeable of and in compliance with the basic state and federal standards regarding services. The area agency and its subcontract agencies fulfill requirements regarding certification of day and residential services, medication administration, determination of eligibility for area agency services, establishment of service agreements for each person being served, authorization for Medicaid's Community Care Waiver funding stream, provision of Family Support and Early Supports and Services, and management of waiting lists. The area agency and its subcontract agencies also submit to the Division requested information and data regarding services provided under the contracts with the State.

VIII.1 The area agency and its subcontract agencies comply with all applicable federal and state laws and regulations.

VIII.2 The area agency and its subcontract agencies comply with the Division of Developmental Services' requests for information and data that are accurate, timely and in correct format.

MISSION

Expectations:

The area agency is unequivocal in its mission: supporting people who have a disability in being valued members of their communities, and educating communities to recognize the value of individuals who have a disability. Individuals who receive services in the region and/or their families and guardians have a clear understanding of the mission and its implications. All staff members of the area agency and of its provider agencies are committed to this common mission and understand the purpose of their work.

"The mission of Moore Center Services is to empower and support individuals with developmental disabilities and acquired brain disorders, thereby enriching the lives of everyone in our community."

The area agency mission is prominently displayed on its web site and on laminated cards that are distributed to all staff. The agency's tag line—"to create opportunities for a good life"—was not only repeated often in the Board of Directors and Management Team forums, but it also appears in newsletters, brochures and on other printed matter. The agency believes that supporting someone to have "a good life" is something everyone in the community can understand and relate to. The agency's vision statement refers to creating "a model community that provides client-driven, continuously improving services which are responsive to the needs of people with developmental disabilities and others we serve."

Other community agencies in the greater Manchester area are aware of Moore Center Services (MCS) and the work that the agency does. They reported that they see people being supported in the community and are aware of the agency's mission to help people participate in community life. Some agencies noted that they are approached by the area agency for funds to assist in its work. The area agency has a high profile in the region.

Based on the results of individual, family and staff surveys and information obtained during forums, the majority of individuals who receive services are supported to develop and maintain relationships. A number of the individuals interviewed in the Adult Outcomes surveys from 2003-2007 reported that they belonged to clubs, and attended church services regularly or occasionally. They also reported participating in community recreational activities and cultural activities like going to the movies.

During the redesignation period, the Bureau of Developmental Services conducted a review of employment for people who received developmental services across the State. The average number of hours worked per week for individuals supported by MCS has remained consistent from FY 2002-2006, at 14.5 hours, which is better than the statewide average of 11 hours. The average number of employed individuals in Region 7 during that time was 35%, compared to the statewide average of 47%. Employment data reported to the Bureau by the area agency from June 2003 through June 2007 indicates that the number of individuals employed in integrated settings has remained steady over this period, with 109 employed in 2003 and 108 in 2007. The highest number of individuals employed was 121 in 2004. The average pay per hour has increased during the past five years, from \$4.37 per hour in 2002 to \$4.95 in 2006. However, it remains lower than the statewide average, which rose during that same time from \$5.51 per hour to \$5.82

Recommendation:

- Although the area agency has programming designed to improve its integrated employment outcomes, there is a need to raise the level of community awareness about the need for employment opportunities for individuals throughout the region. The area agency needs to continue its efforts to increase the number of individuals with paid integrated employment.

According to the Bureau's Adult Outcomes Survey, the number of individuals who say they volunteer has increased since 2002, from 33% to a high of 52% in 2006. In 2007, though, 38% of those interviewed reported volunteering. Importantly, though, the number of individuals not volunteering who indicated they would like to has decreased, from 50% who said they would like to have the opportunity to volunteer, to 100% in 2007, who said they did not volunteer and had no interest doing so. It would appear from these statistics that the agency is doing a better job at providing interested individuals the opportunity to volunteer in their communities.

The area agency has several initiatives to foster community relationships on behalf of individuals. One of these, called Team NH, began in early 2007. Its aim is to foster relationships with individuals who receive MCS services and students from Southern NH University. They attend sporting events together. The students have also held cookouts and pizza parties at team sporting events for these individuals. There is also an internship program with St. Anselm's College where three to five students per semester assist individuals to go out into the community. Area agency service coordinators and family support coordinators reported that individuals were assisted to participate in YMCA functions with free passes. The Family Support Council assists with gift cards for families, enabling them to attend Verizon shows, movies, and go to restaurants at reduced rates. While BDS is aware of the agency's day program challenges, the number of community initiatives deserves recognition. The area agency is encouraged to continue to pursue these choices in non-facility based settings.

The examples noted above are consistent with an agency whose mission is to assist people to be active participants in the community, build and maintain relationships, and focus on individualized meaningful activities. The language used in the mission statement should reflect the practices of the area agency, ensuring public awareness of the agency's commitment to integrated activities within the community. It is important to note that during the 2002 redesignation report MCS was formally asked to consider revising and updating its mission statement to add more emphasis to its efforts regarding inclusion. To date this has not occurred. Once again it is suggested that MCS revisit and rewrite their mission statement.

RIGHTS, HEALTH AND SAFETY

Expectations:

The area agency has systems in place to promote the health and well being of the individuals who receive services. It is proactive in its efforts to protect individuals from abuse, neglect, and exploitation; and, when there are rights violations or questionable injuries, these are thoroughly investigated and the information is used to prevent future occurrences. Individuals, families, guardians and service providers receive on-going training regarding rights, rights' protection, health promotion, and safety.

Individuals who receive services in the region feel that their health care needs are being addressed and they feel safe. These are the conclusions drawn from the redesignation review of multiple surveys of individuals, families and service providers. Results ranged from 82% to 97% satisfaction in these areas, with the former related to health care and the latter related to safety.

The area agency has up-to-date policies and procedures that delineate responsibilities for protecting individual rights and for promoting health maintenance. Yearly training for all staff, including subcontract agency staff, is mandatory for client rights, health & safety and fire safety.

In collaboration with the Manchester Community Mental Health Center, the area agency coordinates a behavioral health clinic for individuals who present with dual diagnosis and behavioral challenges. An area agency behavior specialist is available for on-site consultations as needed and service coordinators reported that, prior to drawing any conclusions about behavioral challenges, health issues and appropriateness of medications must be ruled out as possible causes. The area agency's Human Rights Committee reviews all behavior management plans, including those from subcontract agencies. Behavior Plans are reviewed quarterly for individuals who have medical issues or who are elderly. The Committee also does a monthly review of any medication errors related to these individuals.

In preparation for possible general emergencies, both the area agency and its subcontract agencies have Disaster Plan procedures and there are individual emergency plans for each adult who receives services. Individuals also have a portable information file listing essential information such as allergies to medications. To address any contingencies and provide clear guidance, each staffed residence has an emergency-staffing plan. In the Fall of 2007, the area agency hosted a full-day disaster preparedness conference that featured a panel of speakers experienced in evacuating individuals with developmental disabilities during Hurricane Katrina.

The area agency is committed to the education of all staff. For the past several years the agency has invested in on-line trainings for direct service staff throughout the region. The College of Direct Support has provided educational opportunities to many staff at any time that suits their work and personal schedules. There are courses on health, positive behavioral supports, recognizing maltreatment of vulnerable people and individual rights and choice. It will be important to track data related to longevity and staff satisfaction during the subsequent years in order to demonstrate the effectiveness of this commitment.

The agency has established protocols for identifying and reviewing the health status of all individuals who are frail or elderly. Nursing staff meet quarterly with service coordinators to monitor the health of these individuals and a nurse is available on call 24/7 to address any

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concerns. Agency nurses also attend all service agreement meetings for individuals who have complex medical needs. During their redesignation interview, service coordinators confirmed that they have regular consultations with nursing staff to ensure effective oversight of the health care of these individuals. Currently between 85-100 individuals are monitored for their health care and safety needs. The agency has also worked in collaboration with a local hospital to support a dental clinic where individuals who are on Medicaid can receive the dental care they need.

Consideration: The agency has succeeded in identifying and monitoring the health care of all individuals who have more extensive medical needs. It is suggested that this practice be expanded to include all adults who receive services by incorporating into the service agreement review process the Annual Health Screening for individuals who have a developmental disability.

Awareness of rights and how to protect these rights is an important safeguard for all individuals and their families. Although the vast majority of families reported in surveys and during the redesignation Family Forum that they were informed of individual rights in the service system, several of the 14 family members who attended the forum said that they were not aware of the formal complaint process. Information gleaned from the Adult Outcome Surveys from 2003-2007 also indicated that many were not aware of the complaint procedure, with 62% of the individuals responding that they did not know that they could file a complaint. In contrast, according to the Family Survey 80% of the families surveyed were aware of the complaint process. Similarly, greater than 98% of all direct service providers, home providers and service coordinators indicated that they knew what to do when an individual's rights were violated. A survey of families that receive Early Supports and Services reflected a high percentage (43%) who did not know whom to contact if there was a disagreement about the supports and services provided.

Consideration: As a result of the above the area agency should review how rights information is presented and consider a variety of ways, such as role playing, presenting meaningful examples, and frequent conversations, to explain rights and the complaint process.

A portion of the redesignation review involves individual chart reviews. A sampling of 15 charts was examined, with particular attention paid to how service agreements and documentation of service provision gave evidence of individuals' involvement in meaningful community activities. One of the charts told the story of a young woman with an acquired brain disorder whose goal was to live independently in the community. This was an important life goal for her and over the next two years she was supported to take the steps needed to achieve it. It was a major accomplishment and a credit to the agency for helping her overcome all the challenges to gaining the level of independence she envisioned. In a number of charts, however, there was evidence that people's goals were general and broad, and not related to any meaningful community activity. Progress notes for day services did not reflect work on goals nor did they document any community interaction with the exception of interacting with peers after lunch. One weekly activity schedule had an individual reading the newspaper 15 hours a week and another had 15 hours of accessing the mall per week.

Recommendation:

- Additional trainings are needed for staff on how to support people to have meaningful days. Trainings should include service coordinators who are responsible for monitoring service provision. Service planning sessions with individuals must have an added focus of improving weekly schedules to provide integrated and functional community based activities.

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The area agency complaint process has succeeded in resolving complaints both formally and informally. The complaint investigator attends the annual state of NH trainings for investigators and accesses on-line trainings on best practices for investigation through the University of Minnesota. The investigator suggested more statewide investigation trainings that focus on practical skills. Part of the agency complaint investigation process involves having agency nurses perform onsite visits.

The agency's Human Rights Committee is comprised of the Director of Quality, the Complaint Investigator, the Director of Family Support, the Nursing Supervisor, and a family member. Members of the community such as mental health therapists, or police officers are invited to participate on an as-needed basis. The Committee, which meets bi-weekly, is actively engaged in reviewing behavior management plans and incident reports. The agency trains staff in Management of Aggressive Behaviors (MOAB), and the Committee requests demonstrations by a behavior specialist of any plan that incorporates MOAB techniques.

It is evident that the Moore Center has systems in place to protect the rights of individuals and families who receive services in the region. There are some excellent practices among these. The considerations and recommendation are intended to improve and expand on these efforts.

CHOICE, CONTROL AND SATISFACTION

Expectations:

The unique needs, strengths and preferences of individuals and families are acknowledged, respected and supported. Individuals and families/guardians have the knowledge, authority and support they need to direct and manage their supports and services and to decide who will provide them. Supports and services are designed to address the needs of individuals and their families, and to improve the quality of their lives.

Choice, control and satisfaction with services were assessed primarily through individual and family surveys and forums, and staff surveys. Additional information was provided during interviews with the area agency Management Team, service coordinators and family support staff.

Providing information to individuals and families about the services and resources available to them begins at the time of the intake interview and continues as needed through service coordinators and family support staff. Currently there are two transition coordinators who focus solely on the 14-21 age group and attend school planning meetings routinely, whereas in previous years service coordinators would attend only when called upon for children with complex needs. For adult services, service coordinators provide individuals and families with information about a variety of subcontract agencies. They then visit these agencies with individuals and families prior to their selecting a service provider. Families who are eligible for Early Supports and Services are provided with information packets that include a number of brochures that outline the services and resources available to families.

The majority (83%) of those responding to family surveys conducted between 2003 and 2007 were satisfied with the information they received about community resources, estate planning, legislative updates and any changes in day or residential services. In these same surveys, however, families reported a lesser degree of satisfaction (70%) with the information they received about transitioning to adult services and about wait lists and the self-directed services option. The results obtained in a separate family survey conducted during the redesignation review confirmed that many families were not satisfied with the information they received about transitions and wait lists, with only 53% of respondents reporting affirmatively. During the redesignation family forum, families expressed both concern and frustration about the lack of information available to them, particularly regarding transitions, and self-directed services. They attributed this in part to the high turnover in service coordinators and the lack of consistency in the area agency newsletter both in format and distribution.

Consideration: The area agency has recognized and taken some steps to address the concerns that families have regarding transition to adult services. Based on the information gathered during the redesignation review communication is a primary issue. Families have clearly identified the need for consistent and well-informed service coordinators and regular publication of information about services and resources. Additional work is needed to improve communications, especially around critical issues such as transitions and wait lists.

There is one well-established self-advocacy group in Derry, New Hampshire. It is comprised of adolescents and young adults living at home with their families. A new group was formed in the Manchester area in 2007 and is in the process of defining itself. During individual interviews, as evidenced in the annual Adult Outcome Survey summary reports, the agency has been requested

to respond to the need for a self-advocacy group in the Manchester area. The Moore Center has started a number of self-advocacy groups in the Manchester area since the last redesignation report but has struggled with maintaining such a group and has recently provided greater administrative support. The current advocacy group is too new to be considered an established group but does show progress in this area.

Recommendation:

- The Area agency has over the past five years made efforts to start a self-advocacy group in Manchester but has been unsuccessful in maintaining them. The agency must continue to do all it can at this time to help self-advocates coalesce into a vital, active force in the region.

During the past several years there has been a marked increase in the region in the number of families and individuals who are directing their services, including making the decisions about how individual funds are spent. At the time of the last redesignation review no individuals utilized the consolidated services billing option for individual/family directed services. Currently there are 81 individuals utilizing this option and further, an additional 57 individuals participate in self-directed services while not utilizing the consolidated services billing option. The area agency Management Team also reports that the supports for individuals who live independently are now highly individualized. With regard to individuals' rights to select the staff that support them, results from the Bureau's Adult Outcome surveys conflicted with the results from the provider survey, with less than 30% in the Adult Outcomes survey responding affirmatively and 89% in the service provider survey responding affirmatively. During the Family Forum, several family members said that they were not aware that individuals and families could choose their service coordinator.

Consideration: The area agency has done an impressive amount of work over the past several years to expand self-directed services in the region. Since there are individuals and families who are unaware of self-directed services, there is a need to further publicize this option. For those who elect to remain in traditional services, there is a need to put mechanisms in place that will allow them to actively participate in the selection or hiring of their staff.

Goals identified in individual service agreements help to provide the framework for individualized services. Again, based on information obtained from family surveys, families reported a high degree of satisfaction with the way individual goals are developed, with their involvement in this process, with the way services are provided to enable individuals to reach their goals, and with the responsiveness of service coordinators (greater than 80% satisfaction). Families also reported that staff at all levels were respectful and adequately trained to provide services.

Overall individuals and families expressed satisfaction with services in the region, with an 86% average rating for services ranging from respite to residential supports. Most responses to the provision of assistive technology to individuals were equally affirmative, with the exception of communication technology where 39% of families and individuals indicated the need for some improvement.

Recommendations:

- Further assessment is needed to identify the obstacles to providing effective communication technology throughout the region. Most individuals and families are very satisfied with other types of assistive technology they receive, however, technology to

enhance communication for some individuals is critical to their quality of life. While the Bureau acknowledges that the number of individuals affected is small, given the critical nature of communication this remains an important issue.

Individuals receiving services reported having control and feeling satisfied in many, but not all areas of their lives. In the Adult Outcome Survey they expressed control and satisfaction regarding their daily schedule within their residence (92%), community activities (94%), how they spend their money (93%) and how they spend their day when not working or volunteering (99%). They expressed less choice when talking about where they live (57%), whom they live with (52%), and staff that work with them in their residences (8%) and in the community (29%). The Bureau recognizes the limitations that some individuals have in choosing where they live, whom they live with and who provides services to them, nonetheless, the vast majority liked where they lived (97%) and would not make any changes to their home indicating that the area agency is appropriately matching individuals with service providers.

Based on the information provided primarily by individuals and families in the region, overall the area agency has made significant progress promoting increased choice and control over services and in providing greater flexibility in services although continued efforts in this area are warranted.

INDIVIDUAL AND FAMILY/GUARDIAN INVOLVEMENT

Expectations:

The area agency believes that people who need and/or receive services have the greatest investment in and understanding of how those services should be designed and provided. Individuals and families/guardians are invited, welcomed, and supported as full participants in system planning and decision-making. The opinions of individuals and families/guardians are continuously sought to inform policy making and system improvement. Financial and other assistance is available to enable individuals and families/guardians to play leadership roles and participate in all activities that affect them.

The area agency has used a multi-media approach to disseminating information about its services and events and updating families about agency and statewide changes. There is a Moore Center Services web site; brochures are distributed to other agencies and health care providers; the agency newsletter is published regularly; email is used for legislative updates; and word-of-mouth at agency meetings.

The area agency newsletter, Connections, was published two to four times per year and distributed by mail until April 2007. Once the newsletter appeared on the agency's web site it was no longer mailed to families except upon request. During the past five years the newsletter has included many articles about area agency activities as well as information about statewide initiatives and events. In several newsletters between 2001 and 2005, invitations had been extended to families to participate in agency meetings such as the Family Support Council. Since 2005, however, there has been limited reference to opportunities to participate in planning and quality improvement initiatives. During the redesignation review the current newsletter was accessible on the Moore Center's web site, an attractive document that contains many links. The team, however, found it difficult to access the content of the newsletter. Also, based on information provided at the redesignation Family Forum, families who do not have access to the internet have not been kept informed about agency activities.

Consideration: During the redesignation review, the area agency was made aware of concerns noted by families about the lack of access to Connections and a decision has since been made to resume mailing the newsletter, demonstrating a positive response to family feedback. It is suggested that in future the area agency solicit input from individuals and families prior to implementing any procedural changes that have a broad impact on stakeholders.

Families are well represented on the agency's Board of Directors, with five out of the 15 Board members having a family member who receives services. Families are also well represented on Board committees, participating in four of the six standing committees. The area agency supports families to participate in meetings by offering respite upon request and by reimbursing transportation costs.

The Family Support Council provides an avenue for family input for policy review and feedback to the Board and Management Team. On one occasion the area agency Biennial Plan was revised to include a goal of expanding customer services based on feedback from the Council, demonstrating the Council's impact on agency planning. The agency supports the Council by providing administrative resources and by hiring a facilitator for Council meetings when the Council is working on establishing its goals. Council members have an open invitation to attend Board meetings and Board committee meetings. In order to maintain good communications, the

area agency VP of Individual and Family Services attends each meeting and the Executive Director attends Council meetings twice a year, and upon request.

During their redesignation forum, self-advocates reported that they received information about the agency during their advocacy meetings, from their individual service coordinators, and by accessing the agency web site. Individuals who receive services are invited to describe these services at Board of Directors' meetings. Time is allocated at the beginning of each meeting for one individual to describe the services he or she receives. It is a long-standing practice that is described as the "consumer moment" and it gives Board members the opportunity to meet individuals and to gain insight into the service delivery system from the consumer's perspective. There is, however, no individual who receives services on the Board of Directors. Nor is there any consumer representation on committees.

Consideration: It is clear that the area agency recognizes the value and contributions that individuals who receive supports make in the community. Increasingly other area agencies have included individuals on the Board of Directors and various agency committees. In that light, it is suggested that the area agency consider adopting this practice. The agency needs to recruit and support individuals who are interested in contributing to the agency's planning and oversight activities by becoming a member of the Board and/ or serving on key committees. This was also referenced in the 2002 Redesignation Report.

The area agency begins informing individuals and families about its services at the time of intake and throughout the time they receive services through their service coordinators. The agency web site is developing into a valuable tool to provide updated information about policy changes and events occurring in the region and statewide. The resumption of mailings of the agency newsletter, *Connections*, and the inclusion of updates about Committee work in this newsletter will ensure that all individuals and families have access to this important information. The support of individuals who receive services to become involved in planning and evaluation will add a critical dimension to the agency's work on empowerment.

The area agency has a number of key structures in place to communicate with and to receive feedback from families and individuals receiving services through the agency regarding the supports and services they receive. It is now time to move to the next level of involvement and begin to empower families and individuals to take a more active role in making key decisions that will inform policy making and system improvement.

SYSTEM OF QUALITY IMPROVEMENT

Expectations:

There is a resolute and continuous commitment to excellence and quality improvement. The area agency is committed to assessing the quality of services on an ongoing basis and is accountable to individuals and families who receive services. Individuals, families, as well as others are active partners in evaluating system quality and provider performance. There is continuous evaluation and improvement of services and supports to achieve better outcomes for individuals and families.

The area agency has an active internal Quality Improvement Committee that is responsible for oversight of all quality improvement initiatives in the region. The Committee has several subcommittees that focus on different aspects of service review such as Compliance with area agency mandates, Staff Growth and Development and Customer Service. A member of the Management Team, the Vice President of Individual and Family Services, serves as the Director of Quality, chairing the Quality Improvement Committee. This Committee submits reports routinely to the area agency Board and Management Team where recommendations are discussed and acted upon. The Committee's work is guided by written procedures entitled, "Moore Center Services Written Plan for Quality Assessment and Improvement."

Early Supports and Services (ESS) are provided by one subcontract agency in the region. All ESS providers who responded to the redesignation survey reported that they participated in the quality improvement process for these services and that their ideas about how to improve services were solicited. An area agency staff member reviews five to eight ESS records each month and is also involved in the yearly Bureau review of ESS. Annual family satisfaction surveys are analyzed and suggestions for change in the program are implemented. An example of this is the current emphasis on explaining family rights, resulting from input by families in previous surveys. The Program Director for the subcontractors attends monthly ESS Advisory Council meetings that include representatives from the community such as a staff member from a preschool and a family member. The Advisory Council surveys families and develops and monitors goals for the ESS program.

On average, 87% of home providers, direct service staff and service coordinators who responded to the redesignation survey indicated that they had been involved in discussions about improving the quality of services. Both area agency managers and subcontract agency managers are required to submit reports on certification deficiencies, significant incidents, medication errors and training records. The area agency nursing unit notifies the subcontractor program director whenever health and safety issues are identified in the information provided by subcontractors. This involvement has included in the past, placing a subcontractor on probation.

Area agency staff meet with subcontract agency managers quarterly. This provides a forum for the agency and its subcontractors to discuss any regional or statewide changes in policy and procedure and for the area agency to communicate requests of a general nature. Additionally, all vendors are subject to the same quality monitoring obligations which are clearly delineated in the area agency's contracts.

Although the area agency Management Team reports significant involvement of subcontractors in quality improvement initiatives and committee work, based on information provided during the

redesignation review this is not the perception of the majority of its subcontractors. Based on the information provided by subcontractors as well as by area agency staff, Moore Center Services assesses the quality of subcontractor services through service coordinator visits with individuals and staff and their review of individual progress notes and schedules. Subcontract agencies are also required to submit data on certification, incident reports and medication errors. Close to half of the interviewed subcontractors indicated that information was not shared, with the remaining indicating that a variety of information was shared. Individual agencies conduct their own quality improvement reviews through discussions at staff meetings, reviews of progress and incident reports, and customer surveys.

Recommendation:

- Given the mixed subcontract agencies responses above the area agency must engage its subcontractors in a discussion about its approach to regional quality improvement, the dissemination of related information, including contractual obligations with regard to the quality improvement processes.

The area agency's own quality improvement activities have resulted in several changes at the agency. Based on the results of family surveys, the area agency has improved its incident reports by requiring more specific information and by formalizing notification requirements. Based on concerns of the newly formed Self-advocacy group letters were sent to the Manchester Transit Authority requesting route changes. Based on safety assessments and satisfaction surveys, a large residential home was closed and individuals moved to smaller more individualized environments. In an effort to expand its quality improvement activities, the area agency has submitted a grant proposal to Heritage United Way to implement a pilot project that will require the agency to use a "logic model" tool and report quarterly on identified outcomes. The area agency plans to evaluate the effectiveness of this approach and consider implementing it region-wide.

The quality of service agreements was assessed during the redesignation review. There is evidence that service agreements are amended at annual reviews when either the needs of the individual changed or different approaches were required to support a specific goal or objective. Additionally, service coordinators meet quarterly with individuals and guardians to monitor satisfaction with services and progress towards goals. If changes are required, a team meeting is held to revise the service agreement appropriately. However, there was also evidence that some individual goals were too broad and not related to meaningful community activity.

The area agency has many systems in place to assess service quality. It capitalizes on the opportunity to improve services by reviewing and following-up on suggestions received in customer satisfaction surveys. It also has an ongoing process of reviewing accident/incident and medication error reports, and data on certification deficiencies. There is a need to further integrate subcontract agencies into its quality improvement efforts and to reassess some of its programs in light of the State's standard for developmental services: community membership and inclusion, in all service arrangements.

GOVERNANCE AND ADMINISTRATION

Expectations:

The area agency Board of Directors and Management Team play crucial leadership roles in administering an effective regional service system. A well informed and active Board and Management Team fulfill their responsibilities by engaging in and promoting effective communication with and among all stakeholders in the agency and region, achieving quality services, individual/family/guardian satisfaction, and employing a well trained, supported and supervised work force. The Board and Management Team engage in activities to enhance the area agency's association with the community at-large on behalf of individuals with disabilities.

The Moore Center Services Board of Directors and Management Team have developed an effective working relationship that is strengthened by the depth and breath of information the Board receives. The 15 member board is comprised of a cross section of community business and professional people, one third of whom have a family member who receives area agency services.

The Board of Directors' bylaws, the area agency organizational chart and all policies and procedures are current. Board subcommittees include committees on finance, human resources, program planning, building, resource development, as well as an executive committee. All policies are reviewed by Board subcommittees prior to being presented to the entire Board for approval. The expertise of various Board members has greatly contributed to improvements in area agency operations, particularly in the areas of human resources and development. The Board provides review and oversight of the biennial plan whose development now involves many stakeholders that had not previously been included. The Board's knowledge of the agency, its mission, services and goals is extensive. Program Directors attend Board meetings upon request to provide information about the services in their areas. There were, however, two areas about which the Board should be better informed – Wait List, including timeliness of service development, and Early Supports and Services.

Consideration: The Board should be provided with additional and ongoing information about Early Supports and Services and its challenges, as well as the factors that contribute to the length of time between receipt of Wait List funding and service provision for individuals.

Recruitment of Board members is based on identified areas of expertise that are needed on the Board. All new members are mentored by the Executive Director, given a tour of various program sites and provided with an orientation manual that includes the bylaws, the agency's mission and policies, and a history of the service system. In addition to their orientation, Board members consider the "Consumer Moment" excellent training. People who receive area agency services speak at the opening of each Board meeting, describing the services they receive and answering any questions that members may have. Board members are also invited to staff trainings and conferences. The area agency's Management Team members have attended both state and national conferences on topics that included "Customer Service and Quality Management", "Health Care and Ethics" and "Development and Public Relations".

Both the Board and Management Team have demonstrated that they review and respond to the need for change as information becomes available. They have been diligent in their efforts to support an Emergency Response Committee that has focused on the safety and well being of individuals who receive services wherever they are during an emergency. The agency's Quality

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Committee provides reports to both the Management Team and the Board, identifying trends and making recommendations to improve services. When family surveys indicated a need for more recreational activities, the Board and Management Team worked with the Family Support Council, the local Association for Retarded Citizens and the community to organize Challenger Sports and Team NH. The Management Team and Family Support Council collaborated to fund a second transition coordinator when it became clear that there would be a high number of young people graduating and in need of some services within the next two years.

Based on the information provided in staff and home provider surveys, the vast majority of those who provide services in the region feel well supported. Service coordinators, family support coordinators, direct service staff, and early supports and services staff felt that their supervisors were accessible and provided good supervision. Eighty-one percent of home providers rated the agency's support as good to excellent, and 91% of all who were surveyed reported that they received sufficient training to support individuals who had medical or behavioral challenges.

Subcontract agencies interviewed during the redesignation review provided mixed reviews regarding the area agency's management and oversight. The 14 subcontract agencies were unanimous in their appreciation of the area agency staff that meet with them as a group to discuss issues. Subcontractors also referred to the problem of turnover in service coordination since these are the agency staff with whom they have the most frequent contact. They referred to the wide disparity of experience and skill among service coordinators. In spite of well-attended quarterly meetings between the area agency and the subcontract agencies, many subcontract agencies reported a lack of communication with the agency and indicated they did not know individuals on the management team. Never the less the Bureau Liaison attends the quarterly meetings and reports that a variety of topic areas are discussed including safeguards trainings such as the fire safety presentations by the local fire department.

Consideration: The area agency Management Team needs to engage its subcontractors in discussions to better understand the reasons for the reported lack of communication so that it can enhance the regional collaboration.

Recognizing that education and training are critical to recruiting and maintaining a qualified work force, the area agency has incorporated goals in this area into its Biennial Plan. Moore Center Services has invested a great deal of time and resources to provide greater access to educational opportunities for all of its staff and providers. The area agency has been particularly effective in reaching out to direct service staff that historically could not participate in many trainings due to their responsibilities to individuals. One hundred and sixty-five direct support staff from the area agency and its subcontract agencies has completed The College of Direct Support curriculum, an on-line series of instructions on health, safety, cultural competence and many other areas. Management Team members were required to complete the curriculum and managers provide follow-up seminars for direct service staff, where situations are discussed at greater depth. The agency also uses the Bureau's Introductory Training manual as the foundation for its mandatory orientation classes.

With regard to its presence in the region, Moore Center Services is, in a word, "connected." It has established collaborative relationships with a number of other community agencies in the greater Manchester area, including Manchester Mental Health, local hospitals and school districts. These efforts have resulted in coordinated care for individuals who have a dual diagnosis and better dental care for many individuals. Support for children transitioning from high school to adult services has improved although further efforts are still needed in this area. Each year the area agency hosts its Annual Dinner in the fall and a Garden Party in the summer. A combined total of over 700 hundred people attend these two events. These functions serve to publicize area

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agency services and they provide an avenue for expanding financial support and general community good will for the agency's work. Members of the Board of Directors and Management Team volunteer on 28 other boards in the region. These efforts have served to solidify relationships with business leaders and to provide opportunities which have the potential to increase employment for individuals. Though the area agency has a collaborative relationship with Vocational Rehabilitation it was noted that the communication between the two entities could be improved. MCS is committed to improve their communication in order to best meet the employment needs of individuals.

The area agency and Family Support Council have a good working relationship. Although the Director of Family Support does not serve on the area agency Management Team, the Council feels well supported with the Vice President for Individual and Family Services serving as a link with the Management Team. The area agency provides clerical and technical support to the Council, coordinates guest speakers for its meetings, and tracks Council expenses, providing detailed monthly reports on discretionary fund expenditures. The agency has also assisted with grants that have increased summer camp opportunities and helped the Council develop the Family Support website. The area agency serves the largest number of families of any region in the State. Family Support Council membership, however, does not reflect these numbers. At the time of the redesignation interview there were 10 voting members, with eight in regular attendance.

Consideration: It is suggested that the area agency play a more active role in assisting the Council to increase its membership using its community network to publicize the council and encourage participation.

The area agency's efforts to assist individuals and provide supports that will reduce the need for more intense long term supports is evidenced by its expansion of in-home supports for both children and adults, the increase emphasis in the region on self-directed services for adults, and the hiring of a Director of Children's Services who focuses entirely on the needs of children. This was in direct response to the rise in the number of children who have autism, or who have a disorder on the autism spectrum. Both the Management Team and the Board were aware of the need and took steps to address it. The area agency also applies for and receives many grants to supplement respite and environmental modification services, and to maintain the College of Direct Support.

In summary, Moore Center Services has a well-informed and very active Board that seeks to improve services and the area agency's standing in the community. Over the years it has sought to enhance the agency's resources and to provide support to the Management Team, promoting its work of supporting people to "have a good life." The Management Team, Board and Family Support Council have excellent working relationships and engage in activities to enhance the area agency's association with the community at-large on behalf of individuals with disabilities.

BUDGET DEVELOPMENT AND FISCAL HEALTH

Expectations:

The Management Team and Board of Directors provide leadership in achieving financial health in the pursuit of the area agency mission. The agency's resource allocation, budget oversight, and billing procedures reflect sound fiscal management. The development and management of the agency and individual budgets are achieved through the involvement of appropriate stakeholders. The agency reviews its fiscal status on an ongoing basis, maintains good financial health and considers cost effectiveness in resource allocation. In responding to requests from individuals and families/guardians for assistance, the area agency draws on generic community supports and services as key resources to enhance its own funding, including its efforts to address the needs of those who are on waiting lists.

Moore Center Services has policies and procedures on fiscal management and a Board of Directors and Management Team that provide leadership and oversight of the agency's financial health.

In addition to the Board-approved fiscal policies and procedures in the agency's Policy and Procedure Manual, the agency has drafted a business management handbook that will enhance its internal controls. The Board's Finance Committee, which meets prior to every Board meeting, receives bimonthly Year to Date financial reports from the area agency's Chief Financial Officer and the Chief Executive Officer provides the Board with information on any emerging fiscal issues. Minutes from both Board and Management Team meetings reflect ongoing discussions about the agency's financial status.

Consideration: The agency has detailed policies in most areas of fiscal management. It is suggested that two additional policies be included:

A formal policy on writing off old outstanding checks; and

A policy on requiring approval on non-recurring and unusual journal entries.

Budget development has extended to all levels of management. Service coordinators are increasingly involved in the development of individual budgets and they have received specific training in budget development; department heads oversee budgets in their areas; and the Management Team develops the annual agency budget, which is submitted to the Finance Committee for review and ultimately to the Board of Directors for approval. The Management Team also monitors audits of all subcontract agencies. The Family Support Council receives its budget several months prior to the agency finalizing its budget, giving the Council the time it needs to review and provide input into the final budget.

The area agency's Wait List Committee meets monthly to review individual situations of people waiting for services. During these meetings Committee members strategize on ways to assist people and they receive updates on the planning process for each individual. The Management Team receives regular updates on the Wait List status, including the projected and actual start dates of services. When significant Wait List funds were allocated this past fiscal year, the Management Team restructured its service coordination and family support coordination departments to ensure that caseloads would be manageable.

In an effort to extend its resources, the area agency has reached out to generic community resources such as Vocational Rehabilitation and Section 8 housing. The area agency has also

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successfully applied for many grants, receiving a quarter million dollars during the past fiscal year. The Board of Directors reported additional contributions from its Capital Campaign and an endowment. The area agency is in sound financial standing with 41 days of cash on hand in FY 2007, an increase of 40 days from the previous fiscal year. At 2.6:1, its ratio of assets to liabilities is one of the strongest in the State.

The area agency has demonstrated a strong support for expanding self-directed services for both families who have children with developmental disabilities and adults who receive area agency services. It believes that these services will reduce the need for more extensive services and provide the specific support unique to the individual. The agency has also collaborated with the Autism Society to address the growing need of individuals and families in this area.

Overall, Moore Center Services has demonstrated wise management of resources. To their credit, the Management Team and Board of Directors have implemented sound financial practices that have resulted in the agency's current solid financial standing.

COMPLIANCE

Expectations:

The area agency and its subcontract agencies are knowledgeable of and in compliance with the basic state and federal standards regarding services. The area agency and its subcontract agencies fulfill requirements regarding certification of day and residential services, medication administration, determination of eligibility for area agency services, establishment of service agreements for each person being served, authorization for Medicaid's Community Care Waiver funding stream, provision of Family Support and Early Supports and Services, and management of waiting lists. The area agency and its subcontract agencies also submit to the Division requested information and data regarding services provided under the contracts with the State.

During the redesignation review, the area agency's compliance with service-related standards was assessed. It is evident from the results of the reviews conducted during the past several years that the area agency makes substantial effort to achieve full compliance.

The Early Supports and Services program has demonstrated steady improvement in meeting federal requirements. There is ample evidence that a great deal of effort has gone into achieving the full compliance the agency now achieves in most areas.

The children's In-Home Support services have been in compliance in all areas in the Bureau's reviews for 2005 and 2006. Although no deficiencies were cited in the 2007 review, there were some inconsistencies related to monthly budget reporting to families. During a review in 2006, the agency's IHS contract was cited as a best practice.

The region's Family Support Council is in compliance with most of the requirements of He-M 519, with the exception of the requirement for representation from a variety of geographic areas in the region, with all members residing either in the Manchester or Londonderry area. The Council has family members representing individuals of all ages with the exception of families with children in the 0-3 range.

A fiscal year 2006 review of day services' documentation noted areas in need of improvement. Although the 19 records reviewed all had goals that were related to individual interests, five did not document progress on achieving the goals and 14 records had insufficient documentation to support Medicaid billing, resulting in a payback.

For residential services, one measure of an agency's success is related to the number of certification reviews in compliance with He-M 1001 each year. When a site review results in no deficiencies, the service is reviewed again in two years rather than one. The area agency has gone from 120 reviews in FY 2002 to 86 reviews in 2006. This demonstrates full compliance in many homes. The average number of deficiencies in the 86 homes, however, was 2.02, higher than the statewide average of 1.61.

There has been continuous improvement in medication oversight in the region as demonstrated by compliance with He-M 1201, and by the corrective action taken whenever recommendations are made by the Bureau's Medication Committee.

Recommendation:

- There are two areas of compliance requiring attention; the problems noted in day services' documentation and the lack of broader representation of families on the Family Support Council require additional attention.

Interviews with staff from the Bureau of Developmental Services confirmed the area agency's efforts to provide accurate and timely information on all data submission to the Bureau, including financial and contract information, ESS reports, Wait List information, Adult Outcome contact information, family support and respite reports, and employment data. Whenever there are delays, or additional information is requested, the area agency is prompt in addressing these issues.

SUMMARY

Moore Center Services is located in the city with the highest population in the State. It is the largest area agency, serving the greatest number of people and has the largest budget to manage. Each of these factors individually presents its own challenge. Moore Centers Service's Board of Directors and Management Team work together to address all of the problems associated with running a large organization, and they have done this effectively. The agency has a very positive relationship with its Family Support Council, sharing information with the Council and seeking its input on policy changes.

The area agency Mission is widely publicized both within the organization and in the community at large. Most individuals and families report a high degree of satisfaction with services. In an effort to afford individuals greater choice and control, there has been a significant increase in the past five years in the number of individuals and families who direct their own services and manage their own budgets. There is now a need to further promote this option, making it available to all individuals who receive services in the region. There is also a concurrent need to offer individuals in traditional services greater opportunity to exercise control over who provides the services. Self-advocates, who for many years did not have the support they needed to coalesce as a group, have now been given the resources they need to become an active, vital part of the agency.

There are effective systems in place to protect individual rights and the agency has been involved in an ongoing process of evaluating and promoting the health and safety of individuals who are at risk in the region. There is an active Human Rights Committee and MCS's College of Direct Support, in addition to providing an excellent opportunity for staff to further their education, has several courses on positive behavior supports and on recognizing the signs of maltreatment of vulnerable people. The area agency also has a Quality Improvement Committee and several subcommittees that review service-related information, compile reports and issue recommendations to the Board and Management Team. The agency has also recently relocated their nurses to be in closer proximity with the service coordinators resulting in greater collaboration and better service provision.

There are strong internal controls over the agency's finances. The Board of Directors and Management Team have implemented sound financial practices that have resulted in the area agency's current solid financial standing. In all of its services, the agency has demonstrated a consistent effort to comply with all federal and state regulations.

The Bureau of Developmental Services commends Moore Center Services for its many successes in meeting the redesignation standards, as cited in this report. The Bureau encourages the area agency to consider the recommendations that have been included, and to utilize the redesignation standards in the agency's ongoing evaluation of its services.