

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO

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U.S. DISTRICT COURT
SAN JUAN, P.R.

UNITED STATES OF AMERICA

Plaintiff(s)

v.

CIVIL NUMBER: 99-1435 (JAG)

COMMONWEALTH OF PUERTO RICO,
ET AL

Defendant(s)

MOTION

ORDER

Date Filed: 09/28/01

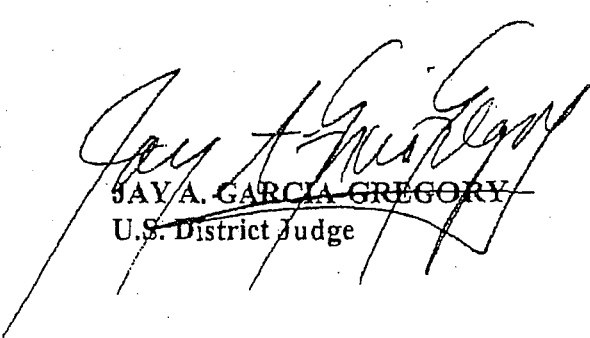
Title: Defendants' Motion to Request
Extension of Time to File
Response

The Court has adopted the Proposed Order submitted by the United
States. The Court would be willing, however, to entertain a Joint
Proposed Order by the parties.

Docket: 100

☐ Plffs ☒ Defts ☐ Other

Date: October 5, 2001


JAY A. GARCIA GREGORY
U.S. District Judge





**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO**

UNITED STATES OF AMERICA,

Plaintiff,

v.

THE COMMONWEALTH OF PUERTO RICO,
et al.,

Defendants.

Civ. No. 99 - 1435 (JAG)

**UNITED STATES' MEMORANDUM IN SUPPORT OF DEFENDANTS' MOTION
THAT THE COURT ADOPT THE COMMUNITY-BASED SERVICE PLAN
FOR THE COMMONWEALTH OF PUERTO RICO**

The United States submits this memorandum in support of Defendants' motion of September 6, 2001, requesting that the Court approve and adopt the Commonwealth's Community-Based Service Plan ("CBSP"), pursuant to Defendants' existing obligations in this case under the Interim Settlement Agreement ("ISA"), as an Order of the Court. Defendants did not submit a proposed Order with their motion, therefore, to assist the Court, the United States also submits a proposed Order along with this memorandum.

I. BACKGROUND

A. On April 29, 1999, this Court approved the ISA, which had been submitted to the Court by the parties as a consent decree on April 21, 1999.

B. In paragraph K of the ISA, the Defendants agreed to develop a community-based service system plan and to create a community-based service system for individuals with

developmental disabilities living in the Commonwealth's institutions. The ISA specified that the United States would provide comments with regard to the Defendants' draft plans.

C. Since the filing of the ISA, the parties and the Joint Compliance Coordinator, John J. McGee, Ph.D., have been involved in extensive ongoing discussions and negotiations with regard to the language of several draft community plans. The parties have kept the Court informed of their progress in reaching agreement on a community plan in the many status conferences held before the Court this year.

D. On August 14, 2001, the Court ordered the Defendants to file their revised community plan on or before September 5, 2001.

E. On September 6, 2001, the Defendants submitted to the Court their final Community-Based Service Plan. The Defendants also submitted a motion requesting that the Court accept and adopt the CBSP pursuant to Defendants' obligations under the ISA.

F. At the status conference with the parties on September 6, 2001, the Court directed the United States to file its comments with regard to the Commonwealth's CBSP by September 24, 2001. The United States hereby submits its comments with regard to the CBSP.

II. DISCUSSION

We urge the Court to approve and adopt the CBSP submitted on September 6, 2001, as an Order of the Court. Implementation of this CBSP will better enable Defendants to fulfill their obligations pursuant to the ISA, and will help ensure that institutionalized individuals with developmental disabilities in Puerto Rico are placed in the most integrated setting appropriate to their individualized needs consistent with Title II of the Americans with Disabilities Act ("ADA"), 42 U.S.C. §§ 12132 et seq., 28 C.F.R. § 35.130(d).

A. The New Freedom Initiative and Executive Order

In February of this year, with the New Freedom Initiative, President Bush announced that it was a high priority for the Administration to tear down barriers to equality and to expand opportunities available to Americans living with disabilities. As one step in implementing the New Freedom Initiative, on June 18, 2001, the President signed Executive Order No. 13217, entitled "Community-Based Alternatives for Individuals with Disabilities."

Specifically, the President emphasized that unjustified isolation or segregation of qualified individuals with disabilities in institutions is a form of prohibited discrimination, that the United States is committed to community-based alternatives for individuals with disabilities, and that the United States seeks to ensure that America's community-based programs effectively foster independence and participation in the community for Americans with disabilities. Exec. Order No. 13217, Sec. 1(a)-(c), 66 Fed. Reg. 33155 (June 21, 2001). In the Executive Order, the President also ordered the Department of Justice to provide technical guidance and to work cooperatively with jurisdictions to help them assess their compliance with the ADA in providing services in appropriate community-based settings. Id. at Sec. 2(a).

The collaborative approach undertaken in this case and the resulting consensus document fulfill the President's Executive Order and represent a positive first step in vindicating the legal rights of the affected persons with developmental disabilities in Puerto Rico.

As this Court is aware, for months now, we have been working closely and collaboratively with the Commonwealth in prompting Puerto Rico to develop a community plan and to establish a community-based service system in order to place, where appropriate, institutionalized persons with developmental disabilities into most integrated settings in the community. Moreover, in all

of our interactions with the Commonwealth, we have made it a priority to provide Puerto Rico with technical guidance when needed. For example, with each draft submitted, the United States has provided extensive and detailed technical guidance and input with regard to what should and should not be included in an appropriate community plan.

B. Substance of the Community Plan

Specifically, the United States supports the CBSP given that it incorporates many critical elements, such as providing:

- individualized, interdisciplinary assessments and individualized transition plans for each participant using person-centered planning principles;
- a quality assurance system with enough trained community service mediators to provide at least a 1:24 ratio;
- sufficient monitoring and follow-up to ensure the ongoing and full implementation of the individualized plans to assure that all participants receive all of the protections, services, and supports they require;
- ongoing staff training;
- measures to ensure a safe environment in the community settings through incident reporting and full investigations of serious incidents; and
- a broad range of integrated community homes, including independent supported living and supported homes, as well as day programming and training in integrated community centers.

The United States also supports the inclusion in the CBSP of a family support program through which the Commonwealth commits to provide respite care and other support services for families of persons with developmental disabilities, thus making it easier for the persons to be reunited with their loved ones in the family home.

The development of community placement policies and procedures is to begin immediately upon the Court's approval of the CBSP with completion of the policies and procedures to occur according to appropriate timeframes. Training of staff is to occur within one month after the completion of each policy and procedure. The individualized assessments are to be provided for each institutionalized resident within eight months of the training of the staff. For those identified as appropriate for community placement, the Commonwealth has also agreed to a schedule of placements that is to be implemented diligently and with a reasonable pace.

C. New Community Home

As we discussed during the last status conference, on September 5, 2001, the Commonwealth created its first community home for several men with developmental disabilities who had lived at institutions in Bayamon, PR. We are encouraged that the Commonwealth has been able to effectuate this placement in spite of numerous obstacles. As we reported to the Court, our preliminary review of this home was very positive.

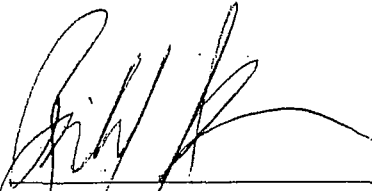
We hope the Commonwealth will continue in its efforts to build promptly its community capacity so as to be able to serve persons with developmental disabilities who are in need of such placements in the most integrated setting.

III. CONCLUSION

For the foregoing reasons and consistent with the Defendants' motion of September 6, 2001, we request that the Court sign the attached proposed Order, and approve and adopt the Defendants' CBSP.

Respectfully submitted,

RALPH F. BOYD, JR.
Assistant Attorney General
Civil Rights Division

A handwritten signature in black ink, appearing to read "Steven H. Rosenbaum", written over a horizontal line.

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CERTIFICATE OF SERVICE

I certify that the foregoing United States' Memorandum in Support of Defendants' Motion that the Court Adopt the Community-Based Service Plan for the Commonwealth of Puerto Rico, and the accompanying proposed Order, were served by facsimile and overnight mail on this the 24th day of September 2001, upon the following individuals:

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO

UNITED STATES OF AMERICA,

Plaintiff,

v.

THE COMMONWEALTH OF PUERTO RICO,
et al.,

Defendants.

Civ. No. 99 - 1435 (JAG)

**ORDER ADOPTING THE COMMUNITY-BASED SERVICE PLAN
FOR THE COMMONWEALTH OF PUERTO RICO**

A. On April 29, 1999, this Court approved the Interim Settlement Agreement ("ISA"), submitted to the Court by the parties as a consent decree on April 21, 1999.

B. In paragraph K of the ISA, the Commonwealth of Puerto Rico agreed to develop a community-based service system plan and to create a community-based service system for individuals with developmental disabilities living in the Commonwealth's institutions. The ISA specified that the United States would provide comments with regard to the Commonwealth's draft plans.

C. Since the filing of the ISA, the parties and the Joint Compliance Coordinator have been involved in extensive ongoing discussions and negotiations with regard to the language of several draft community plans. The parties have kept the Court informed of their progress in reaching agreement on a community plan in the many status conferences held before the Court this year.

D. On August 14, 2001, the Court ordered the Commonwealth to file its revised community plan on or before September 5, 2001.

E. On September 6, 2001, the Commonwealth submitted to the Court its final Community-Based Service Plan ("CBSP"). The Commonwealth also submitted a motion requesting that the Court accept and adopt the CBSP pursuant to its obligations under the ISA.

F. At the status conference with the parties on September 6, 2001, the Court directed the United States to file its comments with regard to the Commonwealth's CBSP by September 24, 2001.

G. The United States filed a memorandum, dated September 24, 2001, in support of the Defendants' motion of September 6, 2001, requesting that the Court approve and adopt the Commonwealth's CBSP pursuant to existing obligations under the ISA. The United States also submitted a proposed Order.

Having reviewed the CBSP and the submissions of the parties, this Court hereby approves the attached CBSP, filed with the Court on September 6, 2001, and adopts it as an Order of this Court. Implementation of the CBSP shall begin immediately according to the time frames set forth in the CBSP.

IT IS SO ORDERED, this _____ day of _____, 2001, at San Juan, Puerto Rico.

HON. JAY A. GARCIA-GREGORY
United States District Judge

COMMONWEALTH OF PUERTO RICO
**DEPARTMENT OF
HEALTH**



COMMUNITY-BASED SERVICE PLAN

OF THE
MENTAL RETARDATION PROGRAM

SEPTEMBER 2001

Commonwealth of Puerto Rico
Department of Health
MENTAL RETARDATION PROGRAM

COMMUNITY-BASED SERVICE PLAN

September 2001

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Commonwealth of Puerto Rico
Department of Health

MENTAL RETARDATION PROGRAM

COMMUNITY-BASED SERVICE PLAN

September 2001

SECTION I: THE COMMUNITY-BASED SERVICE PLAN
PHILOSOPHY

The mission the Community-Based Service Plan ("CBSP") of the Mental Retardation Program ("MRP") of the Commonwealth of Puerto Rico is to provide, whenever appropriate, community-based treatment and placement to MRP participants in the least restrictive setting and to effectively foster their independence and participation in the local community. The MRP will implement this CBSP in a manner consistent with the United States Supreme Court opinion in Olmstead v. L.C., 527 U.S. 581 (1999). Where community placement and treatment is appropriate in the least restrictive setting and the MRP participant desires such placement and treatment, the Commonwealth of Puerto Rico will reasonably accommodate the MRP participant in the community taking into account the resources available to the Commonwealth of Puerto Rico and the needs of other individuals with developmental disabilities that the Commonwealth of Puerto Rico serves.

For purposes of this CBSP, "MRP participants" are those individuals who at the time of the filing of United States of America v. The Commonwealth of Puerto Rico, et al. USDC-PR Civil Case No. 99-1435 resided in or thereafter admitted, that will be admitted or were transferred from any of the following six (6) MRP facilities to another facility or community setting and for whom this CBSP has been developed: Centro de Servicios Integrales Para Adultos con Retardación Mental "CSIARM" in Mepsi Medical Center in Bayamón, PR ("MEPSI" or "BAYAMÓN I"); Centro Reeducción Adultos Minusválidos in Bayamón, PR ("RAM" or "BAYAMÓN II"); Facilidad de Cuidado Intermedio in Cayey, PR ("CAYEY"); Centro Rosario Bellber in Aibonito, PR ("AIBONITO"); Mayaguez Regional Hospital Health Care Center in Mayaguez, PR ("MAYAGUEZ"); and Centro de Servicios Múltiples Camayeses, Aguadilla, PR ("AGUADILLA"). In addition, the CBSP incorporates by reference the Complaint, Interim Settlement Agreement and the Supplemental Settlement Agreement in United States of America v. The Commonwealth of Puerto Rico, et al. USDC-PR Civil Case No. 99-1435 as it applies

to the definition of MRP participants.

Consonant with the mission of the CBSP and consistent with the *Olmstead* decision, the MRP will:

- Develop the MRP's capacity to place qualified MRP participants in community settings, rather than in institutions, whenever treatment professionals determine based on their reasonable assessments that such placements are appropriate, the affected persons do not oppose such placements, and the Commonwealth of Puerto Rico can reasonably accommodate the placements, taking into account the resources available to the Commonwealth of Puerto Rico and the needs of other individuals with developmental disabilities served by the Commonwealth. To procure this, the MRP will take a number of steps including:
 - Coordinate inter-agency efforts with public and private sectors of the community to procure the implementation of this community service system for the MRP participants.
 - Initiate legislative projects that promote the development of a family support program, in order to foster each MRP participant's integration with his/her family and strengthen the family's capability to assume a supportive role with the MRP participant.
 - Promote public policy in favor of the rights of MRP participants in the Commonwealth of Puerto Rico.
- Ensure that MRP participants live, work and interact in a safe environment, which fosters human development and protects the rights and dignity of the MRP participants. To accomplish this, the MRP will take a number of steps including:
 - Incorporate person-centered principles into all MRP assessment and planning procedures, as a way to foster the MRP participant's self-determination, independence and, where possible, active family participation.
 - Create and maintain services, which support and protect MRP participants' civil rights in matters of health, education, self-determination, productivity, family life, social inclusion, and quality of life.
 - Establish professionally appropriate practices to ensure the consistency and the quality of all services and supports provided by the MRP to its MRP participants.
- ① • Ensure that all MRP participants receive adequate habilitation services that foster their fullest development, independent living, adaptive skills, and community integration, attend to any physical psychological and behavioral considerations. To procure this, the MRP will take a number of steps including:
 - Promote interagency efforts to implement this CBSP with regards to the availability of

vocational and job opportunities for the MRP participants.

- Ensure that MRP participants are provided with habilitative services and supports aimed to foster the MRP participants' social skills, independence and social participation.
- Ensure that MRP participants who have been transitioned to community-based homes have a reliable means of transportation within the community.

SECTION II: POLICIES AND PROCEDURES FOR COMMUNITY PLACEMENT ASSESSMENT, TRANSITION AND ONGOING QUALITY ASSURANCE

A. GENERAL GUIDELINES FOR ALL COMMUNITY-BASED SERVICES

The MRP will adopt professionally accepted practices that promote consistency and the quality of services and supports for the MRP participants. The following practices will be adopted in the implementation of the CBSP:

1. PERSON-CENTERED PLANNING PRINCIPLES

To foster the MRP participant's self-determination, independence and, where possible, active family participation, the MRP will incorporate person-centered planning principles ("PCPP") into all of its assessments, planning and service delivery procedures.

Among other principles and methodologies that the MRP will adopt in its CBSP, the MRP will embrace the following principles from the person-centered planning philosophy: (a) focus on the MRP participants' needs, capabilities, interests, resources and his/her quality of life as the basis for service delivery; (b) strive for collaboration and shared responsibilities, where appropriate, between the MRP participant, his/her family or legal guardian and the professionals involved, in all areas of services and supports, especially in care giving, development and implementation of action plans, and quality assurance; and (c) maintain an effective and continuous exchange of information, at all times, with the MRP participants, their families and support systems in all supportive matters.

The MRP's Interdisciplinary Team¹, will work together with the MRP participant, his/her family or legal guardian and social support system to assess, plan and work on personal-growth and community integration goals for each MRP participant.

¹ See detailed description in Section II A 4 of this CBSP

2. INTERDISCIPLINARY TEAM

The MRP Interdisciplinary Teams ("IDT") will conduct an individualized interdisciplinary assessment for each MRP participant to determine his/her needs, preferences, capabilities, interests and resources, prior to establishing the Individualized Action Plan, discussed below. This interdisciplinary assessment and planning procedure will include the full participation of the MRP participant and the members of his/her support system, and will follow PCPP.

The members of the IDT will be comprised of the following according to the needs of the MRP participant: appropriate professionals, the MRP participant, his/her family and/or legal guardian, the Service Mediators, MRP appropriate personnel and other persons identified as pertinent to the decision-making process of each MRP participant. Members of the MRP participant's IDT may include any of the following professionals: service mediators, psychologists, social workers, recreational specialists, health professionals, therapists, as well as other direct service providers.

3. INDIVIDUALIZED ACTION PLAN

For each MRP participant, the MRP will establish an overall holistic action plan, namely the Individualized Action Plan ("IAP"). The IAP will be comprised of various integrated planning procedures, including at a minimum: (a) the Individualized Transition Plan² that will be established for each MRP participant who is in the process of transition from his/her residential setting; (b) the Individualized Service Plan³ established for MRP participants who have completed the transitional period; and (c) the Individualized Habilitation Plan⁴ which identifies the individualized services and supports the MRP participant needs in order to develop functional daily living and social skills.

The IAP will also incorporate any service and support plans developed through interagency efforts, to meet the individualized needs of a particular MRP participant. The IAP will result from joint efforts of the MRP participant, his/her family, the support system and the MRP's interdisciplinary team, following PCPP.

• INDIVIDUALIZED HABILITATION PLAN

The Individualized Habilitation Plan ("IHP") is a written individualized plan, stating yearly habilitation goals and objectives for each MRP participant in areas such as: self-care and personal hygiene, home living skills, interpersonal relationships and communication, community integration, social behavioral skills, recreation skills and use of free time.

The IHP will be written for each MRP participant following person-centered planning principles. The MRP interdisciplinary team will work together with the MRP participant, his/her family or legal guardian and social support system to assess, plan and work on the

2. See detailed description in Section II B of this CBSP.

3. See Section II A 3 titled: "Individualized Service Plan" of this CBSP.

4. See Section II A 3 titled: "Individualized Habilitation Plan" of this CBSP.

habilitation goals. The IHP will be revised once a year or more frequently if needed on a case-by-case basis.

• INDIVIDUALIZED SERVICE PLAN

The Individualized Service Plan ("ISP") is a written individualized service plan for MRP participants, stating yearly service and support needs, goals and means by which to address such needs, in areas including: home arrangements, supported living services, vocational and/or habilitation placements, health and clinical services, transportation services, recreational activities and social and community participation. This plan is intended as the alternative work-plan for those MRP participants who do not require an Individualized Transition Plan and for those MRP participants who have successfully completed the community-placement transition period⁵.

The ISP will be written following PCPP by the MRP interdisciplinary team together with the MRP participant and his/her family or legal guardian. The ISP will be revised once a year, or more frequently if needed, on a case-by-case basis.

4. SERVICE MEDIATORS

In the past, the MRP had case managers as members of its work team. Under the CBSP, the case manager will be renamed as "Service Mediator" ("SM"). The SM is an important component to the MRP's quality assurance system. Once the IDT determines that an MRP participant is appropriate for community placement, the SM will inform the MRP participant, his/her family or legal guardian of the choices and possibilities available for community placement. The SM will ensure that the placements are appropriate and that they meet the individualized plans established for the MRP participants. Consequently, the MRP will assign an SM to every MRP participant in a ratio that will not exceed 1:24 to encourage frequent individual contact. The SM will be appropriately trained and supervised. The SM will be a liaison between the MRP participant and his/her family or legal guardian, the MRP and all service and supports providers. In the case of private providers, the SM will not be an employee of the private provider he/she reviews.

As a member of the IDT, the SM shall oversee, assist and follow-up in the coordination of the ongoing implementation of all services and supports established in the MRP participant's IAP. The SM will participate in the identification of community placement settings and day programs and in the follow up of the Individualized Transition Plan from a residential facility to a community-home placement. For further description of the individualized transition planning, see Section II. B. of this CBSP.

The SM shall provide periodic follow-up to MRP participants and their families as part of the Family Support Service described later in this CBSP.

5. See Section II B of this CBSP.

5. QUALITY ASSURANCE SYSTEM

The MRP will develop and establish a quality assurance system consistent with the mission of this CBSP in order to ensure that appropriate protections, services and supports are provided to MRP participants at all times.

6. STAFF TRAINING PROGRAM

The MRP will establish a year-round training program including competency-based training, for all of its personnel. The program will establish a curriculum and a set number of training hours required annually for all staff members. The functions and responsibilities of all the MRP employees, as stated in their job descriptions, will be revised according to the new roles under the CBSP.

B. TRANSITION PLAN FROM MRP FACILITIES TO COMMUNITY PLACEMENT

To ensure an appropriate transition process for MRP participants from residential facilities to community placements, the procedures set forth below, at a minimum, will be followed:

1. PROVIDE INTERDISCIPLINARY TEAM ASSESSMENTS TO DETERMINE THE LEAST RESTRICTIVE SETTING APPROPRIATE FOR EACH MRP PARTICIPANT

In order to determine which is the least restrictive setting for each MRP participant, the IDT will assess and evaluate each MRP participant to determine the most appropriate community placement setting to meet each participant's residential, health care, and training needs. The IDT's determinations will be documented in writing. These evaluations will be based on individualized needs.

All MRP participants will be evaluated for community placement regardless of their degree of mental retardation and disability. In each case where the IDT determines that community placement is not appropriate for an MRP participant, the MRP will specify in writing the particular reasons for that determination.

2. DEVELOP AND IMPLEMENT INDIVIDUALIZED TRANSITIONAL PLANS FOR MRP PARTICIPANTS FOR WHOM COMMUNITY PLACEMENT IS APPROPRIATE

For each MRP participant for whom the IDT determines that community placement is appropriate, the MRP will develop and implement a written Individualized Transition Plan ("ITP"). The ITP will ensure safe transition to the community and that MRP participants are placed in community settings that meet his/her needs as determined by the ITP.

The ITP will be a document that specifies the services and supports needed by the MRP participant who will be moved from a residential facility into a community placement in order to ensure successful community integration.

The MRP will develop the ITP at the time that is determined that community placement or an alternative setting is appropriate for an MRP participant. While MRP participants remain in the facilities prior to community placement, they will be provided with appropriate community-based training opportunities to better enable them to transition to the community.

The ITP will be developed and implemented through person-centered planning principles, as described in a previous section of this CBSP.

The completed ITP will be valid for one (1) year or until the IDT concludes that a successful transition has taken place. The ITP will be updated, as needed, prior to placement.

3. ESTABLISH A WAITING LIST PROCEDURE

The MRP will gradually build its capacity to place MRP participants in community settings, taking into account the resources available to the Commonwealth of Puerto Rico and the needs of other individuals with developmental disabilities and in accordance to the phases set forth in Table 2 of this CBSP. Once assessed for transition and to ensure equal opportunity for placement to all MRP participants, as capacity is being built, each MRP participant will be placed on a waiting list, according to the IDT's placement recommendations. The waiting list standards will be included in the ITP's Policies and Procedures.

4. DEVELOP AND IMPLEMENT A QUALITY ASSURANCE SYSTEM FOR ALL COMMUNITY PLACEMENTS TO ENSURE THAT EACH PLACEMENT MEETS THE MRP PARTICIPANT'S INDIVIDUALIZED NEEDS

The MRP shall establish a quality assurance component to ensure that the ITP is appropriate and implemented fully to meet the ongoing needs of each MRP participant. Upon community placement of the MRP participant, the SM assigned to the case will look over the MRP participant at his/her community-based setting and day program and will assess whether that placement conditions, services and supports meet the MRP participant's needs. The MRP will ensure that conditions and practices at the community-based settings are appropriate to meet the needs of each MRP participant.

Initially, these assessment visits will occur at least weekly or more frequently, if deemed necessary. Once the transition has been determined to be appropriate, the SM will continue to perform evaluations and assessments within a reasonable period of time to be determined based on the needs of each MRP participant.

The MRP will develop and implement an internal reporting system to evaluate the progress in the ITP implementation and the community placement of those MRP participants who have been moved from a residential facility into the community.

This internal reporting system will include, at a minimum, the following quality assurance procedures:

- The contract with the provider will designate at each community placement a person

who will be responsible to complete daily written reports on the MRP participant's adaptation process, during the first 90 days, and thereafter, file daily progress notes and provide the SM with a weekly report on each MRP participant's progress, including problems, if any.

- Regarding community placements, for each MRP participant, the SM will be responsible for reporting to the MRP Director any problems that may affect the MRP participant's adjustment to the new setting and any problems related to the provider regarding the contracted services. The SM will submit to the Director of the MRP a monthly report regarding any MRP participant with adjustment problems until his/her transition process has been successfully accomplished, or as frequent as necessary when facing decision-making situations. The MRP Director will take prompt action to address the identified problems in order to ensure that each MRP participant's individualized needs are met pursuant to his/her ITP. The IDT will conduct assessments to determine successful completion of the transition period and process.

5. **PROVIDE ONGOING COMMUNITY SERVICES TO ENSURE SUCCESSFUL TRANSITION PROCESS**

The MRP will provide ongoing support and habilitation services to all MRP participants placed in community-based settings. To this end, the MRP will procure needed services and supports, including community-based educational, habilitative and/or vocational alternatives that meet individualized needs and interests of each MRP participant.

The MRP will provide prompt and effective crisis intervention or other needed respite services to MRP participants who present adjustment problems related to the transition process. In cases where the MRP participant is readmitted to a more restrictive setting, the MRP will conduct an assessment to identify factors related to the progress or adjusting problems of each MRP participant in his/her process of adapting to community placement. The MRP will deal with the situation by either addressing any deficiencies related to the services and supports provided in the current community placement or by providing an appropriate alternative community placement that meets the participant's individualized needs. In addressing such situations, if needed, the MRP will provide technical assistance and/or training to community providers and/or their staff.

C. **QUALITY ASSURANCE SYSTEM: SAFE ENVIRONMENT, INCIDENT REPORTING AND INVESTIGATIONS**

To ensure a safe environment at all community placements, and to provide appropriate incident reporting and investigation, the MRP will:

1. **PROVIDE A SAFE ENVIRONMENT IN THE COMMUNITY SYSTEM**

This CBSP has been developed to ensure a safe and humane environment for all MRP participants who have been placed in the community pursuant to the goals and guidelines of this CBSP.

As a measure of quality assurance, the MRP will review and implement its protocol on abuse and neglect to ensure that MRP participants are free from abuse and neglect in their new community-based treatment or placement. The protocol will ensure that identified deficiencies are remedied promptly. The MRP's protocol on this issue will provide guidelines for the following:

- Any staff member who has knowledge of or is a witness to abuse, neglect or that an MRP participant is at risk of harm by staff will immediately take appropriate measures to protect the safety and well-being of the MRP participant(s) involved, including procuring any necessary basic care or health care treatment. Failure to act as such will result in corrective personnel action.
- Any staff member who has knowledge of possible abuse, neglect or that an MRP participant is at risk of harm shall immediately report the situation to the MRP Director or designee. Failure to act as such will result in corrective personnel action.
- Evidence of possible abuse, neglect or risk of harm situation, if any, must be immediately reported by community staff to the MRP Director or designee. Failure to act as such will result in corrective personnel action.

2. CONDUCT ADEQUATE INVESTIGATIONS

The MRP will establish an investigation protocol system geared to assess and evaluate all reported incidents of abuse, neglect, serious injury and risk of harm situations, and any deaths that implicate systemic quality assurance concerns. To accomplish this, the MRP will take a number of steps including:

- Assign a trained investigator who will report to the MRP Director. This investigator will conduct a complete, objective and expedited investigation of each reported instance of alleged abuse, neglect and risk of harm, if any. The MRP will take the necessary steps so that the MRP participant is free from further potential abuse, neglect and risk of harm while the investigation is in progress.
- Every investigation will be documented in a written fact finding report submitted directly to the MRP Director within forty-five (45) days of the incident. The MRP will adopt protocols with regard to the prompt implementation and follow up of corrective actions where necessary.
- In cases where the investigator concludes that a member of the community staff has engaged in abusive and negligent behavior towards an MRP participant, disciplinary measures will be taken diligently, including the removal of the staff member(s) involved.
- Upon notice of possible abuse, neglect and risk of harm conduct, the staff member will be prohibited from having direct contact with MRP participants, in accordance to the Commonwealth's Labor Laws.

The MRP will establish a system to report, review and evaluate all incidents of alleged abuse and neglect as well as significant injuries and incidents in order to help prevent recurrence of the incidents. To accomplish this, the MRP will take a number of steps including:

- Establish an incident management committee, which will: (a) conduct ongoing and follow-up reviews of all incidents reported and (b) take appropriate steps to address their prevention in the future.
- Establish a system to collect and analyze incident data in order to identify any trends or patterns of incidents. When trends are identified, the MRP will take prompt steps to eliminate or mitigate the risk factors that caused the previous incidents.

For other incidents that do not involve suspected staff abuse or neglect of MRP participants by community staff, the MRP will ensure that: (a) community staff accurately and timely record all incidents and provide complete explanations for incidents that result in injuries; (b) supervisory community staff investigates fully all significant injuries and incidents and reviews all incidents; and (c) the MRP will identify potential victims of assault and frequent aggressors. For those potential victims, the MRP will develop and implement plans to protect them from risk of further harm.

For all incidents, the MRP will ensure that direct care community staff and supervisory community staff follow-up appropriately to protect the MRP participants from harm and to prevent the occurrence of similar incidents in the future.

3. PROVIDE ADEQUATE AND APPROPRIATE STAFFING AND STAFF TRAINING

The MRP will ensure that there is adequate and appropriately trained staff to provide a safe, secure and habilitative community placement and day programming environment to MRP participants. The training curriculum will include competency-based goals. The MRP will ensure that staff is appropriately supervised at all times.

D. DEVELOPMENT OF SUPPORTED LIVING SERVICES AT COMMUNITY-BASED HOMES

The following set of quality standards constitute the minimum service requirements to be established in the contract between the selected provider and the MRP.

The type, quantity, and duration of the supported-living services received by the MRP participants will be determined on an individualized basis, according to each MRP participant's needs and capabilities as established in his/her IAP. The IDT will assess each MRP participant at least yearly and any plan modifications will be included in the yearly contract between the Providers and the MRP. The contracts with the Providers will include provisions consistent with this CBSP.

Providers of supported-living services at community-based placements for MRP participants will

assure that each MRP participant receives support services in accordance to his/her needs and IAP. The provider will hire, train and supervise appropriate supported-living staff ("SLS") to attend to the needs of each MRP participant.

At a minimum, each MRP participant will receive from the provider:

1. SLS THAT PROVIDES PERSONAL ASSISTANCE

The SLS will provide all the help the MRP participant needs in order to successfully and securely achieve independent living tasks such as feeding, mobilization, dressing, personal hygiene, and all other self-help activities. The SLS will provide company, support, security and care for the MRP participant at home.

2. SLS THAT PROVIDES ASSISTANCE IN COMPLETION OF ACTIVITIES OF DAILY LIVING, WHEN NECESSARY

The SLS will provide company and assistance to the MRP participant in attending to the following activities of daily living, when necessary, in his/her IAP, such as: food shopping and preparation, indoor and exterior cleaning and maintenance of the community placement, and the green areas around the property, transportation - driver, vehicle and needed support, teaching basic independent living skills to the MRP participants and companionship.

3. SLS THAT FOLLOW PCPP

The provider will ensure that the SLS hired are trained on PCPP, including: (a) that they are hired to work for the MRP participants at their community placements, (b) that the level of support provided will vary from one participant to the next, according to the MRP participant's needs and desires, and (c) that the MRP participant's needs, desires, and opinions, will be solicited and valued when making decisions.

The MRP participant has a right to actively participate in decision-making, regarding any matter that affects his/her life. In its policies and procedures, the MRP will set the guidelines to be followed for surrogate decision-making in cases where the MRP participant cannot make his/her own decisions. The provider will guarantee the right to privacy, safety, and dignity of each participant.

At a minimum, the provider must guarantee that every MRP participant receives a private or semiprivate bedroom and a private and safe space for his/her belongings, with access at the discretion of the MRP participant.

At a minimum, the provider must guarantee that every MRP participant is: (a) allowed ample opportunities to bathe at least once a day, with warm running water, and clean clothing available after he/she bathes; (b) provide a change of clothes immediately after incidents such as: a bowel or bladder accident or a food spill or whenever necessary or desired; (c) entitled to receive support from SLS in maintaining his/her hygiene and good appearance, as frequently as needed, and to ensure that the

MRP participant is properly dressed at all times; (d) provided appropriate nutrition, exercise, medical monitoring, appropriate medications when needed, and personal support and care; and (e) provided direct care staff services if the MRP participant cannot provide his/her own self-care.

The provider will ensure implementation of appropriate medical or psychiatric emergency procedures. These procedures will be set forth in the contractual agreements.

4. QUALIFIED SLS

The provider must provide adequate and appropriate number of staff, with adequate academic background, experience, and training to ensure that the MRP participant receives the needed care in the areas of health, safety, and personal and social needs as set forth in the IAP of each MRP participant. Provider staff must present annually, at a minimum, the following required documents: drug tests and a Certification of Good Behavior provided by the Department of Police of Puerto Rico.

The provider will assure that its direct support service personnel has, prior to the start of work with MRP participants, a minimum of 30 hours of competency-based pre-service training in supported living services related issues, updated Red Cross approved first aid training, updated CPR training, and any other necessary training to meet individualized needs for support services. Upon notification, the provider staff will participate in specific trainings offered by the MRP. The provider will also ensure that staff receives training pursuant to protocols and curricula to be developed by the MRP.

5. APPROPRIATE LIVING CONDITIONS

The provider will ensure that the community placement conditions meet appropriate standards of living, such as meeting community-building codes for fire-safety security, running water and electricity. The provider is responsible for the maintenance of the physical structure of the community placement. The provider will ensure that exteriors and interiors are maintained in a safe, clean and attractive fashion. The provider must have a cleaning service/system that ensures cleanliness and organization of all living spaces, at all times, including floors, walls, ceilings, windows, kitchen, bathrooms (toilet, sink, bathtubs or showers), furniture, tables and counter tops, bedrooms (beds, drawers, closets), as well as the outdoor spaces (roofs, balcony, terrace, patio, sidewalks and other areas around the house).

The provider will establish and implement security measures, will provide each community setting with appropriate means of communication (including visits and telephone calls) to foster the MRP participant's communication with people in his/her support system, and will have available a reliable and safe means of transportation at all times with an authorized driver available at all times.

6. SLS THAT PARTICIPATE AS MEMBERS OF THE IDT

The provider will assign personnel to be members of the MRP participant's IDT, including people who know and best represent the MRP participant's interest. These personnel will ensure full communication and collaboration between the provider and the MRP in developing and implementing

habilitation and social integration goals for each MRP participant.

**IMPLEMENTATION OF
SECTIONS II A, B, C, AND D: POLICIES AND PROCEDURES FOR
COMMUNITY PLACEMENT ASSESSMENT, TRANSITION AND
ONGOING QUALITY ASSURANCE**

Appendix A -Tables 1 and 2 present the time-frame that the MRP will follow to develop and implement the policies and procedures described in Sections II A, B, C and D of this CBSP.

SECTION III: COMMUNITY LIVING PROGRAM

A. COMMUNITY-BASED HOMES

1. BUILDING COMMUNITY CAPACITY

Under this CBSP, the MRP will gradually build its capacity to provide community living arrangements, services and supports, to meet the needs of those MRP participants who are appropriate for community placement. The MRP will evaluate currently available community resources and expand community residences, services and supports to meet the personal needs of MRP participants recommended for community placement or alternative settings and services, and will establish a schedule to develop such settings and services.

2. SUPPORTED LIVING SERVICES

The MRP will select among the following community placement alternatives to promote appropriate community settings for the MRP participants. Although this list is not exhaustive, the Commonwealth of Puerto Rico reserves the right to continuously evaluate these options and/or alternatives:

- **INDEPENDENT HOMES** - This living arrangement in the community refers to a house that is owned or rented by one (1) or more MRP participants or by a family member or the legal guardian. Under this arrangement, the MRP participant will live on his/her own, with intermittent support services from the MRP, as needed to successfully live in the community.
- **SUPPORTED HOMES** - This living arrangement refers to a house in a community that accommodates a group of MRP participants who need a low but continuous degree of support or assistance from the MRP in order to successfully live in the community. The supported homes will have the following programmatic characteristics: (a) the house may be a private or a public property; (b) the MRP will determine the quantity and type of supported-

living services according to the needs of the MRP participants in each home; (c) the MRP reserves the right to select the supported-living service from private or public providers or other entities or agencies of the Commonwealth of Puerto Rico, or may assign its personnel to provide the support services at the homes, or may select the service in any manner it finds reasonable and that meet the individualized needs of the MRP participants.

- **SUBSTITUTE HOMES** - Substitute homes refer to arrangements established with families in the community who agree to receive and care for an MRP participant in their home. The MRP participant will share the space and the family life with these people. The substitute homes will have the following programmatic characteristics: (a) the Department of Health through inter-agency efforts with the Department of the Family, will establish this living alternative for MRP participants, and (b) these families will receive a monthly stipend, according to the established Commonwealth's rules and regulations that govern these procedures.
- **GROUP HOMES** - This living arrangement in the community refers to a home for a group of MRP participants who require a significant amount of supported services and direct care, twenty-four (24) hours a day/seven (7) days a week. This is a residential alternative for MRP participants who cannot be cared for in their own homes.

The criteria used to determine the number of MRP participants that will reside in one group home will include: (a) that MRP participants have appropriate space and facilities to guarantee comfort, (b) the needs and interests of the MRP participants that will reside therein, and (c) any other criteria regarding special conditions or situations of those MRP participants living in that group home.

B. RESIDENTIAL FACILITIES

Consistent with the *Olmstead* decision, *supra*, the Commonwealth of Puerto Rico foresees that it is possible that there may be cases in which the IDT recommends that community placement is not appropriate for certain MRP participants. The Commonwealth of Puerto Rico further foresees that it is possible that the IDT recommends community placement as appropriate, but the MRP participant prefers residential facility to community placement. Therefore, given this, the MRP anticipates the need of maintaining residential placement available.

C. COMMUNITY TRANSPORTATION SERVICE

The MRP will diligently coordinate transportation services so that all MRP participants, who have been transitioned to community settings, have a reliable means of transportation. To this end, the MRP will arrange with each supported-living-service provider to assure available and appropriate transportation for participation in the community life. Activities of community participation could include, but not be limited to: shopping, recreation, medical and other professional appointments, family and friend visitation, and others.

Where appropriate, relatives and other members of the MRP participant's personal support system will be encouraged to share responsibility in transporting MRP participants to community activities

such as medical appointments, recreational activities, and others.

D. COMMUNITY RECREATION PROGRAM

The MRP will diligently coordinate so that MRP participants are provided with an ongoing scheduled community-based recreational program to foster their social skills, independence and social participation. To this end, the MRP will arrange with each provider to assure that the supported living services include, at a minimum: (a) an established schedule of frequent cultural and athletic activities in the community, planned throughout the year, and (b) a range of opportunities for MRP participants to maintain interpersonal relationships with other members of the community.

IMPLEMENTATION OF SECTION III: COMMUNITY LIVING PROGRAM

The MRP has prepared a 6-year projection towards building its capacity to provide community living arrangements for the MRP participants affected by United States of America v. Commonwealth of Puerto Rico, et al. USDC-PR Civil No. 99-1435. Nothing in the CBSP precludes the Commonwealth of Puerto Rico from implementing its CBSP prior to the deadlines set forth in the CBSP.

Appendix A - Tables 1 and 2 present the time-frame that the MRP will follow to develop and implement Section III of this CBSP. In addition, Table 2 presents the number of MRP participants who will be transitioned yearly to the community and who will be receiving the services described in Section IV of this CSBP.

SECTION IV: COMMUNITY-BASED DEVELOPMENTAL CENTERS

The MRP will provide each MRP participant, appropriate habilitation and pre-vocational skills training and services for the development of independent living and community integration. The MRP will provide these services and training through its existing Community-Based Developmental Centers ("CBDC") and/or through other alternatives that the MRP considers appropriate and that will meet the MRP participants' needs. The MRP will also attend to any physical, psychological and behavioral considerations and foster the MRP participants' full community integration. All services and supports will be provided consistent with MRP quality assurance and PCPP policies and procedures established in this CBSP. Personnel at the CBDC will provide supportive services consistent with this CBSP to be adopted in MRP protocols.

A. HABILITATION AND CLINICAL SERVICES

The MRP will provide habilitation and clinical services to MRP participants in the least restrictive community-based settings. As described previously in this CBSP, all MRP participants will undergo an interdisciplinary assessment, following PCPP, to establish each participant's IHP. The IHP will be established prior to providing any habilitation services and will be revised annually or more frequently if needed.

Habilitation services that foster independent living and social participation will be provided to the MRP participants, in accordance with his/her IHP. The program will focus on the development of adaptive skills in the areas of: communication, self-care and personal hygiene, home living skills, community use and functional academics, self-direction, social/behavioral skills, recreation skills and use of free time.

The MRP will also provide MRP participants with those clinical services recommended in his/her interdisciplinary assessment and set forth in the IAP. Treatment plans and goals will be stated in the MRP participant's IHP. Clinical services will attend to personal objectives regarding: family and community integration, mental health, behavioral considerations, physical health considerations, and other individualized clinical needs.

B. VOCATIONAL SERVICE PROGRAM

The MRP's Vocational Service Program ("VSP") will provide its MRP participants with basic vocational experiences that will encourage the development of appropriate work habits, attitudes and job-related motor and psychosocial skills.

The MRP will promote the availability of vocational alternatives for MRP participants, such as supported and competitive employment opportunities. To this end, the MRP will provide leadership in interagency efforts to obtain vocational rehabilitation opportunities for MRP participants through the Department of Labor and the Vocational Rehabilitation Administration of the Commonwealth of Puerto Rico, the private business sector, and through other available programs or sources.

In order to facilitate such interagency action, the MRP will procure updated vocational assessments for MRP participants by trained and certified professionals in the field. For this purpose, the MRP will acquire a rehabilitation counselor who will form part of the MRP administrative team.

IMPLEMENTATION OF SECTION IV: COMMUNITY-BASED DEVELOPMENTAL CENTERS

Upon the Court's approval of this CBSP, the MRP will assess the quality of the services provided at the existing CBDC and will take the necessary steps to improve such services in order to meet the MRP participants' individualized habilitation and community integration needs.

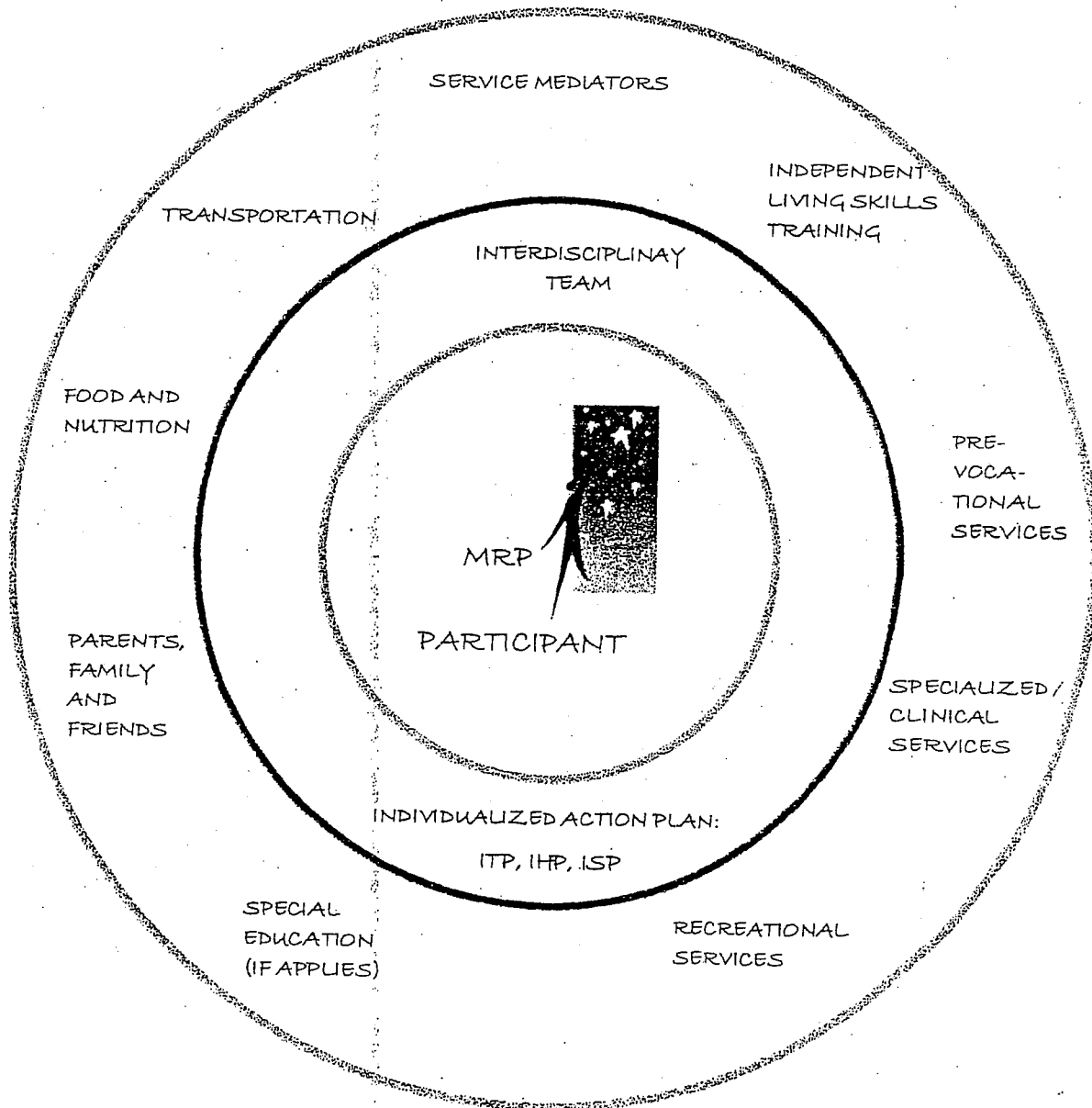
The MRP's action plan to improve its existing CBDC will address the following issues: (a) implementation of all policies and procedures that will be developed in accordance with the guidelines set forth in this CBSP; (b) appropriate staff training; (c) acquisition of equipment and material; (d) improvements to physical facilities; (e) hiring of identified personnel; (f) quality of services and supports; and (g) MRP participants' satisfaction with services and supports.

Appendix A - Table 3 presents the time-frame that the MRP will follow to develop and implement Section IV of this CBSP. Services described in Section IV will be available for MRP participants upon the commencement of their transition to the community and will continue thereafter on an ongoing basis.

Figure A depicts a conceptual framework of the multidimensional services and supports provided to MRP participants within the scope of this CBSP.

FIGURE A

Conceptual Framework for the Multidimensional Services
and Supports Provided to MRP Participants Within



SECTION V: FAMILY SUPPORT PROGRAM

The MRP will promote the development of a Family Support Program ("FSP") to: (a) address the needs of the institutionalized MRP participants who return home with their natural or substitute family, and (b) strengthen those families in their role as support system to the MRP participant with special needs in achieving a more integrated family life.

The FSP has the following objectives:

- Help institutionalized MRP participants to return home with their families in the community.
- Support families that bring institutionalized MRP participants back home and into the community.
- Promote a safe and nurturing family environment for institutionalized MRP participants who return home.
- Teach the family or legal guardian to become effective advocates for the rights of the institutionalized MRP participants who return home.
- Strengthen the family or legal guardian's role as primary support provider for the institutionalized MRP participants who return home.
- Provide guidance to the families who take care of MRP participants at home in resolving financial, social, and emotional issues regarding such care-taking role.

The Commonwealth of Puerto Rico will pursue the development of the following support service alternatives for those families who receive institutionalized MRP participants back home:

A. SERVICE MEDIATORS

Service Mediators or "SM", described in Section II A of this CBSP, are specialized MRP personnel, assigned to each family that has received their institutionalized MRP participant back home, serving as support and service facilitators for those families.

B. SUBSIDY PROGRAM

Subsidy refers to the provision of financial aid to families who receive institutionalized MRP participants back home. The Department of Health will seek funds from the private sector, the Commonwealth of Puerto Rico and federal sources in order to promote subsidy benefits to support families. The United States, as plaintiff in United States of America v. The Commonwealth of Puerto Rico, et al. USDC-PR Civil No. 99-1435, will assist the Commonwealth of Puerto Rico in identifying possible sources of federal funding available to assist the Commonwealth of Puerto Rico in its implementation of this CBSP. Once funding becomes available through these or other means, subsidies will be provided through vouchers, to be used for the purchase of respite care services or to meet other special expenses incurred as a consequence of the MRP participant's special needs.

During the course of the implementation of this CBSP, the MRP foresees that other family support programs may be identified and if appropriate, such programs will be adopted from time to time and implemented in accordance to the needs of the MRP at the time.

C. RESPITE CARE SERVICES

As a long term goal, the MRP is committed to coordinate the provision of respite care temporary care services, in which appropriately trained and duly certified providers take care of MRP participants so that the other members of the family or legal guardian may perform activities of personal interest. As a short-term alternative, the MRP will attend to respite care services needs on a case-by-case basis. Respite care service providers could be selected among various possible candidates: non-profit organizations, religious groups, organizations under contract with the MRP, or any trustworthy person outside the family. Members of the extended family, such as an aunt or uncle, could also serve as respite care service providers for a family.

The MRP will promote community involvement in providing respite care services. The MRP will actively seek individual community candidates to become respite care providers for families of MRP participants who have returned home. To become respite care providers, individuals will be trained and certified as qualified service providers. A list of resources could then be prepared and distributed to the families. The MRP will procure the availability of any of the following respite care services:

- **RESPITE CARE SERVICES AT A SUBSTITUTE HOME** – refers to a home with foster parents who will take care of MRP participants during a short or extended period of time. Arrangements will be established between the respite care provider and the legal guardian and/or the foster parents of the MRP participants. This home will be licensed by the Commonwealth of Puerto Rico's appropriate agency; personnel must be trained in the care of MRP participants with different levels of mental retardation.
- **RESPITE CARE SERVICES AT HOME** – refers to a direct care provider, trained to work with persons with special needs, who goes to the family's house to provide the services.
- **RESPITE CARE SERVICES PROVIDED BY A FRIEND/PROVIDER** – refers to a respite care provider who has been chosen by the family or legal guardian, and has been trained by the MRP.
- **RESPITE CENTER** – The Commonwealth of Puerto Rico will promote the private sector to establish respite care centers that will provide services twenty-four (24) hours a day, seven (7) days a week.

The MRP will implement Section V. A. within four (4) months of the Court's approval of the CBSP.

SECTION VI: ADMINISTRATIVE REORGANIZATION OF THE CENTRAL OFFICE OF THE MENTAL RETARDATION PROGRAM

In this section the MRP sets forth the innovative administrative model it pursues to implement in lieu of the quality assurance it is set to achieve. The Commonwealth of Puerto Rico reserves its right to establish and implement other administrative methods and managerial models as it deems necessary to implement this CBSP and in accordance to the laws and public policies of the Commonwealth of Puerto Rico.

Given the aforementioned, the MRP expects to reorganize its central office administrative structure under principles and processes of total quality control ("TQC"). Through a TQC managerial framework, the central office of the MRP will become normative in its role to implement the CBSP for MRP participants. Under this administrative vision, both, the programmatic and the fiscal elements of the MRP management will become normative in nature.

The executive level of the MRP central management will be organized into three main elements: the normative programmatic element, the normative fiscal element and the normative quality element. The normative fiscal office will respond to all acquisition and accounting processes, data collection, funds, payments, and other fiscal matters. The normative programmatic office will look after all services and supports provided to the MRP participant and his family, by public or private providers, with regards to residential, habilitation, health services, vocational, clinical treatment, recreational experiences and other such services that allow further community integration of the MRP participant. Both elements of this managerial organization will offer technical assistance to service providers in issues regarding services and supports for each MRP participant. Both offices will procure quality control of services and will follow-through the implementation of the CBSP for all MRP participants.

The third element of this managerial model is the normative quality element. The first two elements, normative programmatic and normative fiscal will join, in the administration's effort to assure productivity, competency, quality improvement and standardization of processes in order to obtain an ongoing and continuous improvement of MRP services.

A fourth element to the TQC administration proposed for the MRP is the development of a Mental Retardation Planning Council, hereinafter "the Council." The mission of the Council will be to

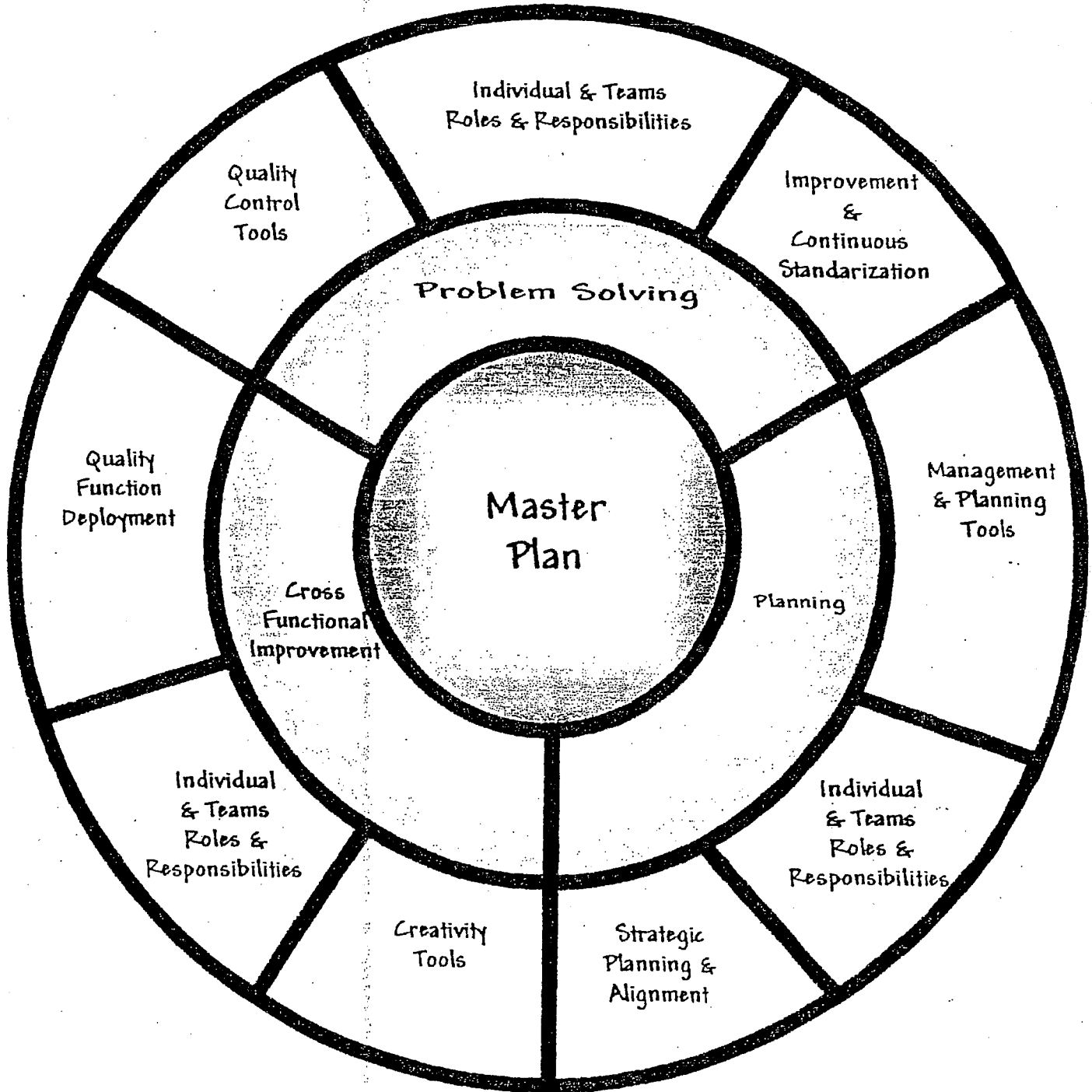
promote public policy, which will lead to the independence, productivity and inclusion of MRP participants in all aspects of society. This mission will be accomplished through planning, evaluation, collaboration, education, research and advocacy. Once established, the principal effort done by the Council will consist of identifying and evaluating strategic issues, recommend and reexamine priorities, and devise and review alternatives; all within the scope of the strategic planning process.

Figure B depicts the conceptual framework underlying this TQC managerial model.

FIGURE B

Total Quality Management

APPLIED VISION OF THE TOTAL QUALITY MANAGEMENT
PROPOSED FOR THE ADMINISTRATIVE REORGANIZATION OF THE MRP



ACRONYMS

ATP	Psychiatric Therapeutic Assistant (acronyms in Spanish)
CBSP	Community-Based Service Plan
CBDC	Community-Based Developmental Centers
FSP	Family Support Program
IAP	Individualized Action Plan
IDT	Interdisciplinary Team
IHP	Individualized Habilitation Plan
ISP	Individualized Services Plan
ITP	Individualized Transition Plan
MRP	Mental Retardation Program of the Department of Health of Puerto Rico
PCPP	Person-Centered Planning Principles
SLS	Supported-Living Staff
SM	Service Mediator
VSP	Vocational Service Program

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APPENDIX A

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A, B, C AND D OF THE COMMUNITY- BASED SERVICE
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TABLE 1

TIME-TABLE FOR THE IMPLEMENTATION OF
SECTIONS II A, B, C AND D OF THE COMMUNITY-BASED SERVICE PLAN

Area/Section of CBSP		STEP 1 Development of Policies and Procedures Preparation and Staff Assignment Completion Period	STEP 2 Train Staff in Policies and Procedures Initiation Period	STEP 3 Implementation of Policies and Procedures. Period of Implementation	STEP 4 Quality Assurance Assessment Completion Period
II A	STAFF TRAINING PROGRAM	Curriculum ⁶ has been fully designed and is pending revision and final approval by the Department of Health	Within the MRP's Ongoing Yearly Schedule	Within the MRP's Ongoing Yearly Schedule	Each training activity will be evaluated. Progress report will be available one (1) year after initiating the implementation.
II A	PERSON-CENTERED PLANNING PRINCIPLES ("PCPP")	Within two (2) months of Court's approval of the CBSP	One (1) month after completing Step 1.	During the following four (4) months after completing Step 2.	One (1) year after initiating Step 3.
II D	SUPPORTED LIVING SERVICES	Within two (2) months of Court's approval of the CBSP	Prior to any transfer to community setting	Immediately upon completion of training	Ongoing
II A	SERVICE MEDIATORS ("SM")	Within three (3) months of Court's approval of the CBSP	One (1) month after completing Step 1.	Immediately upon completion of training	Individualized staff assessment. Internal progress reports six (6) months upon commencing services.

6. The Curriculum was prepared taking into account the philosophy and goals set forth in this CBSP. In addition, the MRP incorporated in its curriculum the recommendations presented by the Joint Compliance Coordinator, Dr. John J. McGee, and the obligations dictated in the Interim Settlement Agreement, entered into by the parties in United States v. The Commonwealth of Puerto Rico, et al. USDC-PR Civil No. 99-1435.

TABLE 1: Continuation

Area/Section of CBSP		STEP 1 Development Policies and Procedures Preparation and Staff Assignment	STEP 2 Train Staff in Policies and Procedures	STEP 3 Implementation of Policies and Procedures	STEP 4 Quality Assurance Assessment
		Completion Period	Initiation Period	Period of Implementation	Completion Period
II A	INTERDISCIPLINARY TEAM ("IDT")	Within three (3) months of Court's approval of the CBSP	One (1) month after completing Step 1.	Immediately upon completion of training	Refer to QA section of this table for IHP, ITP, and ISP
II A	INDIVIDUALIZED HABILITATION PLAN ("IHP")	Within four (4) months of Court's approval of the CBSP	One (1) month after completing Step 1.	During the following three (3) months after completing staff training on set policies and procedures.	One (1) year after initiating the implementation of set policies and procedures.
II B	INDIVIDUALIZED TRANSITION PLANNING ("ITP")	Within four (4) months of Court's approval of the CBSP	One (1) month after completing Step 1.	During the following eight (8) months after completing staff training on set policies and procedures.*	One (1) year after initiating the implementation of set policies and procedures.
II A	INDIVIDUALIZED SERVICE PLAN ("ISP")	Within five (5) months of Court's approval of the CBSP	One (1) month after completing Step 1.	Upon completion of the ITP period, the interdisciplinary team will establish ISPs.	One (1) year after initiating the implementation of set policies and procedures.
II C	SAFE ENVIRONMENT, INCIDENT REPORTING AND INVESTIGATION	Within six (6) months of Court's approval of the CBSP	One (1) month after completing Step 1.	Immediately upon completion of training	One (1) year after initiating the implementation of set policies and procedures.
II B	EFFECTIVE CRISIS INTERVENTION DURING THE TRANSITION PERIOD	Within seven (7) months of Court's approval of the CBSP	One (1) month after completing Step 1.	As needed	On ongoing for individual cases.
II A	QUALITY ASSURANCE SYSTEM	Within nine (9) months of Court's approval of the CBSP	Two (2) months after completing Step 1.	Immediately upon completion of training	One (1) year after initiating the implementation of set policies and procedures.

* See Table 2 to refer to the number of MRP participants who will be transitioned to the community during each Phase.

TABLE 2
TIME-TABLE FOR THE IMPLEMENTATION OF
SECTION III OF THE COMMUNITY-BASED SERVICE PLAN

	First Phase ⁷ FISCAL YEAR 2001- 2002	Second Phase FISCAL YEAR 2002- 2003	Third Phase FISCAL YEAR 2003- 2004	Fourth Phase FISCAL YEAR 2004- 2005	Fifth Phase FISCAL YEAR 2005- 2006	Sixth Phase FISCAL YEAR 2006- 2007	TOTAL BY END OF FISCAL YEAR 2006- 2007
Number ⁸ of individuals that will be transitioned to community settings and that will be receiving habilitative and/or vocational services and training as described in Section IV of the CBSP ⁹	24	65	75	65	32	38	299

7. On August 29th, 2001, the MRP opened its first community-based home in Vega Alta, Puerto Rico and transitioned MRP participants to this home on September 5, 2001.

8. For administrative purposes, the MRP has included in this process of transition to community settings a number of individuals that are not MRP participants, as defined in this CBSP and in United States v. The Commonwealth of Puerto Rico, et al. USDC- PR Civil No. 99-1435. However, these non-MRP participants are herein included for limited administrative purposes and do not submit themselves to the Court's jurisdiction in United States v. The Commonwealth of Puerto Rico, et al. USDC- PR Civil No. 99-1435.

9. The numbers presented in Table 2 represent the number of MRP participants and non MRP participants that will be transitioned to the community in each phase planned. However, the MRP reserves the right to change these numbers in the course of implementing these phases. Recommendations from the IDT, the MRP participants' choice and decision, as well as that of his/her family or legal guardian are variables that cannot be ascertained at the time of the preparation of this CBSP but that may arise during the implementation of the CBSP. These variables may affect in various ways the timetable itself, the numbers of MRP participants that will be transitioned to the community in each phase and the number of MRP participants that will be transitioned to the community in its totality.

TABLE 3
TIME-TABLE FOR THE IMPLEMENTATION OF
SECTION IV OF THE COMMUNITY-BASED SERVICE PLAN

		First Phase	Second Phase	Third Phase	Fourth Phase	Fifth Phase	Sixth Phase	TOTAL BY END OF FISCAL YEAR 2006-07
		FISCAL YEAR 2001-02	FISCAL YEAR 2002-03	FISCAL YEAR 2003-04	FISCAL YEAR 2004-05	FISCAL YEAR 2005-06	FISCAL YEAR 2006-07	
IMPROVEMENTS SCHEDULED FOR EXISTING CBDC	CBDC – Cayey			✓				
	CBDC – Bayamón III	✓						
	CBDC - Valle del Toa		✓					
	CBDC – Ponce				✓			