

Traumatic Brain Injury Annual Data Report

COMPARISON - 2002 - 2003 - 2004 - 2005

SECTION ONE: HEALTH & SAFETY	Performance Standard %	2002 %	2003 %	2004 %	2005 %	2006 %	2007 %	Four Year AVERAGE %
1. Access to needed health care providers in local community	95	97	96	98	81			93
2. Feel safe & comfortable in own home	100	94	97	98	90			95
3. Feel safe in neighborhood / community	100	98	97	96	92			96
9. Safety plan in place	100	98	98	93	94			96
12. Do you need help to do your daily activities of living	100	52	66	71	89			70
14. Do you need assistance to take your medications	-	31	42	56	75			51
15. Do you receive Home Health Services	-	19	9	14	31			93
24. Evacuation plan	100	92	87	96	96			93
25. Able to follow plan	100	84	84	90	90			87
26. Primary health, safety & medical needs identified & met	100	94	91	96	94			94
SECTION TWO: ABUSE - NEGLECT - EXPLOITATION	%	%	%	%	%	%	%	%
1. Background check was offered for staff	100	16	27	54	68			41
2. If background check was declined do you want one now	-	8	9	0	6			6
4. Knows how to report ANE	100	79	80	91	74			81
5. File indicated ANE reported during past year	-	10	8	4	15			41

6. File indicates ANE reports had been addressed	100	6	6	58	19			18
SECTION THREE; SATISFACTION	%	%	%	%	%	%	%	%
1. TLS Provider [EXCELLENT - VERY GOOD - GOOD]	95	71	83	92	94			85
2. Personal Attendants [EXCELLENT - VERY GOOD - GOOD]	95	76	79	98	96			87
3. Staff arrive on time	95	81	87	87	83			85
4. Staff perform tasks as defined on attendant care worksheet	100	74	79	73	76			76
7. preferences - choices honored	100	92	99	98	87			94
8. Person involved in development of POC	100	73	86	96	89			86
9. Person is involved in development of goals	100	89	91	96	92			92
SECTION FOUR: RESPONSIVENESS	%	%	%	%	%	%	%	%
2. Opportunity to express needs - is effective [YES EFFECTIVE & YES SOMETIMES]	100	97	95	99	97			97
3. Choices are respected [ALL & MOST]	100	89	95	97	91			93
5. Knows how to file grievance / concern / complaint	100	0	100	92	81			91
SECTION FIVE: ACCESS & AVAILABILITY	%	%	%	%	%	%	%	%
1. How to contact CM	100	97	97	97	94			96
2. CM available [ALWAYS - USUALLY - 1 HOUR - DAY]	100	86	96	90	29			75

3. CM Satisfaction [EXCELLENT - VERY GOOD - GOOD]	95	87	92	93	76			87
5. CM assist to access services	100	84	84	95	86			87
6. Services needed but not available	-	20	20	5	20			16
7. Choice of provider agencies	100	53	53	5	92			51
8. Barrier to access services - Was it addressed	-	6	6	0	7			6
9. Availability of Natural / unpaid supports	-	86	86	93	92			89
SECTION SIX: CONSUMER CONTROL	%	%	%	%	%	%	%	%
1. Choice of living setting	90	79	80	94	81			84
2. Decisions re finances	90	71	84	95	68			80
3. Choice of Services	100	87	84	98	86			89
4. Choice of who provides services	100	63	78	91	80			78
5. Choice to hire / fire staff	100	60	70	85	69			71
6. Items would like to learn	-	16	26	22	26			28
7. CM helpful to change service / supports / providers	100	39	76	84	63			65.5
8. CM explained option to Self - Direct	100	79	90	90	93			88
9. Has the choice to self direct been made	-	68	76	90	90			81
10. Are you prepared / trained / supported to self direct	-	60	70	83	74			72
11. Personal attendants do as they are asked	100	77	78	75	84			79
12. Choice of meals	100	87	90	97	94			92
13. Ever wanted to fire a personal attendant or service provider	-	16	41	51	46			35

SECTION SEVEN: TRANSITION PLAN	%	%	%	%	%	%	%	%
1. CM discussed option after leaving HCBS services	-	32	29	48	62			43
3. Is there progress in learning & maintaining skills	90	87	95	100	91			93
4. Current use of natural supports	90	95	97	90	90			93
9. Plan in place to assure independence after leaving HCBS HI services	90	6	19	48	59			33
12. Aware of local Center for Independent Living	-	90	30	77	88			71
13. Effective discussion regarding continuing medical insurance / care have taken place	-	10	14	28	49			25
SECTION EIGHT: FILE REVIEW	%	%	%	%	%	%	%	%
1. Evidence of training for support team members - while receiving HI HCBS services	-	50	67	-	42			38
2. Evidence of training for support team members - to prepare to leave HI HCBS services	-	24	36	-	33			31
8. Evidence Background checks have been completed	-	60	35	-	31			42
9. Evidence Choice re: background check was offered	100	31	49	-	61			47
10. Evidence that each self-directing person has been provided in writing a description of services that will be provided by their attendants, including any benefits	100	39	79	-	72			63
11. Evidence of ANE Training for persons and family	100	24	71	-	31			42
12. Evidence of ANE Training for attendants	100	53	43	-	18			38