

Goal/Subgoal	Specific Outcome Criteria for Determining Compliance	Are you currently doing the "b"s? Yes/No	What evidence do you have?	Responsible Lead Staff	Req'd. Std. of Compliance (Full/High/Significant)	Method of Assessing Compliance
A. 1. IHP/ISPs	b.i. Consumers will have ISPs developed or revised in accordance with professional standards at least annually.				HIGH-90%	d.i. Review the computerized database to verify that annual ISP plans/reviews have been completed; that unmet needs have been identified in the semi-annual reports prepared by DDS/DDA; and that such needs have been incorporated into planning and budgeting processes. d.ii. Review quality assurance documents regarding compliance with ISP standards and for documentation of corrective actions, disciplinary actions and enforestrictive controls ement actions taken as needed to correct any identified problems. d.iii. Direct observation of a random sample of 10% of consumers' residential and day programs, record reviews and interviews with consumers and families/guardians to determine the adequacy and appropriateness of their ISPs and services and supports provided to these persons. d.iv. Conduct interviews with case
	b.ii. ISPs will be reviewed whenever there is a significant change in circumstances.				HIGH-90%	to consumers. Interviews with the Quality Trust staff should be included in the process.
	b.iii. ISPs will be based upon individualized assessments.				HIGH-90%	
	b.iv. ISPs will be developed with the active participation of the consumer, case manager, advocate, staff who know the consumer best and any available family members or guardians, at a minimum.				HIGH-90%	

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	b.v. ISPs will be disseminated to members of the planning team and placed in the consumers' chart within 30 days of the planning meeting.				HIGH-90%	
	b.vi. Defendants shall notify the Court Monitor and the counsel for the plaintiffs of the dates of the assessments and the ISP meetings for all class members on an <b>ANNUAL</b> basis.				HIGH-90%	

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	<b>b.vii.</b> The defendants shall notify parents/guardians when serious injuries or illness require a doctor's attention.				<b>HIGH-90%</b>	
	<b>b.viii.</b> Consumers receive the services and supports identified in the ISP on a timely basis.				<b>HIGH-90%</b>	
	<b>b.ix.</b> Consumers receive the services and supports identified in the ISP in the least separate, monthst integrated and least restrictive environment.				<b>HIGH-90%</b>	
	<b>b.x.</b> ISPs must address the consumers' need for: A. suitable living arrangements, together with community-based day programs and services; B. employment as appropriate; C. recreation; D. medical, dental and health and mental health services which provide for accessibility, quality and continuity of care.				<b>HIGH-90%</b>	
	<b>b.xi.</b> If the person has decision-making incapacity, the ISP will provide for decision-making by a guardian or other appropriate surrogate decision-maker.				<b>HIGH-90%</b>	

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	<p><b>b.xii.</b> For persons with physical disabilities, the ISP must provide for individualized adaptive equipment, as needed, based on appropriate professional evaluations of the need for such equipment.</p> <p>A. An assessment of the need for adaptive equipment is completed within 30 days of a request therefor.</p> <p>B. Acquisition and repair of adaptive equipment occur within 60 days from the date the need is determined, unless the District can demonstrate that the acquisition or repair of the adaptive equipment in a specific case was not reasonably possibly due to circumstances outside of its control, such as lack of availability of the equipment or repair service needed. In such cases the District will make all reasonable efforts to provide such equipment or repair services as soon as possible.</p> <p>C. Medical and Dental services are being provided within professionally acceptable timeframes.</p> <p>D. Class members are provided 1:1 staffing when required by their ISP.</p>				HIGH-90%	

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	<b>b.xiii.</b> All unmet needs of consumers are clearly identified in their ISPs whether or not services are currently available. An action plan formulated in accordance with professional standards is developed and implemented to meet those needs within professionally acceptable timeframes.				<b>HIGH-90%</b>	
	<b>b.xiv.</b> Unmet needs of class members will be identified from various source restrictive controls including but not limited to: ISPs, incident investigations; monitoring by support coordinators, plaintiffs, plaintiff-intervenor, the Court Monitor and Quality Trust for Individuals with Disabilities; complaints; HRLA reports; MMIS (Medicaid) claims data; and provider performance reviews.				<b>HIGH-90%</b>	
	<b>b.xv.</b> Every 6 months, such unmet needs will be aggregated and a report will be prepared analyzing the causes of those unmet needs to determine specific strategies and develop systemic plans, including necessary funding strategies, to address service delivery delays for class members. The report will be provided promptly to plaintiffs, plaintiff-intervenor, the Court Monitor, the Special Masters and the Quality Trust for Individuals with Disabilities. Funding strategies will be implemented within the next budget cycle.				<b>HIGH-90%</b>	
	<b>b.xvi.</b> The completeness and appropriateness of all ISPs will be subject to Quality Assurance reviews at least annually.				<b>HIGH-90%</b>	

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	<b>b.xvii.</b> In the event that private providers do not comply with these performance expectations in paragraphs (i)-(xii), appropriate authorities within the District of Columbia government will take action necessary to ensure provider compliance, including the provision of technical assistance, or will impose sanctions designed to assure compliance, including, where necessary, termination of provider agreements, contracts and licenses, fines and termination of reimbursement arrangements.				<b>HIGH-90%</b>	

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<b>A. 2. Residential, Vocational &amp; Day Services</b>	<b>b.i.</b> All class members are served in day or employment programs that are the least restrictive, monthst integrated settings appropriate to their needs. Class members also are provided with adequate supports to allow their participation in integrated recreation and social activities in their communities.				<b>HIGH-90%</b>	Review of all placements of consumers in nursing homes and a 10% random sample of consumers in large congregate day programs and in residential programs to determine whether the placements comply with the criteria and procedures adopted in compliance with the Plan.
	<b>b.ii.</b> No consumers are placed or remain in large institutions or nursing homes inappropriately, or because appropriate community alternatives are not available.				<b>HIGH-90%</b>	
	<b>b.iii.</b> Any placements into nursing homes or any other residential facilities serving more than 8 people are preceded by an independent evaluation which supports such a placement.				<b>HIGH-90%</b>	
	<b>b.iv.</b> Class members are fed according to their individual needs by adequately trained staff.				<b>HIGH-90%</b>	
	<b>b.v.</b> Each class member has access to an adequate and nourishing diet. Class members have access to visitors, telephones and mail.				<b>HIGH-90%</b>	

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	b.vi. In the event that private providers do not comply with these performance expectations, appropriate authorities within the District of Columbia government will take action necessary to ensure provider compliance, including the provision of technical assistance, or will impose sanctions designed to assure compliance, including, where necessary, termination of provider agreements, contracts and licenses, fines and termination of reimbursement arrangements.				HIGH-90%	



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<b>A.3. Staff Training</b>	<b>b.i.</b> The District has a system in place to ensure that all new employees assigned to residential and day treatment programs attend orientation and preliminary skill-training prior to assignment to a work site. All staff, including transportation staff, must receive on-going training throughout the course of their employment to develop, acquire or maintain the current and skills required for their positions. No staff person may be permitted to undertake any direct care duties or responsibilities with consumers without direct supervision until they complete training and acquire required competence and pass competency tests.				<b>HIGH-90%</b>	<p>d.i. Review of documents to verify staff attendance at training and evidence of acquisition of competencies in the skills taught (e.g. passing scores in post-training tests.)</p> <p>d.ii. Review of the grievances and unusual incident reports and related investigations and other quality assurance documents to determine whether lack of training is identified as a cause of incidents and grievances, and if so, whether corrective actions were taken and were adequate.</p> <p>d.iii. Interview a random sample of 10% of consumers, their families, guardians and staff of the residential and day treatment programs regarding training issues.</p> <p>d.iv. Interview a random sample of advocates and case managers assigned to the consumers in the sample regarding staff competencies.</p>
	<b>b.ii.</b> All staff employed by the District and provider agencies will have attended required training programs and satisfactorily demonstrated competence in the skills required for the positions they hold (e.g. by passing a post-training test or evaluation to demonstrate the acquisition of the required skills).				<b>HIGH-90%</b>	
	<b>b.iii.</b> All employees who are authorized to administer drugs are credentialed to do so after attending training programs and demonstrating their competence in the skills required for this responsibility (e.g. by passing a post-training test or evaluation to demonstrate the acquisition of the required skills).				<b>HIGH-90%</b>	
	<b>b.iv.</b> All case managers are trained in individualized service planning and demonstrate competence in the skills required for their positions (e.g. by passing a post-training test or evaluation to demonstrate the acquisition of the required skills).				<b>HIGH-90%</b>	

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<b>A.4. Restricted Control Procedures (incl. medications, use of restraints and time-out)</b>	<b>b.i.</b> All MR/DD consumers for whom Restricted Control Procedures are used have individualized behavior support plans.				<b>HIGH-90%</b>	<p>d.i. Document review of random sample of 10% of the cases, or 25 cases, whichever is more (see Footnote 17), in which Restricted Control Procedures were used, to determine compliance with the policy.</p> <p>d.ii. Interviews with case managers and advocates assigned to the sample case in which Restricted Control Procedures were utilized.</p> <p>d.iii. Interviews of the persons in the sample for whom Restricted Control Procedures were used, including interviews with their residential and day program staff, parents or guardians, and the clinicians who ordered the use of the control procedure.</p>
	<b>b.ii.</b> Restricted Control procedures are used when alternative techniques have failed and only when they are determined to be the least restrictive alternatives.				<b>HIGH-90%</b>	
	<b>b.iii.</b> Such behavior support plans clearly identify the proactive, positive approaches that will be used to minimize and/or ameliorate the need for control procedures.				<b>HIGH-90%</b>	
	<b>b.iv.</b> No consumers are subject to PRN medication, seclusion, time-out, or use of aversives.				<b>HIGH-90%</b>	
	<b>b.v.</b> If consumers are restrained, they will be checked every 30 minutes and a record kept contemporaneously with the check.				<b>HIGH-90%</b>	
	<b>b.vi.</b> Defendants have developed and implemented a policy governing the safe administration and handling of medications.				<b>HIGH-90%</b>	
	<b>b.vii.</b> When medication is used for sedation prior to medical appointments, desensitization plans describing the positive, proactive approaches that will be utilized to reduce the need for sedation, will be implemented.				<b>HIGH-90%</b>	

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	<b>b.v.iii.</b> All individualized behavior support plans will contain documentation, including a functional analysis of the target behavior and that adequate behavioral data was collected and considered prior to determining that Restricted Control Procedures are the least intrusive measures to address the specific behaviors, and authorizing the use of such procedures.				HIGH-90%	
	<b>b.ix.</b> In all cases where psychotropic medications are used: A. there is documentation in the record of a mental health diagnosis (DSM-IV); B. there is documentation in the record of the intended effects and side effects of the medication; C. there is documentation in the record of informed consent or substituted consent; D. there is documentation in the record of a termination date for the prescription of not more than 30 days; and E. the prescribing physician receives regular information regarding the effects of the medication to enable him/her to make a decision to reduce or discontinue the medication as warranted.				HIGH-90%	
	<b>b.x.</b> An interdisciplinary team, including a physician, must complete a review of the use of psychotropic medications at a minimum of every 90 days, but the frequency of the reviews should be determined by the individual's clinical status.				HIGH-90%	
	<b>b.xi.</b> A tardive dyskinesia screen, such as the AIMS, must be conducted and documented at baseline and every 6 months.				HIGH-90%	

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	<b>b.xii.</b> All persons who initiate the use of Restricted Control Procedures meet credentialing requirements and have met the training requirements in the policy.				HIGH-90%	
	<b>b.xiii.</b> All the direct care staff who support consumers for whom Restricted Control Procedures have been ordered meet the training requirements in the Restricted Control Policy, and have been trained on the individual behavior management plans. All such staff have received training in positive means of managing behavior.				HIGH-90%	
	<b>b.xiv.</b> All cases in which Restricted Control Procedures have been initiated are reviewed annually by a DDS Review Committee and the results of such review are sent to the Court Monitor and Quality Trust.				HIGH-90%	
	<b>b.xv.</b> In all cases where Restricted Control Procedures are to be initiated, DDS will provide the Court Monitor and Quality Trust adequate advance notice of the meeting along with the names of the consumers affected.				HIGH-90%	
	<b>b.xvi.</b> When monitoring uncovers noncompliance with the policies by providers, prompt corrective action is taken to remedy the noncompliance. In the event of noncompliance that threatens the safety or well being of a consumer, the defendants will take whatever immediate action is necessary to protect the consumer, and to correct the deficiency including, where necessary, imposing sanctions to assure compliance, and/or termination of provider agreements, contracts and licenses.				HIGH-90%	

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<b>B. Consumers must be kept free from harm.</b>	<b>b.i.</b> All incidents (as defined in District of Columbia regulations and policies) are reported in accordance with the policy. Abuse, neglect and mistreatment are clearly prohibited by defendants' policies and procedures.				<b>HIGH-90%</b>	<p>d.i. Review 10% random sample of serious and other incident reports and the related investigations, Quality Assurance documents, Human Rights Committee minutes, reports to the QT, documentation of case manager follow up of the implementation of recommendations, and documentation of the implementation of sanctions where warranted.</p> <p>d.ii. Interview case managers and advocates assigned to the consumers involved in the incidents in the sample above, regarding compliance with the policy.</p> <p>d.iii. Review documents and interview staff at 10% sample of residential and day program sites to ensure that all incidents are being reported in compliance with the policy.</p>
	<b>b.ii.</b> Family members and/or guardians, the Court Monitor and the Quality Trust are notified of all serious incidents (as defined in District of Columbia regulations and policies) within 24 hours of the defendants becoming aware of such incidents.				<b>HIGH-90%</b>	
	<b>b.iii.</b> All serious incidents are reported within the timeframe established by the policies, and thoroughly investigated by trained investigators. All other incidents are investigated in accordance with the policy requirements.				<b>HIGH-90%</b>	
	<b>b.iv.</b> Investigation reports identify appropriate preventive, corrective and disciplinary actions needed to protect MR/DD consumers from harm.				<b>HIGH-90%</b>	
	<b>b.v.</b> All serious incident investigation reports are reviewed by quality assurance staff in DDS/DDA. All other incidents are reviewed for patterns and trends by quality assurance staff in DDA and the Quality Improvement Committee.				<b>HIGH-90%</b>	
	<b>b.vi.</b> All deaths are reported to and reviewed by the Fatality Review Committee.				<b>HIGH-90%</b>	

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	b.vii. Recommendations from the Fatality Review Committee for preventive and corrective actions are followed up, implemented and documented.				HIGH-90%	

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	<b>b.viii.</b> For all serious incidents, case managers follow up on recommendations and ensure that there is proper implementation of appropriate preventive, corrective or disciplinary action, and document their actions. For all incidents, case managers follow up to ensure that all consumers are safe and protected from harm. Based upon the quality assurance review of patterns and trends of consumer incidents, DDS/DDA shall ensure that there is prompt implementation of whatever preventive, corrective or disciplinary actions are necessary to protect the consumers from harm.				HIGH-90%	
	<b>b.ix.</b> The appropriate licensing/contracting agency is informed of all serious incidents and of the outcomes and recommendations for preventive and corrective action from all investigations, and takes appropriate action for prevention and correction.				HIGH-90%	
	<b>b.x.</b> The Court Monitor and the Quality Trust receive incident reports of all serious incidents and all the final investigation reports, as well as recommendations for preventive and corrective action. Each quarter, the Court Monitor and the Quality Trust receive aggregate reports on patterns and trends for all other incidents.				HIGH-90%	
	<b>b.xi.</b> Incident reporting is online in 90% of residential and day treatment provider sites.				HIGH-90%	

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	b.xii. In the event that private providers do not comply with these performance expectations, appropriate authorities within the District of Columbia government will take action necessary to ensure provider compliance, including the provision of technical assistance, or will impose sanctions designed to assure compliance, including, where necessary, termination of provider agreements, contracts and licenses, fines and termination of reimbursement arrangements.				HIGH-90%	



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<b>C. Safeguarding each consumer's personal possessions</b>	<b>b.i.</b> All consumers have individual consolidated, interest-bearing accounts.				<b>SIGNIFICANT-80%</b>	Review of all relevant documentation for a random sample of 10% of consumer's accounts, including ISPs and IFPs.
	<b>b.ii.</b> Consumers are remunerated in full for all monies to which they are entitled.				<b>SIGNIFICANT-80%</b>	
	<b>b.iii.</b> Consumers' funds and personal possessions are safeguarded.				<b>SIGNIFICANT-80%</b>	
	<b>b.iv.</b> All ISPs have an individual financial plan that accurately reflects each consumer's financial status and describes a plan for the use of existing and/or anticipated funds based on the individual's preferences. IFPs also describe the supports each consumer requires to manage his/her funds in the least restrictive manner possible.				<b>SIGNIFICANT-80%</b>	
	<b>b.v.</b> Annual audits are performed of each consumer's account and the results forwarded to the Court Monitor and the Quality Trust.				<b>SIGNIFICANT-80%</b>	
<b>D. 1. Case Management</b>	<b>b.i.</b> Case managers and their supervisors have successfully completed the required competency-based training. Case managers participate in the development of the ISPs for all consumers on their caseload.				<b>HIGH-90%</b>	d.i. Review the case manager roster to determine compliance with the caseload ratios and with criteria for assignment of individual case managers to lower ratios. d.ii. Review training logs to determine that all case managers

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	<b>b.ii.</b> Case managers ensure that the consumers on their caseload receive all of the services and supports identified on the ISPs, and where problems are encountered in obtaining access or in the quality or timeliness of the receipt of services and supports, that they document them, attempt to resolve them and, where appropriate, make prompt referrals to the Court Monitor and the Quality Trust for assistance in resolving the problem expeditiously.				<b>HIGH-90%</b>	have completed required training and demonstrated require competencies. <b>d.iii.</b> Review the records of a random sample of 10% of the consumers served to determine the adequacy of case manager services, interview the advocates assigned to these persons, as well as residential and day program staff and families/guardians.
	<b>b.iii.</b> In all cases where a consumer on their caseload has been the subject of an incident or recommendation for corrective or preventive action, the case manager follows up to ensure implementation of appropriate actions for the safety and protection of the consumer.				<b>HIGH-90%</b>	
	<b>b.iv.</b> Defendants maintain a case management caseload of 1:30. Defendants may create lower ratios for individual case managers based on a determination of the intensity of needs for case management services by the consumers on the caseload.				<b>HIGH-90%</b>	

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<b>D. 2. Quality Assurance Program and Fiscal Audits</b>	<b>b.i.</b> An annual plan of monitoring is prepared and implemented, monitoring the safety, quality and effectiveness of services and supports to consumers. Quality Assurance recommendations for prevention, correction and improvement are implemented and documented.				<b>HIGH-90%</b>	<p>d.i. Review of the Quality Assurance documents (i.e. aggregate reports, recommendations made by Quality Assurance staff and committees, documentation of follow-up action for prevention and correction, Fatality Review Committee minutes and reports, etc.)</p> <p>d.ii. Review of the annual Quality Assurance plan and implementation activities.</p> <p>d.iii. Review of corrective and enforcement controls and actions initiated as a result of Quality Assurance activities.</p> <p>d.iv. Interviews with case managers and advocates assigned to a random sample of 10% of consumers, as well as consumers' families and guardians regarding the QA program.</p>
	<b>b.ii.</b> Implementation of the Quality Assurance recommendations is monitored by quality assurance staff or case managers is documented.				<b>HIGH-90%</b>	
	<b>b.iii.</b> When monitoring uncovers noncompliance with required standards by providers, prompt corrective actions is taken to remedy the noncompliance. In the event of serious noncompliance that threatens the safety or well-being of consumers, the defendants will take whatever immediate actions are necessary to protect consumers. Such actions shall include measures to correct the deficiency, including training and technical assistance for provider staff, relocation of consumers to appropriate short-term respite facilities which can provide for individual support and service needs, and their health and safety, and/or the use of sanctions to ensure compliance with standards including the termination of provider agreements, contracts and licenses.				<b>HIGH-90%</b>	
	<b>b.iv.</b> In addition, see the section on Protection from Harm and case management.				<b>HIGH-90%</b>	

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<b>F. Adequate Budget</b>	<b>b.i.</b> Defendants will maintain a ratio of one service coordinator for every 30 consumers; retain sufficient staff for investigations of incidents to meet a ratio of 10 investigations per month per investigator; and retain sufficient staff capacity to conduct eight provider certification reviews per month.				<b>FULL-95%</b>	Actual provision of this information to the Special Master, Court Monitor, plaintiffs and plaintiff-intervenor or their successors as described above for two successive years, and demonstrating that the staffing ratios and computerized ISP process are being utilized to determine the budget for the support of DDS/DDA consumers.
	<b>b.ii.</b> As specified under Goal A (1), every 6 months, unmet needs will be aggregated and a report will be prepared analyzing the causes of those unmet needs to determine specific strategies and develop systemic plans, including necessary funding strategies, to address service delivery delays for class members. Funding strategies will be implemented within the next budget cycle. Defendants will maintain sufficient budget to allow the transition of class members to the Medicaid waiver as recommended in the ISP process.				<b>FULL-95%</b>	