

**CARF Accreditation Report
for
Advocacy Links, LLC
Three-Year Accreditation**



Contents

[Executive Summary](#)

[Survey Details](#)

[Survey Participants](#)

[Survey Activities](#)

[Program\(s\)/Service\(s\) Surveyed](#)

[Representations and Constraints](#)

[Survey Findings](#)

[Program\(s\)/Service\(s\) by Location](#)

About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Advocacy Links, LLC
56159 Riverdale Drive
Elkhart, IN 46514

Organizational Leadership

Heather Van Ness, Business Manager
Joy Greeney, Managing Member

Survey Number

156007

Survey Date(s)

November 7, 2022–November 8, 2022

Surveyor(s)

Brent C. Mikulski, MBA, Administrative
Maija Augenbergs, Program
Jay Hayston, DLP, Program

Program(s)/Service(s) Surveyed

Services Coordination
Services Coordination (Children and Adolescents)
Services Coordination (Medically Fragile)
Services Coordination (Older Adults)
Services Coordination (Older Adults/Dementia Care)

Previous Survey

April 8, 2019–April 9, 2019
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: May 31, 2025

Executive Summary

This report contains the findings of CARF's site survey of Advocacy Links, LLC conducted November 7, 2022–November 8, 2022. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Advocacy Links, LLC demonstrated substantial conformance to the standards. Advocacy Links provides service coordination across the northern region of Indiana to children and adolescents, older adults, and persons with medically fragile conditions. The organization is a valued member of the communities served. The leadership and staff members demonstrate an exceptional level of commitment to delivering individualized services that facilitate personal outcomes of the highest caliber and effectiveness. The leadership team fosters a workforce culture in which creativity is encouraged and appreciated. The leadership is open and responsive to stakeholder input. Advocacy Links demonstrates good corporate citizenship. It proactively engages in partnerships with community entities across its service areas that accrue to the benefit of the persons served. Together, the leadership and staff members demonstrated impressive tenacity and teamwork in 2021 when they quickly pivoted in order to successfully manage the unanticipated loss of the organization's case management contract by developing and implementing programming based on a newer and effective service model. Parents, staff members, community partners, and other stakeholders expressed high levels of satisfaction with and appreciation for the organization, its services, and the staff members. Advocacy Links incorporates the CARF standards in its day-to-day service delivery practices and business functions, and its practices exemplify continuous quality improvement. Opportunities for improvement are primarily scattered throughout the ASPIRE to Excellence standards sections. They include the consistent update and/or review, at least annually, of the organization's major plans; the consistent and ready access to first aid equipment and supplies; the implementation of written critical incident procedures; the at least annual completion of a written analysis of all critical incidents; the development and implementation of protocols related to the occasional transport of persons served in personal vehicles; the consistent completion of a documented analysis of service delivery performance at least annually; and the implementation of training initially and at least annually on positive interventions to personnel providing services. The receptivity of the leadership and staff members to the consultation and other feedback provided instills confidence that the organization possesses the willingness and capacity to bring it into full conformance to the standards.

Advocacy Links, LLC appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Advocacy Links, LLC is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Advocacy Links, LLC has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Advocacy Links, LLC was conducted by the following CARF surveyor(s):

- Brent C. Mikulski, MBA, Administrative
- Maija Augenbergs, Program
- Jay Hayston, DLP, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Advocacy Links, LLC and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.

- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Services Coordination
- Services Coordination (Children and Adolescents)
- Services Coordination (Medically Fragile)
- Services Coordination (Older Adults)
- Services Coordination (Older Adults/Dementia Care)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Advocacy Links, LLC demonstrated the following strengths:

- Advocacy Links is commended for shifting its gears in response to the unexpected loss of its contract to provide case management services in 2021. As this was a shocking turn of events for the organization, the organization is commended for its decision to move forward and reframe this event (which involved a major change in contracting and a profound reorientation of services within a very short period of time) as an opportunity for growth. Leadership is complimented for pivoting to identify and develop programming based on a new service delivery model within a very short period of time. Advocacy Links continues to demonstrate remarkable tenacity and an unwavering commitment to the persons served and their families, staff members, and the broader community. Its efforts are already bearing fruit.
- Advocacy Links' ability to maintain highly effective leadership and management during a critical time of change in its service delivery and business functions reflects the attention accorded to its fiscal solidity and continued facilitation of successful outcomes for persons served and their families despite major changes in, and lack of funding for, the services rendered. The leadership team is praised for its continued focus on and organizationwide commitment to provide person-centered services. An employee remarked, "It is so refreshing to work in a place where the only emphasis is on what's best for [the] persons served."
- Staff members are talented and exceptionally vested in delivering quality services to the persons and community served. The organization is recognized for employing personnel whose lived experiences parallel those of the persons served. As creative problem solvers, the staff members diligently provide a wide array of services and supports to persons across multiple systems. The staff members take obvious pride in their work and celebrate the many positive outcomes realized by the persons and families served.
- Advocacy Links' sound HR department is complimented for effectively managing its workforce recruitment and retention throughout the challenging period that the organization recently navigated. Its strong training program equips staff members with valuable tools.
- Advocacy Links is a well-established member of the communities served. The organization enjoys strong working relationships with its community partners, who praised the staff's proactive thinking and flexible, helpful work style. A partner stated, "The only constructive feedback I have is: I'd like to be able to give them many more cases."
- The organization is commended for responding to referral- and service-related inquiries in a timely, professional, and person-centered fashion. The persons served indicated that the staff members quickly respond to their expressed needs and go the extra mile to help them navigate complex situations.
- Advocacy Links' ongoing efforts to broaden its partnerships and expand its services are noteworthy. These include the organization's work with Adult Protective Services to address unmet community needs; provision of population-specific training to staff members, including those in the SSI/SSDI Outreach, Access, and Recovery (SOAR) program; and establishment of Purposeful Life And Community Engagement (P.L.A.C.E.) to provide opportunities to persons served for community engagement and prosocial interaction.
- Staff members frequently indicated that protecting the rights of the persons served who are considered to be vulnerable is a central tenet of Advocacy Links. The staff members shared stories of the organization stepping up to help persons who needed strong advocates. These included the organization helping a person served who was aging out of foster care to find her voice and speak on her own best interests, assisting another person served to secure a new representative payee, and helping a person served with autism manage interpersonal conflicts.

- Parents of the children served by Advocacy Links expressed high levels of satisfaction with the organization’s supports. A parent stated that, although she felt overwhelmed when beginning the process of seeking services for her child, once she connected with Advocacy Links, she was able to work with her connection specialist to find the help she needed to apply for Medicaid Waiver funding and secure medical equipment that improved her child’s quality of life. Another parent commented that she is the “biggest cheerleader” for the organization because she tells everyone about the impact that the organization has had on her child and family.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization’s stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility

- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

1.A.3.i.

The identified leadership is urged to comprehensively guide health and safety.

1.A.5.d.

Although Advocacy Links developed a comprehensive cultural competency, diversity, and inclusion plan in 2019, the plan was not reviewed in 2021. It is recommended that the organization implement a cultural competency, diversity, and inclusion plan that is consistently reviewed at least annually for relevance.

Consultation

- Advocacy Links is encouraged to continue its efforts to develop new service lines of business.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

1.C.2.d.

1.C.2.e.

Advocacy Links' comprehensive strategic plan was not updated or reviewed for relevance in 2021. However, the strategic plan should be consistently reviewed at least annually for relevance and updated as needed.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

1.G.1.b.(1)

1.G.1.b.(2)

Advocacy Links' 2019 business plan included a well-presented risk management plan. With the exception of 2021, the plan was reviewed and updated annually. The risk management plan should be consistently reviewed at least annually for relevance and updated as needed.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

Recommendations

1.H.9.b.

1.H.9.c.

It appeared that some staff members might not have access to first aid supplies and equipment. There should be ready access to first aid equipment and supplies on a consistent basis.

1.H.10.a.(1)

1.H.10.a.(2)

1.H.10.a.(3)

1.H.10.a.(4)

1.H.10.a.(5)

1.H.10.a.(6)

1.H.10.a.(7)

1.H.10.a.(8)

1.H.10.a.(9)

1.H.10.a.(10)

1.H.10.a.(11)

1.H.10.a.(12)

1.H.10.a.(13)

1.H.10.a.(14)

1.H.10.a.(15)

1.H.10.a.(16)

1.H.10.a.(17)

1.H.10.a.(18)

1.H.10.a.(19)

- 1.H.10.b.(1)**
- 1.H.10.b.(2)**
- 1.H.10.b.(3)**

Advocacy Links has a well-written policy regarding critical incidents; however, the policy does not address individual types of critical incidents. The organization is urged to implement written procedures regarding critical incidents that specify incidents relating to medication errors, use of seclusion, use of restraint, incidents involving injury, communicable disease, infection control, aggression or violence, use and unauthorized possession of weapons, wandering, elopement, vehicular accidents, biohazardous accidents, unauthorized use and possession of legal or illegal substances, abuse, neglect, suicide and attempted suicide, sexual assault, overdose, and other sentinel events. The procedures should include prevention, reporting, and documentation.

- 1.H.11.a.**
- 1.H.11.b.(1)**
- 1.H.11.b.(2)**
- 1.H.11.b.(3)**
- 1.H.11.b.(4)**
- 1.H.11.b.(5)**
- 1.H.11.b.(6)**
- 1.H.11.b.(7)**
- 1.H.11.b.(8)**
- 1.H.11.b.(9)**
- 1.H.11.b.(10)**

A written analysis of all critical incidents should be provided to or conducted by the leadership at least annually that addresses causes, trends, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results, necessary education and training of personnel, prevention of recurrence, internal reporting requirements, and external reporting requirements.

- 1.H.13.a.**
- 1.H.13.b.**
- 1.H.13.c.(1)**
- 1.H.13.c.(2)**
- 1.H.13.d.**
- 1.H.13.e.**
- 1.H.13.f.**
- 1.H.13.g.(1)**
- 1.H.13.g.(2)**
- 1.H.13.h.**
- 1.H.13.i.**
- 1.H.13.j.**

Staff members occasionally transport persons served in their personal vehicles. When transportation is provided for persons served, there should be evidence of appropriate licensing of all drivers, regular review of driving records of all drivers, insurance covering vehicles and passengers, safety features in vehicle(s), safety equipment, accessibility, training of drivers regarding the organization's transportation procedures and unique needs of the persons served, written emergency procedures available in the vehicle(s), communication devices available in the vehicle(s), and first aid supplies available in the vehicle(s).

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

Recommendations

1.J.2.e.

The business plan of Advocacy Links includes a comprehensive technology plan that was not reviewed in 2021. It is recommended that the organization implement a technology and system plan that is consistently reviewed for relevance.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

1.L.2.b.(1)

1.L.2.b.(2)

1.L.2.c.

Advocacy Links should implement an accessibility plan that is consistently reviewed at least annually for relevance, including progress made in the removal of identified barriers and areas needing improvement. The plan should be consistently updated as needed.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.

- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

Recommendations

1.N.1.b.

Advocacy Links should complete a documented analysis of service delivery performance at least annually and in accordance with the timeframes outlined in the performance measurement and management plan. It is noted that an analysis was not completed in 2021.

Section 2. Quality Individualized Services and Supports

Description

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. The service planning process is individualized, establishing goals and measurable objectives that incorporate the unique strengths, abilities, needs, and preferences of the persons served. Services are responsive to the expectations of persons served and their desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

2.A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Services are person centered and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes
- Documented scope of services shared with stakeholders
- Service delivery based on accepted field practices
- Communication for effective service delivery
- Entrance/exit/transition criteria

Recommendations

2.A.15.a.

2.A.15.b.

Although staff members appear to understand the importance of using positive interventions, personnel providing services should be trained initially and at least annually in the use of positive interventions. It is suggested that the organization implement a formal training program in this regard.

2.B. Individual-Centered Service Planning, Design, and Delivery

Description

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects the person's life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

Key Areas Addressed

- Services are person centered and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes

Recommendations

There are no recommendations in this area.

2.C. Medication Monitoring and Management

Key Areas Addressed

- Current, complete records of medications used by persons served
- Written procedures for storage and safe handling of medications
- Educational resources and advocacy for persons served in decision making
- Physician review of medication use
- Training and education for persons served regarding medications

Recommendations

There are no recommendations in this area.

2.E. Community Services Principle Standards

Description

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

- Increased or maintained inclusion in meaningful community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Increased self-esteem.

Key Areas Addressed

- Access to community resources and services
- Enhanced quality of life
- Community inclusion
- Community participation

Recommendations

There are no recommendations in this area.

2.F. Service Delivery Using Information and Communication Technologies

Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in remote settings.

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, follow-up, supervision, education, consultation, and counseling.
- Involve a variety of professionals such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, rehabilitation engineers, assistive technologists, and teachers.
- Encompass settings such as:
 - Hospitals, clinics, professional offices, and other organization-based settings.
 - Schools, work sites, libraries, community centers, and other community settings.
 - Congregate living, individual homes, and other residential settings.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available, is not considered providing services via the use of information and communication technologies.

Key Areas Addressed

- Written procedures for the use of information and communication technologies (ICT) in service delivery
- Personnel training on how to deliver services via ICT and the equipment used
- Instruction and training for persons served, family/support system members, and others
- Provision of information related to ICT
- Maintenance of ICT equipment
- Emergency procedures that address unique aspects of service delivery via ICT

Recommendations

There are no recommendations in this area.

Section 4. Community Services

Description

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Self-esteem.
- Housing opportunities.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.

4.J. Services Coordination (SC)

Description

Services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful services coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Services coordination may be provided by an organization as part of its individual service planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing community services coordination. Such programs are typically provided by qualified services coordinators or by case management teams.

Organizations performing services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Some examples of the quality results desired by the different stakeholders of these services include:

- Access to a variety of services/supports.
- Access to choices of services.
- Individualized services to meet needs.

- Persons achieving goals.
- Persons achieving independence.
- Access to vocational training.
- Persons achieving employment.
- Access to career development.

Key Areas Addressed

- Goal-oriented and systematic process of advocacy
- Formation of linkages with community resources and services
- Coordination of services

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designations/Enhancements

5.A. Children and Adolescents Specific Population Designation

Description

Children and Adolescents is a specific population designation that can be added at the option of the organization to a community service being surveyed if children or adolescents are served and the organization desires this additional accreditation enhancement.

Such services are tailored to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Key Areas Addressed

- Children, adolescents, and their families are provided with options
- Social, vocational, psychological, and physical needs are met

Recommendations

There are no recommendations in this area.

5.B. Older Adults and Older Adults/Dementia Care Specific Population Designations

Description

Older adults (OA) is a specific population designation that can be added at the option of the organization to a service being surveyed if specialized services are being provided to older adults with long-term disabilities, often diagnosed in childhood, who are served to allow them to remain in their own homes, day services, and communities of choice as long as possible and to promote aging in place. When appropriate to services being provided, the organization may choose to add this additional accreditation enhancement. Persons served in this program have typically been service/support recipients for most of their lifetime.

Services for older adults with disabilities and/or their families may offer an array of options to meet their social, vocational, residential/housing, psychological, recreational, cultural, legal, health, and physical needs with a specific focus on the impact of aging. Eligibility for services is defined in terms of each person's functional needs, preferences, and characteristics rather than chronological age.

Options and choices are provided for the creation of individually tailored services that support healthy aging, compensate to the extent possible for any aging-related decline, educate on end-of-life issues, and enable the persons served to function as independently as possible for as long as possible.

Older adults/dementia care (OA/DC) is a specific population designation that can be added at the option of the organization to a service being surveyed if specialized services are being provided to older adults with long-term disabilities who have the additional support requirements due to Alzheimer's disease and related dementias (ADRD). With advances in medicine and assistive technology, persons with intellectual or developmental disabilities (ID/DD) are living longer and more productive lives. This extended life expectancy also means that some of these individuals experience an increased risk for Alzheimer's disease and related dementias (ADRD) as they age. ADRD are debilitating conditions that impair memory, thought processes, and functioning, primarily among middle-aged and older adults. The effects of these conditions can be devastating for individuals with ADRD and their loved ones.

The National Task Group on Intellectual Disabilities and Dementia Practices (NTG) cites research confirming that, although dementia as experienced by adults with ID/DD "is generally similar to that as experienced by other persons, there are exceptions. Some individuals with select conditions (Down syndrome, in particular) are more at risk for dementia, experience earlier age of onset, more rapid decline, and a briefer duration between diagnosis and death."

Services for OA/DC implement practices when appropriate to the persons served to promote quality of care for individuals with ID/DD and dementia. Services are provided based on current assessments of the individual and person-centered care planning that considers the stage of the condition or cognitive decline and anticipated needs. Information is provided to families/caregivers about dementia and its progression. Direct-care personnel are educated on dementia-specific care, and a personnel support system is available to reduce worker stress and manage grief.

Program and support options may be provided in various settings, including adult day services and programs or services for persons who are living in private homes with a caregiver, alone or with a housemate, in a group residence, or a specialized dementia-capable residence. Environments support the rights of persons served and promote their safety and security.

Some examples of the quality results desired by the different stakeholders of these services include:

- Safety and security.
- Slowing or mitigating of declines associated with normal aging.
- Ongoing assessment of individual's functioning.
- Maintenance of self-care skills.
- Health and wellness promoted.
- Medical advocacy.
- Physical health promoted.
- Positive mental health status.
- "Aging in place."
- Social functioning.
- Active community involvement.
- Social inclusion.
- Interpersonal relationships.
- Happiness and maintaining quality of life.

- Retirement.
- Mediating issues between family choice and person-served choice.
- Group activities of choice.
- Grief counseling.
- Support with end-of-life issues.
- Education of persons served, families, and staff about options for end-of-life supports.
- Transition planning.
- Preparation for hospice.
- Access to palliative care.

Key Areas Addressed

- Successful aging support to age in place
- Aging-related decline compensation
- Older adults function as independently as possible for as long as possible
- End-of-life supports

Recommendations

5.B.3.a.(1)

5.B.3.a.(2)

5.B.3.a.(3)

5.B.3.a.(4)

5.B.3.a.(5)

5.B.3.b.

Staff members are oriented to changes in persons served. However, personnel should consistently document periodic screenings, observation, or review of each person served to identify changes in behavior and functional changes in activities of daily living, mobility, cognition, communication and interaction skills, and community participation.

Consultation

- The organization is encouraged to proceed with its plans to formalize training in recognizing changes that may be early signs of Alzheimer’s disease and other forms of dementia.

5.C. Medically Fragile Specific Population Designation

Description

Medically Fragile is a specific population designation that can be added at the option of the organization to a service being surveyed if it specializes in serving persons with a serious ongoing illness or a chronic health condition that requires daily monitoring and ongoing medical treatments and may include the routine use of a medical device or assistive technology. Persons with such needs require overall care planning to achieve optimum health and developmental status and to achieve community integration to the maximum extent possible. Services augment and support independence, empowerment, and dignity of persons served through the provision of flexible and efficient services.

A program specializing in serving persons with medically specific needs assists the persons served in achieving or maintaining an optimal state of health through developmentally appropriate care to have an enhanced quality of life throughout their life span. This may include achieving optimal functionality according to their physical capacities.

Service design is based on the needs, desires, and expectations of the person served and includes consideration of age, medical acuity, medical stability, impairments, activity limitations, participation restrictions, psychological status, behavioral status, cultural diversity, family/caregivers, and long-term outcomes expectations. Appropriate medical consultation occurs specific to each person served in addition to medical consultation related to policies and procedures.

The services support transitions in a person's life and are changed as necessary to meet the identified needs and desires of the persons served and their families/caregivers.

Some examples of the quality results desired by the different stakeholders of these services include:

- Development of an efficient and effective network of community support services, including access to therapies, medical supports, and guidance.
- Achievement of personal development in health, education, and activities of daily living.
- Being able to choose and pursue meaningful activities in the least restrictive environment possible to achieve personal satisfaction in life activities.
- Maintenance of health and well-being.
- Restored or improved functioning.
- Enhanced quality of life.
- Educational achievements.
- Personal and family development.
- Supported transitions between levels of care as needed.
- End-of-life supports and care.
- Meaningful closures to end-of-life services and supports for the persons served and others.

Key Areas Addressed

- Competencies of staff
- Initial and ongoing assessments guide services
- Medical consultation
- Transition planning
- Collaboration with healthcare providers to support persons
- Decision-making role of persons served in all aspects of services
- Safety of persons, including equipment maintenance
- Inclusive integrated living environment

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Advocacy Links, LLC

56159 Riverdale Drive
Elkhart, IN 46514

Services Coordination

Services Coordination (Children and Adolescents)

Services Coordination (Medically Fragile)

Services Coordination (Older Adults)

Services Coordination (Older Adults/Dementia Care)