

# Ligas Transition Service Plan Revisions

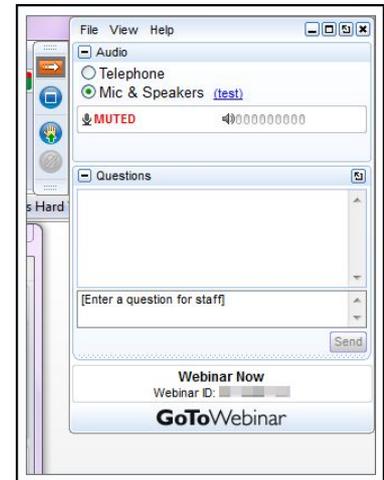
## Agenda

1. Introduction (Mark Friedman)
2. Division overview (Jim Eddings)
3. TSP review process (Kit O'Brien Cota)
4. Background and summary of the 1<sup>st</sup> year's quality assurance reviews
5. Review of the revised LTSP and Instructions.
6. Present and review the LTSP Quality Review Tool.
7. Wrap Up and Questions



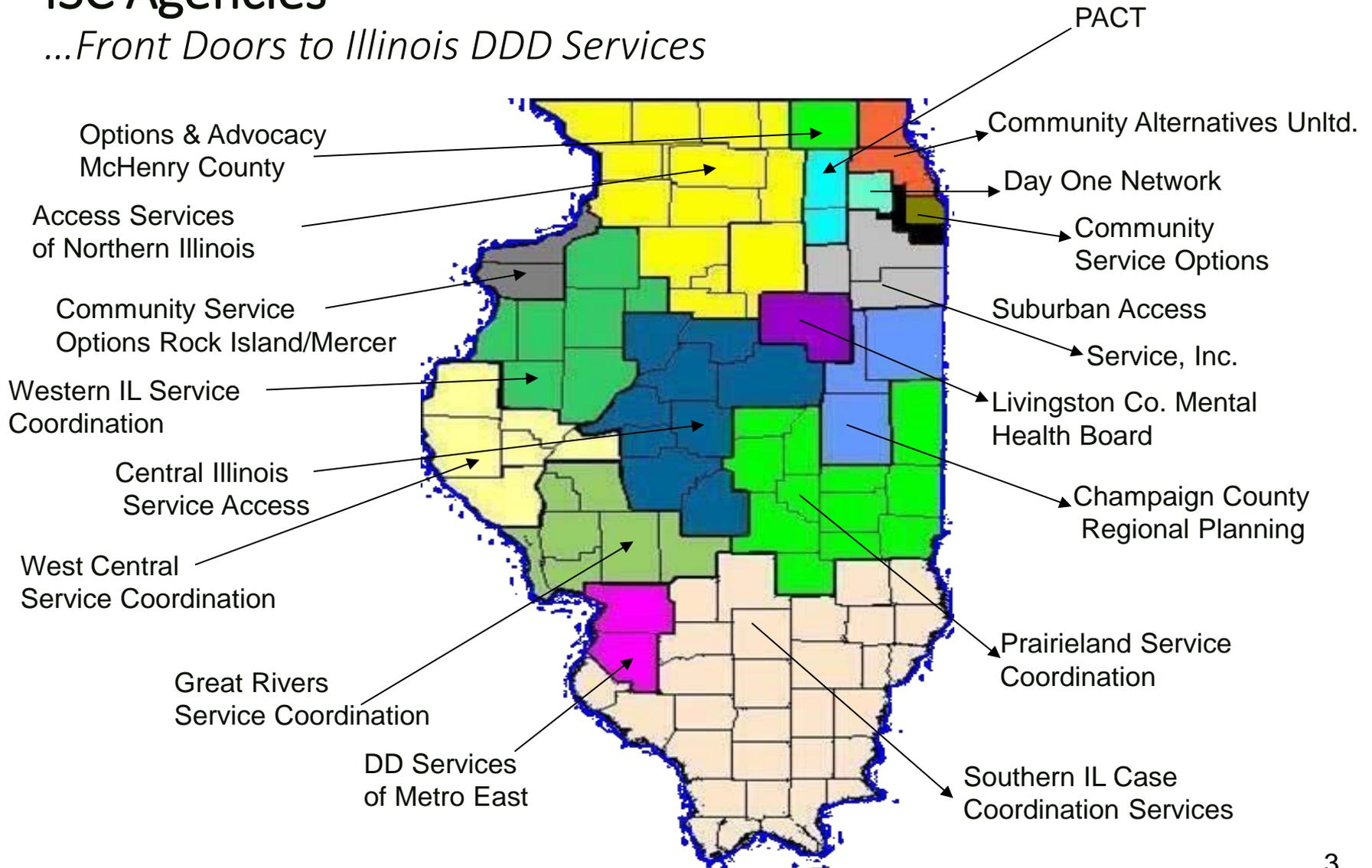
# Webinar Technical Issues

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# ISC Agencies

*...Front Doors to Illinois DDD Services*



# Success of Ligas Consent Decree 2011-2014

There are 16,293 reported Ligas Class Members (as of 6/30/2014)

- **945 individuals moved out of ICFs/DD** to smaller community living arrangements (as of 1/1/15).
- **2,164 individuals have moved off the PUNS Waiting List** (as of 1/1/15).
- **4,070 individuals are receiving new community supports** as a result on the Ligas Consent Decree (total Services Initiated from ICFDD, PUNS, Crisis
- **961 individuals in crisis intervention have been supported** within 24 to 72 hours. Persons in crisis become class members (as of 6/30/2014).
- **47 downsizing/closure agreements with ICF/DD providers** around the state. (as of 6/30/14).

92% Family/guardians very or somewhat satisfied after their move from an ICF/DD  
69% had been very or somewhat satisfied at the former ICF/DD  
33% increase in satisfaction

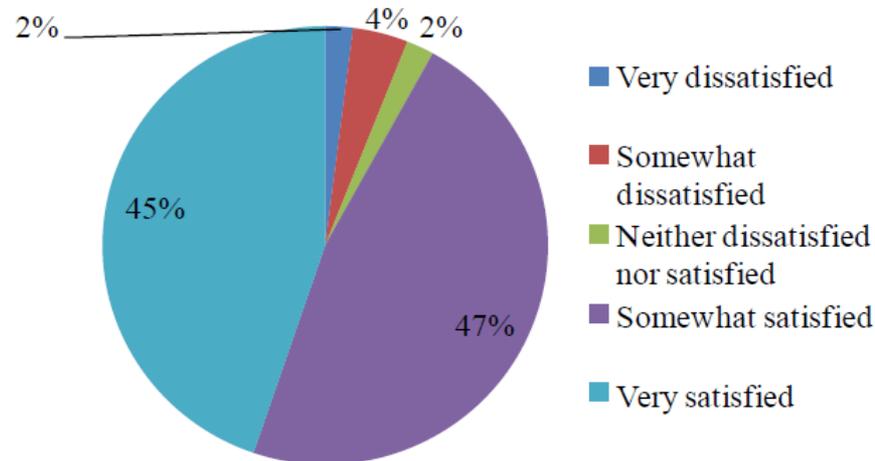
- About half (51%) of the individuals now have their own room (versus 22% in the ICF/DD).

**The vast majority of respondents (92%) reported satisfaction with their current placement, including:**

- 91% of family/guardians of individuals with moderate maladaptive behaviors,
- 96% of family/guardians of individuals with severe maladaptive behaviors, and
- 90% of those with fair to poor health.

*“The CILA that is his current placement has surpassed all expectations.”*

**Figure 2: Satisfaction with Current Placement**



# Ligas Transition Service Plan Revisions

1. Division overview (Jim Eddings)
2. Transition Service Plan (TSP) review process (Kit O'Brien Cota)

# Transition Service Plans Ligas Consultant



# Baseline Review of Transition Service Plans (114 plans reviewed)

TSP DDD form blank.pdf - Adobe Reader

Please fill out the following form. You can save data typed into this form. Highlight Existing Fields

State of Illinois  
Department of Human Services  
Division of Developmental Disabilities  
**LIGAS TRANSITION SERVICE PLAN**

See instructions for completion of the Transition Service Plan

Name of Individual: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Type of Current Residence: \_\_\_\_\_  
(Family Home, ICF/OOI)  
Current Daytime Activity: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Guardian: \_\_\_\_\_ Type of Guardianship: \_\_\_\_\_  
City / County of Guardian's Residence: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(SEE BELOW FOR CO-GUARDIANSHIP)

Name of Guardian: \_\_\_\_\_ Type of Guardianship: \_\_\_\_\_  
City / County of Guardian's Residence: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

IF NO GUARDIAN, FAMILY CONTACTS: (release(s) on file for family members, friends, etc.)  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Family Member City / County Residence: \_\_\_\_\_

Current PAS/ISSA/ISC Agency: \_\_\_\_\_  
Transition Plan Completed by (PAS/ISSA/ISC Agency): \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Office Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

IL452-0159 (N4-13) Ligas Transition Service Plan  
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# Summary Results of the 2013 TSP Reviews (Statewide Baseline)

## Major Issues:

- 1. Class member participation in the TSP**
2. Choice of Preferred Day Activity (employment)
3. Class Member Decision Making
4. Medical Summary
5. Preferred living
6. Behaviors

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	A	B	C	D	E	F	G	H	I	J
1	<b>Baseline Analysis of Transition Service Plans by Ligas Consultant</b>									
2	<b>Statewide TSPs done in 2013</b>	<b>% Proficient</b>								
3	<b>TSP Domains</b>									
4	<b>Needs Improvement</b>									
5	Participate in TSP	47%								
6	Pref Day Activity	48%								
7	Decision Making	59%	<b>(Baseline 2013)</b>							
8	Medical	61%								
9	Pref Living	61%								
10	Transition, Social Summary, History	63%								
11	Behaviors	71%								
12	Communication Skills	75%								
13	Community	79%								
14	Family	85%								
15	Transition needs	90%								
16	Personal Preferences	91%								

Select destination and press ENTER or choose Paste

AVERAGE: 0.69166667 COUNT: 29 SUM: 8.3

150%

Colored chart provided to each ISC agency during training sessions

	TSPs Proficient	% Proficient
2	<b>Agency Name:</b>	
3	<b>TSP Domains</b>	
4	<b>Needs Improvement</b>	
5	Participate in TSP	1 11%
6	Pref Day Activity	2 22%
7	Decision Making	3 33%
8	Behaviors	5 56%
9	Medical	5 56%
10	Pref Living	6 67%
11	Communication Skills	6 67%
12	Transition, Social Summary, History	6 67%
13	Community	7 78%
14	Legal	7 78%
15	Personal Preferences	8 89%
16	Family	8 89%
17	Personal Care	8 89%
18	Medications	8 89%
19	Other Risk	8 89%
20	Where live	9 100%
21	Live with	9 100%
22	Mobility	9 100%
23	Meal Time	9 100%
24	Dietary needs	9 100%
25	Adaptive Equipment	9 100%
26	Transition needs	9 100%
27	PAS Agency Transition	9 100%
28	Key: 1 = needs improvement	Proficient
29	E=Excellent	Needs Improvement

# Questions and Answers

Please use the Question/Chat box

Please fill out the following form. You can save data typed into this form. Highlight Existing Fields



State of Illinois  
Department of Human Services  
Division of Developmental Disabilities

### LIGAS TRANSITION SERVICE PLAN

See instructions for completion of the Transition Service Plan

Note: Information must be typed, not hand-written.

Name of Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Type of Current Residence: \_\_\_\_\_

(Family Home, ICF/DD)

Current Daytime Activity (Describe a typical day, including routine, activities and settings):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Supports (Service description, # of hours, if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Guardian: \_\_\_\_\_ If no Guardian, enter "Self".

Relationship to individual: (family, friend, OSG, other): describe: \_\_\_\_\_

Type of Guardianship: \_\_\_\_\_

City / County of Guardian's Residence: \_\_\_\_\_

Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

(SEE BELOW FOR CO-GUARDIANSHIP)

Name of Guardian: \_\_\_\_\_ Type of Guardianship: \_\_\_\_\_

City / County of Guardian's Residence: \_\_\_\_\_

Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

IF NO GUARDIAN, FAMILY CONTACTS: (release(s) on file for family members, friends, etc.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Family Member City / County Residence: \_\_\_\_\_



State of Illinois  
Department of Human Services  
Division of Developmental Disabilities

**LIGAS TRANSITION SERVICE PLAN**

INDIVIDUAL'S NAME: \_\_\_\_\_

Current ISC Agency: \_\_\_\_\_

Transition Plan Completed by (ISC AGENT): \_\_\_\_\_ Plan Completion Date: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_ ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**1. Personal Background and Social Summary (1-paragraph)**

Provide a one-paragraph overview of the individual including a brief summary of the person's background, skills, and abilities, current services (e.g., ICF/DD, Adult Home Based Services), living situation and family. The purpose of the summary is to help the reader of the LTSP quickly gain a picture of the individual. (See Example in LTSP Instructions)

**Social Summary [added]  
1 paragraph (63% compliance)**

**2. Where do you want to live?**

(City, county, or geographic region; near friends, relatives, easy access to public transportation, desire to learn skills to use public transportation, near employment, near day time activity, recreational services)

**Generally well done**

**3. Preferred living arrangement?**

(With family, alone in own apartment, in an apartment with roommates, in 24-hour supervised group home, identify risk factors)

**Preferred Living Arrangement  
(61% compliance)**

Please fill out the following form. You can save data typed into this form.

Highlight Existing Fields



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Department of Human Services  
Division of Developmental Disabilities

### LIGAS TRANSITION SERVICE PLAN

INDIVIDUAL'S NAME: \_\_\_\_\_

4. Is there anyone you would like to live with or prefer not to live with?  
(Friendships, potential housemates. List preferences regarding sharing a bedroom, roommates, and housemates).

Live with: [added] Preferences regarding sharing a bedroom, roommates, and housemates  
(51% of people moving from an ICF/DD have their own bedroom versus 22% in the ICF/DD)

5. Preference of Employment, Earning Money, Volunteering, Alternative Day Activity, Continuing Education: (job coaching, supported and customized employment, the discovery process, self-employment. Describe past job experience and desire for future employment training or day activities, vocational opportunities, identify risk factors)

Employment Preference, Earning Money (48% compliance)

6. Community Opportunities:  
Participation in Community Life: Focus on preferences, strengths, and needs. Identify services and supports to be integrated into the community to the maximum extent possible in order to gain a presence in the community (e.g., medical services, beautician/barber services, recreational, educational, social activities, shopping, movies, theatre, health services, fitness center, community access - including the desire to utilize public transportation, and pedestrian skills). Identify risk factors. Provide detail of activities currently engaged in and future desired activities.

Community Opportunities (79% compliance)

Please fill out the following form. You can save data typed into this form.

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Department of Human Services  
Division of Developmental Disabilities

**LIGAS TRANSITION SERVICE PLAN**

INDIVIDUAL'S NAME: \_\_\_\_\_

**7. Personal Preferences:**

This section is intended to identify personal likes and dislikes of the individual. The current and future vision/hopes should be identified and addressed in detail to summarize desire and choice. Discussion shall focus on likes and dislikes in a variety of settings and aspects (e.g., home, community, social, recreational, spiritual, and educational opportunities).

Generally well done

**8. Family Involvement / Relationships:**

Summarize relationships which support personal success, including extended family members. Identify relationships which may pose an obstacle in gaining independence.

Generally well done

**9. Communication Skills:**

Method of Communication, Style of Understanding. (e.g., preferences and choices on how the person communicates and with whom). Include present, past and/or needed use of Assistive Technology, Augmentative Alternative Communication Devices (AAC). Identify communication assessments and/or therapies provided currently or in the past. Identify risk factors. Risk factors could include but are not limited to the ability to express the need for medical attention or emotional supports).

For further detail, communication assessments and reports, if available, should be referenced and/or attached.

Communication: Communication Devices,  
Assistive Tech, Assessments, IEP's (can be  
referenced or attached (75% compliance)

Please fill out the following form. You can save data typed into this form. Highlight Existing Fields



State of Illinois  
Department of Human Services  
Division of Developmental Disabilities

**LIGAS TRANSITION SERVICE PLAN**

INDIVIDUAL'S NAME: \_\_\_\_\_

**10. Mobility:**

(Assistance needed in transferring, adaptive equipment used and/or needed, accessible living arrangement) Identify risk factors. Risk factors could include but are not limited to falls/fractures, use of stairs/escalator/elevator, accessing a motor vehicle, fire evacuation, and issues related to physical status - obesity, shortness of breath, weakness, and skin breakdown.

For further detail, mobility assessments, fall prevention plans and reports, if available, should be referenced and/or attached.

Generally well done

**11. Personal Care:**

(Meal Preparation, eating, hygiene, bathing, dressing, household chores, repositioning, level of support, identify risk factors)

Generally well done

**12. Meal Time Assistance:**

(Summarize the level of supports needed at meal times. Include adaptive equipment, if any) Identify risk factors. Risk factors could include but are not limited to choking and/or aspiration, swallowing disorders, postural support, potential for injury, and behavioral support.

For further detail, clinical assessments and reports, if available, should be referenced and/or attached.

Generally well done

Please fill out the following form. You can save data typed into this form.

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**LIGAS TRANSITION SERVICE PLAN**

INDIVIDUAL'S NAME: \_\_\_\_\_

**13. Special Dietary Needs:**

Summarize restrictions and/or supports which will ensure dietary needs. Identify risk factors. Risk factors could include but are not limited to significant weight loss or gain, allergies, and likes/dislikes in food preferences. For further detail, dietary assessments and reports, if available, should be referenced and/or attached.

Generally well done

**14. Personal Decision Making:**

(Ability to make decisions, Level of support needed in making decisions)

Summarize decisions the individual does make and situations when personal decision-making can be maximized (e.g., Money skills, banking, ability to make purchases, scheduling, meal preparation, community access, giving direction, following direction, time management, attention to task, participation, religion, and leisure activities). Identify risk factors. Risk factors could include but are not limited to money management skills, risk of financial exploitation, social/friendship choices, telephone usage, comprehension and processing skills, and television/movie viewing.

Decisions the person does  
make (59% compliance)

**15. Adaptive Equipment / Protective Equipment:**

Summarize provided and/or needed equipment or resources which increase independence or maintain safety (e.g., Hearing aids, glasses, wheelchairs, walkers, safety helmet, plate guard, Hoyer lift, etc.). Communication devices should be detailed in the Communication Skills domain. The use of adaptive/protective equipment should be supported in the Medical/Physical Well-Being domain. Risk factors associated with adaptive/protective equipment should be listed.

Generally well done

Please fill out the following form. You can save data typed into this form.

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### LIGAS TRANSITION SERVICE PLAN

INDIVIDUAL'S NAME: \_\_\_\_\_

#### 16. Behavior Support Needs:

(Supports needed for specific behaviors)

Include summary of behavior, frequency, severity, antecedents, duration, successful intervention, last episode and any mental health needs, including history of psychiatric admissions. Identify risk factors.

For further detail, a Behavioral Plan, if available, should be attached.

Behaviors: Summary, frequency, severity, antecedents, duration, interventions, last episode, psychiatric history (71% compliance).

#### 17. Medical / Physical Well-Being:

(Healthcare supports needed, identify risk factors)

Summarized medical history, chronic medical conditions, consequences, and services for support. Include need for physical, occupational and other therapies. Risk factors could include but are not limited to sensory impairments, frequent falls, compliance towards recommendations, significant number of medical visits, inability to tolerate a medical examination/procedure, perceived linkage of medical professionals.

For further detail, assessments and reports, if available, should be referenced and/or attached.

Medical history (PT, OT needs/ assessments) (61% compliance).

#### 18. Medications:

(Does the individual take his/her own medication without assistance? What assistance is the individual currently receiving? Identify risk factors)

Include a summary list of medications.

Medications: Summary list of medications (can be attached)



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**LIGAS TRANSITION SERVICE PLAN**

INDIVIDUAL'S NAME: \_\_\_\_\_

**19. Legal Issues:**

(Court/police involvement, Guardianship, Trust Fund Issue)

Past history of court/police involvement

**20. "Other Risk" Not Identified Above or Human Rights Restrictions:**

(Community Access, History of traumatic events, Assessments)

Detail human rights restrictions such as limitations on visiting, food, room locks, behavioral interventions, etc. Summarize traumatic events such as bullying, neglect, abuse (physical, mental, sexual) that may interfere with a person's ability to engage or interact appropriately.

High Risk: physical, medical, sexual, criminal

**21. Summary of Past Transition and/or Supports**

(Current/Past Services & Supports, Social Summary, Residential History)

Past Transitions:  
residential, educational  
history (63% compliance)



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**LIGAS TRANSITION SERVICE PLAN**

INDIVIDUAL'S NAME: \_\_\_\_\_

**22. Support Needs and Time Table for Transition**

(Day visit, overnight, dinner visit, adjustment period, familiarization with staff, and a schedule summarizing the transition process will be developed).

Generally well done

**23. Transition to new ISC Agency, if applicable.**

(Document new ISC agency, purpose of transfer, date of informing new ISC agency, planned date of transfer)

Generally well done

**Participation:**

Date the ISC met with the individual: \_\_\_\_\_

Date the ISC met with the guardian, if applicable: \_\_\_\_\_

Describe Class Member's participation in the plan:

[added] Participation in the TSP:  
Describe class member's participation in the  
plan (47% compliance)



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**LIGAS TRANSITION SERVICE PLAN**

INDIVIDUAL'S NAME: \_\_\_\_\_

People who participated in the development of the plan:  
(The ISC should document efforts to resolve any barriers limiting participation).

The ISC should ensure that participant's names are entered in the signature block below.

Printed Participant's Name	Title
	Individual
	Guardian (If Applicable)
	ISC (QIDP)

Participated in the Plan  
"The ISC should document efforts to resolve any barriers limiting participation."

Please fill out the following form. You can save data typed into this form. Highlight Existing Fields



State of Illinois  
Department of Human Services  
Division of Developmental Disabilities

**LIGAS TRANSITION SERVICE PLAN**

INDIVIDUAL'S NAME: \_\_\_\_\_

**Approval of Transition Service Plan**

Printed Name	Signature	Date	Title
			Individual (signature or mark)
			Guardian(s) (If Applicable)
			ISC
			Other (detail)

If the Class Member is unable to sign, so indicate.

[added] Approval page with signatures





State of Illinois  
Department of Human Services  
Division of Developmental Disabilities

## Ligas Transition Service Plan Instructions

# Ligas Transition Service Plan Instructions

The *Ligas* Transition Service Plan is a formal document. It must be typed, not hand-written.

The *Ligas* Transition Service Plan may be supplemented with a Person Centered Plan (PCP), such as a Relationship Map. Completion of the *Ligas* Transition Service Plan does not eliminate the need for a provider to complete a service plan within 30 days after an individual's entry into a waiver program. A provider has a responsibility for completing a reassessment of risk with recommendations after the individual has transitioned to the provider's services. Plans to mitigate the assessed risk will be incorporated into the service plan developed by the provider.

*Ligas* Transition Service Plan development should focus on the individual's personal vision, preferences, strengths and needs in home, community, and work environments. The plan shall reflect the value of supporting the individual with relationships, productive work, participation in community life, and personal decision-making. (*Ligas* Consent Decree, Paragraph 13)

The *Ligas* Transition Service Plan will be developed by a Qualified Intellectual Disabilities Professional (QIDP) employed by the Independent Service Coordination (ISC) agency with geographical jurisdiction in conjunction with:

- Individual;
- Individual's legal guardian, if applicable;
- Individual's family members;
- Friends;
- Support Staff [This person is familiar with the Individual and could be staff from current service (Home Based Services, ICF/DD) and would have valuable input].

A *Ligas* Transition Service Plan is required for those individuals who are leaving an ICFDD or leaving their own or family's home to receive services.

The development of the *Ligas* Transition Service Plan shall be held face-to-face between the individual and the QIDP. It is imperative that the individual be given a choice on selecting the participants involved in the *Ligas* Transition Service Plan. The location of guardian, family members, and other members contributing to the plan may require exceptions being made for telephone participation. In order to obtain sufficient documentation, the transition planning process may require more than one meeting/contact, in order to obtain input from different contributing participants.

The *Ligas* Transition Service Plan shall:

- Describe the services the individual requires in a community-based setting or through community-based services;
- Include where and how such services can be developed and obtained;
- Include supports and services the individual will need during his or her transition to a community-based setting;
- Identify the timetable for completing the transition.

All services and supports in the *Ligas* Transition Service Plan must be integrated into the community to the maximum extent possible, consistent with the choices of the individual and where applicable, the individual's legal guardian. (*Ligas* Consent Decree, Paragraph 14)

The *Ligas* Transition Service Plan shall not be limited by current availability of services. It should be understood that no obligation is made to provide the types of services beyond those included in the Waiver and/or the State Plan. (*Ligas* Consent Decree, Paragraph 15)

# Questions and Answers

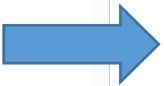
Please use the Question/Chat box

# Ligas Transition Service Plan Quality Review Tool (Checklist)

## Ligas Transition Service Plan Quality Review Tool

Individual's Name:	
ISC Agency:	
ISC Agent Name:	
ISC Agent Email:	
BTS Staff Review Date:	
Name of BTS Reviewing LTSP:	

Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
Individual's Name Identified:				
Type of Current Residence:				
Type of Daytime Activity:				
Date of Birth Identified:				
Guardian (if applicable) Identified:				
ISC Agency Identified:				
ISC Agent Identified:				
LTSP Completion Date Recorded:				



Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
				Rate yourself on each domain
<b>TSP Domains</b>				
1. Personal Background and Social Summary:				Social Summary [added] 1 paragraph (63% compliance)
2. Where does the person want to live?				
3. Preferred Living Arrangement: (Include choice of shared bedroom. Identify risk factors).				
4. Is there anyone the person wants to live with or not live with?				
5. Preference of Employment, Earning Money, Volunteering, Alternative Day Activity, Continuing Education: (Include choice/discussion of earning money supported and customized employment, job coaching, self-employment, the discovery process).				
6. Community Opportunities:				
7. Personal Preferences: (Include likes and dislikes).				
8. Family Involvement / Relationships:				

Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
<b>TSP Domains</b>				
1. Personal Background and Social Summary:			New	
2. Where does the person want to live?				
3. Preferred Living Arrangement: (Include choice of shared bedroom. Identify risk factors).				Preferred Living Arrangement (61% compliance)
4. Is there anyone the person wants to live with or not live with?				
5. Preference of Employment, Earning Money, Volunteering, Alternative Day Activity, Continuing Education: (Include choice/discussion of earning money supported and customized employment, job coaching, self-employment, the discovery process).				
6. Community Opportunities:				
7. Personal Preferences: (Include likes and dislikes).				
8. Family Involvement / Relationships:				



Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
<b>TSP Domains</b>				
1. Personal Background and Social Summary:			New	
2. Where does the person want to live?				
3. Preferred Living Arrangement: (Include choice of shared bedroom. Identify risk factors).				
4. Is there anyone the person wants to live with or not live with?				Live with: [added] Preferences regarding sharing a bedroom, roommates, and housemates (51% of people moving from an ICF/DD have their own bedroom versus 22% in the ICF/DD)
5. Preference of Employment, Earning Money, Volunteering, Alternative Day Activity, Continuing Education: (Include choice/discussion of earning money supported and customized employment, job coaching, self-employment, the discovery process).				
6. Community Opportunities:				
7. Personal Preferences: (Include likes and dislikes).				
8. Family Involvement / Relationships:				



Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
<b>TSP Domains</b>				
1. Personal Background and Social Summary:			New	
2. Where does the person want to live?				
3. Preferred Living Arrangement: (Include choice of shared bedroom. Identify risk factors).				
4. Is there anyone the person wants to live with or not live with?				
5. Preference of Employment, Earning Money, Volunteering, Alternative Day Activity, Continuing Education: (Include choice/discussion of earning money supported and customized employment, job coaching, self-employment, the discovery process).				Employment Preference, Earning Money (48% compliance)
6. Community Opportunities:				
7. Personal Preferences: (Include likes and dislikes).				
8. Family Involvement / Relationships:				



Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
<b>TSP Domains</b>				
1. Personal Background and Social Summary:			New	
2. Where does the person want to live?				
3. Preferred Living Arrangement: (Include choice of shared bedroom. Identify risk factors).				
4. Is there anyone the person wants to live with or not live with?				
5. Preference of Employment, Earning Money, Volunteering, Alternative Day Activity, Continuing Education: (Include choice/discussion of earning money supported and customized employment, job coaching, self-employment, the discovery process).				
6. Community Opportunities:				<b>Community Opportunities (79% compliance)</b>
7. Personal Preferences: (Include likes and dislikes).				
8. Family Involvement / Relationships:				





Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
9. Communication Skills: (Include AT & Speech assessments or therapy).				<b>Communication: Communication Devices, Assistive Tech, Assessments, IEP's (can be referenced or attached (75% compliance))</b>
10. Mobility:				
11. Personal Care:				
12. Meal Time Assistance:				
13. Special Dietary Needs:				
14. Personal Decision Making (include decisions Class Member does make).				
15. Adaptive Equipment / Protective Equipment: (Include unmet need for equipment).				
16. Behavior Support Needs: (Include summary of behavior, frequency, severity, antecedents, duration and last episode).				
17. Medical / Physical Well-Being: Summarize medical history, include need for therapies (OT, PT).				

Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
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9. Communication Skills: (Include AT & Speech assessments or therapy).				
10. Mobility:				
11. Personal Care:				
12. Meal Time Assistance:				
13. Special Dietary Needs:				
14. Personal Decision Making (include decisions Class Member does make).	<b>Decisions the person does make (59% compliance)</b>			
15. Adaptive Equipment / Protective Equipment: (Include unmet need for equipment).				
16. Behavior Support Needs: (Include summary of behavior, frequency, severity, antecedents, duration and last episode).				
17. Medical / Physical Well-Being: Summarize medical history, include need for therapies (OT, PT).				



Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
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9. Communication Skills: (Include AT & Speech assessments or therapy).				
10. Mobility:				
11. Personal Care:				
12. Meal Time Assistance:				
13. Special Dietary Needs:				
14. Personal Decision Making (include decisions Class Member does make).				
15. Adaptive Equipment / Protective Equipment: (Include unmet need for equipment).				
16. Behavior Support Needs: (Include summary of behavior, frequency, severity, antecedents, duration and last episode).				Behaviors: Summary, frequency, severity, antecedents, duration, interventions, last episode, psychiatric history (71% compliance).
17. Medical / Physical Well-Being: Summarize medical history, include need for therapies (OT, PT).				



Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
9. Communication Skills: (Include AT & Speech assessments or therapy).				
10. Mobility:				
11. Personal Care:				
12. Meal Time Assistance:				
13. Special Dietary Needs:				
14. Personal Decision Making (include decisions Class Member does make).				
15. Adaptive Equipment / Protective Equipment: (Include unmet need for equipment).				
16. Behavior Support Needs: (Include summary of behavior, frequency, severity, antecedents, duration and last episode).				
17. Medical / Physical Well-Being: Summarize medical history, include need for therapies (OT, PT).				<b>Medical history (PT, OT needs/ assessments) (61% compliance).</b>



**Ligas Transition Service Plan  
Quality Review Tool**

... [icon] x



Domains	Improvement	Needs	Proficient	Excellent	Improvement Needed / Comments
18. Medications: (Include a list or cross refer to attachment. Ability to self-medicate?)					Medications: Summary list of medications (can be attached)
19. Legal Issues:					
20. "Other Risk" Not Identified Above or Human Rights Restrictions: (Include critical past traumatic events).					
21. Summary of Past Transition and/or Supports: (Current/Past Services & Supports, Social Summary, Residential History).					
22. Support Needs and Time Table for Transition:					
23. Transition to ISC Agency:					

**Ligas Transition Service Plan  
Quality Review Tool**

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Domains	Improvement Needs	Proficient	Excellent	Improvement Needed / Comments
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18. Medications: (Include a list or cross refer to attachment. Ability to self-medicate?)				
19. Legal Issues:				<b>Legal Issues: Past history of court/police involvement</b>
20. "Other Risk" Not Identified Above or Human Rights Restrictions: (Include critical past traumatic events).				
21. Summary of Past Transition and/or Supports: (Current/Past Services & Supports, Social Summary, Residential History).				
22. Support Needs and Time Table for Transition:				
23. Transition to ISC Agency:				

**Ligas Transition Service Plan  
Quality Review Tool**

Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
18. Medications: (Include a list or cross refer to attachment. Ability to self-medicate?)				
19. Legal Issues:				
20. "Other Risk" Not Identified Above or Human Rights Restrictions: (Include critical past traumatic events).				<b>High Risk: physical, medical, sexual, criminal</b>
21. Summary of Past Transition and/or Supports: (Current/Past Services & Supports, Social Summary, Residential History).				
22. Support Needs and Time Table for Transition:				
23. Transition to ISC Agency:				



**Ligas Transition Service Plan  
Quality Review Tool**

Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
18. Medications: (Include a list or cross refer to attachment. Ability to self-medicate?)				
19. Legal Issues:				
20. "Other Risk" Not Identified Above or Human Rights Restrictions: (Include critical past traumatic events).				
21. Summary of Past Transition and/or Supports: (Current/Past Services & Supports, Social Summary, Residential History).				<b>Past Transitions: residential, educational history (63% compliance)</b>
22. Support Needs and Time Table for Transition:				
23. Transition to ISC Agency:				





Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
24. Date ISC met with the individual:				New
25. Date ISC met with the guardian, if applicable:				New
26. Describe the Class Member's participation in the plan:				New
27. People who participated in the development of the Transition Service Plan: (The <i>Ligas</i> TSP meetings shall be held face-to-face between the individual and the QIDP).				Indicate with [X] those that participated: <input type="checkbox"/> Individual <input type="checkbox"/> Guardian (if applicable) <input type="checkbox"/> ISC (QIDP) <input type="checkbox"/> Other (Include Title)
28. Approval of the <i>Ligas</i> Transition Service Plan:				New Indicate with [X] those that participated: <input type="checkbox"/> Individual <input type="checkbox"/> Guardian (if applicable) <input type="checkbox"/> ISC (QIDP) <input type="checkbox"/> Other (Include Title)



Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
24. Date ISC met with the individual:				New
25. Date ISC met with the guardian, if applicable:				New
26. Describe the Class Member's participation in the plan:				New
27. People who participated in the development of the Transition Service Plan: (The <i>Ligas</i> TSP meetings shall be held face-to-face between the individual and the QIDP).				Indicate with [X] those that participated: <input type="checkbox"/> Individual <input type="checkbox"/> Guardian (if applicable) <input type="checkbox"/> ISC (QIDP) <input type="checkbox"/> Other (Include Title)
28. Approval of the <i>Ligas</i> Transition Service Plan:				New Indicate with [X] those that participated: <input type="checkbox"/> Individual <input type="checkbox"/> Guardian (if applicable) <input type="checkbox"/> ISC (QIDP) <input type="checkbox"/> Other (Include Title)



Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
24. Date ISC met with the individual:			New	
25. Date ISC met with the guardian, if applicable:			New	[added] Participation in the TSP:
26. Describe the Class Member's participation in the plan:			New	Describe class member's participation in the plan (47% compliance)
27. People who participated in the development of the Transition Service Plan: (The <i>Ligas</i> TSP meetings shall be held face-to-face between the individual and the QIDP).				Indicate with [X] those that participated:  <input type="checkbox"/> Individual <input type="checkbox"/> Guardian (if applicable) <input type="checkbox"/> ISC (QIDP) <input type="checkbox"/> Other (Include Title)
28. Approval of the <i>Ligas</i> Transition Service Plan:			New	Indicate with [X] those that participated:  <input type="checkbox"/> Individual <input type="checkbox"/> Guardian (if applicable) <input type="checkbox"/> ISC (QIDP) <input type="checkbox"/> Other (Include Title)



Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
24. Date ISC met with the individual:				New
25. Date ISC met with the guardian, if applicable:				New
26. Describe the Class Member's participation in the plan:				New
27. People who participated in the development of the Transition Service Plan: (The <i>Ligas</i> TSP meetings shall be held face-to-face between the individual and the QIDP).				Indicate with [X] those that participated: <b>Participated in the Plan</b> "The ISC should document efforts to resolve any barriers limiting participation." New
28. Approval of the <i>Ligas</i> Transition Service Plan:				Indicate with [X] those that participated:  [ ] Individual [ ] Guardian (if applicable) [ ] ISC (QIDP) [ ] Other (Include Title)



Domains	Needs Improvement	Proficient	Excellent	Improvement Needed / Comments
24. Date ISC met with the individual:				New
25. Date ISC met with the guardian, if applicable:				New
26. Describe the Class Member's participation in the plan:				New
27. People who participated in the development of the Transition Service Plan: (The <i>Ligas</i> TSP meetings shall be held face-to-face between the individual and the QIDP).				Indicate with [X] those that participated:  <input type="checkbox"/> Individual <input type="checkbox"/> Guardian (if applicable) <input type="checkbox"/> ISC (QIDP) <input type="checkbox"/> Other (Include Title)
28. Approval of the <i>Ligas</i> Transition Service Plan:				New [added] Approval page with signatures  <input type="checkbox"/> Individual <input type="checkbox"/> Guardian (if applicable) <input type="checkbox"/> ISC (QIDP) <input type="checkbox"/> Other (Include Title)

# Questions and Answers

Please use the Question/Chat box

# Next Steps

- Technical assistance to the Bureau of Transition Services to review TSPs.
- Review of 2014 TSPs (random sample)
- Feedback to ISC agencies.
- Training site visits to ISC agencies.
- Working with ISC agency supervisors to review plans internally utilizing the Quality Review Tool
- Webinars

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Ligas Consultant  
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mark@mtadvocacy.com

# Resources

- University of Illinois Evaluation Report of ICF/DD Moves to CILAs

[http://ahs.uic.edu/media/uicedu/ahs/documents/dhd/publications/Ligas,Move  
d,Out,Survey,Research,Brief,Final,%286%29.pdf](http://ahs.uic.edu/media/uicedu/ahs/documents/dhd/publications/Ligas,Move%20d,Out,Survey,Research,Brief,Final,%286%29.pdf)

- [Ligas Transition Service Plan, Instructions and](#) and the [LTSP Quality Review Tool](#) on the DHS web site Information Bulletin.

<http://www.dhs.state.il.us/page.aspx?item=67341>

# Questions and Answers

Please use the Question/Chat box

# Resources

- University of Illinois Evaluation Report of ICF/DD moves to CILAs

[http://ahs.uic.edu/media/uicedu/ahs/documents/dhd/publications/Ligas,Move d,Out,Survey,Research,Brief,Final,%286%29.pdf](http://ahs.uic.edu/media/uicedu/ahs/documents/dhd/publications/Ligas,Move%20d,Out,Survey,Research,Brief,Final,%286%29.pdf)

- [Ligas Transition Service Plan, Instructions and](#) and the [LTSP Quality Review Tool](#) on the DHS web site Information Bulletin.

<http://www.dhs.state.il.us/page.aspx?item=67341>

End