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I. INTRODUCTION

The Community Practice Review (CPR) is to be conducted annually.¹ During the 2014 CPR, supports and services offered to 101 individuals were reviewed.² This report represents the statewide findings from that review. Separate individual regional reports and the statewide power point report have already been distributed and can be found on the CPR web site at jacksoncommunityreview.org.

This year the Department of Health (DOH), Developmental Disabilities Supports Division (DDSD) received 101 reports of individual findings and summaries of regional findings as those were identified by the Community Monitor and, later, finalized. This report differs from those already published in three ways. This report:

- contains aggregate data based on individual issues and findings identified for 101 individuals statewide;
- identifies and prioritizes the most frequently identified issues by topic area; and
- identifies frequency of issues/findings by provider in an effort to assist DDSD, providers and others to identify areas where technical assistance and corrective action may be most needed.

The information contained in this report can and should be used as a complement to other DDSD data sources in order to be able to zero in on specific issues and identify where limited resources need to be allocated in order to effect the most urgently needed improvements.

A. Most Frequently Identified Findings by Category

The following chart identifies the topical categories where the most findings were identified during the last three years.

Chart #1: Number of CPR Findings by Topic Category, 3-year Totals

2014: 101 individuals were reviewed; 2013: 103 individuals were reviewed; 2012: 109 individuals were reviewed.

Topic area	2011/2012 ³ Number of Findings	2013 ⁴ Number of Findings	2014 ⁵ Number of Findings
Adequacy of Planning/ISP	327	411	439
Health Care/Health Care Coordination ⁶	370	321	437
Case Management and Guardianship	177	188	198
Direct Care Services	171	151	137
Expectation of Growth/Quality of Life	103	84	107
Adaptive Equipment	81	62	70

As in 2012 and 2013, the two areas in 2014 where the most issues (63%) continue to be identified are Adequacy of Planning/Individual Services Plan (ISP) and Health Care/Health Care Coordination. These two areas will be explored in greater detail, starting with identified health related issues.

¹ For an overview of the Community Practice Review History and Methodology, see Appendix A

² Findings and recommendations for 101 individuals were issued. 97 individuals had scored protocol books. Those who did not have a scored protocol include; 1 person with Mi Via (have findings, but not scored); 3 books and scores were not included due to lack of completeness.

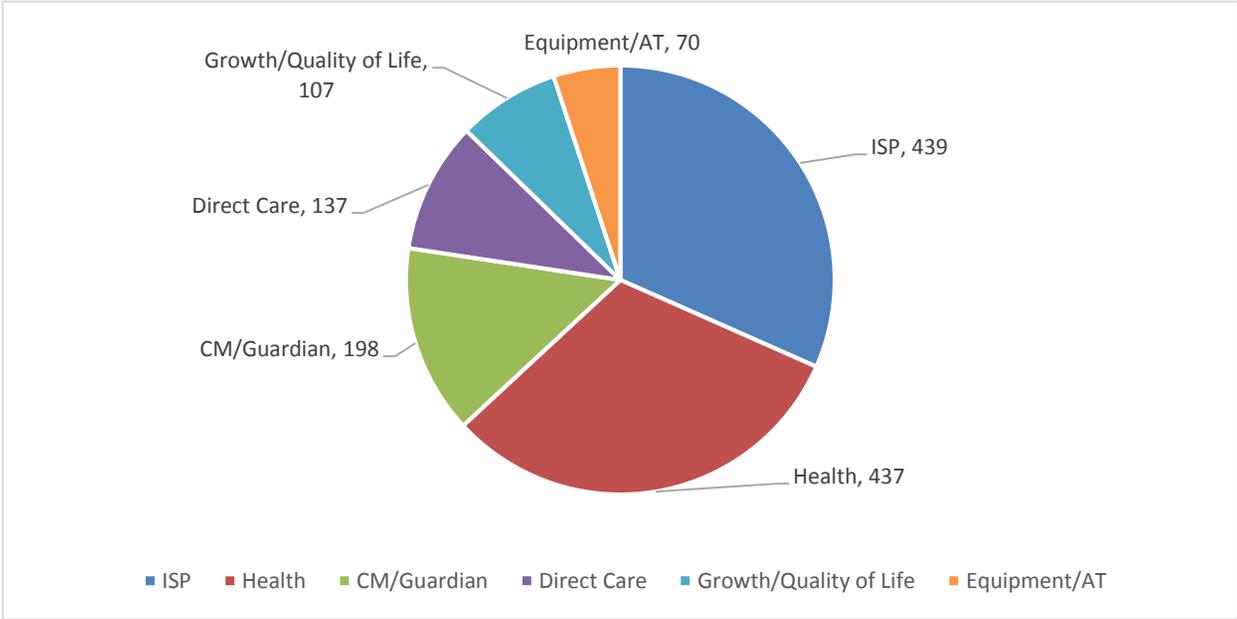
³ These numbers were provided by DDSD.

⁴ These numbers were provided by DDSD.

⁵ These numbers provided by the Community Monitor.

⁶ DDSD uses the terminology "Health and Wellness" which matches the Findings and Recommendations Form in the Community Practice Review.

Chart #2: Most Frequent 2014 Findings by Topic Area



II. HEALTH RELATED ISSUES

A. Number of Health Related Issues Identified by Class Member and by Region

Ninety-seven of the 101 individuals (96%) had health related issues needing review and/or attention identified as part of their 2014 CPR individual findings.

Chart #3: Number of Health Related Issues Identified by Region
(Based on number of issues found in 101 Findings and Recommendations)

Region	Number of Health Care Issues Identified by Class Member ⁷								Total # Reviewed	Total # Issues per region	Average # Of Issues Per Person
	0	1-2	3-4	5-6	7-9	10-12	13-15	16-17			
Metro 1	0	5	6	5	4	4	1	1	25	144	5.76
Metro 2	1	2	6	4	5	4	2	0	24	153	6.38
Metro Total	1	7	12	9	9	8	3	1	49	297	6.06
SW	2	1	2	2	2	3	2	1	15	112	7.47
NE	0	1	0	4	2	3	4	0	14	115	8.21
NW	1	2	1	1	1	1	2	0	9	60	6.67
SE	0	1	4	3	4	1	1	0	14	90	6.43
Total	4	12	19	18	18	16	12	2	101	674	

Only 4 class members were found to have no identified, unaddressed health issues. Sixty-six class members were found to have from 5 to 17 identified health related issues.⁸

B. Those Identified with Immediate and/or Special Needs Issues

Definition for those with Immediate Needs: Class Members identified as “*needing immediate attention*” are persons for whom urgent health, safety, environment and/or abuse/neglect/exploitation issues were identified which the team is not successfully addressing in a timely fashion.

Definition for those with Special Attention Needs: Class Members identified as “*needing special attention*” are individuals for whom issues have been identified that, if not effectively addressed, are likely to become an urgent health and safety concern, in the near future.

⁷ This does not identify every issue/finding. Some were not counted due to unique issue(s).

⁸ The four class members with no identified health related issues were supported by Dunganvin, Ramah Care, Mi Via/Nezzy Care and Lessons of Life. Case Management agencies supporting these individuals include Unidas, Excel, SCCM and Mi Via.

A total of 26 (26%) individuals were identified with Immediate and/or Special Needs. Twelve individuals were identified to have Immediate Needs. Sixteen issues were identified for these 12 people, 3 of those Immediate Need issues were repeat findings from previous years. Fourteen individuals were identified with Special Attention Needs; 29 issues were identified for these 14 people, 5 of those Special Attention Needs were repeat findings from previous years.

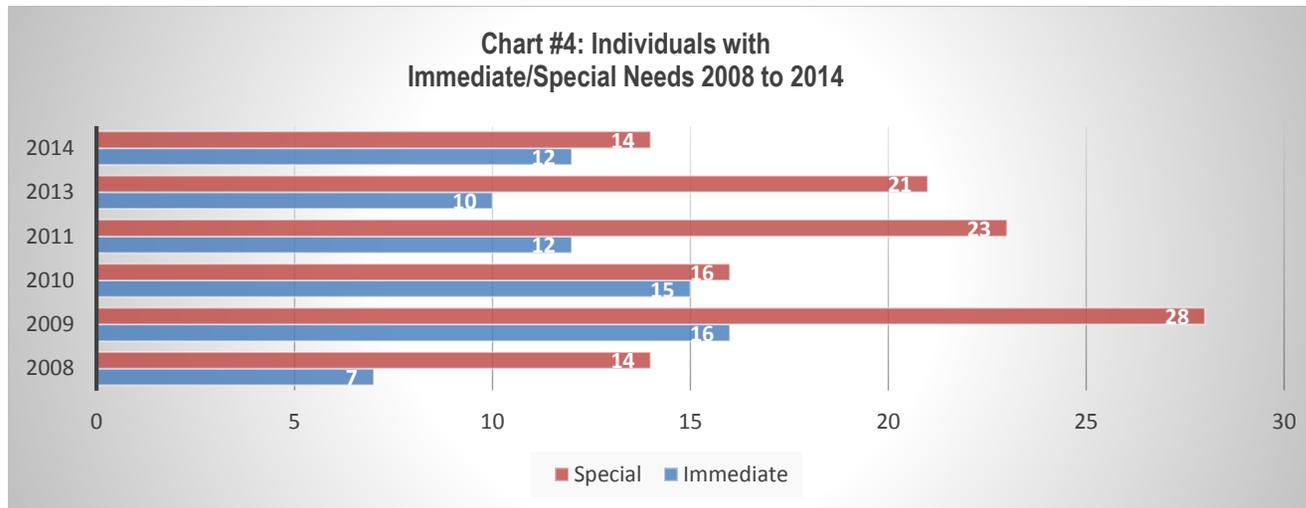


Chart #5: Individuals with Immediate/Special Needs by Region

Number of Individuals with Immediate/Special Issues							
(Note: this is NOT the same as number of findings, as some individuals have more than one Immediate/Special finding)							
Type	Metro1	SW	NE	NW	SE	Metro2	Totals
Immediate	1	2	2	2	1	4	12
Special	4	3	2	1	2	2	14

**Chart #6: Issues Identified for People
with Immediate and/or Special Needs By Region⁹.**

Issue	Metro	SW	SE	NE	NW	Total
Not Following Recommendations	4	3	1	2	1	11
Symptoms or Health Issues Identified, Lack of Follow Up or Lack of Timely F/Up	5	2	5	3	3	18
Aspiration Issues	3	2	0	0	0	5
Medication/Med Adm. Record (MAR) Issue	3	1	0	2	3	9
Health Related Plans Missing, Inconsistent or Inaccurate	2	1	0	3	2	8

Examples of the types of findings in the categories identified above follow.

Not following recommendations (made by specialists/clinicians): For example, staffing not provided as instructed (resulting in a fall and/or fracture); preventative screen recommended but not acquired; Physician recommended excision of papilloma of the soft palate, no evidence it was done; recommended GI consults in 2012 and 2013, no evidence it was done; weights not being taken/tracked as recommended; follow up neurology appointment not set; not monitoring blood pressure per Dr.'s orders..

Individual Displaying Symptoms but Lack of Follow Up: For example, multiple instances of spitting up formula/vomiting not identifying cause; lack of holistic review in spite of multiple issues during 6 month period (had conjunctivitis (pink eye), Upper Respiratory Infection (URI), Community acquired pneumonia, aspiration pneumonia, increase in number and severity of seizure activity, sigmoid volvulus (bowel obstruction); individual lethargic, therapists note sleeping/regression recommended neurology appointment not acquired;

Aspiration Precautions Not in Place or Not Implemented: For example, Comprehensive Aspiration Risk Management Plan (CARMP) instructions not being followed; SLP recommendations for mealtime precautions not followed and no meal time plan; CARMP needing revision but not done for 60 days.

Medication/MAR Issues: For example, provided double the dose of medication prescribed resulting in hospitalization due to dehydration, toxicity and UTI that became septic; taking medication in form contrary to doctor's orders; (seizure) medication missed because it was not available when due to be taken (reviewer filed an IR); doctor's orders and the MAR enteral nutrition orders and the dietitian's documentation do not match, decreased medication order but medication continued to be given at larger amount.

Health Related Plans Missing, Inconsistent or Inaccurate: CARMP inaccurate information or incomplete; Medical Emergency Response Plan (MERPs) and Health Care Plans (HCPs) inaccurate, incomplete, inconsistent information; Plan not specific to the person; MERP information not consistent with Team instruction; HCP, PBS, Nutrition Plan, MAR and HCP not consistent; e-CHAT indicates that MERP is required, MERP not developed and implemented; HCP and MERP not reviewed by nurse as required.

Incident Report (IR) Filed: Homes and yards present safety hazard (2); Abuse/Neglect allegation (1); Medication administration/MAR issue (2); using class member's personal money to pay for items that should not be paid for by individual (1); and seizure medication not available and not given.

⁹ For detail regarding issues Immediate and Special Issues including by provider and case management agency See Appendix B, C and D.

C. Prevalent Cause of Hospitalization

This section examines the most frequently identified health issues based on the Out of Home Placement Report.¹⁰ The categories identified in the chart with some explanation include:

Aspiration Pneumonia: individuals hospitalized with upper respiratory issues that were diagnosed as aspiration pneumonia.

Bowel: individuals hospitalized and diagnosed with, primarily, bowel obstructions/impactions.

Tube: individuals hospitalized with issues such as needing a (g or j) tube, pulling out a tube and needing it to be reinserted, infections at the tube site, refusing to have a tube inserted.

Dehydration/Urinary Tract Infection (UTI): individuals hospitalized with diagnosis related to dehydration and/or UTIs.

Fractures: individuals hospitalized and diagnosed with broken bones.

Sepsis: individuals hospitalized and diagnosed with a life-threatening condition that occurs when an infecting agent such as bacteria, virus or fungus gets into a person's blood stream. The infection activates the entire immune system, which then sets off a chain reaction of events that can lead to uncontrolled inflammation in the body. This whole-body response to infection produces changes in temperature, blood pressure, heart rate, white blood cell count, and breathing.

Falls: individuals hospitalized or taken into hospital as a result of falls.

As the following chart illustrates, people are most frequently hospitalized as a result of bowel issues. The next two leading causes of hospitalizations are aspiration pneumonia and dehydration/Urinary Tract Infections.

¹⁰ The Out of Home Placement Report is provided by DOH/DDSD weekly and identifies, in part, class members by name who have been moved out of their home, where they were moved, why and some information regarding follow up.

Chart #7: Prevalent Hospitalization Issues 2010 to 2014

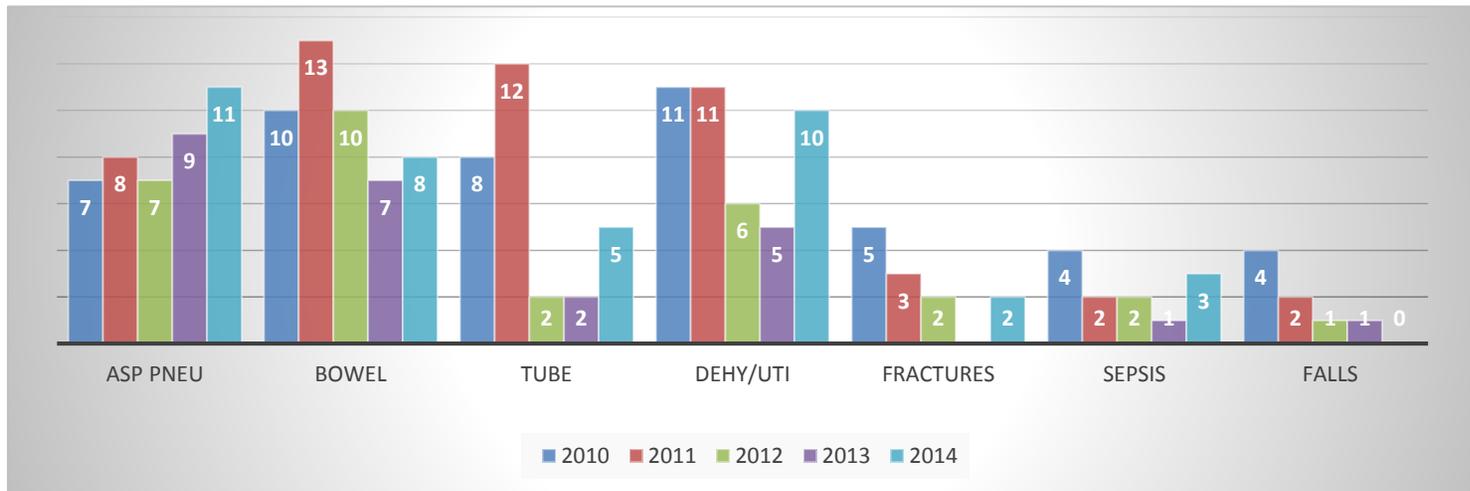


Chart #8: Hospitalizations and Deaths of those Diagnosed with Aspiration Pneumonia, 2010 to 12/12/14

() = Number of times to hospital

	2010	2011	2012	2013	2014	Total
# of Persons who died who had a diagnosis of Aspiration Pneumonia	6	2	0	2	3	13
# of Persons hospitalized with a diagnosis of Aspiration Pneumonia	7 (12x)	8 (8x)	7 (10x)	9 (10x)	11	41
Total	13	10	7	11	14	54¹¹

D. Health Care Coordination, Oversight and Records

At a high level, what is being sought during a CPR is whether the Team “knew” and whether the team “acted” based on that knowledge. In basic terms, Team members have a duty to know the person well and then to act with reasonable care to, at the very least, prevent harm and, hopefully, to enable the person to flourish. It is through this lens of “did we know and did we act” that the reader is encouraged to examine the implications of the findings throughout this report but most urgently with respect to health related findings.

¹¹ This is a duplicated count. The actual number of individual class members is 29.

Chart #9: Do Team Members Know and Do They Act on Health Related Needs?

Question (Numbers reference the question in the CPR Protocol)	Statewide # & % Yes
Q. #54. Overall, were the team members interviewed able to describe the person's health-related needs? (Res Q#48: 56/58%) (Day Q#38: 58/61%) (Case Mgt Q#30: 61/63%)	30 (31%) 2013: 40 (39%) 2011: 43 (39%)
Q. #55. Is there evidence that the IDT discussed the person's health-related issues?	51 (53%) 2013: 65 (64%) 2011: 70 (64%)
Q. #56: ... Are the person's health supports/needs being adequately addressed?	23 (24%) 2013: 31 (30%) 2011: 39 (36%)

The full questions from the 2014 Community Practice Review protocol follow.

Question: Are those responsible for day to day and monthly monitoring aware of the person's health related needs so that they can appropriately support and protect the person? For 31% of those in the sample the answer is yes; for 69% of those reviewed the answer is no.

Question: Is the team discussing the person health-related issues completely? For 53% of those in the sample, the answer is yes, for 47% of those reviewed the answer is no.

Question: Are class members health support needs being adequately addressed? For 24% of those in the review the answer is yes, for 76% the answer is no. Since "adequate" is the criteria instead of a higher standard these results are extremely important to address as quickly and as effectively as possible.

In part, evidence of what we "know" is displayed through the paper we keep. For example, what we know about a person's health needs are memorialized in Health Care Plans (HCP) and the ISP. What we know about what we should do in the case of an emergency for a specific person is summarized in the person's Medical Emergency Response Plans (MERP). What we know about what we are to do to prevent a person from aspirating is detailed in the Comprehensive Aspiration Risk Management Plan (CARMP). In order for all team members to know the person's current and historic health status, nurses are tasked with the responsibility to act by entering that information into e-CHAT so that it is electronically available and accurate.

The following chart identifies some of the challenges identified with "what teams know" through paper evidence.

Chart # 10: Lack of Accuracy in Health Care Records

Issue	# of Class Members	% of 101 Class Members Reviewed	# of Issues
Inconsistently Identified or Incorrect Health Care Information			
Medication (Med labels don't match, MARs don't match electronic/paper, MAR missing, MAR/Dr's orders don't match...)	33	33%	43
CARMP (not available, contradictory information, didn't match HCP, inaccurate information...)	31	31%	43
Assessments (contradictory information, guidance unclear, incomplete information...)	29	29%	66
Diagnosis listed is incorrect or inconsistently/inaccurately identified in the record	26	26%	35
Data Tracking/Monitoring (not done, not done accurately or consistently, e.g., O2 Sats, blood pressure, weight, fluid...)	23	23%	28
MERP (missing data, conflicting information, not updated, not available...)	19	19%	25

Reviewers also look for evidence of what Teams/Team members 'know' by the 'actions' they do or do not take.

Chart #11: Lack of Healthcare Coordination, Oversight and Follow up

Issue	# of Class Members	% of 101 Class Members Reviewed	# of Issues
Lack of Action to Identify and Address Health Related Needs			
Not acquiring assessments/preventative screens	63	62%	245
Not following or implementing recommendations made by clinicians/specialists	53	53%	122
Assessments not completed at time of Annual ISP	39	39%	102
Nursing not following up/monitoring	33	33%	65
Medication Administration (wrong med, wrong dose, no prescription, not given, not d/c'd...)	19	19%	21
Not recognizing symptoms and taking action (risk of aspiration, risk of cancer, risk of fractures...)	18	18%	22

The number of issues identified as a part of individual findings are also reflected in the scoring reflected in the CPR protocol. As evidenced in the following chart, which addresses issues with assessments. Assessments which are foundational for planning and protection from harm.

Chart #12: Are Assessments Acquired and Used?

Question (Question # reference questions in the CPR Protocol)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts?	63% Yes (67) 36% Partial (39) 1% No (1)	65% Yes (70) 35% Partial (38)	49% Yes (52) 51% Partial (55)	58% Yes (63) 42% Partial (46)	45% Yes (46) 55% Partial (56)	40% Yes (39) 59% Partial (57) 1% No (1)
58. Did the team arrange for and obtain the needed, relevant assessments?	39% Yes (42) 60% Partial (64) 1% No (1)	47% Yes (51) 53% Partial (57)	40% Yes (43) 60% Partial (64)	41% Yes (45) 58% Partial (63) 1% No (1)	37% Yes (38) 63% Partial (64)	25% Yes (24) 74% Partial (72) 1% No (1)
59. Are the assessments adequate for planning?	64% Yes (68) 36% Partial (39)	64% Yes (69) 36% Partial (39)	59% Yes (63) 40% Partial (43) 1% No (1)	48% Yes (52) 52% Partial (57)	34% Yes (35) 66% Partial (67)	41% Yes (40) 57% Partial (55) 2% No (2)
60. Were the recommendations from assessments used in planning?	47% Yes (50) 47% Partial (50) 7% No (7)	47% Yes (51) 50% Partial (54) 3% No (3)	46% Yes (49) 49% Partial (52) 6% No (6)	43% Yes (47) 56% Partial (61) 1% No (1)	37% Yes (38) 62% Partial (63) 1% No (1)	40% Yes (39) 57% Partial (55) 3% No (3)

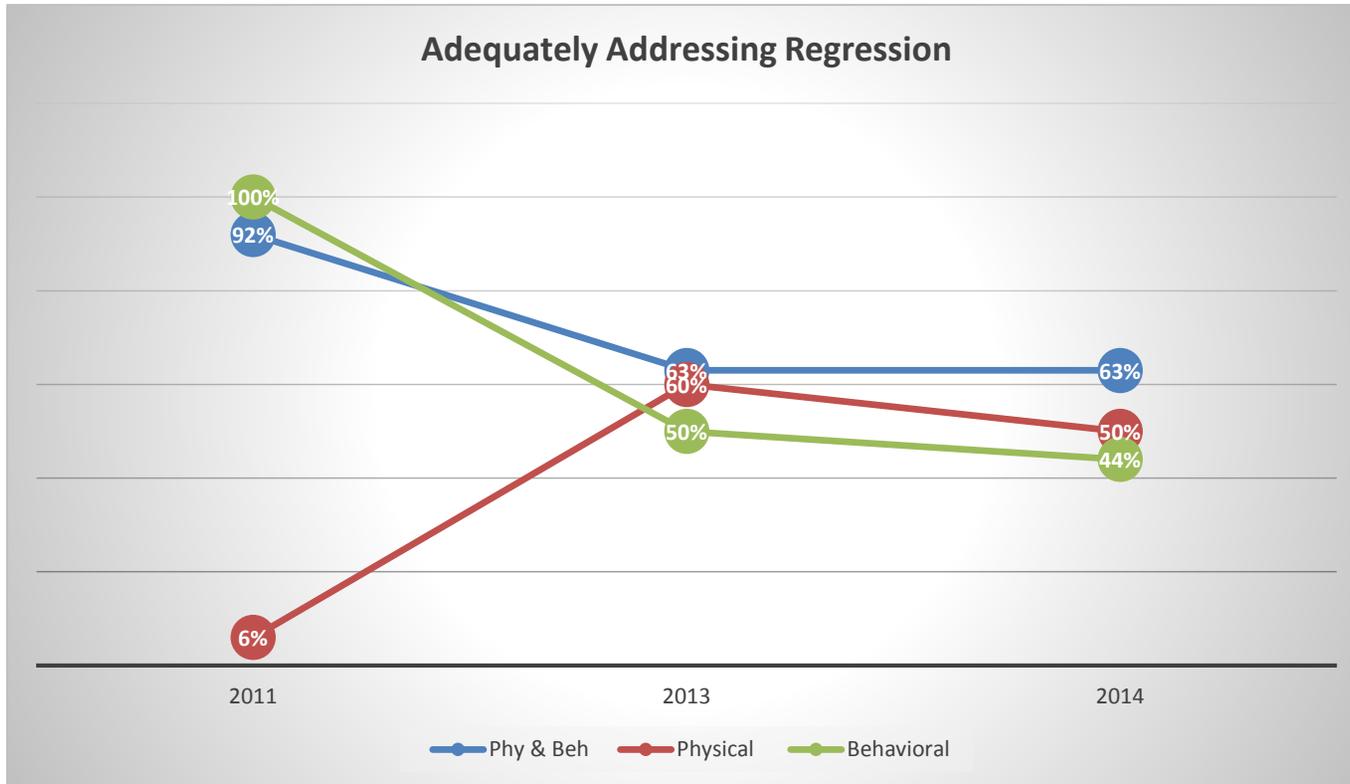
E. Physical and Behavioral Regression

The CPR Protocol asks questions about what those who provide supports and services know, how they have documented what they know and whether or not they have acted on that knowledge. The Protocol probes to discover whether or not the individual's Team has acted to acquire and share information; acted to seek preventative and or corrective interventions; and acted to protect the individual. Another probe offered as part of the CPR protocol in the arena of "do they know and do they act" specifically relates to actions taken when physical and/or behavioral regression has occurred. When there is clear evidence that an individual is regressing, have team members acted to address that regression? Chart #13 provides historical information to help answer those questions.

Jackson Class Members are aging, so being on alert for and adequately responding to changes in physical, behavioral and/or functional abilities is essential. Question #119 in the CPR Protocol asks if Class Members have experienced physical regression. Question #120 seeks to determine who has experienced behavioral and/or functional regression. Question # 121 seeks, for those who have experienced regression, to determine if the regression is being adequately addressed by the team.

As the following chart illustrates those for whom only physical regression occurred (14), 7 (50%) had the regression adequately addressed in 2014. Seven (50%) did not. This represents a decrease from the 60% who had their regression adequately addressed last year. In the instances where only behavioral regression occurred, there has also been a decrease in the numbers who had their regression adequately addressed from last year (44% in 2014, 50% in 2013). For both those for whom physical and behavioral regression has occurred, this year the percentage was the same as in 2013, with 63% being adequately addressed.

Chart #13: Adequately Addressing Physical and/or Behavioral Regression Statewide¹²
Questions #119, #120 and #121 in the CPR Protocol



¹² For more detail see Appendix E. Chart 13.a.

F. Class Member Deaths

In 2013 we, unfortunately, experienced the death of 7 class members, in 2014 six individuals left us. All will be greatly missed. Death is a difficult subject for any of us to consider and talk about. Awkwardness, embarrassment, fear, guilt, anger... we tend to shy away from the topic or from connecting with those who are dying or those who are grieving. The reality is that we must talk about the death of class members if we are to:

- respect and honor those lives;
- recognize the unexpected longevity of many;
- applaud the examples of sensitive, thoughtful and excellent care that so many receive;
- note the good documentation that was maintained;
- thank those providing long-term relationships during the dying process;
- know how to stop preventable deaths; and
- respect and support those preparing to die even better than we have in the past.

Blame and defensiveness in a litigious environment is common but not helpful if we are to learn from our achievements as well as our failures and in turn improve our performance with and on behalf of class members. The information in this section is provided with the hopes of joining with others to create a 'learning laboratory' of sorts as we examine the information we have surrounding class member deaths.

First, it is important to note that in spite of the aging of our friends in the Jackson Class, the number of deaths during the past two years has decreased from what it has been in the past; a very important fact and one for which we should all take note and be grateful to those who enable people to be safe and healthy.

The general profile of those we lost and for whom information has been provided to the Community Monitor is found in Chart #14.

**Chart #14: Demographic Information for People Who Died
2013 and 2014**

Demographic	2013	2014
Men	3	4
Women	4	2
Age Range/Av. Age	49 to 91 ¹³ 62 years 3 months	48 to 73 ¹⁴ 58 years 6 months
# Receiving Hospice	4	3
Average # of days in Hospice	39.25 days 1 person for 2 days; 1 for 1 day 1 for 128 days; 1 for 26 days	6 days 1/14 days; 1/1 day; 1/3 days
Guardians	3 Mother; 2 Arc; 1 Sister; 1 Brother	2 Sister; 1 Mother; 1 Brother; 1 Sister-in-Law; 1 Arc;

¹³ 2013: 1 person was 49; 1 person 52; 1 person 54; 1 person 55; 1 person 60; 1 person 75 and 1 person 91.

¹⁴ 2014: 2 individuals were 48 years old; 1 was 56, 1 was 61, 1 was 66 and 1 was 73.

Demographic	2013	2014
Regions	5 Metro 1 SW 1 SE	2: Metro 2: SW 1: NE 1:SE
Providers	1 Advocacy Partners 2 ARCA (1 La Vida to ARCA) 1 Casa Alegre 1 LLCP 1 New Beginnings 1 Progressive	1 Alanza then Adelante 1 EnSuenos 1 Safe Harbor 1 Transitional Lifestyles 1 Tresco 1 Nursing Home
Case Management	1 A New Vision 1 J&J 1 NMQCM 1 SCCM 2 Unidas 1 Unique	1 PEAK 1 SCCM 1 Unidas 1 Unique CM 1 Visions 1 Nursing Home

As the information above shows us, there are no apparent clusters by demographic(s). One interesting note with uncertain significance is the limited number of days individuals spend in Hospice.

Those involved in the process of dying have a variety of physical, spiritual, emotional and social needs. The nature of dying is unique just as the nature of living is unique. Part of person-centered planning has and will need to continue to include being sensitive and responsive to the special requirements of each individual and family through the dying process. Providers, case managers and DDS are to be commended for enabling the thoughtful inclusion of hospice services as an option for individuals who have a limited life expectancy. This partnership has enabled individuals to spend their last months at home in a familiar and responsive environment with those who know them best. The addition of hospice services can enable individuals, their families and staff to prepare for death in a way that is satisfactory to them. Thank you all for this demonstration of respect and responsiveness.

Based on notes provided as part of death reviews and the 2013 Report of Mortality Reviews by Continuum of Care, there are a number of items which deserve more thoughtful discussion and study. A few are shared here knowing that more eyes, more information and more conversation is needed in order to accurately and wisely identify areas for learning and remediation.

Medication and Supplements: In 2014 one of the individuals who passed did not receive 9 doses of his prescribed medication during a 5 day period. The same person was given the wrong medication that same month. In 2013 one person was recommended for a lactose free diet but received 2 nutritional supplements per week and whenever he/she refused to eat a meal. The nutritional supplements being routinely provided contained lactose. A great deal of effort goes into ensuring that individuals receive the right medication, in the right amount, time, form and frequency. Many providers and direct support staff are to be commended for their diligence in this arena. However, these incidents are consistent with the information identified in Chart #6 and should encourage us to continue the dialogue with providers, nurses, direct support professionals, their supervisors, individuals, families and case managers in an effort to reduce medication errors. Ideas from those who deliver medications and supplements are essential if we are to continue to find practical and effective ways to assure that people get what they need when they need it.

Instructions and Recommendations: In 2013 one class member's death dramatically illustrates the extreme consequences that can occur when instructions and/or recommendations are not followed. A class member was left alone in the bathtub. When staff returned, the person was found on his/her side and not breathing. Life support was subsequently withdrawn and the person died. In this case, therapists believed that they had made clear their instructions and recommendations that this person always be in "line of sight" supervision unless sleeping. The Support Coordinator thought that none of the plans indicated that this person was to have line of sight supervision. This example, again, amplifies the findings in Chart #6 and Charts #11 and #12 which also address issues of not following recommendations. What this does not expose as clearly are the consequences to the staff when confusion over instructions and recommendations exist. The extreme pain, loss and devastation to the staff person who lost someone they had great affection for is, at times, marginalized in the face of a death. Jeopardy to class members should be clear when instructions and recommendations are not followed. But the question of why not must also be asked with great care so that we can learn from the answers and protect both class members and staff from such a tragedy from happening again.

Danger in Frequent Moves, Team Member Turnover: In the past the Community Monitor has highlighted the apparent correlation between the turnover of particular team members (case manager, nurse, residential staff and guardian) and the elevated risk to the individual class member, specifically risk that results in lack of coordination, lack of follow through, confusion regarding the individual's diagnosis and needs, services provided, etc. In 2013, a series of events came together to put a class member in lethal danger due to frequent moves which resulted in inconsistent team members, inconsistent information regarding the individual's personal needs and circumstances and lack of informed oversight. This person was of advanced age and moved 4 times before coming to her final provider. As the Continuum of Care (CoC) noted in their 2013 Annual Report of Mortality Reviews, "there were problems of medication uses and documentation and prescription, confusion about clinical diagnoses, and difficulties in providing services supportively. ... Incorrect attribution of the client's symptoms ... The rapid and emergent placement into another setting can contribute to incomplete communication and poor treatment as it did for this individual. ... The repeated expectation that at the end of their life people can be removed from familiar places and people is a fallacy." This person's provider was trying to provide support and services to someone they didn't know so many signs of pain, weight loss and stress went unrecognized. Emergencies will happen, people will have to move. How do we support the person and his/her staff in a way that informs the receiving provider and protects the class member? This question needs to be discussed in all of its complicated forms, answered and operationalized.

Nursing Oversight/Effective Health Care Coordination: The roles and responsibilities and performance expected of nurses for oversight, communication, corrective action and protection from harm need to be made clear, enforced and recognized. As the CoC noted, "nursing staff are stretched very thin with high rates of paperwork reporting"... They may also be stretched because there simply aren't enough of them. However, we have to be clear about what we expect of them before we know if we need more or we need to be smarter about how we are using those we have. The solution here requires urgent and timely collaboration amongst providers, DDSD, the Parties and others to directly address and resolve the effectiveness of health care coordination question.

G. Findings and Recommendations

Finding #1: The Community Practice Review identified 437 health related findings during this review (including those that were identified with Immediate and/or Special issues. 97 of the 101 individuals (98%) in the 2014 CPR had health related issues identified that needed review and/or action.

Finding #1.a. 1 individual in Metro, 1 in the Northwest and 2 individuals in the SW had no identified, unaddressed health related findings/issues.

Finding #2: Lack of action to identify and/or address health related needs was the most frequently identified health related issue and includes:

- Not acquiring assessments and preventative health screens;
- Not following or implementing recommendations made by clinicians/specialists;
- Assessments not being completed at the time of the Annual ISP so they could not be used for planning;
- Nursing not following up/monitoring;
- Medication administration errors; and
- Staff not recognizing and acting on symptoms.

Finding #3: Incorrect or inconsistently identified health care information in the record was a frequently identified issue and included:

- Medication (labels don't match, MARs don't match electronic/paper, MAR missing, MAR/Dr.'s orders don't match);
- CARMP (not available, contradictory information, didn't match HCP, inaccurate information);
- Assessments (contradictory information, guidance unclear, incomplete information);
- Diagnosis listed is incorrect or inconsistently/inaccurately identified in the record;
- Data Tracking/Monitoring (not done, not done accurately or consistently, e.g., O2 Stats, blood pressure, weight, fluid tracking); and
- MERP (missing data, conflicting information, not updated, not available).

Finding #4: Class Members most frequently hospitalized have bowel issues (e.g., bowel obstructions/impactions); aspiration pneumonia and dehydration/Urinary Tract Infections.

Finding #5: In 2014 the number of deaths attributed to Aspiration Pneumonia were 3. The initiative to reduce instances of aspiration has reduced the number of deaths since 2010 and increased the numbers of individuals being treated in hospital for aspiration pneumonia.

Finding #6: Individual physical, behavioral and/or functional regression is not being adequately addressed.

- Those for whom only physical regression occurred (14), 7 (50%) had the regression adequately addressed. Seven (50%) did not. This is a slight decrease over the 60% who had their regression adequately addressed last year.
- Those for whom physical and behavioral regression occurred, 12 (63%) had their regression adequately addressed. This is the same as in 2013.
- Those for whom behavioral or functional regression has occurred, 4 (44%) had their regression adequately addressed. This is a decrease of 6% from last year.

Finding #7: The Northeast Region had the highest average number of health related findings per person (8.21 per person) followed by the Southwest (7.47 per person), Northwest (6.67 per person); then the Southeast (6.43 per person); and then Metro (6.06 per person). The numbers reflected below begin with agencies with more than 1 person in the review.

In order to provide DDSD more detail by region, provider and case management agency, more specific information follows.

- Residential agencies from the **Northeast** Region who had the highest average number of health related findings per person include:
 - AWS had 4 people in the review with 21 health related findings (7 repeat) or an average of 5.25 findings per person.
 - Family Options had 2 people in the review with 10 health related findings (1 repeat) or an average of 5 per person.
 - NMQMC had 3 people in the review with 11 health related findings (1 Immediate, 1 Special) or an average of 3.67 per person.
- Case Management Agencies from the **Northeast Region** who had the highest average number of health related findings per person include:
 - Visions had 10 people in the review with 39 health related findings (8 repeats, 1 Immediate, 8 Special – 1 repeat) or an average of 3.9 findings per person.
- Residential agencies from the **Southwest** Region with the highest average number of health related findings per person include:
 - Tresco had 8 people in the review with 36 findings (3 repeat, 6 Special) for an average of 4.5 findings per person.
 - PRS had 3 people in the review with 10 findings (2 repeat, 1 Immediate, 1 Special) for an average of 3.33 findings per person.
 - Lessons of Life had 2 people in the review with 4 findings (4 repeat, 1 Special) for an average of 2 findings per person.
- Case Management agencies from the **Southwest** Region with the highest average number of health related findings per person include:
 - SCCM had 11 people in the review with 30 findings (2 repeats, 1 Immediate, 5 Special) or an average of 2.72 findings per person.
- Residential agencies from the **Northwest** Region with the highest average number of health related findings per person include:
 - DSI had 2 people in the review with 10 health related findings (1 repeat, 5 Immediate, 2 repeated) or an average of 5 findings per person.
 - Tunland had 2 people in the review with 4 health related findings (1 Special) or an average of 2 per person.
 - Dungarvin had 5 people in the review with 9 health related findings (1 repeat, 2 Immediate, 1 IR) for an average of 1.8 per person.
- Case Management Agencies from the **Northwest** Region with the highest average number of health related findings per person include:
 - Peak had 7 people in the review (2 regions) with 24 health related findings (4 repeat, 6 Immediate-2 repeats, 1 Special) for 3.43 findings per person.
 - Excel had 5 people in the review with 7 health related findings (1 Special 1 IR) for an average of 1.4 findings per person.
- Residential agencies from the **Southeast** Region with the highest average number of health related findings per person include:
 - Tobosa had 3 people in the review with 11 health related findings for an average of 3.67 per person.
 - ENMRSH had 2 people in the review with 7 health related findings (1 Special) for an average of 3.5 per person.
 - PRS had 3 people in the review with 10 findings (2 repeat, 1 Immediate, 1 Special) for an average of 3.33 findings per person.
- Case Management agencies from the **Southeast** Region with the highest average number of health related findings included:
 - PRMC had 2 people in the review with 7 health related findings (1 Immediate, 1 Special, 1 IR) or an average of 3.5 findings per person.
 - J&J had 12 people in the review with 39 health related findings (5 repeats, 1 Immediate, 4 Special -1 repeat) or an average of 3.25 per person.

- Residential agencies from the **Metro** Region with the highest average number of health related findings per person include:
 - The New Beginnings had 4 people in the review with 18 health related findings (1 repeat, 1 Immediate) for an average of 4.5 findings per person.
 - Adelante had 11 people in the review with 47 health related findings (6 repeats, 2 Special, 1 repeat) or an average of 4.27 findings per person.
 - LLCP had 11 people in the review with 39 findings (3 repeats, (2 Immediate, 1 repeated, 4 Special, 2 repeated) an average of 3.55 findings per person.

- Case Management agencies from the **Metro** Region with the highest average number of health related findings per person include:
 - Unique Opportunities had 3 people in the review with 15 health related findings (3 Immediate, 1 repeat) or an average of 5 findings per person.
 - Carino had 6 people in the review with 29 health related findings (8 repeat, 1 Immediate, 4 Special – 2 repeat) or 4.83 findings per person.
 - A Step Above had 10 people in the review with 42 health related findings (8 repeats, 1 Immediate, 1 Special, 1 IR) or 4.2 findings per person.

The 2014 examination of the health related findings for class members, as it has for at least the past ten years, emphasizes the need to routinely monitor, measure, report and promptly modify practice to protect the health and safety of Jackson Class Members (JCMs). At a minimum:

Recommendation #1. The risk factors, health care needs and changing personal circumstances of Jackson Class Members (JCM's) must be:

- 1.a. known by those who support and provide services to them;
- 1.b. accurately documented in the health record including health care plans, emergency response plans, aspiration risk management plans and other related sources (e-Chat, ISPs, etc.); and
- 1.c. conveyed accurately and timely to clinicians and specialists.

Recommendation #2. The findings and recommendations from evaluations, screens and assessments from clinicians and specialists must be:

- 2.a. known by those who support and provide services to class members;
- 2.b. accurately documented in the health record; and
- 2.c. implemented timely and consistent with the recommendations (or the reasons why not documented).

Recommendation #3. Oversight, monitoring, modeling and mentoring must be accurately informed and provided:

- 3.a. by nurses and direct support professionals, supervisors and ancillary providers;
- 3.b. to direct support professionals, case managers and others who support and provide services to class members; and
- 3.c. on a regular basis so that performance corrections can be made naturally, practically and effectively.

Recommendation #4. Deaths, gaps and errors in effective health care coordination and practice should be identified and used as a learning opportunity which results in improved practice, increased confidence and competence of those providing supports and services throughout the state.

III. INDIVIDUAL SERVICE PLAN (ISP)

A. Planning Context

Each individual has an Individual Service Plan (ISP) which serves as a form of contract between the class member, his/her team and provider. This contract is intended to identify what the person's background/experiences have been as well as to identify strengths, needs, challenges and interests. Based on this information, the person, with support from his/her team, identifies in the ISP what the individual wants to do/accomplish (Vision/Outcomes), then providers identifies specifics and measurability regarding what they are going to do to enable these wishes to come true (Teaching and Support Strategies and Action Plans). During the Community Practice Review several areas related to the class member's Individual Service Plan (ISP) are examined and include:

The **planning process**, which identifies who helped develop the plan, what information and the extent to which it was used to shape the content of the plan.

The **required content of the plan**, which includes, in part, the person's Vision, Outcomes, Teaching and Support Strategies and Action Plans.

The record of the **implementation of the ISP**, which focuses on whether or not the ISP (contract) is being implemented and carried out as the Team intended.

Last year there were 103 people included in the review with 411 findings identified for the ISP/Planning area. This year, there were 101 people with 439 findings which made it the area with the highest number of issues/findings identified for the second year in a row.

The information and charts contained in this section are provided to assist both the regions as well as individual agencies in identifying where they need to focus training, technical assistance and corrective action. The following chart provides historical information regarding ISP scores from 2000-2014.

Chart #15: Individual Service Planning – Historical Scoring

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2013	2014
Does the person have an ISP that addresses living, learning/working and social/leisure...	79%	84%	75%	57%	68%	72%	86%	88%	90%	95%	85%	89%	92%
Does the person have an ISP that contains a Progress Towards Reaching the Long Term Vision section that is based on a long-term view?	90%	89%	82%	59%	77%	84%	72%	65%	74%	68%	63%	69%	55%
Does the person receive services and supports recommended in the ISP?	67%	69%	70%	47%	58%	58%	70%	74%	76%	78%	83%	81%	78%
Does the person have adequate access to and use of generic services and natural supports?	57%	78%	73%	44%	65%	61%	66%	74%	82%	80%	79%	88%	80%
Is the person adequately integrated into the community?	63%	71%	66%	32%	53%	38%	57%	51%	68%	70%	69%	82%	67%

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2013	2014
Overall, is the ISP adequate to meet the person's needs?	33%	34%	29%	5%	21%	6%	13%	17%	26%	23%	28%	13%	11%
Is the program of the level of intensity adequate to meet this person's needs?	42%	53%	36%	18%	29%	19%	35%	32%	31%	27%	28%	27%	26%

B. Overview of 2014 ISP Content Findings: Vision, Outcomes, Action Plans and Teaching and Support Strategies

During the 2014 CPR, 86 (89%) of the 97 ISPs scored were found to be not adequate to meet the person's needs. Twenty-five (26%) individuals were found to have a program of the level of intensity adequate to meet the person's needs.

This section begins with a look at the adequacy of the ISP content with a focus on Vision Statements, Outcomes, Action Plans and Teaching and Support Strategies.

Of the 97 people whose ISPs were reviewed and scored, 6 did not have issues identified in these four areas. Those providers supporting individual's whose ISPs were found to be adequate are identified next.

- The Metro agencies supporting 4 individuals include: Adelante (2 Day Services), ARCA (2 Residential Services), and LLCP and Dungarvin (1 each Day and Residential).
- The case management agencies were Amigo, NMQCM (2) and Unidas.
- The Southeast Region: Day and Residential agency was ENMRSH. The case management agency was J&J.
- The Northeast Residential agency was NNMQC; there was no Day agency. The case management agency was Visions.

Chart #16, which follows, shows the number of people, by region, whose ISPs were found to have issues/findings in the topic area (e.g. Vision, Teaching and Support Strategies). The specific question(s) in the CPR Protocol which relates to this issue are also identified.

Chart #16: Most Frequently Identified Issues with the ISP
Based on an unduplicated count of individuals with identified issues in these content areas

Issue	Metro	NE	NW	SE	SW	Total
Total # Reviewed and Scored by Region: 97						
Vision is not adequate and/or not used as the basis for Outcome development. (Q#64, Q#65 & Q.#66)	32	10	6	7	10	65
Outcomes don't address major needs or don't contain detail so the team knows when outcomes have been achieved. (Q. #67, Q. #68. & Q. #69.)	35	11	6	11	9	72
Action Plans weren't specific and relevant to assisting the person in achieving his/her outcomes. (Q.#70)	26	10	7	6	10	59
Teaching and Support Strategies weren't sufficient to ensure consistent implementation and/or information from ancillary providers missing. (Q. #71 & Q.#72)	38	13	7	8	11	77

Based on this information, there are significant issues in the majority of areas of the ISP.

65 (67%) people did not have vision statements found to be adequate for use in the development of individual outcomes (2013: 51%)

72 (74%) people did not have outcomes which addressed the individual's major needs or did not contain detail needed to enable those implementing the outcomes to know when they had been achieved; (2013: 70%)

59 (61%) people didn't have Action Plans which were specific and relevant to assist the person in achieving his/her outcomes (2013: 57%); and

77 (79%) people didn't have Teaching and Support Strategies which were sufficient to ensure consistent implementation or information from ancillary (therapists) was missing (2013: 77%).

As summarized here, Teaching and Support Strategies and individual Outcomes are inadequate for over 70% of those reviewed.

Fundamentally, the individual's vision statements need to be robust and reflect personal expectations of growth, individual interest and opportunities. Without that information measurable Outcomes, Teaching and Support Strategies and Action Plans cannot effectively be developed.

C. ISP Content Findings:¹⁵ Residential

To enable the regions to support and assist specific providers who may be having challenges with these specific areas (Vision Statements, Outcomes, Action Plans, Teaching and Support Strategies) in the ISP and/or with verifying the implementation of ISPs the following information may be helpful.

Chart #17 focuses on residential agencies, as Chart #16 focuses on agencies providing day services and Chart #18 focuses on Case Management agencies. The columns in each of these charts contain the following information.

Column #1: The name of the residential, day or case management agency.

Column #2: Number of Jackson Class Members (JCM) in the sample by agency.

Column #3: Number of JCM with issues identified related to the "Vision" sections of the ISP¹⁶.

Column #4: Number of JCM with issues identified related to the "Outcome" sections of the ISP²³.

Column #5: Number of JCM with issues identified related to the "Action Plan" sections for the ISP²³.

Column #6: Number of JCM with issues identified related to the "Teaching and Support Strategies" section of the ISP²³.

¹⁵ This area continues to focus on and explore the findings regarding Vision Statements, Outcomes, Action Plans and Teaching and Support Strategies.

¹⁶ Questions explored in these and the following day and case management chart are Question #64 to Question #72 in the protocol.

Chart #17: ISP Content, Residential Agencies

Based on an unduplicated count of individuals with identified issues in these content areas

note – this table includes only the 97 individuals who were scored

#1	#2	#3	#4	#5	#6	#1	#2	#3	#4	#5	#6	#1	#2	#3	#4	#5	#6
Residential Agency	# JCM	Vision	Outcomes	Action Plans	T&SS	Residential Agency	# JCM	Vision	Outcomes	Action Plans	T&SS	Residential Agency	# JCM	Vision	Outcomes	Action Plans	T&SS
Active Solutions	1	1	0	1	1	Dungarvin	5	2	3	2	3	NNMQC	3	2	2	1	2
Adelante	11	9	10	9	10	ENMRSH	2	1	1	1	1	OptiHealth	2	1	2	2	2
Advantage Communications	1	0	0	0	1	Ensuenos	1	1	1	0	1	PRS	3	2	2	1	1
Alianza	1	1	0	0	0	ESEM	2	0	1	2	2	R-Way	1	0	0	0	1
Arca	6	4	4	4	4	Expressions of Life	3	2	2	2	3	Ramah Care	2	0	1	1	1
At Home Advocacy	1	1	1	1	1	Family Options	2	2	2	2	2	Silver Linings	1	1	1	1	1
AWS	4	4	4	4	4	HDFS	4	2	4	3	3	The New Beginnings	4	4	4	1	3
Bright Horizons	1	1	1	0	1	Leaders	1	0	1	0	0	TLC	1	0	1	1	1
CARC	1	1	1	0	1	Lessons of Life	2	1	2	1	1	Tobosa	3	2	2	1	3
Casa Alegre	1	0	1	1	0	LLCP	11	7	8	5	8	Tresco	8	7	4	7	7
Community Options	2	2	2	1	2	MaxCare	1	0	0	0	1	Tungland	2	2	2	1	2
DSI	2	2	1	2	2	Mi Via	1	0	1	1	1						

D. ISP Content Findings: Day/Employment Agencies

The following chart contains the same information except that it relates to day/employment provider agencies. The column information is the same.

Chart #18: ISP Content, Day Agencies

Based on an unduplicated count of individuals with identified issues in these content areas
 note – this table includes the 97 individuals who were scored; some have more than one day provider

#1	#2	#3	#4	#5	#6	#1	#2	#3	#4	#5	#6	#1	#2	#3	#4	#5	#6
Day Agency	# JCM	Vision	Outcomes	Action Plans	T&SS	Day Agency	# JCM	Vision	Outcomes	Action Plans	T&SS	Day Agency	# JCM	Vision	Outcomes	Action Plans	T&SS
A Better Way	1	1	1	1	1	Empowerment	1	0	0	0	1	Nezzy Care	1	0	1	1	0
Active Solutions	2	2	1	1	1	ENMRSH	2	1	1	1	1	None	1	0	0	0	0
Adelante	18	11	14	12	14	EnSuenos	1	1	1	0	1	Optihealth	1	1	1	1	1
ARCA	2	2	2	2	2	ESEM	3	1	2	3	3	People Centered	1	0	0	0	1
AWS	4	4	4	4	4	Family Options	2	2	2	2	2	PMS Shield	1	0	0	1	0
Bright Horizons	1	1	1	0	1	HDFS	4	2	4	3	3	PRS	3	2	2	1	1
CARC	1	1	1	0	1	Las Cumbres	1	1	1	0	1	Ramah Care	1	0	1	1	0
CFC	2	1	2	1	2	Leaders	1	0	1	0	0	Share Your Care	3	2	2	2	3
Community Options	3	3	3	2	3	Lessons of Life	2	1	2	1	1	Silver Linings	1	1	1	1	1
Cornucopia	1	1	0	1	1	LLCP	12	8	9	6	9	The New Beginnings	3	3	3	1	3
DSI	2	2	1	2	2	MaxCare	1	0	0	0	1	Tobosa	3	2	2	1	3
Dungarvin	5	3	3	3	3	Mi Via	1	0	1	1	1	Tresco	9	8	5	8	8

E. ISP Content Findings: Case Management Agencies

Case management agencies are responsible for facilitating the development of the ISPs and conducting monthly monitoring to ensure the person is making progress and that services in the ISP are being implemented as intended. The chart which follows identifies the sections of the ISP found to have issues, just as in the charts above.

Chart #19: ISP Content, Case Management Agencies

Based on an unduplicated count of individuals with identified issues in these content areas

note – this table includes the 97 individuals who were scored

#1	#2	#3	#4	#5	#6	#1	#2	#3	#4	#5	#6
Case Management	# JCM	Vision	Outcomes	Action Plans	T&SS	Case Management	# JCM	Vision	Outcomes	Action Plans	T&SS
A New Vision	4	2	3	1	4	NMQCM	3	0	1	1	0
A Step Above	10	7	8	6	10	Peak	7	6	5	5	7
Amigo	5	3	4	4	4	PRMC	2	2	2	2	1
Carino	6	5	5	5	6	Rio Puerco	1	1	0	1	1
Excel	5	3	4	4	3	SCCM	9	7	6	6	6
J&J	11	5	9	4	7	Unidas	17	12	11	7	13
Mi Via	1	0	1	1	1	Unique Opportunities	3	2	2	2	2
NERO/DDSD	1	0	0	1	1	Visions	10	8	9	8	9
NMBHI	2	2	2	2	2						

F. Lack of Consistent Implementation of the ISP

Implementation data is reviewed to see if the ISP is being implemented as intended for the person by his/her team. Providers have the primary responsibility for ensuring that the ISP is implemented consistent with ISP content, the needs of the individual and their pace and method of learning. Case Managers are responsible for monthly monitoring to ensure that progress is being made and the Outcomes are being consistently implemented. Nevertheless, challenges to consistent implementation of the ISP and/or verification of implementation through documentation of what the class member is doing, when he/she is doing it, and his/her reaction to the event/instruction continue.

There are specific questions in the protocol which focus on implementation. For example:

Question # 79. For those ISPs which are found to be adequate, are they being implemented?

This question focuses on those ISPs which were found to be adequate (content/paper compliance) and then probes to see if they were being implemented. In this case, 11 ISPs were found to be adequate and of those, 8 (73%) were being implemented (7 of 13, 54% in 2013).

Question # 80a. For those ISPs which were not found to be adequate, are they being implemented?

This question identifies those ISPs which had problems identified with the content to see if they were being implemented. Of the 86 ISPs which were found to be partially adequate, 44 (51%) were being implemented consistent with ISP direction. (38% in 2013)

As illustrated below, statewide, 46% of the ISPs were not being fully or consistently implemented. (Down from 59% in 2013)

Chart #20: ISP Not Consistently Implemented as Intended

Issue	Metro	NE	NW	SW	SE	Total
Total Reviewed by Region (97 total were scored)	47	14	9	13	14	97
Number of ISPs, regardless of quality, that were not being fully implemented.	16 (34%)	10 (71%)	7 (78%)	6 (46%)	6 (43%)	45 (46%)

The following charts identify by provider agency and then case management agency the number of individuals identified in 2014 with part or all of their ISP not implemented.

Chart #21: Residential and Day Provider Agencies with ISPs Not Being Fully Implemented

Note: # with Implementation Issues column may contain a duplicate count due to different Res/Day agencies

Region	Agency	# of Ind. Reviewed in Residential Services	# of Ind. Reviewed in Day but not Residential	# with Implementation Issues
Metro	16 of 47 people reviewed (34%) had part of his/her ISP not implemented.			
	A Better Way		1	0
	Active Solutions	1	2	0
	Adelante	11	7	8
	Advantage Communications	1		1
	Alianza	1		0
	Arca	6		2
	At Home Advocacy	1		0
	Bright Horizons	1		1
	CFC		2	0
	Cornucopia		1	0
	Dungarvin	3		0
	Expressions of Life	3		1
	LLCP	11	1	5
	MaxCare	1		0
	Optihealth	2		0
	Share Your Care		3	1
	The New Beginnings	4		0
	TLC	1		0
NE	10 of 14 people reviewed (71%) had part of his/her ISP not implemented.			
	AWS	4		3
	Community Options	1	1	1
	Ensuenos	1		1
	ESEM	2	1	1
	Family Options	2		2
	Las Cumbres		1	1

Region	Agency	# of Ind. Reviewed in Residential Services	# of Ind. Reviewed in Day but not Residential	# with Implementation Issues
	NNMQC	3		2
	None		1	0
	People Centered		1	0
	R-Way	1		0
NW	7 of 9 people reviewed (78%) had part of his/her ISP not implemented.			
	DSI	2		2
	Dungarvin	2	1	2
	Empowerment		1	1
	PMS Shield		1	0
	Ramah Care	2		0
	Silver Linings	1		1
	Tungland	2		1
SE	6 of 13 people reviewed (46%) had part of his/her ISP not implemented.			
	CARC	1		1
	Casa Alegre	1		1
	ENMRSH	2		1
	HDFS	4		2
	Leaders	1		0
	Nezzy Care		1	1
	PRS	1		0
	Tobosa	3		1
SW	6 of 14 people reviewed (43%) had part of his/her ISP not implemented.			
	Community Options	1		1
	Lessons of Life	2		1
	Mi Via	1		0
	PRS	2		1
	Tresco	8		3

Chart #22: Case Management Agencies with ISPs Not Being Fully Implemented

Agency	# in Sample	# with Implementation Issues
Metro Case Management Agencies		
A New Visions	4	0
A Step Above	9	4
Amigo	5	3
Carino	6	3
NMQCM	3	1
Peak	2	0
Unidas	15	5
Unique Opportunities	3	0
NE Case Management Agencies		
NERO/DDSD	1	0
NMBHI	2	2
Unidas	1	0
Visions	10	8
NW Case Management Agencies		
A Step Above	1	1
Excel	5	3
Peak	2	2
Rio Puerco	1	1
SE Case Management Agencies		
J&J	11	5
PRMC	2	1
SW Case Management Agencies		
Peak	3	2
Mi Via	1	1
SCCM	9	3
Unidas	1	1

G. Findings and Recommendations

This information has been provided to inform providers, case managers and DDSD of the nature and frequency with which specific issues were identified during the 2014 Review. It is hoped that this information will be used to recognize good practice and to ensure that providers act consistently so that class members have ISPs which reflect their needs, interests, strengths and that these ISPs are consistently and completely implemented.

Finding #8: During the 2014 CPR, 86 (89%) of the 97 ISPs scored were found to be not adequate to meet the person's needs. Twenty-five (26%) individuals were found to have a program of the level of intensity adequate to meet the person's needs.¹⁷

¹⁷ This is CPR Protocol Question #146.

Finding #9: Of the 97 people whose ISPs were reviewed and scored, 6 did not have issues identified in these four areas. Those providers supporting individual's whose ISPs were found to be adequate are identified next.

- The Metro agencies supporting 4 individuals include: Adelante (2 Day Services), ARCA (2 Residential Services), and LLCP and Dungarvin (1 each Day and Residential).
- The case management agencies were Amigo, NMQCM (2) and Unidas.
- The Southeast Region: Day and Residential agency was ENMRSH. The case management agency was J&J.
- The Northeast Residential agency was NNMQC; there was no Day agency. The case management agency was Visions.

Finding #10: Twenty-five (26%) individuals were found to have a program of the level of intensity adequate to meet the person's needs (27% in 2013).¹⁸

- 13 of these 25 people were served by agencies in the Metro region. The Day/Residential provider agencies include: Active Solutions, Adelante, Alianza, Cornucopia, LLCP, OptiHealth, Share Your Care and The New Beginnings. The case management agencies were A Step Above, Amigo, NMQCM, Peak, Unidas and Unique Opportunities.
- The Northeast region had agencies supporting 3 of these individuals. The agencies are ESEM and NNMQC. The case management agency are DDSD/NERO and Visions.
- The Northwest region had agencies supporting 1 of these individuals. The agencies are Dungarvin and Tungland. The case management agency is Excel.
- 5 of these 25 people were served by agencies in the Southeast region, specifically ENMRSH, HDFS, PRS and Tobosa. The case management agencies are J&J and PRMC.
- Agencies in the Southwest Region served 3 of these individuals. These agencies were Lessons of Life, PRS and Tresco. The case management agency was SCCM.

Finding #11: Statewide, 46% of the ISPs reviewed were not being fully or consistently implemented.¹⁹

Recommendation #5:²⁰ DOH/DDSD should identify outcomes and implement strategies which will systemically and measurably improve practice and outcomes for class members in each of the four Individual Service Planning areas identified below.

5.a. ISP Development:

- Overall, 70% of the IDT did not have an appropriate expectation of growth for the person. (Q. 85) Team members (60%) are not able to describe the person's health related needs. (Q. 54)
- Teams (47%) did not discuss the person's health-related issues. (Q. 55)
- The person's health supports/needs (76%) are not being adequately addressed. (Q. 56)
- Teams do not consider what assessments the person needs (60%) (Q. 57), they do not arrange for and obtain the needed assessments (75%) (Q.58), and/or they (60%) do not use recommendations from assessments in planning (Q. 60).

¹⁸ These individuals scored "Yes" on Q. 147 in the protocol.

¹⁹ This is a combination of Q. 79 and Q.80.a. in the protocol.

²⁰ This is a repeat recommendation from 2009 CPR.

5.b Individual Service Plan:

- ISP visions (51%) are not adequate. (Q. 64)
- ISP Outcomes (40%) do not address the person's major needs. (Q.69)

5.c. ISP Implementation:

- Staff (44%) cannot describe his/her responsibilities in providing daily care to the person (Q. 82)

5. c. ISP Monitoring:

- The Case Management record (70%) does not contain documentation that the Case Manager is monitoring and tracking the delivery of services as outlined in the ISP. (Q. 32)
- The progress notes or other documentation in the case management record (75%) does not reflect the status of the outcomes and services of the key life areas stated in the ISP. (Q. 83)

The Community Monitor would welcome the opportunity to jointly develop intervention strategies to address these issues with DDSD. These outcomes and strategies should also be shared with the Parties and the JCA for review and comment in advance of finalization but by no later than March 2015. Implementation should begin no later than July 1, 2015.

IV. Day Services²¹

A. Expectations

“It is the policy of the developmental disabilities support division (DDSD) that to the extent permitted by funding, each individual receive supports and services that will assist and develop independence and productivity in the community and take affirmative action to prevent regression or loss of current capabilities. ... The intent is to provide choice and obtain opportunities for individuals to live, work and play with full participation in their communities”.²²

“Community Inclusion Services provide individuals with connection to and membership in the same community life that is desired and chosen by the general population. This includes purposeful, meaningful and equitably paid work; sustained opportunity for self-empowerment and personal relationships; skill development in natural settings; and social, education and community membership activities that are specified in the individual’s ISP. Community Inclusion Services also assist the individual to develop skills and relationships that reduce dependence on paid, specialized services”.²³

B. Lack of evidence that Outcomes are routinely worked on.

In an effort to better understand how people are spending their days, an examination of the findings and recommendations related to day opportunities was completed. In addition to answering and scoring the questions in the protocol, the Community Monitor also asks reviewers questions. The answers to some of those questions are included here.

Most individual class members receiving day services through the Medicaid Waiver receive 30 hours of day services per week (5 days a week x 6 hours a day). If a person is receiving funding for day services, DDSD requires that they have at least one Outcome in the “Work/Learn” section of the ISP. Obviously, Teams can identify more than one but a minimum of one is required. ISPs can also identify Outcomes in the “Fun/Relationship” area which might also be reinforced and worked on during the day.

Monitor’s Question: How much time each day does this person spend on activities related to his/her ISP Outcomes?

DDSD defines “outcomes” as: “Desired outcomes generated by the individual, guardian and the team. An outcome is a realistic change that can occur in the individual’s life that the individual can achieve and that leads towards the attainment of the individual’s long-term vision. For example, an outcome may state that the individual obtain preferred employment or that the individual learn to drive.”

As part of the review, providers are asked to submit documentation of the last three months of implementation data for each ISP Outcome. Reviewers will also ask to review data when they are onsite at the house and/or day services to gather the most current data tracking. As Chart #15 illustrates, for 48 (50%) of those reviewed the answer is “none,” meaning the reviewer could not find evidence which would indicate the Outcomes being worked on daily.

²¹ The information in this section pertains to the 96 living class members at the time of the publication of this report.

²² 7.26.5.8 NMAC – Rp, 7 NMAC26.5.8.,

²³ Chapter 5, Community Inclusion Services, 2007, Developmental Disabilities Waiver Service Standards, page 58

For those 30 individuals for whom information regarding implementation could be identified:

- 6 (6%) work on Outcomes from 5 minutes to 30 minutes a day;
- 7 (7%) work on Outcomes from 1 hour to 1.5 hours a day;
- 14 (15%) work on Outcomes from 2 to 4 hours a day; and
- 3 (3%) work on Outcomes 5 hours a day.

12 individuals worked on Outcomes weekly:

- 1 (1%) person worked on Outcomes for 45 minutes a week;
- 7 (7%) of the individuals worked on Outcomes 2 to 4 hours a week;
- 4 (4%) of the individuals worked out Outcomes 10.5 to 40 hours a week.

Four (4) individuals worked on Outcomes from 1 to 3 hours per month.

One (1) person worked on Outcomes for approximately 12 hours a year.

The implications of these findings (Charts #26 and Chart #27 which follow) are dramatic. Some individuals with intellectual and developmental disabilities (I/DD) can readily engage in new activities, express a preference or learn a new skill relatively quickly. Other individuals who have had little or no experience with the new task or skill may find it much harder to grasp, enjoy or willingly experience. Those with severe disabilities require a systematic approach in order to fairly and adequately determine personal preferences, gain comfort with new experiences or tools and/or to learn new skills or tasks. This systematic approach needs to include **experience** with **multiple options** and **multiple means** to systematically assess ability and preference.²⁴ One of the many reasons experiential engagement is so critical is because of the challenge many people with I/DD have with generalizing information and skills from one situation, setting or environment to another. Consequently, exposing people to new tasks, skills or experiences a few minutes a week (or month, or year) when the person has no personal experience with what these tasks, skills or experiences mean demonstrates a profound lack of understanding of how people with I/DD learn and a startling demonstration of a lack of actual intent to seek the person's real abilities and preferences. The lack of understanding regarding how critical frequency and consistency of presentation and opportunity is to learning for individuals is pervasive throughout the system.

Additionally, it is assumed that when a JCM funded by the Waiver has a required Outcome, its accomplishment will represent an improvement or positive change from what currently exists. Otherwise, the purpose of the Outcome becomes unclear. If the person is already doing or has accomplished the identified Outcome there may be obvious value in continuing the activity (e.g. continued reinforcement for a recently learned skill/activity) but that can be done as part of the person's Meaningful Day activities.

²⁴ Self-Determination, Michael L. Wehmeyer, Ph.D., University of Kansas, Office of Disability Employment Policy (ODEP).

Chart #23: Time Spent Each Day in Activities Related to the ISP

Region (# of JCMs)	None or CND	5-30 min/day	1-1.5 hrs/da y	2-4 hrs/da y	5 hrs/day	Total 45 min/week	Total 2-4 hrs/week	Total 10.5- 40 hrs/week	Total 1-3 hrs/month	12 hrs/year
Metro (47)	23	4	4	6	1	1	5	0	3	0
Metro %	49%	9%	9%	13%	2%	2%	11%	0%	6%	0%
NE (13)	9	0	0	0	0	0	2	1	1	0
NE%	69%	0	0	0	0	0	15%	8%	8%	0
NW (9)	5	0	1	1	1	0	0	0	0	1
NW%	56%	0	11%	11%	11%	0	0	0	0	11%
SE (13)	6	2	1	2	0	0	0	2	0	0
SE %	46%	15%	8%	15%	0	0	0	15%	0	0
SW (14)	6	0	1	5	1	0	0	1	0	0
SW %	43%	0	7%	36%	7%	0	0	7%	0	0
Totals (96)	49	6	7	14	3	1	7	4	4	1
	51%	6%	7%	15%	3%	1%	7%	4%	4%	1%

C. The purpose of day activities is not clear.

Question: What does the person do during the day?

The answers to this question, based on this review, fall into a few basic categories:

- custodial care (personal care, medical attention);
- group outings with undetermined individual purpose into the community (to the mall, parks, library, recreation center...);
- seated table activities with undetermined individual purpose (e.g., arts and crafts);
- salon (e.g., getting hair or nails done, frequently as part of the day program);
- sitting with an attributed purpose but data not taken (e.g., “relaxing”, “observing people”, “listening to music”...).

When inquiring about the purpose of these activities, again, responses were difficult to quantify, 'he likes it', 'she may not participate but she likes to go out with others', 'he likes to feel the sun'... etc. Without some quantifiable documentation or verbal clarity regarding what the person is doing and why, it appears that many activities are 'time fillers' or 'custodial' in nature.

Frequently, staff will say that "this is what he chooses to do in the mornings" which may mean what outing the person is going on or whether to go on an outing. However, that is not where the opportunity to develop independence and productivity in the community ends, that is where it begins. Regardless of what the person chooses to do, learning opportunities abound. For many, it appears the focus is on how to contain and/or occupy the person during the time period they are in the day service.

D. Growth and skill acquisition is not an identified expectation for the person.

There are at least four issues involved here:

1. The lack of growth expectation(s) that the staff have of the person;
2. Not addressing barriers that need to be addressed in order to achieve the Outcome;
3. The lack of understanding of how individual class members communicate; and
4. The lack of understanding of how people learn and how skills are taught.

1. Lack of expectation of growth

Question #85. In the CPR Protocol asks, "Overall, does the IDT have an appropriate expectation of growth for this person? For only 29 (30%) of the individuals in the review was the answer "yes".

With that as a backdrop, the stunning lack of skill acquisition engagement for individuals as identified below during the day may begin to be understood.

Question: Is there evidence in the ISP that skill acquisition is an expectation and being worked on?

Chart #24: Evidence of a Focus on Skill Acquisition by Region

Region	Total In Sample	Evidence of Skill Acquisition?	Note
Metro	47	7 (15%)	3 individuals have jobs
NE	13	2 (15%)	Both of these individuals have jobs
NW	9	2 (22%)	
SE	13	4 (31%)	2 individuals have jobs
SW	14	2 (14%)	
Total	96	17 (18%)	

2. Barriers to achieving Outcomes are not addressed.

The Action Plan sheet for the ISP begins with the Outcome Statement and then a section to address the “Personal Challenges and Obstacles that need to be addressed in order to achieve this desired outcome.” The instruction on the form indicates that, “all listed challenges and obstacles must be addressed through action steps, teaching and support strategies and/or support plans.” Thirty-nine (41%) of the 96 individuals reviewed had identifiable barriers that were contributors to non-participation in ISP activities. Yet, there was no evidence the barriers were addressed by the team, and ISP Outcomes continued to be unmodified. Some of the barriers were not ones that could be addressed by direct care staff, e.g., money, staffing transportation, medical needs.

3. Lack of understanding of how individual class members communicate.

For individuals who are nonverbal, a great deal of time and attention is spent by therapists in understanding how each person communicates and in turn sharing that information with direct support staff. Direct Support Professionals also share their understanding of each person with other team members. Overt expressive communication is obviously easier to interpret for individuals who are non-verbal. Communication that is being addressed here is different, more subtle.

In the context of instruction for the purposes of exposure to experiences and learning new skills, an understanding of how an individual responds to information, processes information and communicates their response is critical. Understanding subtle forms of communication is an essential form of effective instruction. Communication Dictionaries are very helpful but may or may not be informative when engaged in instruction. Based on data collection methodologies, little is recorded regarding communication before, during and after instructional strategies are applied. Consequently, when positive or negative responses result, it is difficult to understand the subtleties of why.

4. Lack of understanding of how people learn and how skills are taught. (Already addressed earlier but repeated here)

The implications of these findings (Charts #26 and Chart #27 which follow) are dramatic. Some individuals with intellectual and developmental disabilities (I/DD) can readily engage in new activities, express a preference or learn a new skill relatively quickly. Other individuals who have had little or no experience with the new task or skill may find it much harder to grasp, enjoy or willingly experience. Those with severe disabilities require a systematic approach in order to fairly and adequately determine personal preferences, gain comfort with new experiences or tools and/or to learn new skills or tasks. This systematic approach needs to include **experience** with **multiple options** and **multiple means** to systematically assess ability and preference.²⁵ One of the many reasons experiential engagement is so critical is because of the challenge many people with I/DD have with generalizing information and skills from one situation, setting or environment to another. Consequently, exposing people to new tasks, skills or experiences a few minutes a week (or month, or year) when the person has no personal experience with what these tasks, skills or experiences mean demonstrates a profound lack of understanding of how people with I/DD learn and a startling demonstration of a lack of actual intent to seek the person’s real abilities and preferences. The lack of understanding regarding how critical frequency and consistency of presentation and opportunity is to learning for individuals is pervasive throughout the system.

Additionally, it is assumed that when a JCM funded by the Waiver has a required Outcome, its accomplishment will represent an improvement or positive change from what currently exists. Otherwise, the purpose of the Outcome becomes unclear. If the person is already doing or has accomplished the identified Outcome there may be obvious value in continuing the activity (e.g. continued reinforcement for a recently learned skill/activity) but that can be done as part of the person’s Meaningful Day activities.

²⁵ Self-Determination, Michael L. Wehmeyer, Ph.D., University of Kansas, Office of Disability Employment Policy (ODEP).

E. Some people have memberships

When attempting to identify to what extent individuals are actually “part of” their community vs. being “in” the community, the number and types of memberships can be one indicator of the individual’s community participation, even when it is participation in “special” or segregated groups specifically functioning for people with disabilities. The information below provides a three year overview of the types of memberships identified for the individuals reviewed.

Chart #25: Types of Memberships

* = Generally segregated activities

Indicator	2011 (109)	2013 (102)	2014 (96)	# of People and # of Identified Memberships								
				0	1	2	3	4	5	6	7	
Memberships												
Special Olympics*	6	16	6	2011	3	11	26	31	26	9	3	0
Active member of Tribe	5	10	2	2013	3	3	23	27	20	18	6	2
Special Orchestra*		6		2014	3	7	22	25	20	14	4	1
Attend Arc	5	6										
Use recreation center or gym	43	47	50									
Take Classes (cooking, ceramics, dance, and art)*	6	7	5									
Member of organizations - clubs (Knights of Columbus, book clubs*, People's Choice Moose Lodge, People First*, Red Hat Society, Kiwanis, Fraternal Order of Police)	15	10	11									

The level of engagement with recreation centers is of note and the staff that make all of these memberships happen are to be recognized and thanked.

F. Some individuals are active/known in the community

Again, there are indicators of level of activities and the extent to which people may be socially integrated and known in their communities. In addition to memberships, the type and frequency of activities that people participate in also provides some insight into community engagement and potential for relationships that are not paid. As with memberships, the goal is to participate individually, rather than in groups of people solely with I/DD.

Chart #26: Types of Activity in the Community

Indicator	2011 (109)	2013 (102)	2014 (96)
Community Activities			
Swimming	19	20	17
Park, Aquarium, Bio Park, Zoo	24	25	28
Bowling	28	39	23
Church	52	60	45
Library	68	61	58
Volunteer	32	35	36
Work	18	23	18

G. More class members have non-paid acquaintances and friends

Close relationships are a tremendous safeguard. Having people in our lives who care about us, know us, take time with and for us, brings not only pleasure and self-fulfillment but also protection. A friend frequently watches out for a friend. During reviews participants identified community members such as barbers, neighbors, retail staff and church members who class members see enough to be recognized so they are acquainted with identified individuals. In order to have real friendships and real protections from non-paid individuals, relationships beyond “knowing who that person is” are needed for everyone. Stories of how class members have become like family to extended family members of Family Living Providers (FLP) illustrate examples of how individuals blossom when they are regularly engaged with children and adults who really care for them.

- In 2011, 62 (57%) of the 109 individuals reviewed were found to have non-paid acquaintances and/or friends in their life;
- In 2013, 64 (63%) of the 102 individuals reviewed were found to have non-paid acquaintances and/or friends in their life; and
- In 2014, 68 (71%) of the 96 individuals reviewed were found to have non-paid acquaintances and/or friends in their life.

H. Levels of adequate integration into the community are inconsistent.

Jackson Class Members have spent many, many years isolated and segregated from society and their local communities. For the past 18 years all of them have lived in the community and many have had the opportunity to engage with their neighbors and community members. Nevertheless, the challenge of real integration remains. Going places in large groups of people with I/DD often serves to block the potential of making an acquaintance or friend, it blocks the potential of fitting in as an individual with the potential of learning local nuances and expectations. Moving in “packs” blocks so many potential rich opportunities for learning and engagement.

- In 2011, 75 (69%) of the 109 individuals reviewed were found to be adequately integrated into the community;
- In 2013, 84 (82%) of the 102 individuals reviewed were found to be adequately integrated into the community; and
- In 2014, 65 (68%) of the 96 individuals reviewed were found to be adequately integrated into the community. (Protocol Question #145)

I. Findings and Recommendations

Finding #12: Expectations of growth for class members are low, skill acquisition is not an expectation.

Finding #13: There appears to be a profound lack of understanding of how people with I/DD acquire new skills, become familiar with new opportunities (equipment, environments, devices) and learn new tasks.

Finding #14: Day services appear to be time fillers, containment oriented, custodial in nature and activities lack individualized purpose.

Finding #15: Some individuals are active and known in their community.

Finding #16: Some individuals (71%) have non-paid acquaintances and friends.

Recommendation #6: DDSD should identify and implement strategies which result in Team Members: recognizing and acting on class member's strengths, growth potential, the value of work and the attainment of valued social roles. (Repeat recommendation from 2007) This should include Social Role Valorization training as an integral part of training for providers, including case managers and DDSD staff. In addition, existing training and technical assistance provided by or through DDSD be routinely reviewed to ensure that these concepts permeate all related training. (Repeat recommendation from 2004)

Recommendation #7: Instruction methodology used throughout the system needs to be systematic, defined and replicable as evidenced by components such as:

- Pre-instruction Planning (starts with the assessment) and includes:
 - Reinforcement
 - Error correction
 - Prompting and fading
 - Selection of materials
- Delivery of Instruction
 - Using task analysis, backward and forward chaining, shaping
 - Sessions are throughout the day, short intervals (5 to 15 minutes depending on attention, interest, any physical or medical issues).
 - Assess realistic number of skills to teach.
 - Therapists and BSC collaborate directly with JCM and Direct Support Professionals.
 - Training is done with the person class member present.
- Evaluation of Instruction
 - This is done by observing the class member doing skill that was taught

V. CASE MANAGEMENT

A. Case Management: An Essential Safeguard

Case Managers serve as an essential safeguard for people with Intellectual and Developmental Disabilities (I/DD). The need for advocacy on behalf of class members is woven through each of the case managers primary functions: maintaining eligibility; the facilitation and development of the ISP; coordination of and communication with team members; monitoring to ensure that services and supports needed by the individual are received timely and as intended; reporting when there are issues which need attention; and following up to ensure continuity and effectiveness of services.

B. Case Management Improvements Continue: Knowing the Individual, training and describing health related needs.

Central to being an effective case manager *is knowing the individual*. Historically, case managers have scored well on Question #26, “Does the case manager “know” the person?” Since 2008 the score for this question has been consistently above 88%. When answering this question, reviewers look to see if the Case Manager thoroughly describes the person’s preferences, needs and circumstances; including information describing the individual’s method/style of communication, personality, likes, dislikes; the individual’s general routine; activities, things in the individual’s life; significant events that occurred or are occurring which have an impact on the individual and what s/he is doing or plans to do. Reviewers also look for a description of strengths, positive attributes, things to build on, such as communication method; work ethic; skills s/he possesses; willingness to try things; willingness to participate in activities; etc. During the 2014 Community Practice Review, 90 of the 97 (93%) class members reviewed and scored had case managers who knew them well. As shown in the chart below, 9 of 17 Case Management Agencies²⁶ (53%) scored 100% on this question.

Another area which has scored well, above 78% since 2008, is the receipt of *training for Case Managers*. Question #28 asks if case managers receive training on the topics needed to assist him/her in meeting the needs of the class member being reviewed. The 2014 CPR found that 77 of 97 (79%) case managers had received the training needed. The expectations regarding this question are noted in the protocol as: “...We want the Case Manager to have person-specific information so they are an informed advocate/monitor. For example, if (the class member) has specific eating requirements due to risk of aspiration, we would expect the Case Manger to have received training regarding issues that impact this person such as: positioning during eating; eating utensils needed and how they are to be used; the pace at which eating is safe for this person, etc. ...”

Another critical area is the ability of case managers to *describe health related needs* of the individual they support. Question #30 asks, “Was the case manager able to describe the person’s health related needs?” Case Managers are expected to provide some information which indicates that they know the person’s status regarding aspiration. We also expect statements of clinical diagnoses, such as seizure disorder, high blood pressure, diabetes; symptoms the person has displayed; diagnoses the person has and what is being done to address them. In 2008, 54% of the case managers were able to describe the health related needs of class members being reviewed. In 2010 62% were able to do so, and in 2013 the number had increased to 72%. This year, 61 of 97 (63%) Case Managers were able to describe the health related needs of the people they support.

C. Concerns Continue: Monitoring, Follow Up and Documentation

²⁶ This includes DDSD which provides Case Management Services to individuals in the NE region.

Question #32 asks, “Does the case management record contain documentation that **the case manager is monitoring and tracking the delivery of services** as outlined in the ISP”? In 2014 the answer was ‘yes’ for 29 case managers (30%, an increase from 25% in 2013). The expectation here is that the Case Manager’s contact notes, the site visit forms and overall record verify two monthly visits, one of them in the home. As a part of these visits, the case manager is to monitor a number of things, including the provision of needed services and the implementation of the ISP. The Case Management record should also show that if the class member is not getting a service that is noted in the ISP, there is documentation that the case manager is following-up to get the service in place.

Another question which addresses monitoring, follow up and documentation is Question #83 which asks, “Overall, do the **progress notes or other documentation in the case management record reflect the status of the goals and services** of the key life areas stated in the ISP”? Twenty-four case management records (25%, up from 21% in 2013) were found to contain such documentation. When probing for the answer to this question, it is expected that there will be evidence that Case Managers have monitored the implementation of the ISP by reviewing progress notes and monthly/quarterly reports from each provider; quarterly/six-month reports from therapists; and document findings in monthly Case Manager site visit forms. Case Managers are expected to monitor to ensure that outcomes/action plans have been met (not just worked on) and if not met that there is a plan (e.g. reason to continue or have an IDT meeting to revise the outcome, action steps or strategies) which notes issues/progress. Case Management monitoring of ISP/Service implementation is an extremely important safeguard, especially in light of the finding that 45 of the 97 ISPs reviewed and scored were not being fully implemented.

One of the most important questions in the Case Management section is Question #33. “**Does the case manger provide case management services at the level needed by this person**”? Consideration is given to the degree (timeliness and effectiveness) to which recommendations have been followed up on, services have been provided in line with the person’s needs and barriers have been identified, addressed and eliminated or reduced to the extent possible. If the person is not getting a service that is noted in the ISP and there is no evidence that the case manager is following-up in a timely way to get the service in place that would be noted as a deficiency. During the 2014 CPR, 38 of those reviewed (39%), about the same as last year, when 38 people (37%) were found to have case managers providing services at the level needed.

D. Findings by Case Management Agency

A summary of the results of some of the questions discussed above follows. Case Management Agencies are listed in alphabetical order.

Chart #27: Findings by Case Management Agency

Agency	# in Sample	# Yes on Q26	# Yes on Q30	# Yes on Q32	# Yes on Q33	# Yes on Q83	# Yes on Q78 ²⁷
A New Vision	4	4 (100%)	3 (75%)	1 (25%)	2 (50%)	1 (25%)	0 (0%)
A Step Above	10	6 (60%)	4 (40%)	3 (30%)	5 (50%)	1 (10%)	1 (10%)
Amigo	5	5 (100%)	4 (80%)	0 (0%)	0 (0%)	0 (0%)	1 (20%)
Carino	6	3 (50%)	5 (83%)	2 (33%)	2 (33%)	1 (17%)	0 (0%)
Excel	5	5 (100%)	3 (60%)	3 (60%)	1 (20%)	2 (40%)	0 (0%)
J&J	11	11 (100%)	10 (91%)	4 (36%)	5 (45%)	2 (18%)	1 (9%)
Mi Via	1	1 (100%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)
NERO/DDSD	1	1 (100%)	0 (0%)	1 (100%)	1 (100%)	1 (100%)	0 (0%)
NMBHI	2	2 (100%)	1 (50%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

²⁷ Question 78 asks: Overall, is the ISP adequate to meet the person’s needs? This is a determination about the quality of the components of the ISP, not how or if it is implemented.

Agency	# in Sample	# Yes on Q26	# Yes on Q30	# Yes on Q32	# Yes on Q33	# Yes on Q83	# Yes on Q78 ²⁷
NMQCM	3	2 (67%)	3 (100%)	3 (100%)	3 (100%)	3 (100%)	3 (100%)
Peak	7	5 (71%)	4 (57%)	1 (14%)	4 (57%)	0 (0%)	0 (0%)
PRMC	2	1 (50%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Rio Puerco	1	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
SCCM	9	9 (100%)	7 (78%)	2 (22%)	3 (33%)	4 (44%)	2 (22%)
Unidas	17	11 (65%)	9 (53%)	4 (24%)	7 (41%)	6 (35%)	1 (6%)
Unique Opportunities	3	3 (100%)	3 (100%)	2 (67%)	3 (100%)	2 (67%)	1 (33%)
Visions	10	8 (80%)	5 (50%)	2 (20%)	2 (20%)	1 (10%)	1 (10%)

Another way to review the same information is to list agencies based on numbers of individuals in the sample and to review their overall scores, e.g., how many 100% rating they received, how many 75% to 100% ratings and so on.

Chart #28: Findings Displayed by Number of People in the Sample

Agency	# in Sample	# Yes on Q26	# Yes on Q30	# Yes on Q32	# Yes on Q33	# Yes on Q83	# of 100%	# 75% to 99%	# 51% to 74%	# 50% or below
Agencies with 10 or more individuals in the sample										
A Step Above	10	6 (60%)	4 (40%)	3 (30%)	5 (50%)	1 (10%)	0	0	1	4
J&J	11	11 (100%)	10 (91%)	4 (36%)	5 (45%)	2 (18%)	1	1	0	3
Unidas	17	11 (100%)	9 (53%)	4 (24%)	7 (41%)	6 (35%)	1	0	1	3
Visions	10	8 (80%)	5 (50%)	2 (20%)	2 (20%)	1 (10%)	0	1	0	4
Agencies with 5 to 9 individuals in the sample										
Amigo	5	5 (100%)	4 (80%)	0 (0%)	0 (0%)	0 (0%)	1	1	0	3
Carino	6	3 (50%)	5 (83%)	2 (33%)	2 (33%)	1 (17%)	0	1	0	4
Excel	5	5 (100%)	3 (60%)	3 (60%)	1 (20%)	2 (40%)	1	0	2	2
Peak	7	5 (71%)	4 (57%)	1 (14%)	4 (57%)	0 (0%)	0	0	3	2
SCCM	9	9 (100%)	7 (78%)	2 (22%)	3 (33%)	4 (44%)	1	0	1	3
Agencies with 3 to 4 individuals in the sample										
A New Vision	4	4 (100%)	3 (75%)	1 (25%)	2 (50%)	1 (25%)	1	1	0	3
NMQCM	3	2 (67%)	3 (100%)	3 (100%)	3 (100%)	3 (100%)	4	0	1	0
Unique Opportunities	3	3 (100%)	3 (100%)	2 (67%)	3 (100%)	2 (67%)	3	0	2	0
Agencies with 1 to 2 individuals in the sample										
Mi Via	1	1 (100%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	2	0	0	3
NERO/DDSD	1	1 (100%)	0 (0%)	1 (100%)	1 (100%)	1 (100%)	4	0	0	1
NMBHI	2	2 (100%)	1 (50%)	0 (0%)	0 (0%)	0 (0%)	1	0	0	4
PRMC	2	1 (50%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0	0	0	5
Rio Puerco	1	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0	0	0	5

E. Findings and Recommendations

This information is provided to inform case management agencies and DDSD of the nature and frequency with which specific issues were identified during the 2013 Review. It is hoped that this information will be used to recognize good practice and to ensure that case management agencies act consistently so class members are equally supported and protected statewide.

Finding #11. 90 of 97 (93%) class members reviewed had case managers who knew them well. (Q. #26; 95% in 2013)

Finding #12. 77 of 97 (79%) class members had case managers who had received training on the topics needed to assist in meeting his/her needs. (Q. #28; 80% in 2013)

Finding #13. 61 of 97 (63%) of class members had case managers who could describe the person health related needs. (Q. #30; 72% in 2013)

Finding #14. 29 of 97 (30%) of case managers' records contained documentation verifying monitoring and tracking the delivery of services outlined in the ISP. (Q. #32; 25% in 2013)

Finding #15. 24 of 97 (25%) of the case manager's progress notes or other documentation in the record reflect the status of the goal and services of the key life areas stated in the ISP. (Q. #83; 21% in 2013)

Finding #16.: 38 of 97 class members (39%) were found to have Case Managers who provided services at the level needed. (Q. #33; 37% in 2013)

To adequately and effectively address and continue to improve case management services consistent with class member's needs, effort at the case management agency, region and state level needs to occur. DDSD can negotiate and manage change at the provider level through multiple tools such as regulation, performance contracts, incentives, technical assistance and effectiveness analysis. The most effective support/intervention needs to be made based on a partnership between DDSD and case management agencies to ensure that changes are embraced, effective and sustained long term.

See Recommendation #5.

VI. SUPPORTED EMPLOYMENT

As DDSD outlines in their Medicaid Waiver Standards of 2007²⁸, “Community Inclusion Services provide individuals with connection to and **membership** in the same community life that is desired and chosen by the general population. This includes **purposeful, meaningful and equitably paid work**; sustained opportunity for **self-empowerment and personal relationships**; **skill development in natural settings**; and **social, education and community membership activities** that are specified in the individual’s ISP. Community Inclusion Services also assist the individual to **develop skills and relationships** that reduce dependence on paid, specialized services”. (Emphasis added) The 2012 Standards state that the objective of “Community Integrated Employment is to provide supports to DDW recipients that result in community employment in jobs which increase economic independence, self-reliance, social connections and the ability to grown in a career”.

Supported Employment continues to be a focus of the Jackson proceedings, and has been repeatedly addressed in Community Practice Reviews. During the 2014 CPR, 74 of the 97 people reviewed (77%) were recommended for a Vocational Assessment or personal interest profile with the intent that these ‘discovery’ processes would result in purposeful and meaningful days including employment, when possible. Thirty-nine (52%) received an assessment, and 11 of the assessments (15%) conformed to DOH regulations. Of the 97 people reviewed, 62 were found to need supported employment; 11 people (17%) were engaged in employment according to DOH standards.

The goal should be to ensure that individuals are supported to receive integrated employment services based on each individual’s specific strengths, preferences, capacities, needs and desires. Promoting employment on an individual and systemic level helps people to engage fully in their communities and benefit from the services offered.

As the following numbers show, acquiring good functional vocational assessments and creating meaningful Career Development Plans which result in integrated employment is a reality that has not been realized for the majority of Jackson Class Members.

Chart #29: Historic Supported Employment Disengagement Data

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2013	2014
Need an employment assessment?	58%	78%	69%	82%	58%	77%	74%	66%	71%	73%	65%	75%	77%
Need supported employment?	44%	38%	47%	53%	51%	66%	58%	55%	53%	56%	45%	63%	65%
Receive supported employment assessment?	96%	97%	89%	86%	83%	79%	60%	62%	70%	71%	58%	63%	53%
Assessment conforms to DOH Regulations?	63%	89%	72%	15%	39%	26%	35%	30%	39%	29%	28%	16%	15%
Has a Career Development Plan?	53%	56%	38%	14%	25%	23%	31%	20%	37%	17%	33%	8%	11%
Is supported employment provided in line with requirements?	38%	75%	30%	25%	21%	22%	31%	10%	30%	23%	14%	20%	18%

²⁸ Jackson Class Members continue services under the 2007 Waiver Standards.

Finding #17: During the 2014 CPR, 74 of the 97 people reviewed and scored (77%) were recommended for a Vocational Assessment and/or personal interest profile with the intent that these 'discovery' processes would result in purposeful and meaningful days including employment, when possible.

Finding #18: Thirty-nine people (52%) received an assessment, and 11 of the assessments (15%) conformed to DOH regulations.

Finding #19: Of the 97 people reviewed, 62 were found to need supported employment; 11 of those people (17%) were engaged in employment according to DOH standards.

Recommendation #8. Each year increase the number of class members:

8.a. earning minimum wage or better;

8.b. increasing the average number of hours they work per week; and

8.c. who are working in jobs consistent with the Federal Definition of Supported Employment (Supported Employment Objective SE1.2. and JSD. ¶37.d.)

VII. Good News: Overall Consistent and Improving Areas

During the past four Community Practice Reviews (2009, 2010, 2011, 2013 and 2014), each region has shown consistently high scores in specific areas.

Two areas that were consistently high, overall, for all five regions are *Satisfaction and Quality of Life*. Many of these questions are not applicable to all people reviewed during the CPR, or the answer cannot be determined due to an individual's unavailability or inability to answer the questions. Therefore, the percentage scores often are based on a small portion of the total number of individuals reviewed. In these areas, the CPR probes if the person has the opportunity to make **informed choices** (Q#88), if the individual **finds their guardian, case manager, day and residential support staff to be helpful** and gets along with them (Q#96, #105, #111, #112)²⁹. Day to day issues, such as **honoring cultural preferences, providing adequate food and drink, available transportation, and sufficient personal money** (Q#102, #108, #109 and #110) are also reviewed, and have been found over the years to score high in all regions. There are many other questions in the Satisfaction and Quality of Life categories; not every region scored over 80% every single time in the past four CPRs, but overall, there is much to be recognized and appreciated statewide, in these areas.

In addition to Satisfaction and Quality of Life, some regions have shown significant improvement in other specific areas, either improving incrementally during each of the four reviews, or showing improvement from 2013 to 2014. More detail on that is provided by region in the following narrative as well as the attached tables.

A. Metro Region

Case Management: With regard to Case Management, three questions have all scored over 80% in the Metro region. This shows that the region has Case Managers who "know" the person they support and are adequately available to that person (Q#26 and #29). Also, Metro region Case Managers receive the support needed to assist them (Q#34).

Day support service staff identified as knowing the person best were interviewed and demonstrated that they were able to describe their responsibilities and confirmed that they had training on the agency's complaint and ANE processes. These areas (Q#35, #39 and #41) all scored over 80% during the last five CPRs. Also scoring very high – over 90% in the last five CPRs – was Q#43, regarding the cleanliness and safety of the person's day/employment environment.

Home Living: The homes of the individuals in the Metro review were, overall, found to be safe and offer a good quality of life for the past five CPRs (Q#47 and #53). Residential support service staff interviewed and identified as knowing the person best were found to "know" the person they support and had training on the agency's complaint and ANE processes. These areas (Q#44 and #51) all scored over 80% during the last five CPRs. For the past four CPR years, Metro Residential staff scored over 80% on Q#45, #46 and #49. Specifically, they have adequate input into the ISP, they received training on implementing the ISP, and were able to describe their responsibilities in supporting the individual.

Adaptive Equipment/Communication: Scores over 80% are noted for Metro region in 2013 and 2014 with regard to adaptive equipment and communication assessments and services (Q#138 and #140).

²⁹ "Q" followed by a number identifies the specific question(s) in the protocol.

Adequacy of Planning and Services: has also shown improvement in a few specific areas over the past few CPRs. Individuals in the Metro region have all had ISP documents in the past five CPRs (100% all four years, Q#61). Over the past five years, over 80% of the ISPs contained the individual's health/medical care information and their prescribed medications (Q#74 and #76).

Individual Service Plan: Over 90% of the ISP documents reviewed in the Metro region have, for the past five CPRs, addressed the life areas required by DOH regulations (Q#141). Over the past four years, over 80% of the individuals in Metro region have received the services and support specifically recommended in their ISPs (Q#143).

B. Northeast Region

Case Management: One question has scored over 80% for the past five CPRs in the Northeast region. The question reveals that the region has Case Managers who “know” the person they support and are adequately available to that person (Q#26). Also, Northeast region Case Managers consistently receive the level of support needed to assist them (Q#34).

Day Direct support staff providing services in the Northeast region also consistently “know” the person they support (Q#35) scoring over 80% during the last five CPRs. Also scoring very high – over 90% in the last five CPRs – was Q#43, regarding the cleanliness and safety of the person's day/employment environment.

Home Living: The homes of the individuals in the Northeast region were found to be safe and offer a minimal quality of life for the past five CPRs (Q#47 and #53). Residential support service staff also consistently “know” the person they support and had training on the agency's complaint and ANE processes. These areas (Q#44 and #51) all scored over 80% during the last five CPRs. Improvement has been shown with staff receiving training on implementing the ISP, from 67% in 2011 to 86% in 2013 and now 92% in 2014 (Q#46).

Communication: Continued improvement is noted for the Northeast region with regard to communication assessments and services (Q#140). The region was at 58% in 2010, and has been over 80% in the past three years.

Adequacy of Planning and Services has also shown consistency in a two specific areas over the past few CPRs. Northeast region individuals have all had ISP documents in the past five CPRs (100% all five years, Q#61). Also for the past five years, over 80% of the ISPs detail how the individual obtains their prescribed (Q #76).

Generic Services: Most individuals in the Northeast region have had access to generic services and supports as shown in the past five CPRs, all scoring over 80%.

C. Northwest Region

Case Management: Case Managers in the Northwest “know” the person they support and are adequately available to that person (Q#26), scoring over 80% in the last three years.

Home Living: Residential support service staff in the Northwest region also consistently “know” the person they support as evidenced by 100% scores for the past three CPRs (Q#44). The Northwest region Residential staff, over 80% of the time for the past three CPRs, had input in the ISP (Q#45).

Team Process: With regard to Team process, Northwest region teams were found to adequately communicate between meetings, scoring over 80% for two CPRs (Q#117).

Behavior Supports: For individuals who were found to need Behavioral Support Services, scores in this area of the protocol have been very high in the Northwest region for the third CPR in a row. In 2014, 100% of behavioral assessments have been completed, 100% of plans are developed out of the behavior support assessment, 80% of staff have been trained on the plans, and 100% of individuals reviewed have received behavioral support services consistent with their needs. (Q#133, #134, #135, #136).

Adequacy of Planning and Services has also shown improvement in a few specific areas over the past few CPRs. Northwest region individuals have all had ISP documents in the past four CPRs (100% all four years, Q#61). For the past three years, over 80% of ISPs have contained adequate Crisis Prevention Plans, information regarding the individual’s health/medical care information, and how the person will obtain their prescribed medications (Q#73, #74 and #76).

Individual Service Plan: For the last five CPRs, over 80% of the ISP documents reviewed in the Northwest region have addressed the life areas required by DOH regulations (Q#141).

D. Southeast Region

Case Management: In the Southeast region, three Case Management questions scored over 80%. Most Case Managers “know” the person they support and are adequately available to that person (Q#26 and #29). Also, most Case Managers receive the support needed to assist them in doing their job (Q#34).

Day/Employment: For the last five CPRs, over 80% of Day/employment support staff in the Southeast region also “know” the person they support and were trained on implementing the person’s ISP (Q#35 and #37). Also scoring consistently high – over 80% in the last five CPRs – was Q#43, regarding the cleanliness and safety of the person’s day/employment environment.

Home Living: The homes of the individuals in the Southeast region were found to be safe over 80% of the time for the past five CPRs (Q#47). Residential support service staff in the Southeast region also consistently “know” the person they support (Q#44).

Team Process: With regard to Team process, Southeast region teams were found to meet as needed for over 80% of individuals in each of the last five CPR years. For that same time period, over 80% of teams were found to have adequate communication between meetings (Q#116 and #117).

Communication: Improvement is noted for the Southeast region with regard to communication assessment and services (Q#140) which has been over 80% in two consecutive years (2013 and 2014; 77% in 2011).

Adequacy of Planning: Southeast region individuals have all had ISP documents in the past five CPRs (100% all five years, Q#61). Also in the past five CPR years, over 80% of ISPs have contained information regarding the individual's health/medical care information, how the person will get to their work/day activities, and how the person will obtain their prescribed medications (Q#74, #75, and #76).

Generic Services: Over 80% of the individuals in the Southeast region have, for the last four CPRs, had access to generic services and supports (Q#144). Improvement continues in ISPs when addressing the life areas required by DOH regulations (Q#141, 44% in 2011, 73% in 2013, 85% in 2014).

E. Southwest Region

Case Management: With regard to Case Management in the Southwest region, most Case Managers "know" the person they support and were adequately available to that person (Q#26 and #29). For the past five CPRs, Southwest region Case Managers receive the training and support needed to assist them in doing their job to meet the needs of the individual (Q#28 and #34).

Day support service staff in the Southwest region also "know" the person they support and could describe the person's health related needs (Q#35). Also scoring consistently high – over 90% in the last five CPRs – was Q#43, regarding the cleanliness and safety of the person's day/employment environment.

Home Living: The homes of the individuals in the Southwest region were found to be safe and offer a minimal quality of life for the past four CPRs (Q#47 and #53, over 80% all five years). Residential support service staff in the Southwest region also "know" the person they support and had training on the provider's complaint and ANE processes (Q#44 and #51).

Employment: The Southwest region, for the second year in a row, provided over 80% of all Supported Employment Assessment determined to be needed (Q#126)!

Behavior: Individuals who were found to need Behavior Support Services have received generally high scores in the Southwest region. For the past three CPR years specifically, over 80% plans are developed out of the behavior support assessment, staff have been trained on the plans, and individuals have received behavioral support services consistent with their needs (#134, #135, #136).

Adequacy of Planning and Services has consistently high scores in a few specific areas over the past five CPRs. Southwest region individuals have all had ISP documents in the past four CPRs (100% all years, Q#61). Also, over 80% of ISPs have contained information regarding how the person will get to their work/day activities and how the person will obtain their prescribed medications (Q#75 and #76). For the past four years, the Vision sections are, over 80% of the time, being used as the basis for outcome development (Q#66).

Individual Support Plan: For the past five CPRs, over 80% of the ISP documents reviewed in the Southwest region have addressed the life areas required by DOH regulations (Q#141). There has also been a continued increase in the number of individuals in the Southwest region who have had access to generic services and supports (Q#144: 2011: 72%; 2013: 81%, 2014: 86%).

Appendix A

Community Practice Review History and Methodology Overview

The Community Practice Review (CPR)³⁰ has been conducted since 1993. Since the beginning the scoring methodology has remained the same. With very few exceptions, the Protocol questions have remained the same since the beginning as well. In 2008 one question was dropped when DDS changed a requirement.³¹ Also, over the years we have clarified different points contained in a question in an effort to make it clear what information was or was not received.³² These few changes were suggested by DDS and/or providers and agreed upon by the parties.

In 2008 “notes” of clarification were added to every scored and interview question. This addition was recommended by Department of Health (DOH), Developmental Disability Services Division (DDS) and Providers. This was done so that the criteria expected and being applied for every score would be clearly indicated. At the start of every CPR year the DOH/DDS and the Jackson Parties are invited to suggest changes or additions to the **notes** in an effort to keep the interpretation of all of the questions up to date with current DDS terminology as well as to address/clarify any questions which providers found to be confusing the previous year.

In 2005, in an effort to enable providers and others to fully prepare for the Community Practice Review, the entire Review protocol was placed on the internet. In 2008 and following, the above cited “notes” of clarification were also made available on the Internet. Thus all questions asked during a review, as well as the precise criteria applied, have been available at all times to all interested parties; i.e. individuals receiving services, families/guardians, providers, DDS and others. This “open book” approach allows DDS and providers to be continuously examining and improving service practice. It also allows everyone to know precisely the content and expectations of the Community Practice Review so there should be no surprises.

Prior to 2004 the previous Community Monitor used the term “Red Alert” to identify a person who was found to have urgent health or related needs. A specific definition was not published for this term. In 2004 the current Community Monitor began using the terms “Immediate Needs” and “Special Needs” to identify people with urgent health or related needs along with published definitions for both categories. As part of Judge Parker’s October 2012 Order, he asked the Community Monitor to review the definitions of Immediate and Special Needs with the Jackson Parties and change them as needed. That was done and the definitions used during the 2013 CPR reflect those changes as proposed and agreed by the Jackson Parties³³.

DOH/DDS employees have always and continue to function as CPR Reviewers and are jointly trained by the Community Monitor and DDS CPR staff. Case Judges chosen by the Community Monitor have always functioned as a quality control/inter-rater reliability safeguard. Case Judges are also trained with reviewers and must demonstrate the ability to be a reviewer before further training and approval to be a Case Judge.

³⁰ Previously referred to as the Community Systems Review.

³¹ ISPs are no longer required to be reviewed every 6 months.

³² For example, Q. 41 asks, “Did the direct services staff have training on the provider’s complaint process and on abuse, neglect and exploitation?” There are two issues contained in one question so Question 41 was split into 41.a. which asks “Did direct service staff have training on the provider’s complaint process?” and “41.b.” Did the direct service staff have training on how to and to whom to report abuse, neglect and exploitation?”. Other questions were similarly split for purposes of clarity.

³³ The definitions used during 2013 and the changes are listed on page 13.

Individual findings and recommendations have always been provided after every regional review. These findings are reviewed by the Case Judge, Community Monitor, regional office staff, the individual and his/her team prior to becoming final. Prior to 2004 the Community Monitor met with representatives of the individual's team to review the findings and recommendations prior to them becoming final. Since 2005 the Community Monitor meets with the individual and the entire team along with regional and state DDS representatives prior to closing a review. This gives the person and those most familiar with him/her the opportunity to provide additional/missed information, to suggest alternative recommendations and/or object to a finding or recommendation directly with the Community Monitor.

The sample to be reviewed in each region is provided by the Community Monitor at least 45 days in advance of each regional review. Individual findings and recommendations are issued during the onsite review week, the Community Monitor meets with the regional staff the Friday of the review week and then meets again with the individual and his/her team within three weeks of the review. Final regional reports are issued within 30 days of the close of a review.

Appendix B: Immediate and Special Needs by Issue and Region
Available by Request: Contains individually identifiable information
Those authorized to receive a copy and who would like one should contact the Community Monitor
785-258-2214 or rpaltd@aol.com

Appendix C: Immediate and Special Needs with Provider Detail

Issue	Metro	SW	SE	NE	NW	Total	Providers: Res/Day	Providers CM
Not Following Recommendations	4	3	1	2	1	11	Arca, Ensuenos, HDFS, LLC, NNMQC, PRS, The New Beginnings, Tresco, Tunland	Carino, Excel, J&J, SCCM, Unidas, Unique Opportunities, Visions
Not Following Up or Lack of Timely F/U on Symptoms or Health Related Issues	5	2	5	3	3	18	DSI, Dungarvin, ENMRSH, Ensuenos, Expressions of Life, HDFS, LLC, R-Way, The New Beginnings, Tresco	Carino, Excel, J&J, Peak, PRMC, Rio Puerco, SCCM, Unidas, Unique Opportunities, Visions
Aspiration	3	2	0	0	0	5	Adelante, Dungarvin, PRS, Tresco	Amigo, Peak, SCCM
Medication/MAR Issue	3	1	0	2	3	9	ARCA, Bright Horizons, DSI, Ensuenos, LLC, NNMQC, Tresco	A Step Above, Carino, Peak, Rio Puerco, SCCM, Unidas, Visions
Plans Missing, Inconsistent or Inaccurate	2	1	0	3	2	8	Arca, DSI, Ensuenos, HDFS, Tresco	A Step Above, Carino, Peak, Rio Puerco, SCCM, Unidas, Visions
IR's Filed	2	0	0	0	1	3	Bright Horizons, DSI, Dungarvin	A Step Above, Excel, Peak
Agency should have filed IR but didn't	1	0	0	0	0	1	Bright Horizons	A Step Above

**Appendix D: Chart #6a: Number of Issues Identified for People with Immediate and/or Special Needs
by Provider and Case Management Agency**

Residential Agency	Not following Rec's	Lack of Timely F/U	Aspiration	Med/MAR Issues	Plans Missing, Inconsistent, Inaccurate	IR's Filed	IR's Should have been filed	Total
Adelante			2					2
Arca	1			1	1			3
Bright Horizons				1		1	1	3
DSI		2		3	2	2		8
Dungarvin		2	1			1		4
ENMRSH		1						1
Ensuenos	1	2		1	3			7
Expressions of Life		2						2
HDFS	1	4						5
LLCP	2	1		1	1			5
NNMQC	1			1		1		2
PRS	1		1					2
R-Way		1						1
The New Beginnings	1	1						2
Tresco	2	2	1	1	1	1		7
Tungland	1							1
Case Management								
A Step Above				1		1	1	3
Amigo			2					2
Carino	2	1		1	1			5
Excel	1	1				1		3
J&J	1	4						5
Peak		1	2	3	1	1		8
PRMC		1						1
Rio Puerco		1		1	1	1		3
SCCM	3	2	1	1	1	1		8
Unidas	1	2		1	1			5
Unique Opportunities	1	2						3
Visions	2	2		2	3	1		9

Chart #6b: Health Care Findings Including Immediate and/or Special Needs Incident Reports Filed and Repeat Findings by Case Management Agency

CASE MANAGEMENT	Immd () = Repeat Findings	Special () = Repeat Findings	IR Filed	Health Findings	Repeat Health Findings
Unidas (18)	1	2		68	9
J&J (12)	1	4 (1)		39	5
SCCM (11)	1	5		30	2
A Step Above (10)	1	1	2	42	8
Visions (10)	1	8 (1)		39	8
Peak (7)	6 (2)	1		24	4
Carino (6)	1	4 (2)		29	8
Amigo (5)		2 (1)		14	0
Excel (5)		1	1	7	0
A New Vision (4)				10	2
NMQCM (3)			1	7	0
Unique Opportunities (3)	3 (1)			15	0
PRMC (2)	1	1	1	7	0
Mi Via (1)				2	0
NERO/DDSD (1)				4	0
NMBHI (1)				10	1
Rio Puerco (1)			1	6	0

Appendix E. Chart #13.a.: Addressing Regression by Region

Region	Total # experiencing Regression	# for whom physical and behavioral regression has occurred	Adequately Addressed?	# for whom only physical regression has occurred (Q.119)	Adequately Addressed?	# for whom only behavioral or functional regression has occurred (Q.#120)	Adequately Addressed?
Metro	18 of 47 (38%)	8	6 (75%) ³⁴	9	5 (56%) ³⁵	1	1 (100%)
NE	7 of 14 (50%)	4	1 (25%) ³⁶	0	NA	3	1 (33%) ³⁷
NW	5 of 9 (56%)	2	2 (100%)	2	1 (50%) ³⁸	1	1 (100%)
SE	6 of 13 (46%)	2	2 (100%)	2	1 (50%) ³⁹	2	0 (0%) ⁴⁰
SW	6 of 14 (43%)	3	1 (33%) ⁴¹	1	0 (0%) ⁴²	2	1 (50%) ⁴³
	2014	19	12 (63%)	14	7 (50%)	9	4 (44%)
	2013	16	10 (63%)	15	9 (60%)	12	6 (50%)
	2011	38	35 (92%)	16	1 (6.3%)	5	5 (100%)

³⁴Those not adequately addressed are served by: Residential: Arca (1), Adelante (1); Case Management: Carino (1) Unidas: (1)

³⁵ Those not adequately addressed are served by: Residential: Arca (1), Adelante (1), At Home Advocacy (1), Expressions of Life (1); Case Management: A New Vision (1), Amigo (1), Carino (2)

³⁶ Those not adequately addressed are served by: Residential: AWS (1), NNMQC (1), R-Way (1); Case Management: Unidas (1), Visions (2)

³⁷ Those not adequately addressed are served by: Residential: AWS (1), Community Options (1); Case Management: Visions (2)

³⁸ Those not adequately addressed are served by: Residential: Silver Linings (1); Case Management: Peak (1)

³⁹ Those not adequately addressed are served by: Residential: Tobosa (1); Case Management: J&J (1)

⁴⁰ Those not adequately addressed are served by: Residential: Tobosa (1), Casa Alegra (1); Case Management: J&J (2)

⁴¹ Those not adequately addressed are served by: Residential: Community Options (1), Tresco (1); Case Management: SCCM (2)

⁴² Those not adequately addressed are served by: Residential: Tresco (1); Case Management: SCCM (1)

⁴³ Those not adequately addressed are served by: Residential: Peak (1); Case Management: PRS (1)

Appendix F: 6-Year CPR Health Data, by Question

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
30. Was the case manager able to describe the person's health related needs?	54% Yes (58) 45% Partial (48) 1% No (1)	61% Yes (66) 38% Partial (41) 1% No (1)	62% Yes (66) 38% Partial (41)	73% Yes (80) 27% Partial (29)	72% Yes (73) 28% Partial (29)	63% Yes (61) 37% Partial (36)
38. Was the [day/employment] direct service staff able to describe the person's health related needs?	60% Yes (64) 37% Partial (40) 3% No (3)	51% Yes(55) 46% Partial (50) 3% No (3)	61%Yes (64) 39% Partial (41) (2 not scored)	60% Yes (65) 40% Partial (44)	63% Yes (64) 35% Partial (36) 2% No (2)	61% Yes (58) 39% Partial (37) (2 not scored)
48. Was the residential service staff able to describe the person's health related needs?	60% Yes (64) 39% Partial (42) 1% No (1)	50% Yes (54) 48% Partial (51) 2% No (2)	64% Yes (69) 36% Partial (38)	72% Yes (78) 28% Partial (31)	66% Yes (67) 33% Partial (34) 1% No (1)	58% Yes (56) 41% Partial (40) 1% No (1)
54. Overall, were the team members interviewed able to describe the person's health-related needs?	27% Yes (29) 73% Partial (78)	32% Yes (35) 68% Partial (73)	38% Yes (41) 62% Partial (66)	39% Yes (43) 61% Partial (66)	39% Yes (40) 61% Partial (62)	31% Yes (30) 69% Partial (67)
55. Is there evidence that the IDT discussed the person's health-related issues?	57% Yes (61) 42% Partial (45) 1% No (1)	63% Yes (68) 35% Partial (38) 2% No (2)	64% Yes (69) 35% Partial (37) 1% No (1)	64% Yes (70) 36% Partial (39)	64% Yes (65) 36% Partial (37)	53% Yes (51) 47% Partial (46)
56. In the opinion of the reviewer, are the person' health supports/needs being adequately addressed?	31% Yes (33) 65% Partial (70) 4% No (4)	26% Yes (28) 72% Partial (78) 2% No (2)	21% Yes (23) 78% Partial (83) 1% No (1)	36% Yes (39) 63% Partial (69) 1% No (1)	30% Yes (31) 66% Partial (67) 4% No (4)	24% Yes (23) 76% Partial (74)

Appendix G: 2014 CPR Health Data, by Question and Provider

For questions #54, #55 and #56, the percentage provided uses the data from the larger number of individuals;
 e.g., for Adelante, the scores for all 16 individuals who receive Day services are considered; rather than just the 9 who are provided Residential services.

Agency	# in Residential Services	# in Day Services	38. Day staff describe health related needs?	48. Residential staff describe health related needs?	54. ...team members described health-related needs?	55. ...IDT discussed health-related issues?	56. ... health supports/needs being adequately addressed?
A Better Way	0	1	1 (100%)	NA	0 (0%)	1 (100%)	0 (0%)
Active Solutions	1	2	0 (0%)	1 (100%)	0 (0%)	0 (0%)	1 (50%)
Adelante	11	18	10 (56%)	7 (64%)	9 (50%)	7 (39%)	5 (28%)
Advantage Communications	1	0	NA	1 (100%)	1 (100%)	1 (100%)	0 (0%)
Alianza	1	0	NA	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Arca	6	2	0 (0%)	4 (67%)	3 (50%)	2 (33%)	2 (33%)
At Home Advocacy	1	0	NA	1 (100%)	0 (0%)	1 (100%)	0 (0%)
AWS	4	4	3 (75%)	4 (100%)	0 (0%)	1 (25%)	0 (0%)
Bright Horizons	1	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)
CARC	1	1	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)
Casa Alegre	1	0	NA	0 (0%)	0 (0%)	0 (0%)	0 (0%)
CFC	0	2	1 (50%)	NA	1 (50%)	2 (100%)	0 (0%)
Community Options	2	3	2 (67%)	1 (50%)	1 (33%)	3 (100%)	0 (0%)
Cornucopia	0	1	1 (100%)	NA	1 (100%)	1 (100%)	0 (0%)
DSI	2	2	0 (0%)	1 (50%)	0 (0%)	1 (50%)	0 (0%)
Dungarvin	5	5	4 (80%)	3 (60%)	2 (40%)	3 (60%)	3 (60%)
Empowerment	0	1	0 (0%)	NA	0 (0%)	1 (100%)	0 (0%)
ENMRSH	2	2	1 (50%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)
Ensuenos	1	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)
ESEM	2	3	3 (100%)	2 (100%)	1 (33%)	2 (67%)	1 (33%)
Expressions of Life	3	0	NA	1 (33%)	1 (33%)	1 (33%)	0 (0%)
Family Options	2	2	2 (100%)	1 (50%)	1 (50%)	0 (0%)	0 (0%)
HDFS	4	4	3 (75%)	2 (50%)	2 (50%)	4 (100%)	1 (25%)
Las Cumbres	0	1	0 (0%)	NA	0 (0%)	0 (0%)	0 (0%)
LLCP	11	12	8 (67%)	6 (50%)	4 (33%)	5 (42%)	3 (33%)
Leaders	1	1	1 (100%)	1 (100%)	1 (100%)	1 (100%)	0 (0%)
Lessons of Life	2	2	1 (50%)	1 (50%)	1 (50%)	1 (50%)	1 (50%)
MaxCare	1	1	1 (100%)	1 (100%)	1 (100%)	1 (100%)	1 (100%)
Mi Via	1	1	Not scored	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Nezzy Care	0	1	1 (100%)	NA	0 (0%)	0 (0%)	0 (0%)
NNMQC	3	0	NA	1 (33%)	0 (0%)	0 (0%)	1 (33%)
None	0	1	Not scored	NA	0 (0%)	0 (0%)	0 (0%)
Optihealth	2	1	1 (100%)	2 (100%)	0 (0%)	2 (100%)	0 (0%)
People Centered	0	1	1 (100%)	NA	0 (0%)	1 (100%)	1 (100%)
PMS Shield	0	1	1 (100%)	NA	1 (100%)	1 (100%)	0 (0%)
PRS	3	3	1 (33%)	2 (67%)	1 (33%)	3 (100%)	1 (33%)
R-Way	1	0	NA	0 (0%)	0 (0%)	1 (100%)	1 (100%)
Ramah Care	2	1	1 (100%)	1 (50%)	0 (0%)	2 (100%)	0 (0%)
Share Your Care	0	3	2 (67%)	NA	0 (0%)	2 (67%)	0 (0%)

Agency	# in Residential Services	# in Day Services	38. Day staff describe health related needs?	48. Residential staff describe health related needs?	54. ...team members described health-related needs?	55. ...IDT discussed health-related issues?	56. ... health supports/needs being adequately addressed?
Silver Linings	1	1	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
The New Beginnings	4	3	2 (67%)	4 (100%)	3 (75%)	2 (50%)	4 (100%)
TLC	1	0	NA	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Tobosa	3	3	2 (67%)	0 (0%)	0 (0%)	2 (67%)	1 (33%)
Tresco	8	8	4 (50%)	4 (50%)	1 (13%)	5 (636%)	1 (13%)
Tungland	2	0	NA	1 (50%)	1 (50%)	2 (100%)	1 (50%)

Appendix H: 2014 CPR Health Data, by Question and Case Management Agency

CM Agency	#	30. CM describe health related needs?	54. ...team members described health-related needs?	55. ...IDT discussed health-related issues?	56. ... health supports/needs being adequately addressed?
A New Vision	4	3 (75%)	2 (50%)	2 (50%)	2 (50%)
A Step Above	10	4 (40%)	2 (20%)	4 (40%)	2 (20%)
Amigo	5	4 (80%)	3 (60%)	3 (60%)	2 (40%)
Carino	6	5 (83%)	1 (17%)	2 (33%)	2 (33%)
Excel	5	3 (60%)	2 (40%)	4 (80%)	2 (40%)
J&J	11	10 (91%)	4 (36%)	8 (73%)	3 (27%)
Mi Via	1	0 (0%)	0 (0%)	0 (0%)	0 (0%)
NERO/DDSD	1	0 (0%)	0 (0%)	1 (100%)	0 (0%)
NMBHI	2	1 (50%)	1 (50%)	0 (0%)	0 (0%)
NMQCM	3	3 (100%)	2 (67%)	2 (67%)	1 (33%)
Peak	7	4 (57%)	1 (14%)	2 (29%)	1 (14%)
PRMC	2	0 (0%)	0 (0%)	2 (100%)	0 (0%)
Rio Puerco	1	0 (0%)	0 (0%)	1 (100%)	0 (0%)
SCCM	9	7 (78%)	3 (33%)	8 (89%)	1 (11%)
Unidas	17	9 (53%)	5 (29%)	8 (47%)	5 (29%)
Unique Opportunities	3	3 (100%)	3 (100%)	1 (33%)	1 (33%)
Visions	10	5 (50%)	1 (10%)	3 (30%)	1 (10%)

Appendix I: 2014 CPR Therapy Issues in Findings/Recommendations

Detail of issues by Region/Statewide							
		Metro	NE	NW	SE	SW	State
Therapy/Assessment is/was Missing	PT		2	1	1	1	5
	SLP	3	2		1		6
	OT	1	2		4	1	8
	BT	4	2		1		7
Not at ISP/IDT meeting(s)	PT	3	1		1		5
	SLP	2	1		4	1	8
	OT	2	1	1	1	1	6
	BT	2			1		3
Assessment Late/Needs update	PT	1		1		1	3
	SLP						0
	OT	11	3	6	3	4	27
	BT	4	4	2	2	3	15
Plan Late/ Missing	PT	14	5	2	2	1	24
	SLP	13	6	1	7	6	33
	OT			1			1
	BT	1	1		3	4	9
Plan not Specific	PT						0
	SLP			1	1	1	3
	OT						0
	BT						0
Plan not Implemented	PT						0
	SLP						0
	OT	1	1	1			3
	BT	1					1
Plan has errors/needs revision	PT						0
	SLP		1				1
	OT	1					1
	BT	6				3	9
Staff Need Trained	PT						0
	SLP	1					1
	OT						0
	BT						0
Crisis Plan Needed	BT	3				1	4
Rec's/Info not in ISP		5	1			1	7
Rec's not in T&SS/ incorrect		8	10	4	2	9	33
T&SS Not Specific					2		2
TOTAL		87	43	21	36	38	225

Number of Issues By Therapy Type/Region						
Region	PT	SLP	OT	BT	General TS&S	Total
Metro	18	19	16	21	13	87
NE	8	10	7	7	11	43
NW	4	2	9	2	4	21
SE	4	13	8	7	4	36
SW	3	8	6	11	10	35
STATE	37	52	46	48	42	225

Number of JCM with Therapy Findings				
Region	Sample	# JCM ID'd	% of Sample	# issues
Metro	47	35	74%	87
NE	14	13	93%	43
NW	9	7	78%	21
SE	13	11	85%	36
SW	14	11	79%	38
STATE	97	77	79%	225

Appendix J: Number of Repeat Findings/Recommendations by Agency – 2011-2014

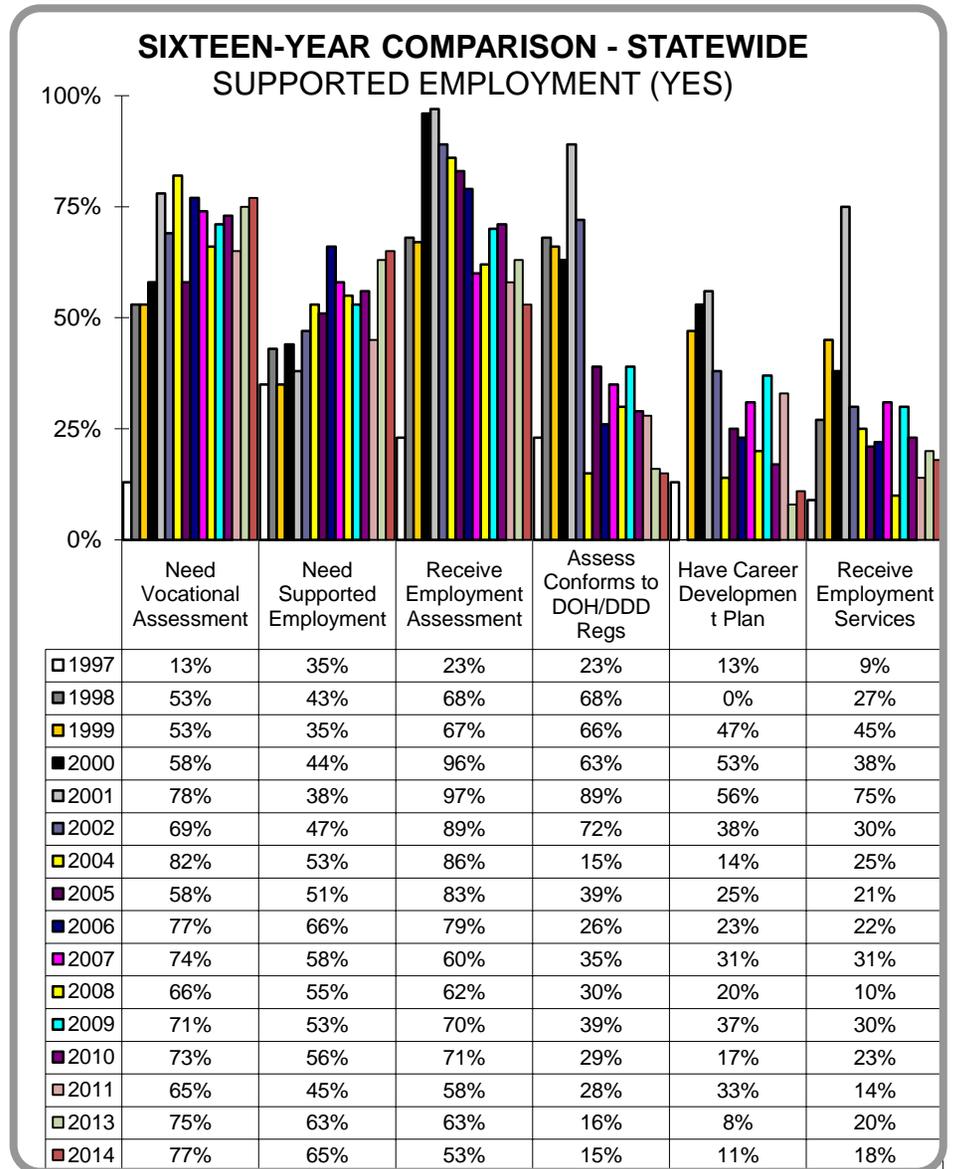
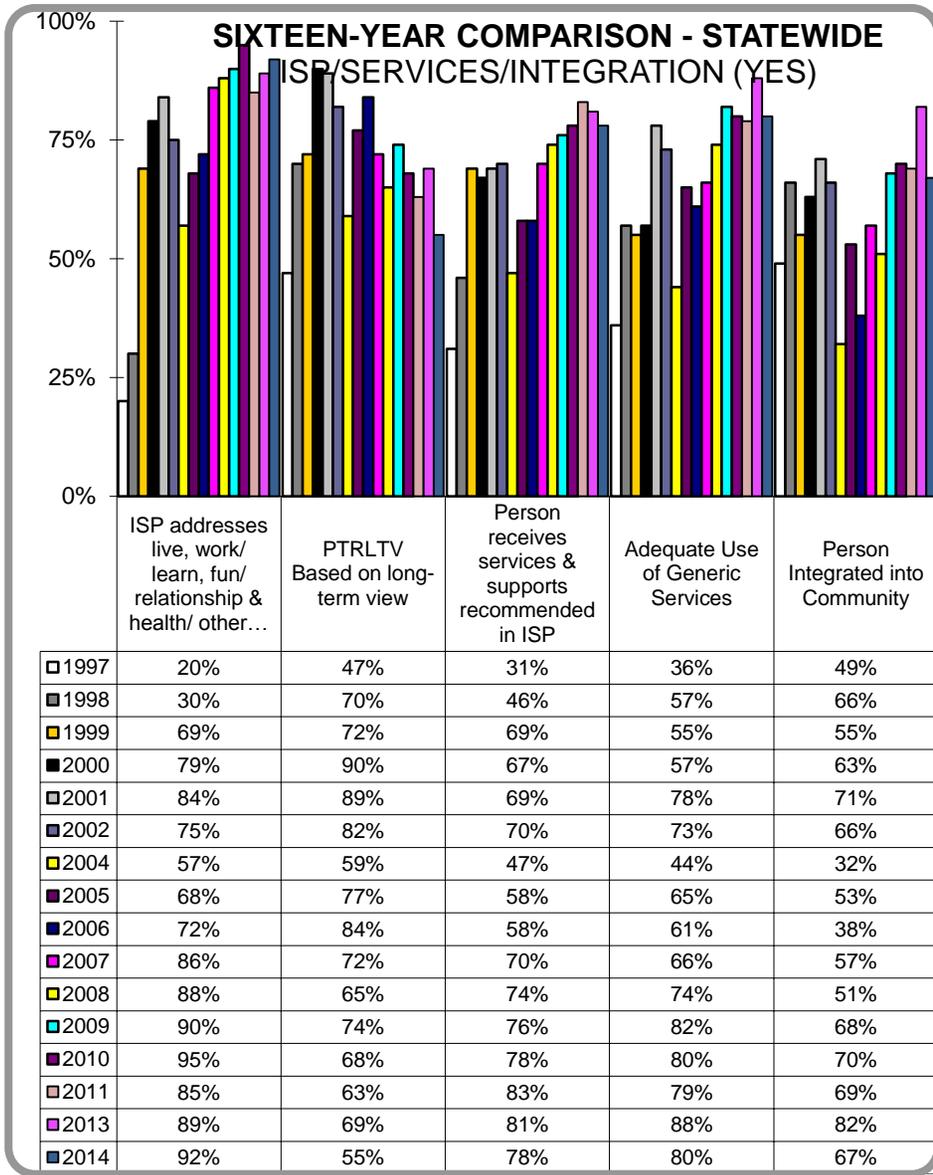
Note: If the number of Repeat Findings/Recommendations goes up or down it cannot automatically be seen as “improvement” or “decline” for that agency as there are instances of multiple reviews and changes in agencies by JCMs. However, this does provide information that can be used by the Regions to determine ‘why’ repeat finding/recommendations have been identified. The challenge is to “fix” an issue in a sustainable way for all people in that agency not just “close” it for one person. (These tables include all 101 people reviewed in 2014, as although not all were scored, all had Findings & Recommendations issued.)

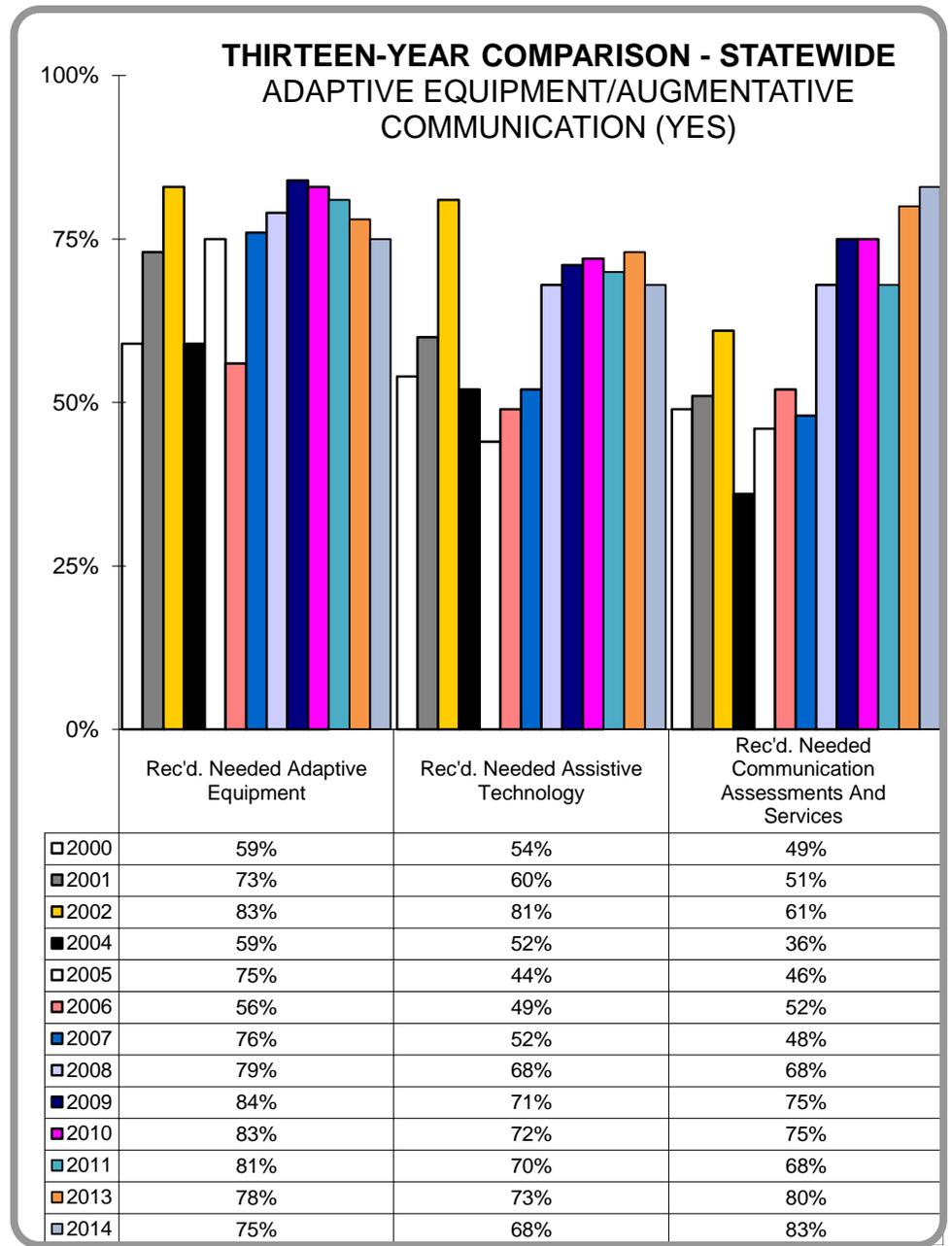
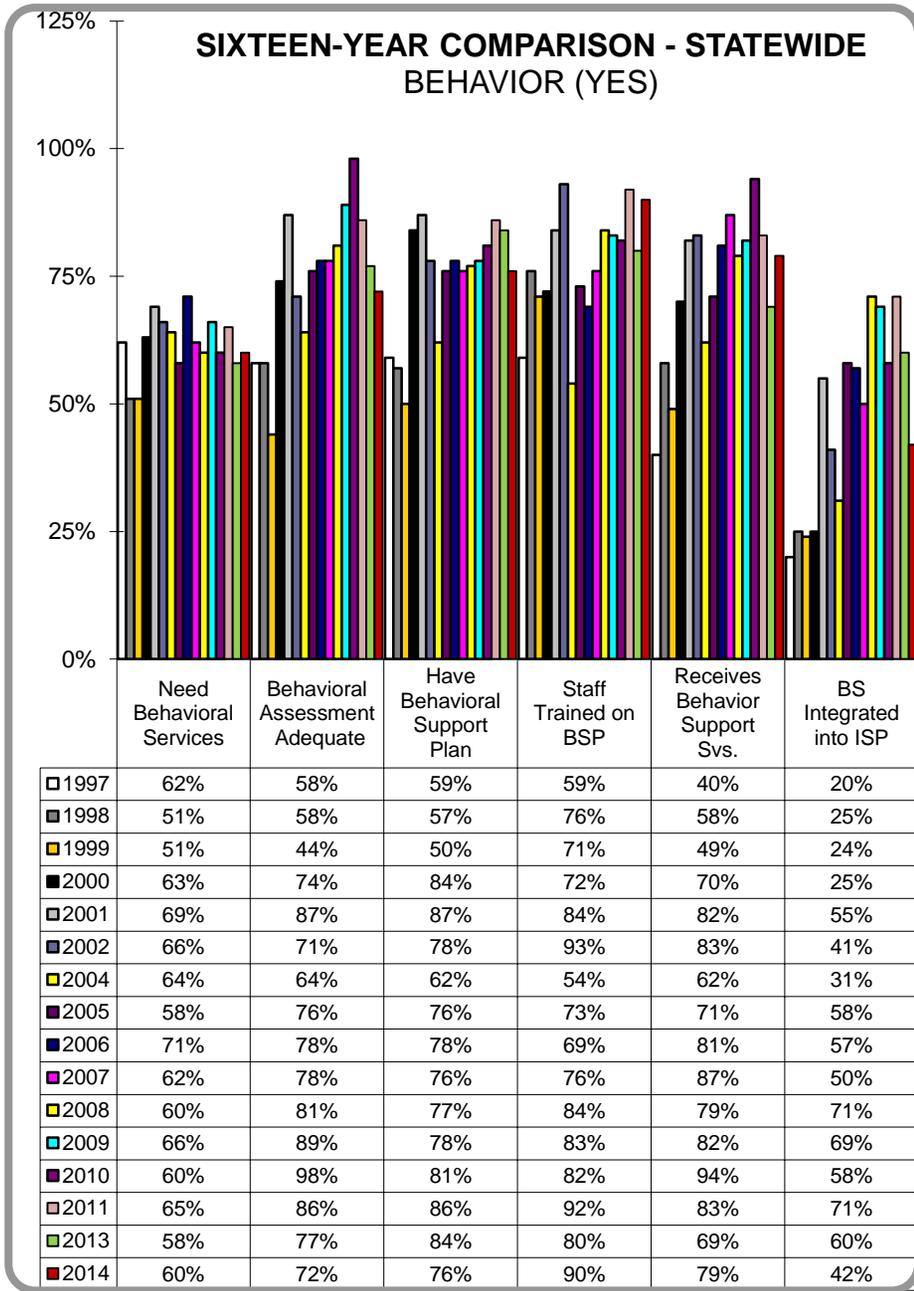
RESIDENTIAL (# in 2014 Sample)	# 2014 Repeats	# 2013 Repeats	# 2011 Repeats
N/A =Agency not reviewed that year			
A Better Way	N/A	N/A	1
Achievements	N/A	N/A	8
Active Solutions (1)	3	N/A	N/A
Adelante (11)	28	12	9
Advantage Communications (1)	3	2	2
Advocacy Partners	N/A	N/A	1
Alegria	N/A	5	1
Alianza (1)	1	1	N/A
ARCA (7)	17	4	6
At Home Advocacy (1)	4	2	1
AWS (4)	29	10	5
Bright Horizons (1)	1	5	0
CARC (1)	3	0	3
Casa Alegre (1)	3	1	3
CDD	N/A	4	3
Community Options (2)	10	7	6
Door of Opportunity	N/A	1	1
DSI (2)	12	12	2
Dungarvin (5)	11	8	10
Empowerment	N/A	2	0
ENMRSH (2)	5	3	7
Ensuenos (1)	1	1	0
ESEM (2)	6	5	3
Esperanza	N/A	7	1
Expressions of Life (3)	5	6	2
Expressions Unlimited	N/A	3	N/A
Family Options (2)	5	1	3
High Desert (4)	10	15	3
Leaders (1)	1	10	1
Lessons of Life (2)	7	1	3
LifeQuest	N/A	N/A	5
LLCP (11)	28	19	12
Maxcare (1)	2	N/A	N/A
Mi Via (2)	0	N/A	N/A
New Pathways	N/A	1	N/A
Nezzy Care	N/A	6	N/A
NNMQC (3)	7	5	2
Onyx	N/A	0	N/A
Opportunity Center	N/A	N/A	3
Optihealth (2)	5	1	5
PRS (3)	8	5	4
Ramah Care (2)	2	3	1
R-Way (1)	4	0	3
Safe Harbor	N/A	N/A	2
Silver Linings (1)	3	N/A	4
Su Vida	N/A	2	0
Supporting Hands	N/A	3	N/A
The New Beginnings (4)	11	7	1
TLC (1)	2	2	2
Tobosa (4)	5	15	6
Tresco (9)	27	7	13
Tungland (2)	6	9	4
ZEE	N/A	5	0
TOTAL		218	152

DAY Agency (# in 2014 Sample)	# 2014 Repeats	# 2013 Repeats	# 2011 Repeats
N/A =Agency not reviewed that year			
A Better Way (1)	4	1	4
ABQSFTD	N/A	1	N/A
Active Solutions (2)	2	0	2
Adelante (18)	42	25	20
Alegria	N/A	5	N/A
ARCA (3)	10	2	N/A
AWS (4)	29	12	5
Bright Horizons (1)	1	N/A	N/A
CARC (1)	2	0	0
Casa Alegre	N/A	1	3
CDD	N/A	3	2
CFC (2)	6	1	2
Community Options (3)	19	7	6
Connections	N/A	8	11
Cornucopia (1)	3	1	0
Door of Opportunity	N/A	1	1
DSI (2)	12	11	2
Dungarvin (5)	12	7	5
Empowerment (1)	1	2	N/A
ENMRSH (2)	5	3	7
Ensuenos (1)	1	1	0
ESEM (3)	8	2	3
Esperanza	N/A	7	1
Expressions Unlimited	N/A	8	N/A
Family Options (2)	5	1	3
High Desert (4)	10	15	3
La Vida Felicidad	N/A	2	0
Las Cumbres (1)	3	2	2
Leaders (1)	1	12	1
Lessons of Life (2)	7	1	3
LifeQuest	N/A	N/A	5
Life Roots	N/A	5	2
LLCP (12)	29	23	12
Mi Via (2)	0	N/A	N/A
Nezzy Care (1)	3	6	N/A
New Pathways	N/A	N/A	1
NONE (1)	2	N/A	N/A
Opportunity Center	N/A	N/A	3
OptiHealth (1)	2		
People Centered (1)	4	1	N/A
Phame	N/A	0	3
PMS/Shield (1)	2	11	3
PRS (3)	8	5	4
Ramah Care (1)	1	3	1
RCI	N/A	N/A	1
Safe Harbor	N/A	N/A	2
Share Your Care (3)	9	2	7
Silver Linings (1)	3	N/A	4
Su Vida	N/A	4	0
Supporting Hands	N/A	3	N/A
The New Beginnings (3)	8	3	N/A
Tobosa (4)	5	15	6
Tresco (5)	27	7	14
Very Special Arts	N/A	N/A	1
ZEE	N/A	5	0
Total #Repeats in 2013 = 218 Total #Repeats in 2011 = 152 (Day totals reflect higher # as some JCM have two agencies)			

CM Agency (# in 2014 Sample)	# 2014 Repeats	# 2013 Repeats	# 2011 Repeats
N/A =Agency not reviewed that year			
A New Vision (4)	12	10	5
A Step Above (10)	22	12	1
Amigo (5)	9	11	2
Blue Sky	N/A	3	3
Carino (6)	23	7	2
DDSD (1)	3	8	2
Excel (5)	12	15	9
Friends Forever	N/A	3	1
J&J (12)	24	43	15
Keetoni	N/A	3	4
Mi Via (2)	0	N/A	N/A
NMBHI (2)	5	5	6
NMQCM (3)	3	12	11
Peak (7)	22	21	21
PRMC (2)	7	3	8
Purple Cow	N/A	N/A	2
Rio Puerco (1)	5	N/A	N/A
SCCM (10)	25	13	25
Unidas (18)	50	29	23
Unique Opportunities (3)	6	2	1
Visions (10)	47	18	10
TOTAL		218	152

Appendix K: Historic Disengagement Charts, Statewide





Appendix L: CPR Data Tables

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
Case Management Services						
26. Does the case manager “know” the person?	88% Yes (94) 12% Partial (13)	93% Yes (100) 7% Partial (8)	89% Yes (95) 10% Partial (11) 1% No (1)	94% Yes (102) 6% Partial (7)	95% Yes (97) 5% Partial (5)	93% Yes (90) 6% Partial (6) 1% No (1)
27. Does the case manager understand his/her role/job?	66% Yes (71) 32% Partial (34) 2% No (2)	60% Yes (65) 39% Partial (42) 1% No (1)	69% Yes (74) 29% Partial (31) 2% No (2)	55% Yes (60) 45% Partial (49)	51% Yes (52) 49% Partial (50)	48% Yes (47) 52% Partial (50)
28. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person?	78% Yes (83) 21% Partial (23) 1% No (1)	87% Yes (94) 13% Partial (14)	90% Yes (96) 10% Partial (11)	85% Yes (93) 15% Partial (16)	80% Yes (82) 20% Partial (20)	79% Yes (77) 21% Partial (20)
29. Is the case manager available to the person?	87% Yes (93) 13% Partial (14)	81% Yes (87) 19% Partial (21)	87% Yes (93) 12% Partial (13) 1% No (1)	87% Yes (95) 13% Partial (14)	86% Yes (88) 14% Partial (14)	80% Yes (78) 20% Partial (19)
30. Was the case manager able to describe the person’s health related needs?	54% Yes (58) 45% Partial (48) 1% No (1)	61% Yes (66) 38% Partial (41) 1% No (1)	62% Yes (66) 38% Partial (41)	73% Yes (80) 27% Partial (29)	72% Yes (73) 28% Partial (29)	63% Yes (61) 37% Partial (36)
31. Does the case manager have an appropriate expectation of growth for this person?	61% Yes (65) 35% Partial (37) 5% No (5)	62% Yes (67) 32% Partial (35) 6% No (6)	75% Yes (79) 20% Partial (21) 6% No (6) (1 not scored)	69% Yes (75) 29% Partial (32) 2% No (2)	64% Yes (65) 35% Partial (36) 1% No (1)	51% Yes (49) 48% Partial (47) 1% No (1)
32. Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP?	49% Yes (52) 49% Partial (52) 3% No (3)	44% Yes (47) 54% Partial (58) 3% No (3)	40% Yes (43) 57% Partial (61) 3% No (3)	41% Yes (45) 58% Partial (63) 1% No (1)	25% Yes (25) 75% Partial (77)	30% Yes (29) 69% Partial (67) 1% No (1)
33. Does the case manager provide case management services at the level needed by this person?	44% Yes (47) 52% Partial (56) 4% No (4)	49% Yes (53) 47% Partial (51) 4% No (4)	49% Yes (52) 49% Partial (52) 3% No (3)	41% Yes (45) 57% Partial (62) 2% No (2)	37% Yes (38) 63% Partial (64)	39% Yes (38) 60% Partial (58) 1% No (1)
34. Does the case manager receive the type and level of support needed to do his/her job?	86% Yes (92) 12% Partial (13) 2% No (2)	91% Yes (98) 9% Partial (10)	89% Yes (95) 11% Partial (12)	92% Yes (100) 8% Partial (9)	91% Yes (93) 9% Partial (9)	87% Yes (84) 13% Partial (13)

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
Day/Employment Services						
35. Does the day/employment direct services "know" the person?	87% Yes (93) 12% Partial (13) 1% No (1)	90% Yes (97) 10% Partial (11)	90% Yes (95) 10% Partial (10) (2 not scored)	95% Yes (104) 5% Partial (5)	92% Yes (94) 8% Partial (8)	96% Yes (91) 4% Partial (4) (2 not scored)
36. Does the direct service staff have adequate input into the person's ISP?	65% Yes (70) 29% Partial (31) 6% No (6)	65% Yes (70) 31% Partial (33) 5% No (5)	71% Yes (75) 28% Partial (29) 1% No (1) (2 not scored)	73% Yes (80) 25% Partial (27) 2% No (2)	56% Yes (57) 39% Partial (40) 5% No (5)	69% Yes (64) 29% Partial (27) 2% No (2) (4 not scored)
37. Did the direct service staff receive training on implementing this person's ISP?	77% Yes (82) 21% Partial (23) 2% No (2)	76% Yes (82) 24% Partial (26)	82% Yes (86) 18% Partial (19) (2 not scored)	83% Yes (91) 17% Partial (18)	81% Yes (83) 19% Partial (19)	80% Yes (75) 20% Partial (19) (3 not scored)
38. Was the direct service staff able to describe this person's health related needs?	60% Yes (64) 37% Partial (40) 3% No (3)	51% Yes (55) 46% Partial (50) 3% No (3)	61% Yes (64) 39% Partial (41) (2 not scored)	60% Yes (65) 40% Partial (44)	63% Yes (64) 35% Partial (36) 2% No (2)	61% Yes (58) 39% Partial (37) (2 not scored)
39. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	65% Yes (70) 34% Partial (36) 1% No (1)	72% Yes (78) 28% Partial (30)	71% Yes (75) 29% Partial (30) (2 not scored)	82% Yes (89) 18% Partial (20)	81% Yes (83) 19% Partial (19)	78% Yes (74) 22% Partial (21) (2 not scored)
39.a. Was the direct service staff able to provide specific information regarding the person's daily activities, including the exact times of the day?	92% Yes (98) 7% Partial (8) 1% No (1)	93% Yes (100) 6% Partial (6) 2% No (2)	90% Yes (95) 10% Partial (10) (2 not scored)	95% Yes (104) 5% Partial (5)	93% Yes (95) 7% Partial (7)	86% Yes (82) 14% Partial (13) (2 not scored)
39.b. Can the direct service staff describe his/her responsibilities in implementing the person's ISP goals/objectives/outcomes/action plans?	67% Yes (72) 29% Partial (31) 4% No (4)	70% Yes (76) 27% Partial (29) 3% No (3)	75% Yes (79) 25% Partial (26) (2 not scored)	83% Yes (91) 17% Partial (18)	87% Yes (89) 13% Partial (13)	86% Yes (81) 13% Partial (12) 1% No (1) (3 not scored)
40. Did the direct service staff have training in the ISP process?	57% Yes (61) 33% Partial (35) 10% No (11)	68% Yes (73) 30% Partial (32) 3% No (3)	85% Yes (89) 13% Partial (14) 2% No (2) (2 not scored)	79% Yes (86) 18% Partial (20) 3% No (3)	77% Yes (79) 20% Partial (20) 3% No (3)	66% Yes (61) 32% Partial (30) 2% No (2) (4 not scored)
41. Did the direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	80% Yes (86) 18% Partial (19) 2% No (2)	76% Yes (82) 22% Partial (24) 2% No (2)	83% Yes (87) 17% Partial (18) (2 not scored)	88% Yes (96) 12% Partial (13)	85% Yes (87) 14% Partial (14) 1% No (1)	80% Yes (76) 20% Partial (19) (2 not scored)
41.a. Have training on the provider's complaint process?	89% Yes (95) 6% Partial (6)	84% Yes (91) 9% Partial (10)	87% Yes (91) 11% Partial (12)	93% Yes (101) 6% Partial (6)	91% Yes (93) 7% Partial (7)	88% Yes (84) 8% Partial (8)

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
	6% No (6)	6% No (7)	2% No (2) (2 not scored)	2% No (2)	2% No (2)	3% No (3) (2 not scored)
41.b. Have training on how and to whom to report abuse, neglect and exploitation?	87% Yes (93) 8% Partial (9) 5% No (5)	84% Yes (91) 13% Partial (14) 3% No (3)	91% Yes (96) 7% Partial (7) 2% No (2) (2 not scored)	94% Yes (103) 6% Partial (6)	91% Yes (93) 7% Partial (7) 2% No (2)	91% Yes (86) 9% Partial (9) (2 not scored)
42. Does the direct service staff have an appropriate expectation of growth for this person?	68% Yes (73) 26% Partial (28) 6% No (6)	80% Yes (86) 17% Partial (18) 4% No (4)	83% Yes (86) 17% Partial (18) (3 not scored)	65% Yes (71) 32% Partial (35) 3% No (3)	75% Yes (77) 23% Partial (23) 2% No (2)	63% Yes (60) 35% Partial (33) 2% No (2) (2 not scored)
43. Is the day/employment environment generally clean, free of safety hazards and conducive to the work/activity intended?	91% Yes (79) 8% Partial (7) 1% No (1) (12 N/A, 8 CND)	93% Yes (81) 7% Partial (6) (15 N/A, 6 CND)	95% Yes (97) 5% Partial (5) (2 CND) (3 not scored)	97% Yes (105) 3% Partial (3) (1 CND)	97% Yes (98) 2% Partial (2) 1% No (1) (1 N/A)	92% Yes (87) 8% Partial (8) (2 not scored)
Residential Services						
44. Does the residential direct services staff "know" the person?	84% Yes (90) 16% Partial (17)	89% Yes (95) 11% Partial (12) (1 not scored)	89% Yes (95) 11% Partial (12)	97% Yes (106) 3% Partial (3)	97% Yes (99) 3% Partial (3)	98% Yes (95) 2% Partial (2)
45. Does the direct service staff have adequate input into the person's ISP?	65% Yes (70) 28% Partial (30) 7% No (7)	69% Yes (74) 24% Partial (26) 7% No (7) (1 not scored)	68% Yes (73) 29% Partial (31) 3% No (3)	72% Yes (78) 27% Partial (29) 2% No (2)	75% Yes (77) 20% Partial (20) 5% No (5)	74% Yes (71) 24% Partial (23) 2% No (2) (1 not scored)
46. Did the direct service staff receive training on the implementing this person's ISP?	73% Yes (78) 24% Partial (26) 3% No (3)	73% Yes (78) 26% Partial (28) 1% No (1) (1 not scored)	70% Yes (75) 30% Partial (32)	84% Yes (92) 16% Partial (17)	81% Yes (83) 18% Partial (18) 1% No (1)	88% Yes (84) 13% Partial (12) (1 not scored)
47. Is the residence safe for individuals (void of hazards)?	95% Yes (102) 5% No (5)	92% Yes (98) 8% No (8) (2 not scored)	97% Yes (100) 3% No (3) (2 not scored)	96% Yes (105) 3% No (3) (1 not scored)	91% Yes (93) 9% No (9)	93% Yes (90) 7% No (7)
48. Was the residential direct service staff able to describe this person's health-related needs?	60% Yes (64) 39% Partial (42) 1% No (1)	50% Yes (54) 48% Partial (51) 2% No (2) (1 not scored)	64% Yes (69) 36% Partial (38)	72% Yes (78) 28% Partial (31)	66% Yes (67) 33% Partial (34) 1% No (1)	58% Yes (56) 41% Partial (40) 1% No (1)

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
49. Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	72% Yes (77) 28% Partial (30)	71% Yes (76) 29% Partial (31)	76% Yes (81) 24% Partial (26)	79% Yes (86) 21% Partial (23)	77% Yes (79) 23% Partial (23)	81% Yes (79) 19% Partial (18)
49.a. Was the staff able to provide specific information regarding the person's daily activities?	96% Yes (103) 4% Partial (4)	91% Yes (97) 9% Partial (10)	92% Yes (98) 8% Partial (9)	91% Yes (99) 9% Partial (10)	96% Yes (98) 4% Partial (4)	94% Yes (90) 6% Partial (6) (1 not scored)
49.b. Can the direct service staff describe his/her responsibilities in implementing the person's ISP goals & objectives?	74% Yes (79) 18% Partial (19) 8% No (49)	76% Yes (81) 21% Partial (23) 3% No (3)	79% Yes (85) 19% Partial (20) 2% No (2)	81% Yes (88) 19% Partial (21)	79% Yes (80) 21% Partial (21)	83% Yes (80) 16% Partial (15) 1% No (1) (1 not scored)
50. Did the residential direct service staff have training in the ISP process?	58% Yes (62) 34% Partial (36) 8% No (9)	68% Yes (73) 29% Partial (31) 3% No (3)	80% Yes (86) 14% Partial (15) 6% No (6)	76% Yes (83) 23% Partial (25) 1% No (1)	72% Yes (73) 22% Partial (22) 7% No (7)	72% Yes (68) 25% Partial (24) 3% No (3) (2 not scored)
51. Did the residential direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	71% Yes (76) 28% Partial (30) 1% No (1)	80% Yes (86) 20% Partial (21)	83% Yes (89) 17% Partial (18)	88% Yes (96) 12% Partial (13)	84% Yes (86) 16% Partial (16)	87% Yes (84) 13% Partial (13)
51.a. Have training on the provider's complaint process?	82% Yes (88) 12% Partial (13) 6% No (6)	87% Yes (93) 7% Partial (7) 7% No (7)	89% Yes (95) 6% Partial (6) 6% No (6)	93% Yes (101) 5% Partial (5) 3% No (3)	89% Yes (91) 9% Partial (9) 2% No (2)	91% Yes (87) 8% Partial (8) 1% No (1) (1 not scored)
51.b. Have training on how and to whom to report abuse, neglect and exploitation?	79% Yes (84) 16% Partial (17) 6% No (6)	89% Yes (95) 10% Partial (11) 1% No (1)	94% Yes (101) 4% Partial (4) 2% No (2)	91% Yes (99) 7% Partial (8) 2% No (2)	94% Yes (96) 5% Partial (5) 1% No (1)	92% Yes (89) 8% Partial (8)
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	65% Yes (70) 29% Partial (31) 6% No (6)	71% Yes (76) 28% Partial (30) 1% No (1) (1 not scored)	81% Yes (86) 18% Partial (19) 1% No (1) (1 not scored)	72% Yes (78) 26% Partial (28) 3% No (3)	68% Yes (69) 32% Partial (33)	60% Yes (58) 36% Partial (35) 4% No (4)
53. Does the person's residential environment offer a minimal level of quality of life?	90% Yes (96) 10% Partial (11)	93% Yes (99) 7% Partial (8) (1 not scored)	94% Yes (98) 6% Partial (6) (1 CND) (2 not scored)	95% Yes (104) 4% Partial (4) (1 not scored)	91% Yes (93) 9% Partial (9)	86% Yes (83) 13% Partial (13) 1% No (1)

Health

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
54. Overall, were the team members interviewed able to describe the person's health-related needs?	27% Yes (29) 73% Partial (78)	32% Yes (35) 68% Partial (73)	38% Yes (41) 62% Partial (66)	39% Yes (43) 61% Partial (66)	39% Yes (40) 61% Partial (62)	31% Yes (30) 69% Partial (67)
55. Is there evidence that the IDT discussed the person's health-related issues?	57% Yes (61) 42% Partial (45) 1% No (1)	63% Yes (68) 35% Partial (38) 2% No (2)	64% Yes (69) 35% Partial (37) 1% No (1)	64% Yes (70) 36% Partial (39)	64% Yes (65) 36% Partial (37)	53% Yes (51) 47% Partial (46)
56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed?	31% Yes (33) 65% Partial (70) 4% No (4)	26% Yes (28) 72% Partial (78) 2% No (2)	21% Yes (23) 78% Partial (83) 1% No (1)	36% Yes (39) 63% Partial (69) 1% No (1)	30% Yes (31) 66% Partial (67) 4% No (4)	24% Yes (23) 76% Partial (74)
Assessments						
57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts?	63% Yes (67) 36% Partial (39) 1% No (1)	65% Yes (70) 35% Partial (38)	49% Yes (52) 51% Partial (55)	58% Yes (63) 42% Partial (46)	45% Yes (46) 55% Partial (56)	40% Yes (39) 59% Partial (57) 1% No (1)
58. Did the team arrange for and obtain the needed, relevant assessments?	39% Yes (42) 60% Partial (64) 1% No (1)	47% Yes (51) 53% Partial (57)	40% Yes (43) 60% Partial (64)	41% Yes (45) 58% Partial (63) 1% No (1)	37% Yes (38) 63% Partial (64)	25% Yes (24) 74% Partial (72) 1% No (1)
59. Are the assessments adequate for planning?	64% Yes (68) 36% Partial (39)	64% Yes (69) 36% Partial (39)	59% Yes (63) 40% Partial (43) 1% No (1)	48% Yes (52) 52% Partial (57)	34% Yes (35) 66% Partial (67)	41% Yes (40) 57% Partial (55) 2% No (2)
60. Were the recommendations from assessments used in planning?	47% Yes (50) 47% Partial (50) 7% No (7)	47% Yes (51) 50% Partial (54) 3% No (3)	46% Yes (49) 49% Partial (52) 6% No (6)	43% Yes (47) 56% Partial (61) 1% No (1)	37% Yes (38) 62% Partial (63) 1% No (1)	40% Yes (39) 57% Partial (55) 3% No (3)
Adequacy of Planning and Adequacy of Services						
61. Is there a document called an Individual Service Plan (ISP) that was developed within the last year?	100% Yes (107)	99% Yes (107) 1% No (1)	100% Yes (107)	100% Yes (109)	100% Yes (102)	100% Yes (97)
62. Was the ISP developed by an appropriately constituted IDT?	50% Yes (53) 50% Partial (54)	55% Yes (59) 45% Partial (48) (1 N/A)	54% Yes (58) 45% Partial (48) 1% No (1)	50% Yes (54) 50% Partial (55)	48% Yes (49) 52% Partial (53)	44% Yes (43) 56% Partial (54)

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
63. For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP?	36% Yes (28) 36% Partial (28) 28% No (22) (29 CND)	53% Yes (44) 28% Partial (23) 19% Yes (16) (25 N/A)	56% Yes (45) 40% Partial (32) 5% No (4) (26 N/A)	45% Yes (38) 44% Partial (37) 11% No (9) (25 N/A)	31% Yes (24) 56% Partial (44) 13% No (10) (24 N/A)	36% Yes (28) 56% Partial (44) 8% No (6) (19 N/A)
64. Overall, is the long-term vision adequate?	50% Yes (54) 39% Partial (42) 10% No (11)	58% Yes (62) 41% Partial (44) 1% No (1) (1 N/A)	61% Yes (65) 37% Partial (40) 2% No (2)	55% Yes (60) 41% Partial (45) 4% No (4)	60% Yes (61) 38% Partial (39) 2% No (2)	48% Yes (47) 48% Partial (47) 3% No (3)
65*. Overall, does the Narrative and/or Progress Towards Reaching the Long-Term Vision Section of the ISP give adequate guidance to achieving the person's long-term vision?	60% Yes (64) 37% Partial (40) 3% No (3)	72% Yes (77) 28% Partial (30) (1 N/A)	69% Yes (74) 29% Partial (31) 2% No (2)	70% Yes (76) 28% Partial (30) 3% No (3)	75% Yes (76) 25% Partial (26)	61% Yes (59) 36% Partial (35) 3% No (3)
66*. Overall, is Vision Section of the ISP used as the basis for outcome development?	77% Yes (82) 21% Partial (23) 2% No (2)	86% Yes (92) 14% Partial (15) (1 N/A)	80% Yes (86) 19% Partial (20) 1% No (1)	82% Yes (89) 17% Partial (18) 2% No (2)	75% Yes (77) 24% Partial (24) 1% No (1)	72% Yes (70) 25% Partial (24) 3% No (3)
67*. Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcome (s) have been achieved?	33% Yes (35) 47% Partial (50) 21% No (22)	51% Yes (55) 44% Partial (47) 5% No (5) (1 N/A)	64% Yes (68) 33% Partial (35) 4% No (4)	66% Yes (72) 28% Partial (31) 6% No (6)	57% Yes (58) 35% Partial (36) 8% No (8)	43% Yes (42) 57% Partial (55)
68*. Overall, are the ISP outcomes related to achieving the person's long-term vision?	75% Yes (80) 22% Partial (24) 3% No (3)	87% Yes (93) 13% Partial (14) (1 N/A)	84% Yes (90) 16% Partial (17)	73% Yes (80) 24% Partial (26) 3% No (3)	62% Yes (63) 35% Partial (36) 3% No (3)	69% Yes (67) 30% Partial (29) 1% No (1)
69*. Overall, do the ISP outcomes address the person's major needs?	41% Yes (44) 50% Partial (54) 8% No (9)	60% Yes (64) 40% Partial (43) (1 N/A)	63% Yes (67) 36% Partial (38) 2% No (2)	61% Yes (67) 36% Partial (39) 3% No (3)	68% Yes (69) 29% Partial (30) 3% No (3)	60% Yes (58) 36% Partial (35) 4% No (4)
70*. Overall, are the Action Plans specific and relevant to assisting the person in achieving his/her outcomes?	46% Yes (49) 50% Partial (54) 4% No (4)	64% Yes (68) 34% Partial (37) 2% No (2) (1 N/A)	60% Yes (64) 36% Partial (39) 4% No (4)	49% Yes (53) 42% Partial (46) 9% No (10)	43% Yes (44) 54% Partial (55) 3% No (3)	39% Yes (38) 55% Partial (53) 6% No (6)
71*. Overall, are the Teaching and Support strategies sufficient to ensure consistent implementation of the services provided?	43% Yes (45) 41% Partial (43) 16% No (17)	53% Yes (56) 37% Partial (39) 10% No (11)	49% Yes (52) 41% Partial (43) 10% No (11)	43% Yes (47) 52% Partial (57) 5% No (5)	29% Yes (30) 64% Partial (65) 7% No (7)	40% Yes (39) 52% Partial (50) 8% No (8)

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
	(2 N/A)	(2 N/A)	(1 N/A)			
72*. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the outcomes, action plans, and Teaching and Support Strategies of the ISP?	38% Yes (40) 43% Partial (45) 18% No (19) (3 N/A)	48% Yes (51) 45% Partial (48) 7% No (7) (2 N/A)	48% Yes (51) 40% Partial (42) 12% No (13) (1 N/A)	48% Yes (52) 44% Partial (47) 8% No (9) (1 N/A)	42% Yes (41) 53% Partial (52) 5% No (5) (4 N/A)	34% Yes (32) 59% Partial (56) 7% No (7) (2 N/A)
73*. If needed, does the ISP contain a specific Crisis Prevention Plan that meets the person's needs?	63% Yes (64) 30% Partial (31) 7% No (7) (5 N/A)	54% Yes (56) 43% Partial (45) 3% No (3) (4 N/A)	66% Yes (69) 32% Partial (33) 2% No (2) (3 N/A)	76% Yes (80) 24% Partial (25) (4 N/A)	77% Yes (74) 22% Partial (21) 1% No (1) (6 N/A)	80% Yes (74) 19% Partial (18) 1% No (1) (4 N/A)
73a. If needed, does the ISP contain a specific Crisis Prevention Plan for dangerous behavior that meets the person's needs?	Added in 2011			87% Yes (33) 11% Partial (4) 3% No (1) (71 N/A)	77% Yes (23) 20% Partial (6) 3% No (1) (72 N/A)	88% Yes (28) 13% Partial (4) (65 N/A)
73b. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)?	Added in 2011			68% Yes (73) 30% Partial (32) 2% No (2) (3 N/A)	73% Yes (71) 26% Partial (25) 1% No (1) (5 N/A)	78% Yes (74) 21% Partial (20) 1% No (1) (2 N/A)
74*. Does the ISP contain information regarding primary health (medical) care?	82% Yes (88) 18% Partial (19)	87% Yes (93) 13% Partial (14) (1 N/A)	93% Yes (99) 7% Partial (8)	90% Yes (98) 10% Partial (11)	87% Yes (89) 12% Partial (12) 1% No (1)	93% Yes (90) 7% Partial (7)
74a*. Does the ISP face sheet contain contact information for the PCP?	87% Yes (93%) 10% Partial (11) 3% No (3)	93% Yes (99) 7% Partial (7) 1% No (1) (1 CND)	93% Yes (100) 5% Partial (5) 2% No (2)	92% Yes (100) 6% Partial (7) 2% No (2)	93% Yes (95) 6% Partial (6) 1% No (1)	96% Yes (93) 4% Partial (4)
74b*. Is the Healthcare Coordinator's name and contact information listed in the ISP?	96% Yes (103) 3% Partial (3) 1% No (1)	93% Yes (100) 4% Partial (4) 3% No (3) (1 N/A)	97% Yes (104) 3% Partial (3)	95% Yes (104) 3% Partial (3) 2% No (2)	90% Yes (92) 8% Partial (8) 2% No (2)	99% Yes (96) 1% Partial (1)
75. Does the ISP reflect how the person will get to work/day activities, shopping, social activities?	49% Yes (52) 27% Partial (29) 24% No (25)	74% Yes (57) 14% Partial (11) 12% No (9) (31 N/A)	86% Yes (48) 7% Partial (4) 7% No (4) (51 N/A)	87% Yes (47) 6% Partial (3) 7% No (4) (55 N/A)	88% Yes (42) 10% Partial (5) 2% No (1) (54 N/A)	81% Yes (35) 12% Partial (5) 7% No (3) (54 N/A)

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
76. Does the ISP reflect how the person will obtain prescribed medications?	82% Yes (88) 15% Partial (16) 3% No (3)	89% Yes (95) 10% Partial (11) 1% No (1) (1 N/A)	93% Yes (100) 7% Partial (7)	90% Yes (98) 7% Partial (8) 3% No (3)	90% Yes (92) 9% Partial (9) 1% No (1)	92% Yes (89) 8% Partial (8)
77. Does the ISP contain a list of adaptive equipment needed and who will provide it?	34% Yes (32) 53% Partial (49) 13% No (12) (14 N/A)	42% Yes (37) 45% Partial (40) 13% No (12) (19 N/A)	60% Yes (56) 38% Partial (36) 2% No (2) (13 N/A)	42% Yes (43) 48% Partial (49) 10% No (10) (7 N/A)	49% Yes (46) 44% Partial (43) 4% No (4) (9 N/A)	44% Yes (41) 49% Partial (46) 6% No (6) (4 N/A)
78. Overall, is the ISP adequate to meet the person's needs?	17% Yes (18) 81% Partial (87) 2% No (2)	26% Yes (28) 74% Partial (79) (1 N/A)	23% Yes (25) 77% Partial (82)	28% Yes (30) 72% Partial (79)	13% Yes (13) 87% Partial (89)	11% Yes (11) 89% Partial (86)
79. If #78 is rated "2", is the ISP being implemented?	44% Yes (8) 50% Partial (9) 6% No (1) (89 N/A)	64% Yes (18) 36% Partial (10) (80 N/A)	44% Yes (11) 56% Partial (14) (82 N/A)	73% Yes (22) 27% Partial (8) (79 N/A)	54% Yes (7) 46% Partial (6) (89 N/A)	73% Yes (8) 33% Partial (3) (86 N/A)
80a. If there no ISP or if #78 is rated "0" or "1" or "n/a", is the ISP being implemented?	Added in 2009	41% Yes (33) 59% Partial (47) (28 N/A)	39% Yes (32) 60% Partial (49) 1% No (1) (25 N/A)	39% Yes (31) 58% Partial (46) 3% No (2) (30 N/A)	38% Yes (34) 61% Partial (54) 1% No (1) (13% N/A)	51% Yes (44) 49% Partial (42) (11 N/A)
80b. If there is no ISP, or if #78 is rated "0" or "1", are current services adequate to meet the person's needs?	34% Yes (30) 66% Partial (59) (18 N/A)	39% Yes (31) 51% Partial (41) 10% No (8) (28 N/A)	32% Yes (26) 66% Partial (54) 2% No (2) (25 N/A)	28% Yes (22) 72% Partial (57) (30 N/A)	33% Yes (29) 67% Partial (60) (13 N/A)	41% Yes (35) 58% Partial (50) 1% No (1) (11 N/A)
81. Overall, were the direct service staff trained on the implementation of the ISP?	60% Yes (64) 40% Partial (43)	64% Yes (69) 36% Partial (39)	66% Yes (71) 34% Partial (36)	72% Yes (78) 28% Partial (31)	69% Yes (70) 31% Partial (32)	73% Yes (71) 27% Partial (26)
82. Overall, were the direct service staff able to describe their responsibilities in providing daily care/support to the person?	51% Yes (55) 49% Partial (53)	56% Yes (61) 44% Partial (47)	64% Yes (69) 36% Partial (38)	69% Yes (75) 31% Partial (34)	68% Yes (69) 32% Partial (33)	69% Yes (67) 31% Partial (30)
83. Overall, do the progress notes or other documentation in the case management record reflect the status of the goals and services of the key life areas stated in the ISP?	29% Yes (31) 65% Partial (70) 6% No (6)	39% Yes (42) 56% Partial (60) 6% No (6)	43% Yes (46) 46% Partial (49) 11% No (12)	39% Yes (42) 60% Partial (65) 2% No (2)	21% Yes (21) 75% Partial (76) 5% No (5)	25% Yes (24) 74% Yes (72) 1% No (1)

Expectations for Growth

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
84. Based on all of the evidence, in the opinion of the reviewer, has the person achieved progress in the past year?	56% Yes (58) 40% Partial (42) 4% No (4) (3 CND)	59% Yes (63) 40% Partial (43) 1% No (1) (1 CND)	55% Yes (58) 42% Partial (45) 3% No (3) (1 CND)	64% Yes (70) 35% Partial (38) 1% No (1)	68% Yes (69) 30% Partial (31) 2% No (2)	52% Yes (50) 47% Partial (45) 1% No (1) (1 CND)
85. Overall, does the IDT have an appropriate expectation of growth for this person?	45% Yes (48) 55% Partial (59)	45% Yes (49) 54% Partial (58) 1% No (1)	63% Yes (67) 37% Partial (39) (1 not scored)	46% Yes (50) 54% Partial (59)	51% Yes (52) 49% Partial (50)	30% Yes (29) 69% Partial (67) 1% No (1)
Quality of Life						
86. Was the person provided the assistance and support needed to participate meaningfully in the planning process?	73% Yes (73) 24% Partial (24) 3% No (3) (7 CND)	77% Yes (82) 21% Partial (22) 2% No (2) (2 CND)	84% Yes (89) 16% Partial (17) (1 CND)	86% Yes (94) 14% Partial (15)	85% Yes (86) 14% Partial (14) 1% No (1) (1 CND)	72% Yes (67) 25% Partial (23) 3% No (3) (4 CND)
87. Is the person offered a range of opportunities for participation in each of the life areas?	63% Yes (59) 35% Partial (33) 2% No (2) (13 CND)	82% Yes (81) 15% Partial (15) 3% No (3) (9 CND)	70% Yes (69) 25% Partial (27) 3% No (3) (8 CND)	73% Yes (75) 27% Partial (28) (6 CND)	84% Yes (81) 16% Partial (15) (6 CND)	75% Yes (69) 25% Partial (23) (5 CND)
88. Does the person have the opportunity to make informed choices?	57% Yes (26) 43% Partial (20) (61 CND)	74% Yes (39) 26% Partial (14) (55 CND)	84% Yes (36) 16% Partial (7) (64 CND)	81% Yes (44) 19% Partial (10) (55 CND)	79% Yes (34) 21% Partial (9) (59 CND)	77% Yes (27) 23% Partial (8) (62 CND)
89. About where and with whom to live?	71% Yes (30) 19% Partial (8) 10% No (4) (65 CND)	82% Yes (37) 16% Partial (7) 2% No (1) (63 CND)	86% Yes (38) 9% Partial (4) 5% No (2) (63 CND)	86% Yes (38) 11% Partial (5) 2% No (1) (65 CND)	85% Yes (33) 13% Partial (5) 3% No (1) (63 CND)	89% Yes (24) 7% Partial (2) 4% No (1) (70 CND)
90. About where and with whom to work/spend his/her day?	71% Yes (35) 29% Partial (14) (58 CND)	85% Yes (46) 15% Partial (8) (54 CND)	84% Yes (38) 16% Partial (7) (62 CND)	89% Yes (40) 11% Partial (5) (64 CND)	86% Yes (37) 14% Partial (6) (59 CND)	82% Yes (28) 18% Partial (6) (63 CND)
91. About where and with whom to socialize/spend leisure time?	67% Yes (35) 29% Partial (15) 4% No (2) (55 CND)	83% Yes (49) 17% Partial (10) (49 CND)	86% Yes (37) 14% Partial (6) (64 CND)	89% Yes (39) 11% Partial (5) (65 CND)	90% Yes (36) 10% No (4) (62 CND)	86% Yes (32) 14% Partial (5) (60 CND)
92. Does the evidence support that providers do not prevent the person from pursuing relationships and are respecting the rights of this	93% Yes (97) 7% Partial (7) (3 CND)	96% Yes (99) 3% Partial (3) 1% No (1)	99% Yes (100) 1% Partial (1) (6 CND)	96% Yes (98) 4% Partial (4) (7 CND)	98% Yes (97) 2% Partial (2) (3 CND)	98% Yes (90) 2% Partial (2) (4 CND)

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
person?		(5 CND)				
93. Overall, were the direct service staff interviewed trained on the provider's complaint process and on abuse, neglect and exploitation?	61% Yes (65) 39% Partial (42)	62% Yes (67) 38% Partial (41)	75% Yes (80) 25% Partial (27)	78% Yes (85) 22% Partial (24)	75% Yes (76) 25% Partial (26)	76% Yes (74) 24% Partial (23)
94. Does this person and/or guardian have adequate access to the available complaint processes/procedures?	90% Yes (86) 8% Partial (8) 2% No (2) (11 CND)	85% Yes 87 10% Partial (10) 5% No (5) (6 CND)	97% Yes (99) 2% Partial (2) 1% No (1) (5 CND)	96% Yes (102) 3% Partial (3) 1% No (1) (3 CND)	92% Yes (90) 7% Partial (7) 1% No (1) (4 CND)	92% Yes (85) 8% Partial (7) (5 CND)
95. Does this person know his/her guardian?	97% Yes (30) 3% No (1) (3 NA, 73 CND)	100% Yes (45) (2 N/A, 61 CND)	100% Yes (35) (4 N/A, 68 CND)	98% Yes (46) 2% No (1) (62 CND)	100% Yes (46) (1 N/A, 55 CND)	100% Yes (29) (1 NA, 67 CND)
96. Does this person believe the guardian is helpful?	100% Yes (7) (2 N/A, 98 CND)	100% Yes (14) (2 N/A, 92 CND)	100% Yes (9) (4 N/A, 94 CND)	100% Yes (16) (93 CND)	93% Yes (13) 7% No (1) (1 N/A, 87 CND)	100% Yes (8) (1 N/A, 88 CND)
97. What is the level of participation of the legal guardian in this person's life and service planning?	53% Active (56) 26% Moderate (28) 18% Limited (19) 3% None (3) (1 N/A)	39% Active (41) 48% Moderate (50) 13% Limited (14) (3 N/A)	45% Active (47) 35% Moderate (36) 16% Limited (17) 4% None (4) (3 N/A)	42% Active (46) 44% Moderate (48) 13% Limited (14) 1% None (1)	38% Active (39) 43% Moderate (43) 19% Limited (19) (1 N/A)	39% Active (37) 35% Moderate (33) 28% Limited (26) (1 N/A)
98. In the Reviewer's opinion, does the person need a friend advocate?	8% Yes (9) 92% No (98)	6% Yes (6) 94% No (102)	7% Yes (8) 93% No (99)	7% Yes (8) 93% No (101)	3% Yes (3) 97% No (99)	10% Yes (10) 90% No (87)
99. Does the person have a friend advocate?	0% Yes 100% No (10) (97 N/A)	0% Yes 100% No (6) (102 N/A)	22% Yes (2) 78% No (7) (98 N/A)	13% Yes (1) 88% No (7) (101 N/A)	0% Yes 100% No (3) (99 N/A)	0% Yes 100% No (10) (87 N/A)
100. If the person is retired, does he/she have adequate opportunities to engage in activities of interest during the day?	57% Yes (8) 43% Partial (6) (92 N/A, 1 CND)	88% Yes (14) 13% Partial (2) (91 N/A, 1 CND)	91% Yes (21) 9% Partial (2) (84 N/A)	77% Yes (23) 23% Partial (7) (79 N/A)	71% Yes (15) 24% Partial (5) 5% No (1) (80 N/A, 1 CND)	91% Yes (21) 4% Partial (1) 4% No (1) (73 N/A, 1 CND)
101. Does the person have daily choices/appropriate autonomy over his/her life?	65% Yes (70) 32% Partial (34) 3% No (3)	80% Yes (86) 19% Partial (20) 2% No (2)	79% Yes (85) 17% Partial (18) 4% No (4)	78% Yes (85) 21% Partial (23) 1% No (1)	79% Yes (81) 18% Partial (18) 3% No (3)	76% Yes (74) 23% Partial (22) 1% No (1)
102. Have the person's cultural preferences been accommodated?	90% Yes (90) 10% Partial (10)	98% Yes (99) 2% Partial (2)	91% Yes (96) 9% Partial (9)	94% Yes (100) 5% Partial (5)	96% Yes (96) 4% Partial (4)	99% Yes (94) 1% Partial (1)

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
	(7 CND)	(7 CND)	(2 CND)	1% No (1) (3 CND)	(2 CND)	(2 CND)
103. Is the person treated with dignity and respect?	64% Yes (69) 36% Partial (38)	56% Yes (60) 44% Partial (48)	75% Yes (80) 25% Partial (26) (1 not scored)	70% Yes (76) 30% Partial (33)	70% Yes (71) 30% Partial (31)	75% Yes (73) 25% Partial (24)
Satisfaction						
104. Overall, is the person satisfied with the current services?	85% Yes (23) 15% Partial (4) (80 CND)	91% Yes (41) 9% Partial (4) (63 CND)	90% Yes (36) 10% Partial (4) (67 CND)	89% Yes (31) 11% Partial (4) (74 CND)	85% Yes (23) 15% Partial (4) (75 CND)	86% Yes (25) 14% Partial (4) (68 CND)
105. Does the person get along with the case manager?	100% Yes (15) (92 CND)	95% Yes (21) 5% Partial (1) (86 CND)	100% Yes (16) (91 CND)	100% Yes (21) (88 CND)	100% Yes (13) (89 CND)	100% Yes (7) (90 CND)
106. Does the person find the case manager helpful?	100% Yes (7) (100 CND)	93% Yes (13) 7% Partial (1) (94 CND)	100% Yes (6) (101 CND)	100% Yes (11) (98 CND)	100% Yes (10) (92 CND)	100% Yes (5) (92 CND)
107. Does the legal guardian find the case manager helpful?	94% Yes (78) 2% Partial (2) 4% No (3)	90% Yes (78) 9% Partial (8) 1% No (1) (1 N/A, 20 CND)	94% Yes (63) 6% Partial (4) (3 N/A, 37 CND)	93% Yes (90) 5% Partial (5) 2% No (2) (12 CND)	93% Yes (81) 6% Partial (5) 1% No (1) (1 NA, 14 CND)	89% Yes (73) 7% Partial (6) 4% No (3) (15 CND)
108. Does the person have adequate food and drink available?	99% Yes (91) 1% No (1) (9 CND)	98% Yes (94) 2% Partial (2) (12 CND)	100% Yes (97) (10 CND)	99% Yes (101) 1% Partial (1) (7 CND)	100% Yes (99) (3 CND)	100% Yes (96) (1 CND)
109. Does the person have adequate transportation to meet his/her needs?	86% Yes (89) 14% Partial (14) (4 CND)	87% Yes (92) 12% Partial (13) 1% No (1) (2 CND)	93% Yes (98) 7% Partial (7) (2 CND)	96% Yes (105) 4% Partial (4)	93% Yes (95) 7% Partial (7)	93% Yes (90) 6% Partial (6) 1% No (1)
110. Does the person have sufficient personal money?	91% Yes (86) 8% Partial (8) 1% No (1) (21 CND)	89% Yes (86) 11% Partial (11) (11 CND)	89% Yes (88) 10% Partial (10) 1% No (1) (7 CND, 1 not scored)	91% Yes (98) 9% Partial (10) (1 CND)	93% Yes (93) 7% Partial (7) (2 CND)	88% Yes (84) 13% Partial (12) (1 CND)
111. Does the person get along with their day program/employment staff?	97% Yes (63) 3% Partial (2)	99% Yes (70) 1% Partial (1)	100% Yes (58) (1 N/A, 48 CND)	100% Yes (61) (48 CND)	97% Yes (62) 3% Partial (2)	98% Yes (56) 2% Partial (1)

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
	(1 N/A, 41 CND)	(1 N/A, 36 CND)			(38 CND)	(2 N/A, 38 CND)
112. Does the person get along with the residential provider staff?	100% Yes (73) (34 CND)	99% Yes (78) 1% Partial (1) (29 CND)	100% Yes (75) (32 CND)	99% Yes (75) 1% Partial (1) (33 CND)	99% Yes (77) 1% Partial (1) (24 CND)	98% Yes (63) 2% Partial (1) (33 CND)
111. Does the person get along with their day program/employment staff?	97% Yes (63) 3% Partial (2) (1 N/A, 41 CND)	99% Yes (70) 1% Partial (1) (1 N/A, 36 CND)	100% Yes (58) (1 N/A, 48 CND)	100% Yes (61) (48 CND)	97% Yes (62) 3% Partial (2) (38 CND)	98% Yes (56) 2% Partial (1) (2 N/A, 38 CND)
112. Does the person get along with the residential provider staff?	100% Yes (73) (34 CND)	99% Yes (78) 1% Partial (1) (29 CND)	100% Yes (75) (32 CND)	99% Yes (75) 1% Partial (1) (33 CND)	99% Yes (77) 1% Partial (1) (24 CND)	98% Yes (63) 2% Partial (1) (33 CND)
Team Process						
114. Are the individual members of the IDT following up on their responsibilities?	28% Yes (30) 71% Partial (76) 1% No (1)	31% Yes (33) 69% Partial (74) 1% No (1)	27% Yes (29) 71% Partial (76) 2% No (2)	30% Yes (33) 67% Partial (73) 3% No (3)	22% Yes (22) 78% Partial (80)	22% Yes (21) 77% Partial (75) 1% No (1)
115. If there is evidence of team conflict, has the team made efforts to build consensus?	67% Yes (16) 29% Partial (7) 4% No (1) (83 N/A)	72% Yes (23) 25% Partial (8) 3% No (1) (76 N/A)	59% Yes (22) 35% Partial (13) 5% No (2) (70 N/A)	75% Yes (30) 25% Partial (10) (69 N/A)	71% Yes (22) 16% Partial (5) 13% No (4) (71 N/A)	63% Yes (24) 26% Partial (10) 11% No (4) (59 N/A)
116. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs?	78% Yes (74) 22% No (21) (11 N/A, 1 CND)	72% Yes (76) 28% No (29) (2 N/A, 1 CND)	74% Yes (76) 26% No (27) (4 N/A)	78% Yes (81) 22% No (23) (4 N/A, 1 CND)	74% Yes (67) 26% No (24) (8 N/A), 3 CND)	69% Yes (65) 31% No (29) (2 N/A, 1 CND)
117. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented?	70% Yes (75) 30% Partial (32)	81% Yes (87) 19% Partial (20) 1% No (1)	79% Yes (85) 21% Partial (22)	75% Yes (82) 24% Partial (26) 1% No (1)	77% Yes (79) 22% Partial (22) 1% No (1)	85% Yes (82) 15% Partial (15)
118. Do you recommended Team Process Training for this IDT?	7% Yes (7) 93% No (100)	10% Yes (11) 90% Partial (97)	13% Yes (14) 87% No (93)	5% Yes (5) 95% No (104)	7% Yes (7) 93% No (95)	7% Yes (7) 93% Partial (90)
119. Is there evidence or documentation of physical regression in the last year?	38% Yes (40) 62% No (66) (1 CND)	36% Yes (39) 64% No (69)	37% Yes (40) 63% No (67)	50% Yes (54) 50% No (54) (1 CND)	31% Yes (31) 69% No (70) (1 CND)	34% Yes (33) 66% No (63) (1 CND)
120. Is there evidence or documentation of behavioral or functional regression in the last	23% Yes (24) 77% No (81)	24% Yes (26) 76% No (82)	33% Yes (35) 67% No (71)	35% Yes (38) 65% No (71)	28% Yes (28) 72% No (73)	30% Yes (28) 70% No (66)

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
year?	(2 CND)		(1 CND)		(1 CND)	(3 CND)
121. If #119 or 120 is Yes, is the IDT adequately addressing the regression?	61% Yes (30) 33% Partial (16) 6% No (3) (58 N/A)	67% Yes (33) 29% Partial (14) 4% No (2) (59 N/A)	56% Yes (31) 31% Partial (17) 13% No (7) (52 N/A)	67% Yes (41) 30% Partial (18) 3% No (2) (48 N/A)	58% Yes (25) 37% Partial (16) 5% No (2) (59 N/A)	59% Yes (27) 33% Partial (15) 9% No (4) (51 N/A)
122. Has the person changed residential/day services in the last year? If Yes, was the change:	17% Yes (18) 83% No (89)	19% Yes (21) 81% No (87)	17% Yes (18) 83% No (89)	24% Yes (26) 76% No (83)	16% Yes (16) 84% No (86)	16% Yes (16) 84% No (81)
122a. Planned by the IDT?	72% Yes (13) 22% Partial (4) 6% No (1) (89 N/A)	68% Yes (15) 23% Partial (5) 9% No (2) (86 N/A)	78% Yes (14) 11% Partial (2) 11% No (2) (89 N/A)	81% Yes (21) 12% Partial (3) 8% No (2) (83 N/A)	89% Yes (17) 5% Partial (1) 5% No (1) (83 N/A)	71% Yes (12) 29% Partial (5) (80 N/A)
122b. Appropriate to meet needs?	78% Yes (14) 17% Partial (3) 6% No (1) (89 N/A)	91% Yes (20) 9% Partial (2) (85 N/A) (1 not scored)	89% Yes (17) 5% Partial (1) 5% No (1) (88 N/A)	88% Yes (23) 12% Partial (3) (83 N/A)	84% Yes (16) 16% Partial (3) (83 N/A)	71% Yes (12) 29% Partial (5) (80 N/A)
123. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?	31% Yes (33) 64% Partial (69) 5% No (5)	39% Yes (42) 57% Partial (62) 4% No (4)	30% Yes (32) 67% Partial (72) 3% No (3)	35% Yes (38) 65% Partial (71)	18% Yes (18) 81% Partial (83) 1% No (1)	24% Yes (23) 76% Partial (74)
Supported Employment Services						
124. Has the IDT, or the reviewer recommended a supported employment assessment for the person?	66% Yes (71) 34% No (36)	71% Yes (77) 29% No (31)	73% Yes (78) 27% No (29)	65% Yes (71) 35% No (38)	75% Yes (76) 25% No (26)	77% Yes (74) 23% No (22) (1 not scored)
125. In the opinion of the IDT or the reviewer, does the person need supported employment?	55% Yes (59) 45% No (48)	53% Yes (57) 47% No (51)	56% Yes (60) 44% No (47)	45% Yes (49) 55% No (60)	63% Yes (64) 37% No (38)	65% Yes (62) 35% No (34) (1 not scored)
126. Did the person receive a supported employment assessment?	62% Yes (44) 38% No (27) (36 N/A)	68% Yes (54) 32% No (25) (29 N/A)	65% Yes (55) 35% No (29) (23 N/A)	58% Yes (41) 28% No (30) (38 N/A)	63% Yes (48) 37% No (28) (26 N/A)	52% Yes (39) 38% No (36) (21 N/A) (1 not scored)
127. Does the supported employment assessment conform to the DOH regulations?	30% Yes (21) 19% Partial (13) 51% No (35) (38 N/A)	40% Yes (30) 19% Partial (14) 41% No (31) (33 N/A)	29% Yes (23) 39% Partial (31) 33% No (26) (27 N/A)	29% Yes (20) 23% Partial (16) 48% No (33) (40 N/A)	16% Yes (12) 45% Partial (34) 39% No (29) (27 N/A)	15% Yes (11) 25% Partial (18) 60% No (44) (23 N/A)

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
						(1 not scored)
128. Does the person have a career development plan (based on assessments) that meets the person's needs?	20% Yes (12) 28% Partial (17) 52% No (32) (46 N/A)	33% Yes (21) 24% Partial (15) 43% No (27) (45 N/A)	15% Yes (10) 48% Partial (32) 36% No (24) (41 N/A)	29% Yes (16) 36% Partial (20) 35% No (19) (54 N/A)	7% Yes (5) 34% Partial (23) 59% No (40) (34 N/A)	11% Yes (7) 18% Partial (12) 71% No (46) (31 N/A) (1 not scored)
129. Is the person engaged in supported employment?	28% Yes (17) 72% No (44) (46 N/A)	51% Yes (30) 49% No (29) (49 N/A)	36% Yes (23) 64% No (41) (43 N/A)	36% Yes (18) 64% No (32) (59 N/A)	36% Yes (23) 64% No (41) (38 N/A)	27% Yes (17) 73% No (47) (32 N/A) (1 not scored)
130. Is the supported work provided in accordance with the following?	10% Yes (6) 18% Partial (11) 72% No (43) (47 N/A)	30% Yes (17) 18% Partial(10) 52% No (29) (52 N/A)	22% Yes (14) 16% Partial (10) 62% No (39) (44 N/A)	14% Yes (7) 28% Partial (14) 58% No (29) (59 N/A)	20% Yes (13) 13% Partial (8) 67% No (43) (38 N/A)	17% Yes (11) 11% Partial (7) 72% No (46) (32 N/A) (1 not scored)
130a. At least a 10-hour work week?	13% Yes (9) 87% No (52) (47 N/A)	32% Yes (18) 68% No (38) (52 N/A)	22% Yes (14) 78% No (49) (44 N/A)	20% Yes (10) 80% No (40) (59 N/A)	23% Yes (15) 77% No (49) (38 N/A)	17% Yes (11) 83% No (53) (32 N/A) (1 not scored)
130b. Person earns at least ½ of minimum wage?	22% Yes (13) 78% No (46) (48 N/A)	48% Yes (27) 52% No (29) (52 N/A)	35% Yes (22) 65% No (41) (44 N/A)	36% Yes (18) 64% No (32) (59 N/A)	31% Yes (20) 69% No (44) (38 N/A)	24% Yes (15) 75% No (48) (32 N/A) (2 not scored)
130c. Work setting is at least 50% non-handicapped co-workers?	24% Yes (14) 76% No (45) (48 N/A)	41% Yes (24) 56% No (31) (53 N/A)	37% Yes (23) 63% No (40) (44 N/A)	36% Yes (18) 64% No (32) (59 N/A)	31% Yes (20) 69% No (44) (38 N/A)	28% Yes (18) 72% No (46) (32 N/A) (1 not scored)
130d. There is a reasonable expectation that the job will continue?	25% Yes (15) 75% No (44) (48 N/A)	48% Yes (27) 52% No (29) (52 N/A)	38% Yes (24) 62% No (39) (44 N/A)	34% Yes (17) 66% No (33) (59 N/A)	33% Yes (21) 67% No (43) (38 N/A)	28% Yes (18) 72% No (46) (32 N/A) (1 not scored)
Behavior						
131. Is the person considered by the IDT to need	61% Yes (63)	68% Yes (73)	62% Yes (66)	68% Yes (72)	57% Yes (55)	59% Yes (55)

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
behavior services now?	39% No (40) (4 N/A)	32% No (34) (1 N/A)	38% No (40) (1 N/A)	32% No (34) (3 N/A)	43% No (41) (6 N/A)	41% No (39) (3 N/A)
132. In the opinion of the reviewer, does the person need behavior services?	60% Yes (62) 40% No (42) (3 N/A)	66% Yes (71) 34% No (36) (1 N/A)	60% Yes (62) 40% No (42) (3 N/A)	65% Yes (69) 35% No (37) (3 N/A)	58% Yes (55) 42% No (40) (7 N/A)	60% Yes (57) 40% No (38) (2 N/A)
133. Have adequate behavioral assessments been completed?	78% Yes (50) 16% Partial (10) 6% No (4) (43 N/A)	86% Yes (63) 12% Partial (9) 1% No (1) (35 N/A)	88% Yes (61) 10% Partial (7) 1% No (1) (38 N/A)	80% Yes (59) 16% Partial (12) 4% No (3) (35 N/A)	77% Yes (44) 16% Partial (9) 7% No (4) (45 N/A)	71% Yes (41) 26% Partial (15) 3% No (2) (39 N/A)
134. Does the person have behavior support plans developed out of the behavior assessments that meet the person's needs?	77% Yes (49) 17% Partial (11) 6% No (4) (43 N/A)	79% Yes (57) 21% Partial (15) (36 N/A)	84% Yes (56) 13% Partial (9) 3% No (2) (40 N/A)	89% Yes (64) 8% Partial (6) 3% No (2) (37 N/A)	86% Yes (48) 11% Partial (6) 4% No (2) (46 N/A)	76% Yes (44) 19% Partial (11) 5% No (3) (39 N/A)
135. Have the staff been trained on the behavior support plan?	86% Yes (54) 13% Partial (8) 2% No (1) (44 N/A)	83% Yes (60) 15% Partial (11) 1% No (10) (36 N/A)	83% Yes (55) 15% Partial (10) 2% No (1) (41 N/A)	92% Yes (66) 7% Partial (5) 1% No (1) (37 N/A)	80% Yes (45) 16% Partial (9) 4% No (2) (46 N/A)	90% Yes (52) 5% Partial (3) 5% No (3) (39 N/A)
136. Does the person receive behavioral services consistent with his/her needs?	77% Yes (49) 17% Partial (11) 6% No (4) (43 N/A)	81% Yes (58) 17% Partial (12) 3% No (2) (36 N/A)	85% Yes (58) 10% Partial (7) 4% No (3) (39 N/A)	77% Yes (57) 19% Partial (14) 4% No (3) (35 N/A)	67% Yes (38) 30% Partial (17) 4% No (2) (45 N/A)	78% Yes (45) 19% Partial (11) 3% No (2) (39 N/A)
137. Are behavior support services integrated into the ISP?	57% Yes (36) 29% Partial (18) 14% No (9) (44 N/A)	68% Yes (49) 25% Partial (18) 7% No (5) (36 N/A)	54% Yes (36) 34% Partial (23) 12% No (8) (40 N/A)	68% Yes (49) 28% Partial (20) 4% No (3) (37 N/A)	59% Yes (33) 34% Partial (19) 7% No (4) (46 N/A)	41% Yes (24) 52% Partial (30) 7% No (4) (39 N/A)
Adaptive Equipment/Augmentative Communication						
138. Has the person received all adaptive equipment needed?	79% Yes (70) 21% Partial (19) (18 N/A)	84% Yes (68) 16% Partial (13) (27 N/A)	83% Yes (78) 17% Partial (16) (13 N/A)	81% Yes (81) 19% Partial (19) (9 N/A)	78% Yes (72) 21% Partial (19) 1% No (1) (10 N/A)	75% Yes (67) 24% Partial (21) 1% No (1) (8 N/A)
139. Has the person received all assistive technology needed?	68% Yes (53) 26% Partial (20) 6% No (5)	71% Yes (55) 25% Partial (19) 4% No (3)	72% Yes (59) 23% Partial (19) 5% No (4)	70% Yes (59) 29% Partial (24) 1% No (1)	73% Yes (49) 25% Partial (17) 2% No (1)	68% Yes (48) 31% Partial (22) 1% No (1)

Question	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)
	(29 N/A)	(31 N/A)	(25 N/A)	(25 N/A)	(35 N/A)	(26 N/A)
140. Has the person received all communication assessments and services?	68% Yes (65) 22% Partial (21) 9% No (9) (12 N/A)	75% Yes (69) 24% Partial (22) 1% No (1) (16 N/A)	75% Yes (75) 21% Partial (21) 4% No (4) (7 N/A)	68% Yes (65) 32% Partial (31) (13 N/A)	80% Yes (72) 18% Partial (16) 2% No (2) (12 N/A)	83% Yes (71) 17% Partial (15) (11 N/A)
Individual Service Planning						
141. Does the person have an ISP that addresses living, learning/working and social/leisure that correlates with the person's desire and capabilities, in accordance with DOH regulations?	88% Yes (94) 12% Partial (13)	90% Yes (97) 9% Partial (10) 1% No (1)	95% Yes (102) 5% Partial (5)	85% Yes (93) 15% Partial (16)	89% Yes (91) 10% Partial (10) 1% No (1)	92% Yes (89) 8% Partial (8)
142*. Does the person have an ISP that contains a Progress Towards Reaching the Long Term Vision section that is based on a long-term view?	65% Yes (70) 31% Partial (33) 4% No (4)	74% Yes (80) 22% Partial (24) 4% No (4)	68% Yes (73) 32% Partial (34)	63% Yes (69) 32% Partial (35) 5% No (5)	69% Yes (70) 29% Partial (30) 2% No (2)	55% Yes (53) 44% Partial (43) 1% No (1)
143. Does the person receive services and supports recommended in the ISP?	74% Yes (79) 26% Partial (26)	76% Yes (82) 23% Partial (25) 1% No (1)	78% Yes (83) 22% Partial (24)	83% Yes (90) 17% Partial (19)	81% Yes (83) 19% Partial (19)	78% Yes (76) 22% Partial (21)
144. Does the person have adequate access to and use of generic services and natural supports?	74% Yes (79) 25% Partial (27) 1% No (1)	82% Yes (89) 17% Partial (18) 1% No (1)	80% Yes (86) 19% Partial (20) 1% No (1)	79% Yes (86) 21% Partial (23)	88% Yes (90) 12% Partial (12)	80% Yes (78) 19% Partial (18) 1% No (1)
145. Is the person adequately integrated into the community?	51% Yes (55) 45% Partial (48) 4% No (4)	68% Yes (73) 31% Partial (34) 1% No (1)	70% Yes (75) 29% Partial (31) 1% No (1)	69% Yes (75) 29% Partial (32) 2% No (2)	82% Yes (84) 18% Partial (18)	67% Yes (65) 31% Partial (30) 2% No (2)
Summary						
146. Overall, is the ISP adequate to meet the person's needs?	17% Yes (18) 81% Partial (87) 2% No (2)	26% Yes (28) 73% Partial (79) 1% No (1)	23% Yes (25) 77% Partial (82)	28% Yes (30) 72% Partial (79)	13% Yes (13) 87% Partial (89)	11% Yes (11) 89% Partial (86)
147. Is the program of the level of intensity adequate to meet this person's needs?	32% Yes (34) 67% Partial (72) 1% No (1)	31% Yes (33) 69% Partial (75)	27% Yes (29) 71% Partial (76) 2% No (2)	28% Yes (30) 72% Partial (79)	27% Yes (28) 72% Partial (73) 1% No (1)	26% Yes (25) 74% Partial (72)