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I. INTRODUCTION

During the 2016 Community Practice Review (CPR), supports and services offered to 93 individuals were reviewed.¹ This report represents a summary of the statewide findings. Separate regional reports and a PowerPoint presentation reflecting the statewide findings have already been distributed and can be found on the CPR web site at jacksoncommunityreview.org.

The website also contains the Community Practice Review protocol so that it is available to everyone. The protocol contains not only the questions which are ultimately scored but also the questions that reviewers ask the individual, guardian, case manager, residential and day staff. In addition to specific questions that are asked by reviewers, notes identifying specifically what reviewers are to look for are also included. The Guide for Reviewers and Case Judges is also posted online. The CPR is, in effect, an 'open book test'. This information has been available online for 8 years

This draft was originally distributed to the parties and the Jackson Compliance Administrator December 22, 2016. Since that time, the Community Monitor has met with and reviewed the report findings and recommendations with representatives of the Defendants, Plaintiffs, Arc Intervenors and the Jackson Compliance Administrator.

During the regional reviews approximately 956² individuals including individuals receiving services/guardians, team members and regional/state DDS representatives also had an opportunity to review and suggest changes to the individual review findings.

This year the Department of Health (DOH), Developmental Disabilities Supports Division (DDSD) received 93 individual reports of findings. Prior to finalization, these individual findings were reviewed with the respective regional staff and each individual's Team. After individual reviews were completed, a summary of the findings in total for a given region was presented. These summaries are first shared with the region and then published on the CPR web site. As before this statewide report differs from the Regional PowerPoint reports in three ways. This report:

- contains aggregate data based on individual issues and findings identified for the 93 individuals who were reviewed statewide;
- identifies, prioritizes and explains the most frequently identified issues by topic area; and
- identifies frequency of issues/findings by provider/case management agency in an effort to assist DDSD, providers/case managers and others to focus on areas where technical assistance and corrective action is most needed.

It is important to note the difference between "findings" and "issues". "Findings" relate directly to the number of findings identified for each individual in his/her summary. This "summary" is issued after every review for each person in the review. However, within findings there can be more than one "issue" addressed.

A. Jackson Class Member Demographics

As of December 8, 2016, there are 268 active Jackson Class Members. When the 2004 Community Practice Review began, there were 403 Class Members. That represents a 33% drop in the number of active class members. Three individuals left the state. The other 135 passed away during that eleven year period. More information about the 135 class members who passed away in 2016 is provided later in this report. The tables that follow provide information about the current active Jackson class members.

¹ Findings and recommendations for 93 individuals were issued. 90 individuals had scored protocol books. Those who did not have a scored CPR protocol book were 3 people receiving supports through Mi Via.

² This is a duplicate number as some individuals sit on more than one team.

Chart #1: Active Class Member Demographics

Gender	
Male	164
Female	104

Age	
30-39	4
40-49	55
50-59	110
60-69	74
70-79	19
80+	6
Average Age:	58

Ethnicity	
Hispanic	131
Caucasian	101
Native American	36
Black	12
Asian	1

Region	
Metro	158
NE	28
NW	19
SE	28
SW	35

Day Service Type	
Adult Habilitation (AH)	181
Adult Hab/Supp Empl (SE)	34
Adult Hab/Community Access (CA)	16
Adult Hab/Comm Access/Supp Empl	1
Community Access	14
Community Access/Supp Empl	5
Supported Employment	5
Mi Via	10
NONE	2

Residential Service Type	
Supported Living	206
Family Living	45
Mi Via	4
Independent Living	10
ICF/I/DD	3

B. Most Frequently Identified Findings by Category

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

Chart #2: Number of CPR Findings by Topic Category, 5-year Totals

2016: 93 Individuals were reviewed 2015: 99 Individuals were reviewed; 2014: 101 individuals were reviewed; 2013: 103 individuals were reviewed; 2011/12: 109 individuals were reviewed.

Topic area ³	2011/2012 ⁴ Number of Findings	2013 ³ Number of Findings	2014 ⁵ Number of Findings	2015 ⁴ Number of Findings	2016 Number of Findings
Adequacy of Planning/ISP	327	411	439	461	576
Health Care/Health Care Coordination ⁶	370	321	437	414	313
Case Management and Guardianship	177	188	198	166	149
Direct Care Services	171	151	137	152	131
Expectation of Growth/Quality of Life	103	84	107	106	95
Behavior	Not Aggregated	Not Aggregated	Not Aggregated	63	43
Adaptive Equipment	81	62	70	50	46

³ Immediate and Special findings are included in their appropriate topic areas in 2014, 2015 and 2016

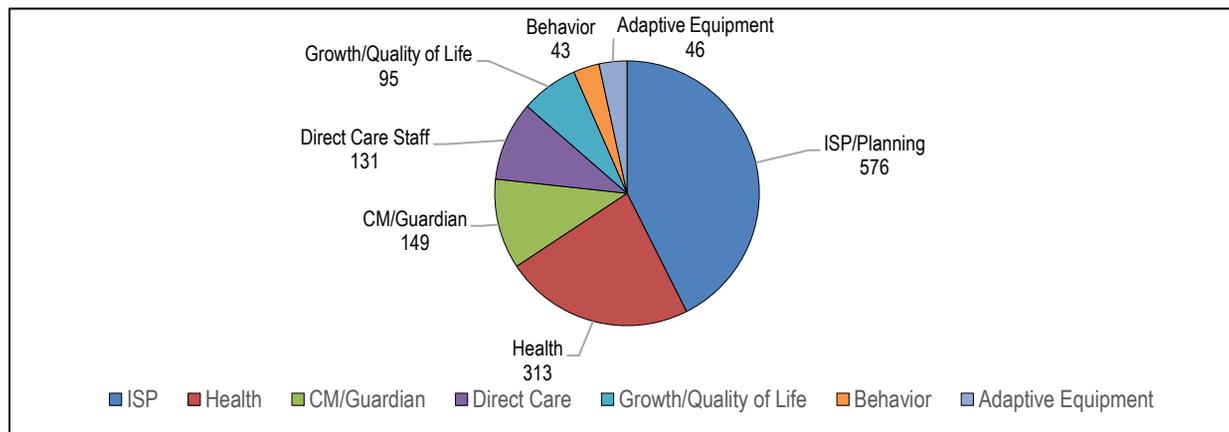
⁴ The 2011, 2013 and 2014 numbers were provided by DDSD.

⁵ The 2015 and 2016 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.

As in 2012, 2013, 2014, and 2015 the two areas in 2016 where the most issues (62%) continue to be identified are Adequacy of Planning/Individual Services Plan (ISP) and Health Care/Health Care Coordination. The findings related to Health have seen a decrease while the findings related to the ISP are increasing. These two areas will be explored in greater detail, starting with identified health related issues.

Chart #3: Most Frequently Identified 2016 Findings by Topic Area



II. HEALTH RELATED ISSUES

A. CPR Findings in Historical Perspective

The current Community Monitor has been conducting the Community Practice Review (CPR) since 2004. During the past twelve years the Department of Health, Developmental Disabilities Supports Division has developed and refined standards, policies and procedures; created the Clinical Services Bureau; attempted to keep a Medical Director engaged and in place; and initiated a coordinated action intended to address aspiration. In addition, individual findings and recommendations identified during the CPR have, during the past three years, been consistently addressed and followed up on with each individual's team. The Division has also tracked and engaged specific providers regarding repeat findings and recommendations. These actions, as well as others not specifically identified here, are recognized and appreciated.

During the past decade, the CPR has gathered facts regarding individual class member supports and services and then aggregated and reported that information by provider, case management agency, region and systems/state level. Every effort is made to rigorously gather and verify facts so that the Department/DDSD can use the information as a complement to other sources of information available and, in turn, move assertively to improve practice.

It is worth noting the foundation upon which CPR historical and current information rests. CPR fact finding and reporting during the past 12 years has included:

- 8,700 interviews to inform both historical and current information related to each individual in the review. Interviews enabled reviewers to find as well as verify information. Those interviewed include the individual receiving services, available guardians, day and residential staff identified as knowing the person best, the person's case manager and others such as the nurse, physical therapist, occupational therapist, speech therapist and behavior support consultant working with the individual.

- 72 regional staff meetings with the Community Monitor to review findings and recommendations in advance of initial publication. Regional staff receive copies of the individual findings and recommendations in advance of these meetings. During the meeting, regional staff are provided with the opportunity to challenge findings, provide additional information and suggest different recommendations.

- 1,240 team meetings with the Community Monitor. Weeks prior to these meetings the team receives a draft copy of the person's findings and recommendations. During the meeting with the Community Monitor, team members have the opportunity to review individual findings and recommendations, challenge the findings, offer additional information, and offer different recommendations.

- 1,240 individual class member reports being issued. These findings include detailed information regarding each person's history and current circumstances as well as issues identified which need attention. These individual findings identify which day, residential and/or case management agency support the individual and, therefore, which agency must be involved in resolving each issue.

- 72 region specific reports being issued. Each region receives a draft report one week in advance of it being issued to the parties as final. That offers the region the opportunity to identify questions and/or challenge aggregate findings prior to the final regional report being issued.

- 12 Statewide reports being issued. This is one of those reports. These reports offer the Department/Division detailed systemic information from which it may initiate corrective action at the provider and/or systems level. The historical information included in these reports provides clear indications of where there has/has not been improvement.

As evidenced here, detailed facts which have been reviewed by hundreds of people prior to finalization have been gathered and are available by person, by provider, by case management agency and statewide for over a decade. Yet, as the following Chart illustrates, some of the health related Objectives identified as a part of the 2015 Remedial Order have remained as identified and ongoing issues for 11 to 12 years in the CPR reports.

Chart #4: Summary of CPR Findings, the Year the Issue was Identified and Related 2016 Remedial Plan Health Objectives.

EC#	Evaluative Component	Issue since
H1.1	Expectations for healthcare coordination are appropriate as evidenced by well-defined roles and responsibilities that are carried out and measured at the provider, region and state level.	2004
H1.2	2 Nurses routinely monitor Jackson Class Members' individual health needs through (1) oversight, (2) communication with DSP (Direct Support Professionals), and (3) corrective actions in order to implement the Jackson Class Members' health plans, to ensure that the Jackson Class Members' health needs are being met, and to timely respond to changes in Jackson Class Members' health status.	2005
H1.3	Teams use accurate health records for Jackson Class Members.	2004
H1.4	Teams (including the individual) have information (education, consultant and technical assistance) needed to achieve goals stated in individual Healthcare Plans, MERPs [Medical Emergency Response Plans], CARMPs [Comprehensive Aspiration Risk Management Plans] and written direct support instructions as appropriate to the individual.	2005
H1.5	Identified health needs for Jackson Class Members, including daily medical considerations, are addressed in individualized healthcare plans, MERPs, CARMPs, and written direct support instructions as appropriate to the Jackson Class Members. Healthcare plans are reviewed and promptly modified in response to changes in health status.	2005
H1.6	Current and complete information is provided to the healthcare professionals treating or evaluating the individual.	2005
H1.7	The team assures recommendations from healthcare professionals are reviewed with the individual and guardian in a manner that supports informed decision making and [are] either implemented, or documented in a Decision Consultation Form if recommendation is declined.	2005
H1.8	Each Jackson Class Member will receive the Jackson Class Member's medications (1) in the doses prescribed, (2) in the manner and frequency prescribed, and (3) at the times prescribed.	2005
H2.1	<i>JCM receive age appropriate preventative/early detection screening/immunizations for health risk factors.</i>	2005
H3.1	Jackson Class Members receive increased intensity of services during acute episodes or illnesses.	2004
H3.2	Direct Service Personnel/supervisors are able to identify subtle signs of change/acute symptoms.	2004
H3.3	When informed of signs of change in health status (including chronic and acute pain) agency nurses take immediate action.	2004
H3.4	<i>When an individual is receiving healthcare in an out of home setting critical health and functional information will be provided and individual's existing adaptive equipment that can be used in that setting will be offered.</i>	2005
H3.5	<i>When a JCM is receiving healthcare in an out-of-home setting, the IDT will plan for a smooth transition back to the JCM's home as soon as medically feasible.</i>	2005
H4.1	<i>Competent personnel (nurses, DSP, front line supervisors, ancillary providers, and case managers), who have received and passed competency based training related to prevention and early identification, provide services to JCM. (Ashton #6, 7, 8)</i>	1998
H4.2	IDTs provide for the changing health supports class members need as they age including advanced care planning and have access to palliative care consistent with their individual needs.	2005
H4.3	Quality Assurance information is used to improve health outcomes.	2005

Jackson Class Members are an aging and diminishing group. The urgency to take collaborative, decisive and effective action which results in improved practice is as high or higher now than ever. It is generally not productive to expend energy by engaging in arguments and/or justifications as to why things have or have not happened in the past. However, it cannot continue to go unnoticed that there has been and continues to be widespread, long term systems failure to recognize, report, intervene, evaluate and ensure corrective action which results in improved practice at the individual, provider and systems level. This breakdown is due in large part to the lack of an active and effective Quality Assurance/Quality Improvement system.

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

At a high level, what is being sought during the Community Practice Review 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.

In the 2016 Review eighty-one of the 93 individuals (87%, including 3 on the Mi Via Waiver) had individual health related issues needing review and/or attention. Put another way, 87% of the individuals reviewed had health related issues identified as present and needing to be addressed. In context, one would hope to find that all of the class members being reviewed would have NO unidentified and unaddressed health related issues needing to be addressed.

Chart #5: Number of Health Related Issues Identified by Region
(Based on number of issues found in 2016 and 2015 Findings and Recommendations)

Region	Number of Health Care Issues Identified by Class Member ⁷																Total #		Average #			
	0		1-2		3-4		5-6		7-9		10-12		13-15		16-17		Reviewed		Of Issues per region		Of Issues Per Person	
	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015
Metro	5	2	11	6	16	14	9	12	5	10	1	1	3	3	0	2	50	50	195	270	3.90	5.40
NE	2	3	4	3	2	1	3	5	0	1	0	0	0	0	0	0	11	13	30	42	2.73	3.23
NW	2	1	2	3	3	2	0	3	2	1	0	0	0	0	0	0	9	10	29	36	3.22	3.60
SE	1	1	3	4	4	3	1	1	0	0	1	1	0	0	0	1	10	11	33	52	3.30	4.73
SW	2	1	4	3	4	3	3	6	0	2	0	0	0	0	0	0	13	15	36	62	2.77	4.13
State wide	12	8	24	19	29	23	16	27	7	14	2	2	3	3	0	3	93	99	323	462	3.47	4.67

As the chart above illustrates, overall, the number of health related issues needing to be addressed per person has dropped from 4.67 in 2015 to 3.47 in 2016. While, in part, that may be linked to the reduction in the number of individuals reviewed (93 in 2016 vs. 99 in 2015), it seems clear that overall, the number of health related issues needing to be address declined. For example:

⁷ This does not identify every issue/finding. Some were not counted due to an issue being identified for one person that did not specially affect health.

In 2016, twelve class members (13%) were found to have no identified, unaddressed health issues. Twenty-eight (30%) class members were found to have from 5 to 15 identified health related issues.⁸

In 2015, 8 class members (8%) were found to have no identified, unaddressed health issues. Forty-nine class members were found to have from 5 to 17 health related issues.⁹

In 2014, 4 (4%) class members were found to have no identified, unaddressed health issues. Sixty-six (66%) class members were found to have from 5 to 17 identified health related issues.¹⁰

In an effort to examine the most urgent types of health related issues identified for individuals, this report starts with a review of those individuals identified with immediate and/or special needs.

C. Issues Identified for Those with Immediate and/or Special Needs

Definition of 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 of 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.

As identified in the chart below, there has been an overall drop in the number of individuals identified with Immediate Needs. An unduplicated total of 17 (18%) individuals were identified with Immediate and/or Special Needs in 2016. Four individuals were identified to have Immediate Needs. Seven different Immediate Findings were identified for these four people; one of those was a repeat finding/recommendation from a previous review. Thirteen individuals were identified with Special Attention Needs; 23 different findings were issued for those 13 people. One Incident Report (IR) related to a significant delay in dental services was filed in conjunction with identified issues.

⁸ Twelve class members with no identified health related issues were supported by the Case Management Agencies: A New Vision, Amigo, Excel (2), J&J, Peak, SCCM and Unidas. Five residential agencies supported these individuals: Adelante (3), Alianza, ENMRSH, Tresco (2), Tunland (2). Three people with no identified health related issues are part of the Mi Via Waiver.

⁹ Eight class members with no identified health related issues were supported by the Case Management Agencies: A New Vision, Carino, J&J, NMBHI, Rio Puerco, SCCM and Visions. Six residential agencies supported these individuals: AWS, CDD, Dungarvin, ENMRSH, LLC (2), and Tresco. One person with no identified health related issues is part of the Mi Via Waiver.

¹⁰ The four class members with no identified health related issues were supported by Dungarvin, Ramah Care, Mi Via/Nezzy Care and Lessons of Life. Case Management agencies supporting these individuals include Unidas, Excel, SCCM and Mi Via.

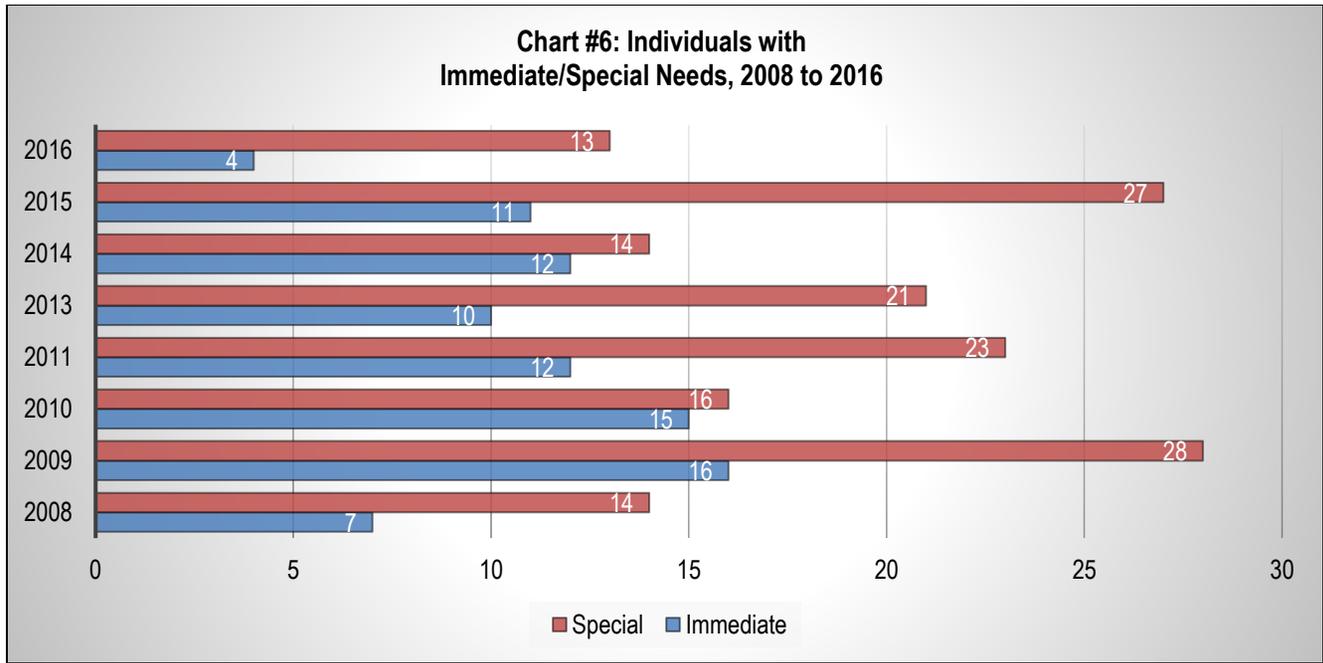


Chart #7: Individuals with Immediate/Special Needs by Region

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	Metro #1	SW	SE	NW	NE	Metro #2	Totals
Immediate	0	1	0	0	1	2	4
Special	4	2	1	0	1	5	13
Total	4	3	1	0	2	7	17

Chart #8: Type of Health Care Coordination Issues Identified for People with Immediate and/or Special Needs by Region¹¹.

Issue: Lack of Adequate Health Care Coordination	Metro	NE	NW	SE	SW	Totals
Aspiration Related Issues	3	3				6
Medication/Med Adm. Record (MAR) Issues	6				1	7
Symptoms or Health Issues Identified, not addressed	4			1		5
Lack of Follow up/Timely Follow up on Recommendations	4					4
Individual Safety, Falls/Fractures	3	1				4
Health Related Plans Missing, Inconsistent or Inaccurate	1				1	2
Oversight Needed	2					2
Behavior/Psychiatric Issues					1	1
Staffing Issues	1					1
Budget Issues					1	1
Totals	24	4	0	1	4	33

Examples of, in some cases, life threatening issues related to lack of **adequate Health Care Coordination** are identified in the Chart which follows.

Aspiration Related Issues. Examples include:

- Crushing medication which is not to be crushed, individual has diagnosis of esophageal erosion and is at moderate risk of aspiration. Direct Support Professionals indicating all medications are crushed, Nurse didn't know any medications were being crushed.
- No 24 hour Aspiration Plan/CARMP individual diagnosed with moderate to severe risk of aspiration. Most recent Comprehensive Aspiration Risk Management Plan (CARMP) from 2014. current plan only addresses mealtime.
- Inadequate Aspiration Risk Assessment assessment is a check list with no recommendations.
- CARMP not addressing critical issues CARMP does not address positioning during bedtime or after meals; does not address foods that should be avoided and/or how to assist individual eating high risk foods the person likes.
- CARMP is incorrect or missing information is not a 24 hour aspiration risk management plan.
- CARMP in home and day program is out of date.

Medication Administration/Record Issues. Examples include:

- Confusion over medication purpose and who has the authority to authorize seizure PRN medication.
- List of medication unknown/not accurate 64% discrepancy between Residential medication administration record and the list in e-Chat.

¹¹ This is regarding the number of different issues; as many findings highlighted more than one issue, this is more than the number of findings. For detail regarding issues Immediate and Special Issues including by provider and case management agency see the related information in the Appendix.

Strength of medication inconsistent	strength identified on bottle does not match MAR. (Phenytoin/Dilantin for seizures)
Medication crushed/contraindicated	for people with dysphagia, esophageal ulcer and/or erosions.
Medication not given/not available	Individual with respiratory issues and on oxygen not being given medication consistent with doctor's orders. At times just not given, at times not available and not given.
Medication not taken correctly	Medication not taken as recommended to ensure proper absorption. Medication taken at the same time as medication which reduces absorption.

Symptoms or Health Issues Identified, not addressed. Examples include:

Reports of regression	No evidence of meeting to discuss and/or investigate the cause
Reported weight loss	of 20 lbs. No evidence of consistent weight tracking, not investigating as to cause.
Reported lactose intolerance,	no evidence of discussion regarding food substitutes or verification of diagnosis. Individual experienced undesirable weight loss, no evidence of follow up.
Diagnosis of Osteopenia	Last bone density 2014, at risk of falls (most recent 8/16), nurse uncertain source of diagnosis.

Lack of follow up/Lack of timely follow up on recommendations. Examples include:

Not monitoring blood pressure	consistent with instructions. Blood pressure outside of the identified range not reported as instructed.
Pulse Oximeter not used	consistent with CARMP instructions.
SAFE Clinic recommendations not followed.	Changing individual signs and symptoms of aspiration to include more specific identifiers.
Not following physician recommendation.	Pulmonary function testing and pulmonary follow-up. Sleep study completed not reviewed, recommendations not addressed or followed. No new Health Care Plans or Medical Emergency Response Plan developed.
TEASC recommendations not followed.	Need to look for alternative to Seroquel.

Plans missing, inconsistent or inaccurate

HCP for Hypertension	indicates in one place to take blood pressure monthly, in another weekly. HCP did not define what action should occur if BP was not within recommended range.
Allergies inconsistently listed	Annual Wellness report indicates allergy to cefdinir (antibiotic) and probiotic daily caps. E-Chat does not list these.

D. Health Care Coordination, Oversight and Records

As stated earlier, 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. The following information examines the scored findings related to the 90 individuals in this year's review as they specifically speak to health related issues. The number and associated percentage in the statewide column represent the "yes" answers to the related questions.

Chart #9: Do Team Members Know About 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? (Residential: Q#48: 58/60%); (Day Q#38: 45/48%); (Case Management Q#30: 63/66%)	53 (59%) 2015: 31 (33%) 2014: 30 (31%) 2013: 40 (39%) 2011: 43 (39%)
Q. #55. Is there evidence that the IDT discussed the person's health-related issues?	34 (38%) 2015: 45 (47%) 2014: 51 (53%) 2013: 65 (64%) 2011: 70 (64%)
Q. #56: ... Are the person's health supports/needs being adequately addressed?	16 (18%) 2015: 16 (17%) 2014: 23 (24%) 2013: 31 (30%) 2011: 39 (36%)

In addition to directly interviewing and asking those who support individuals what they know, reviewers also seek other sources of evidence such as the paper documentation which is required to be kept. For example, what team members know about a person's health needs are memorialized in Health Care Plans (HCP) and the ISP. What team members know about what they should do in the case of an emergency for a specific person is summarized in the person's Medical Emergency Response Plan (MERP)? What team members 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 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 93 Class Members Reviewed	# of Issues
Plans, Documents Not accurate, or Contain Inconsistent Information	57	61%	128
Assessments: Late, Inaccurate, or Missing	19	20%	29
Tracking Not Done or is Inaccurate	7	8%	9
Medication Administration Record/Issues	16	17%	23

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 93 Class Members Reviewed	# of Issues
Not following up on recommended medical appointments or evaluations;	52	56%	98
Nurse Uninformed/Giving Incorrect Information	6	6%	6
Lack of Adequate Nursing Oversight	19	20%	26
Needed Therapies were Missing	5	5%	6
Needed Medication Not Available	9	10%	9
CARMP not being followed	4	4%	4
	93		149

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

Chart #12: Are Assessments Acquired and Used?

Question (Question # reference questions in the CPR Protocol)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts?	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)	35% Yes (33) 64% Partial (61) 1% No (1) (1 not scored)	51% Yes (46) 48% Partial (43) 1% No (1)
58. Did the team arrange for and obtain the needed, relevant assessments?	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)	42% Yes(40) 57% Partial (54) 1% No (1) (1 not scored)	28% Yes (25) 72% Partial (65)
59. Are the assessments adequate for planning?	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)	29% Yes(28) 68% Partial (65) 2% No (2) (1 not scored)	14% Yes (13) 84% Partial (76) 1% No (1)
60. Were the recommendations from assessments used in planning?	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)	31% Yes (29) 61% Partial (58) 8% No (8) (1 not scored)	27% Yes (24) 69% Partial (62) 4% No (4)

E. Prevalent Causes of Hospitalization

In addition to looking at what people know, what information is contained in the record, what action has been taken and health related outcomes, other facts inform our understanding of overall class member health status and/or issues. This section examines the most frequently identified health issues based on the Out of Home Placement Report.¹² 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 bowel obstructions/impactions, and conditions of intestinal paralysis (ileus) and twisting (volvulus) that commonly lead to obstruction, if not detected and treated promptly.

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.

¹² 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. This information is current to November 17, 2016.

For 2016, numbers listed below reflect those Out of Home Placement Reports received through December 2. Dehydration and urinary tract infections once again accounted for the highest number of hospitalizations. Aspiration pneumonia was listed as the second most common contributing diagnosis this year, followed by bowel obstruction and related issues. There was a substantial increase in diagnoses of sepsis in persons hospitalized compared with last year. Although no one was reported as hospitalized as a result of a fall, six people had fractures reported as a diagnosis.

Chart #13: Hospitalizations by Identified Cause by Year

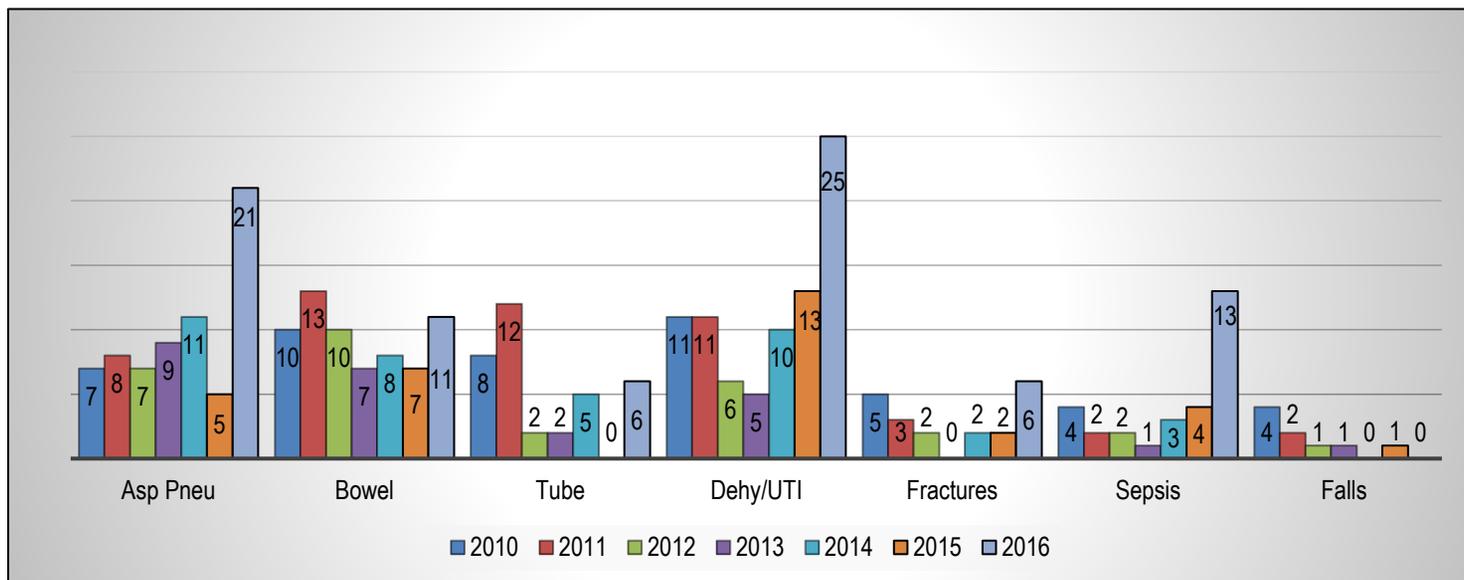
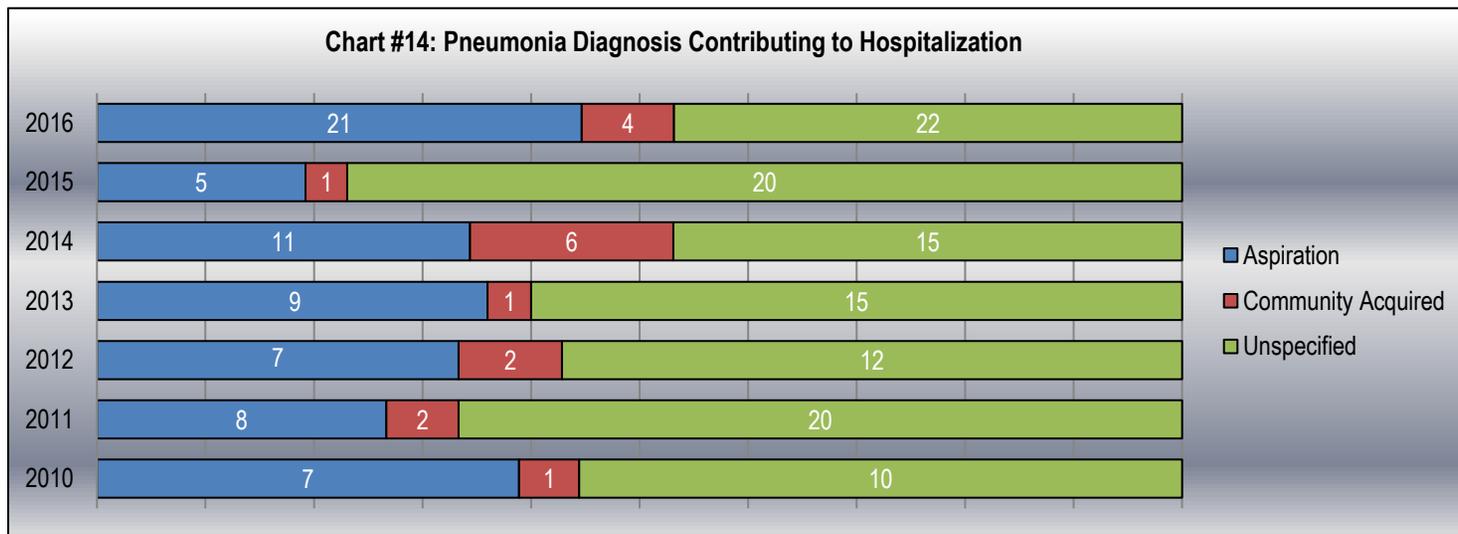
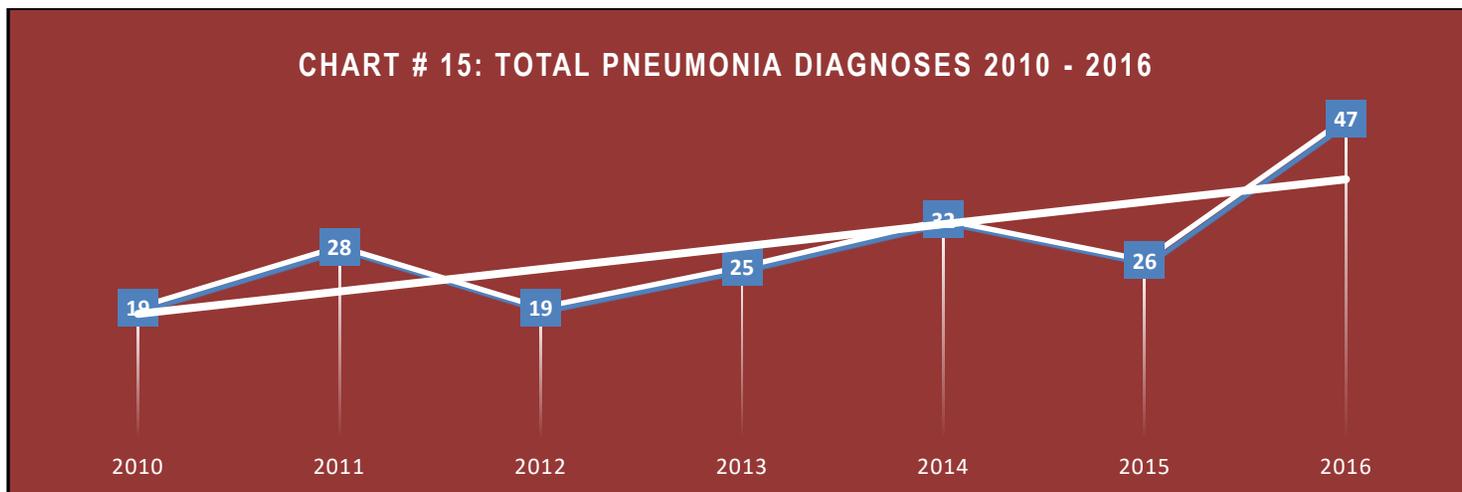


Chart #14 address the number of pneumonia diagnoses associated with hospital stays by classification. As this chart illustrates, the diagnosis of 'unspecified pneumonia' continues to be greater than the number of diagnoses in which the pneumonia is classified as being caused by aspiration. For many cases of unspecified pneumonia other information exists in the Out of Home Placement Report which indicates the pneumonia was related to aspiration (e.g., bed-side swallow study performed, tube placement, vomiting at the time of admission). As identified last year, it is important to follow up and identify what type of pneumonia each individual actually experienced.



Total cases of pneumonia of any type was up sharply for 2016, for reasons that remain unclear. It is also noteworthy that the annual number of reports of Class Members diagnosed with any type of pneumonia is trending upward. The chart below shows the breakdown of total pneumonia diagnoses by year.



As evidenced by these numbers, **a rapid and detailed examination of these instances of pneumonia needs to be conducted** with an eye to identifying why such a dramatic spike has occurred. Based on this review, trends, findings and recommendations should be issued.

Chart #16: Hospitalizations and Deaths Attributed to Aspiration Pneumonia 2010 to 2016

() = Number of times to hospital	2010	2011	2012	2013	2014	2015	2016	Total
# of Persons who died who had a diagnosis of Aspiration Pneumonia	6	2	0	2	3	1	2	16
# of Persons hospitalized with a diagnosis of Aspiration Pneumonia	7 (12x)	8 (8x)	7 (10x)	9 (10x)	11	5	17 (21x)	63
Total	13	10	7	11	14	4	19	79¹³

F. Hospice

Since 2010, 33 of 592 reports received (5.6%, affecting 29 Class Members¹⁴) indicate that the individual was discharged from a hospital with Hospice services. The availability of Hospice services to Class Members provides an avenue for them to receive comfort care in their final days, and to spend their last hours at home or in a facility dedicated to Hospice care rather than in an acute care hospital setting. The benefit goes beyond members of the Jackson Class to also provide comfort to their family and loved ones.

Of the Class Members who received Hospice referrals during the course of an Out of Home Placement, twenty-two have died. Seven Class Members who receive or have received Hospice services remain living. One of these individuals was referred to Hospice nearly six years ago (January 2012). One Class Member, reviewed as part of the 2015 CPR, had been in Hospice over two years at that time, and remained in Hospice another year before his death in November 2016.

The decision to turn the treatment focus from a cure to comfort and quality at the end of life is not one taken lightly, and there is substantial documentation that guardians faced with this difficult choice approach it with due gravity and deliberation. It is never an easy decision. The nature of the illness of each individual for whom this is considered is unique, and the variables involved cannot be predicted with any precision. When we are considering treatment decisions for Jackson Class Members, this topic is greatly complicated by compromised communication skills common among this group. The individual often cannot express his or her own wishes regarding end-of-life decisions, and in most cases has only a limited ability to communicate their own experience of illness (e.g., I'm feeling better, or I'm feeling worse).

¹³ This is a duplicated count. The actual number of individual class members is 40.

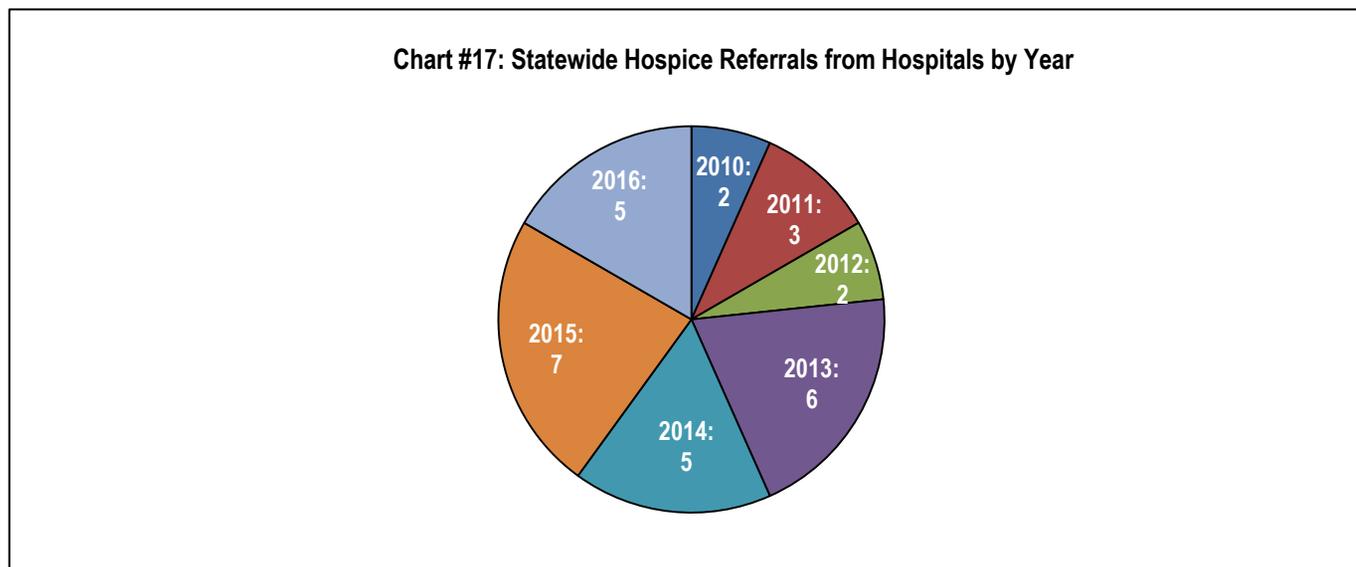
¹⁴ This number reflects only those Hospice referrals that take place upon hospital discharge. Hospice referrals and intake can also be coordinated through the Class Members' treating physician and may not involve an out-of-home placement. As noted above, not all class members referred to Hospice through hospitalization have died. Thus, these numbers are slightly different than the overall total of Hospice stays considered in the section of this report that evaluates Class Member deaths.

A referral for Hospice typically follows diagnosis of a terminal illness, one that cannot be cured and is expected to result in death within a short period of time. Yet, nearly a third of Class Members referred to Hospice have continued to live relatively healthy lives well beyond their referral for that service. This raises several questions:

- Are there instances where Hospice referrals are made prematurely that have resulted in death because of removal of treatment that would have been successful if given more time?
- Have any Class Members died while receiving Hospice services from a cause of death other than the terminal illness diagnosed, but as a result of the limited Scope of Treatment (e.g., DNR Order) associated with Hospice?
- Are people with intellectual and developmental disabilities (I/DD) more likely to be referred to hospice than others without disabilities with the same physical diagnosis?

These questions are not intended to raise any sort of accusation for those facing these incredibly complex decisions; rather, the intent is to invite discussion that may lead to learning from the information we already have.

Not only do questions exist about referrals to Hospice, but also whether the services available accommodate the unique end of life decisions made by some guardians. For example, during the course of the 2016 CPR, one Class Member was discharged from Hospice because the Hospice provider wanted the guardian to withdraw consent for all treatment, not just treatment of the condition expected to lead to death.¹⁵ Similarly, one guardian executed a Do Not Resuscitate order for her family member, and he was nonetheless airlifted to Albuquerque and placed on life support after a medical crisis. The Class Member later recovered, but it is clear from the reports received that there was some confusion about the guardian's directive and how it should have been carried out. This is another area that would benefit from open and candid discussion. Support during the process of making end-of-life decisions is vital.



¹⁵ This guardian, a mother, was supported by the IDT in finding an alternative Hospice provider able to better accommodate the end-of-life decisions made on behalf of her daughter.

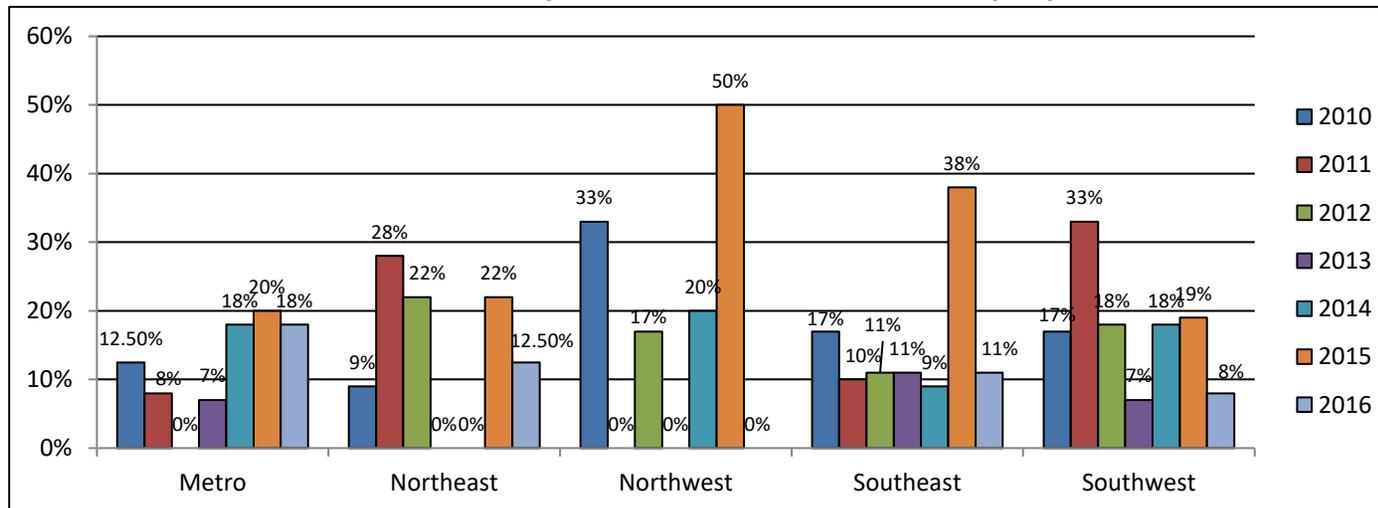
G. Readmissions

When a person is discharged from the hospital, and then readmitted within 30 days for the same problem or a related problem, this is identified as a readmission. Readmissions are measured nationwide as an indication of quality of care, based upon the presumption that rates of readmission are related to discharges which occur too early and/or provision of treatment that is not effective. The risk of hospital readmission is heightened among persons with intellectual disability who have compromised communication skills, which designation applies to a large majority of Jackson Class Members, due to their inability to report symptoms. A total of 88¹⁶ of the 592 (15%) Out of Home Placement records received since 2010 are readmissions. The percentage has held steady since this analysis was first completed for last year's report, although percentages by Region are down slightly. The total numbers by region break down as follows in Chart 18. Chart 19 illustrates the rates of readmission to hospital by Region, by year.

Chart #18: Five Year Readmission Rate by Region (2010 to 2016)

Region	Readmissions/Total Admissions	Five Year % of Total by Region
Metro	41/307	13%
Northeast	11/72	15%
Northwest	9/50	18%
Southeast	11/67	16%
Southwest	16/96	17%
TOTAL	88/592	

Chart #19: Percentage of Hospital Readmissions per Year by Region



¹⁶ These numbers do not include any transfers to alternate facilities (e.g., skilled nursing facilities) that occurred during a single period when the Jackson Class Member was out of their home.

Out of Home Records currently available indicate that there are a variety of reasons why an individual might return to the hospital after discharge.

- Occasionally, readmissions are due to lack of timely follow up on discharge orders. For example, one person was hospitalized a second time in December 2014 for treatment of pneumonia after his antibiotic prescription was not filled upon discharge a week earlier.
- Some individuals are discharged from the hospital and readmitted within a day or so with the same diagnosis. For example, one person was hospitalized for community-acquired pneumonia in September 2016. He was discharged, but readmitted after four days, this time with a diagnosis of aspiration pneumonia. Three days later, he was discharged again, but another eleven days after that, he was hospitalized a third time, this time with pneumonia classified as “health care associated.”
- Still other readmissions appear to be related to problems with recovery from surgery. For example, one person had surgery in October 2014 resulting in a wound to his abdomen. He was subsequently readmitted to the hospital twice for treatment of the wound when it became infected.

From 2015 to 2016, readmission numbers trended downwards, with each Region having a lower percentage of Class Members being readmitted than in the prior year. Although sufficient information to analyze the causation of every readmission is lacking, it is likely that there is some improvement in advocacy, discharge planning, and follow-up which is helping to reduce these numbers and protect Class Members from what may be a preventable experience.

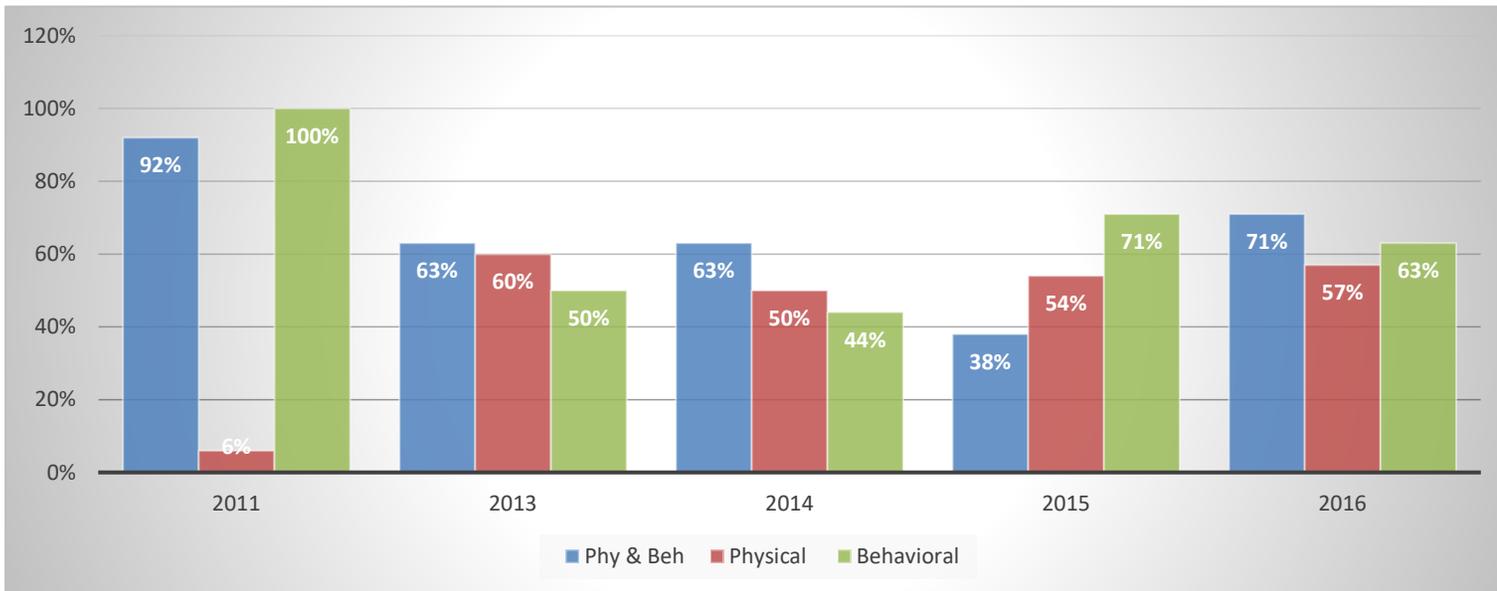
H. Physical and Behavioral Regression

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 for the 14 individuals for whom only physical regression occurred, 8 (57%) had the regression adequately addressed in 2016. Six (43%) did not. This represents a small increase from the 54% who had their physical regression adequately addressed last year (2015). In the instances where only behavioral regression occurred¹⁷, there has been a decrease in the percentage who had their regression adequately addressed from last year (63% in 2016, 71% in 2015, 44% in 2014, 50% in 2013). For those for whom both physical and behavioral regression has occurred (7 people), this year reflected a marked increase in the percentage of regression being adequately addressed, at 71% (5 people). 38% were adequately addressed in 2015; 63% were adequately addressed in 2014 and 2013.

¹⁷ Eight people had experienced behavioral regression, five had that regression addressed.

Chart #20: Adequately Addressing Physical and/or Behavioral Regression Statewide¹⁸
 Questions #119, #120 and #121 in the CPR Protocol



While some physical and/or functional regression may be a natural consequence of aging or a degenerative disease it is imperative that any regression is noted, explored as to cause and effectively addressed. In addition, behavioral regression is frequently the person's way of communicating displeasure with something or someone and/or an expression of pain, physical discomfort or fear/anxiety. Once again, it is critical that recognition of regression of any kind is noted, reported and explored to determine the cause so that effective action can be taken.

I. Class Member Deaths

In 2016, as of December 8, thirteen class members have died. In 2013 we experienced the death of seven class members, in 2014 six individuals left us, and we lost an additional twelve in 2015. All will be greatly missed. As discussed as a part of last two year's reports, 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;

¹⁸ For more detail see Appendix E.

- 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. The general profile of those we lost and for whom information has been provided to the Community Monitor follow.

**Chart #21: Demographic Information for People Who Died
2013, 2014, 2015 and 2016**

Demographic	2013	2014	2015	2016
Men	3	4	8	9
Women	4	2	4	4
Age Range/Av. Age	49 to 91 ¹⁹ 62 years 3 months	48 to 73 ²⁰ 58 years 6 months	37-67 ²¹ 57 years 6 months	43-83 ²² 64 years 8 months
# Receiving Hospice	4	3	7	6
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	32 days 1 Unknown; 2 @5 days; 2@ 1 day; 1 @ 3 days; 1@208 days (battling cancer)	326.5 days 1@ 1 day; 1@ 2 days; 1 @ 43 days; 1 @ 264 days; 1 @ 331 days; 1 @ 1318 days
Guardians	3 Mother; 2 Arc; 1 Sister; 1 Brother	2 Sister; 1 Mother; 1 Brother; 1 Sister-in-Law; 1 Arc;	2 Arc; 1 Brother; 2 Sisters; 2 Mother; 1 Mother/Father; 2 Quality of Life; 1 Ayudando	2 Arc; 1 Brother/Mother; 1 FLP; 2 Mother; 2 Niece; 2 Quality of Life; 2 Sister; 1 UNIDAS
Regions	5 Metro 1 SW 1 SE	2: Metro 2: SW 1: NE 1:SE	6: Metro 1: NE 1: SE 4: SW	5: Metro 4: NE 2: NW 2: SE
Providers	1 Advocacy Partners 2 ARCA (1 La Vida to ARCA) 1 Casa Alegre 1 LLCP 1 New Beginnings	1 Alanzia then Adelante 1 EnSuenos 1 Safe Harbor 1 Transitional Lifestyles 1 Tresco	3: Adelante 2: ARCA 1: Dungarvin 1: ENMRSH 1: Family Options	1: Advantage Communication 3: ARCA 1: AWS 1: CARC 1: ESEM

¹⁹ 2013: 1 person was 49; 1 person 52; 1 person 54; 1 person 55; 1 person 60; 1 person 75 and 1 person 91.

²⁰ 2014: 2 individuals were 48 years old; 1 was 56, 1 was 61, 1 was 66 and 1 was 73.

²¹ 2015: 1 individual was 37, one 50, one 51, one 52, two were 58, two were 59, one was 61, one was 65, one was 67 and one was 74.

²² 2016: 1 individual was 43, one 51, one 57, two 59, one 61, one 64, one 68, one 71, one 72, one 73, one 80, and one was 83.

Demographic	2013	2014	2015	2016
	1 Progressive	1 Nursing Home	4: Tresco	1: Expressions of Life 1: HDFS 2: Mi Via 1: Ramah Care 1: Tungland
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	1: A Step Above 1: Amigo 1: J&J 1: NMBHI 1: NMQCM 3: SCCM 3: Unidas	1: A New Vision 1: A Step Above 1: Amigo 1: Excel 2: J&J 2: Mi Via 1: NMQCM 1: Unique Opportunities 1: Unidas 2: Visions

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.

As articulated for the past two years, it is worth examining the parameters of the term "expected" as pertains to class member deaths. It seems that a death is always considered expected where a Hospice referral is made. In reality, this is not necessarily true and we lose the value of learning where we fail to look into the course of illness that led to the terminal diagnosis. Consider, for example, these fictitious circumstances: if an individual was involved in a car accident caused by reckless driving by their caregiver, was later hospitalized and found to have sustained severe organ damage and not expected to recover, it would be reasonable for Hospice services to be brought in with the team's full understanding and consent. While the eventual death of this person is not unexpected, it was not due to a natural course of illness that has progressed beyond a level of treatment that can be delivered to maintain a reasonable quality of life. All involved would likely agree that there were circumstances leading to the injury and death of a supported person that need to be addressed, and that foregoing this exploration because the death was "expected" would be a disservice to the life that was lost. Although most of our friends' deaths occur under circumstances that are less cut and dried, our mission of providing the best support and seeking continuous improvement does not end with their deaths. We must do our best to understand what happened and make an objective analysis as to whether something could have been done differently. Perhaps the answer is no, but there are still too many deaths where the question has not been fully asked.

While both the 2014 and 2015 CPR Statewide reports requested discussions regarding class member deaths and hospice services, no such discussion has been offered or taken place. Rather, it seems reviewing class member deaths has virtually stopped. The last Report of Mortality Reviews by Continuum of Care was in 2013 and even though 13 Jackson Class Members have died since January 2016, there have been no Mortality Review meetings to analyze the circumstances surrounding their deaths. In fact, there are previous deaths from 2015 which have not been reviewed by the Mortality Review Committee.

J. Findings and Recommendations

Finding #1: This report, in its entirety, coupled with reports provided for the past decade continue to note long term systems failure to recognize, report, intervene, evaluate and ensure corrective action which results in improved health and programmatic practice at the individual, provider and systems level. A few examples follow.

- There are current health related issues directly and negatively affecting Jackson Class Members which have been identified as problems by the CPR for over a decade and continue today.
- During the past decade Individual Support Plans have never been found to be adequate to meet more than 35% of individual's needs. In 2007 35% of class members had adequate ISPs (the highest), in 2004, 5% (the lowest) of the ISPs were adequate to meet the person's needs and in 2016, 12% of the ISPs were found adequate to meet the person's needs.
- Case Management supports and monitoring which are core individual and systems safeguards have also been identified as urgently needing correction. As the chart in Appendix K shows, the case management records reviewed did not contain documentation that the case manager was monitoring and tracking the delivery of services as outlined in the ISP for 79% of class members in 2016. During the past 12 years, the average percentage of class members reviewed who had evidence of case management monitoring and tracking services as outlined in their ISP is 39.5%.
- 42% of class members had case management provided at the level needed by him/her in 2016. During the past 12 years the average percentage of class members who had case management providing supports and services needed was 42.5%.

How DOH/DDSD uses information provided through the CPR as a part of their Quality Assurance/Quality Improvement system is unclear. Moreover, how DOH/DDSD uses any of the information available to it in terms of individual information (e.g., IRs, GERs, Out of Home Placement reports...) and provider performance reviews (e.g., CPR, QMB, IR...) is unclear. How DOH/DDSD reconciles conflicting information provided by the CPR, QMB or any source is unclear. Equally important is what DOH/DDSD actually does to remedy identified problems and how it measures the effectiveness of those interventions is absolutely essential to identify if significant and sustainable improvements are to be made and verified.

Finding #2: The Metro Region had the highest average number of health related issues per person (3.90 per person) followed by the Southeast (3.30 per person), Northwest (3.22 per person), then the Southwest (2.77 per person) and, finally, the Northeast (2.73 per person).

Finding #3: The Community Practice Review identified 313 health related findings for 83 of the 93 individuals reviewed. Not only did 89% of those reviewed have health related issues identified which needed review and/or action but 33 (11%) of those findings were "repeat" findings from previous Community Practice Reviews. Examples, by providers with more than one person in the review, follow:

- Residential agencies from **Metro** Region who had the highest average number of health related findings per person include:
 - Life Mission had 2 people in the review with 16 health related findings (11 Special) for an average of 8 findings per person.
 - Arca had 7 people in the review with 28 health related findings (3 Special, 1 Repeat) for an average of 4 per person.
 - Dungarvin had 2 people in the review with 8 health related findings for an average of 4 per person.

- Case Management Agencies from **Metro** Region who had the highest average number of health related findings per person include:
 - A Step Above had 5 people in the review with 24 findings (6 repeats, 3 Immediate) for an average of 4.8 findings per person.
 - Peak had 5 people in the review with 20 findings (1 repeat, 1 Special) for an average of 4 findings per person.
- Residential agencies from the **Northwest** Region with the highest average number of health related findings per person include:
 - Dunganarvin had 5 people in the review with 24 findings for an average of 4.8 findings per person.
 - Ramah Care had 2 people in the review with 5 findings for an average of 2.5 findings per person.
- Case Management agencies from the **Northwest** Region with the highest average number of health related findings per person include:
 - A Step Above had 2 people in the review with 5 findings for an average of 2.5 findings per person.
 - Excel had 5 people in the review with 12 findings (4 repeats) for an average of 2.4 findings per person.
- Residential agencies from the **Southeast** Region with the highest average number of health related findings per person include:
 - ENMRSH had 3 people in the review with 12 health related findings (1 repeat, 1 Special) for an average of 4 findings per person.
 - Tobosa had 3 people in the review with 11 health related findings (1 repeat) for an average of 3.67 per person.
- Case Management Agencies from the **Southeast** Region with the highest average number of health related findings per person include:
 - J&J had 10 people in the review with 41 health related findings (7 repeats, 1 Immediate, 6 Special) for 4.1 findings per person.
- Residential agencies from the **Southwest** Region with the highest average number of health related findings per person include:
 - Lessons of Life had 2 people in the review with 12 health related findings for an average of 6 per person.
 - Tresco had 8 people in the review with 17 health related findings (2 Special) for an average of 2.13 per person.
- Case Management agencies from the **Southwest** Region with the highest average number of health related findings included:
 - Unidas had 2 people in the review with 8 health related findings (1 Repeat) for an average of 4 per person.
 - Peak had 4 people in the review with 14 health related findings for an average of 3.5 per person.
- Residential agencies from the **Northeast** Region with the highest average number of health related findings per person include:
 - AWS/Benchmark had 3 people in the review with 12 health related findings (2 repeats) for an average of 4 findings per person.
 - ESEM had 2 people in the review with 8 health related findings (3 Immediate, 1 repeat) for an average of 4 findings per person.
- Case Management agencies from the **Northeast** Region with the highest average number of health related findings per person include:
 - Visions had 6 people in the review with 20 health related findings (5 repeats, 1 Special) for an average of 3.33 findings per person.
 - NMBHI had 2 people in the review with 6 health related findings for an average of 3 findings per person.

Finding #4: Lack of action to identify, address and/or follow up on individual JCMs health related needs is a frequently identified health issue which puts JCMs at significant risk. 28% of JCM had assessments obtained as needed, 14% had assessments adequate for planning. Specific issues include:

- 4.a. Not following up on recommended medical appointments or evaluations (H1.7.);
- 4.b. Lack of adequate nursing oversight (H1.2);

- 4.c. Needed medication not available (H1.8);
- 4.d. Nurse Uninformed/Giving Incorrect Information (H1.2.);
- 4.e. Needed Therapies were Missing; and
- 4. f. CARMP not being followed (H1.7.a.,).

Finding #5: Incorrect or conflicting health related information in the record was a frequently identified issue and included (H1.3., H1.6):

- 5.a. Plans, Documents Not accurate, or Information is Inconsistent;
- 5.b. Assessments (contradictory information, guidance unclear, incomplete information, missing);
- 5.c. Medication Administration Record/Issues; and
- 5.d. Data Tracking/Monitoring (not done, not done accurately or consistently, e.g., seizures, weight, fluid tracking).

Finding #6: Total instances of Class Members with pneumonia of any type was up sharply for 2016. Class Members most frequently hospitalized have bowel issues (e.g., bowel obstructions/impactions); and dehydration/Urinary Tract Infections.

Finding #7: Individual physical, behavioral and/or functional regression is not being adequately addressed.

- 7.a. Those for whom only physical regression occurred (14), 8 (57%) had the regression adequately addressed in 2016. Six (43%) did not.
- 7.b. Those for whom both physical and behavioral regression has occurred (7 people), this year 5 people (71%) were being adequately addressed which reflects an increase from last year which was 38%.
- 7.c. In the instances where only behavioral regression occurred (8 people) 5 were adequately addressed (63%). Three people did not receive adequate support.

Finding #8: A review of class member deaths has virtually stopped. The last Report of Mortality Reviews by Continuum of Care was in 2013. Thirteen Jackson Class Members have died since January 2016 but there have been no Mortality Review meetings to analyze the circumstances surrounding their deaths. In fact, there are previous deaths from 2015 which have not been reviewed by the Mortality Review Committee.

Recommendation #1. DOH/DDSD needs to implement and sustain an effective Quality Assurance/Quality Improvement system which identifies, reports, intervenes timely, ensures remedies, evaluates the effectiveness of the corrective action in terms of how and to what extent they improve practice at the individual, provider and systems level. The implementation of this system should include:

- 1.a. the examination of the current Quality Assurance and Quality Improvement processes and activities intended to safeguard JCM which results in improved provider performance in relation to quality services for JCM. Including the establishing measurable indicators that are consistent with the pertinent standards that address the quality of provider performance. (S4.1.);
- 1.b. the routine and consistent use of existing quality assurance information and tools to identify gaps in the healthcare services to JCMs and, in turn, improve outcomes to JCMs (H4.3a., S1.6.1., S2.1., S3.1., S5.2.);
- 1.c. CPR/IQR findings being reviewed as a part of QMB review and reviewer preparation;

- 1.d. the investigation of conflicting and/or inconsistent quality assurance information²³ with ensuing corrective action proven to effect desired and long lasting improvements in services, supports and outcomes for JCMs (S3.4)
- 1.e. regulatory reviews of case management agencies by QMB, which include a review of the persons history and preferences, essential services as determined by professional assessments and effectiveness of previous/current interventions (S3.8);
- 1.f. a response from DOH which is proportionate to the seriousness of the contractor's alleged substandard performance when corrective action is not effectively implemented (S4.2.);
- 1.g. providers²⁴ using identified performance indicators as part of their agency quality assurance system to improve quality (S5.1);

Recommendation #2. A medical expert with proven experience in creating, measuring, improving and sustaining quality health care coordination and outcomes for people with I/DD should be acquired as a consultant by the Jackson Compliance Administrator.

- 2.a. This person, in conjunction with the DDSD Medical Director, should prioritize health related issues that will be addressed, by when and then move decisively and swiftly to consistently implement interventions which are measured to determine their effectiveness, modified accordingly, and result in improved health and safety outcomes for class members.
- 2.b. Consistent with S3.4, Use the findings from the CPR, as well as other available data from DOH/DHI/DDSD, to inform this effort and improve services for class members and to improve the system of services for JCM.

Recommendation #3. DHO/DDSD needs to develop safeguard/quality improvement systems which results in the early identification and effective response to health related issues including changes in health status of Jackson Class Members.

- 3.a. Consistent with Health Objective H1.2. this system needs to include nurses who are routinely monitoring Jackson Class Members' (JCMs) individual health needs through oversight, communication with Direct Support Professionals, and taking corrective actions which ensure that changes in JCMs' health status are responded to timely and overall health needs are being met.
- 3.b. This system needs to be continually improved based on regular and routine reports of effectiveness monitoring results.
- 3.c. Consistent with S3.4.a. Work with service providers and case management agencies that have "repeat findings" or deficiencies or problems to improve and sustain effective interventions.

Recommendation #4. Oversight, monitoring, modeling and mentoring must be accurately informed and provided (H1.2., H1.4., H1.5, H1.7, H3.3., H4.1., H4.2.):

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

²³ From sources such as IR, GER, OOH Placement Reports, RORI's, CPR findings, etc.

²⁴ "Providers" includes providers of day and residential services, case management providers, providers of therapy and dietitian/nutrition services. All DD Waiver contractors for services to JCM's.

Recommendation #5. Existing reports/systems (e.g., OOH Placement Reports, IRs, GERs, CPR, Therap) should be considered as a potential early warning, tracking, information and monitoring source for providers, Case Managers and DDSD. (S3.4., S4.1.,)

- 5.a. Specific staff need to review, analyze, trend and report on information gathered from these and other sources;
- 5.b. This information will be used to ensure the application and consistent enforcement of quality provider performance indicators found to improve practice;
- 5.c. Provider specific reports should be routinely provided to QMB, CPR/IQR, regions, contracts management and others, compared over time and appropriate recognition/corrective action reflected in the providers QA/QI plan (S4.1b);

Recommendation #6. The risk factors, health care needs and changing personal circumstances of Jackson Class Members (JCMs) must be:

- 6.a. known by those who support and provide services to them (H1.6., H3.2);
- 6.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.) (H1.2.a., H1.3.a, H1.5.a., H1.5.b.); and
- 6.c. conveyed accurately and timely to clinicians and specialists (H1.6.).

Recommendation #7. A swift and close examination of Out of Home Placements and Hospital Readmissions needs to be conducted with an eye to identifying why such a dramatic spike has occurred (in pneumonia's) and whether or not other identified issues can be avoided by improving practice. This examination needs to become institutionalized and be conducted routinely. Based on these reviews, trends, findings and recommendations should be issued.

Recommendation #8. Data regarding deaths, hospital admissions and re-admissions, hospice use, gaps and errors in effective health care coordination and practice should be examined, analyzed 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 identify 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 person and Team intended.

The number of findings related to the inadequacy of the ISPs **has steadily increased** during the past four years.

In 2013, 103 people had 411 findings identified for the ISP/Planning area, the average number of findings per person was 3.99;

In 2014, 101 people had 439 findings, the average number of findings per person was 4.35;

In 2015, 99 people had 461 findings, the average number of findings per person was 4.66; and

In 2016, 93 people had 576 findings, the average number of findings per person was 6.19.

The Division developed an initial plan to improve the ISP in January 2016. Recently, action has begun to implement this plan. The information contained in this section should assist in identifying where the Division, the regions, providers and case managers need to focus training, technical assistance and corrective action. The following chart provides historical information regarding ISP scores from 2000-2016.

Chart #22: Individual Service Planning – Historical Scoring

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2013	2014	2015	2016
141. 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%	94%	90%
142. Does the person have an ISP that contains a complete Vision section that is based on a long-term view?	90%	89%	82%	59%	77%	84%	72%	65%	74%	68%	63%	69%	55%	49%	58%
143. Does the person receive services and supports recommended in the ISP?	67%	69%	70%	47%	58%	58%	70%	74%	76%	78%	83%	81%	78%	65%	68%
144. 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%	77%	80%
145. Is the person adequately integrated into the community?	63%	71%	66%	32%	53%	38%	57%	51%	68%	70%	69%	82%	67%	58%	53%
146. Overall, is the ISP adequate to meet the person's needs?	33%	34%	29%	5%	21%	6%	13%	17%	26%	23%	28%	13%	11%	11%	12%
147. 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%	14%	12%

B. Overview of 2016 ISP Content Findings: Vision, Outcomes, Action Plans and Teaching and Support Strategies

During the 2016 CPR, 79 of the 90 ISPs scored (88%) **were not adequate** to meet the person's needs. Eleven individuals (12%) 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.

Again, of the 90 people whose ISPs were reviewed and scored, 11 (12%) were found to have an ISP adequate to meet the individuals' needs. Those providers supporting individuals whose ISPs were found to be adequate are identified next.

- The Metro agencies supporting three individuals include: Adelante, Alegria, ARCA, Connections and La Vida (all three individuals are supported by two Day Services) and Advocacy Partners, ARCA and Bright Horizons (Residential Services). The case management agencies were A Step Above, Carino and Unidas.
- The Northeast region had one person who had an adequate ISP; supported by ARCA and Alegria (Day Services) and ARCA (Residential services). The case management agency is Unidas.
- The Northwest region is home to two people with adequate ISPs in this review. Residential agency support for both is Tunland; Dungarvin and PMS Shield provide Day services. The case management agency is Excel.
- The Southeast region supports three people who were found to have adequate ISPs. Their Residential and Day agencies are ENMRSH and Tobosa. The case management agencies are J&J and Excel.
- The Southwest Region, specifically the Day and Residential agency of Tresco and the SCCM case management agency, supports two people who had adequate ISPs.

The Chart below reflects scores in the Adequacy of Planning section of the CPR Protocol; specifically regarding the Vision, Outcomes, Action Plans and Teaching and Support Strategies. The green highlighted areas indicate questions that are answered at 80% or greater "Yes".

Chart #23: ISP Component Questions by Region
(findings where “Yes” is over 80% are highlighted in green)

CPR Questions Regarding Visions, Outcomes, Action Plans, T&SS	Metro 49 in sample	Southwest 13 in sample	Southeast 10 in sample	Northwest 9 in sample	Northeast 9 in sample	Statewide 90 in sample
64. Overall, is the long-term vision adequate?	49% Yes (24) 51% Partial (25)	54% Yes (7) 46% Partial (6)	60% Yes (6) 40% Partial (4)	89% Yes (8) 11% Partial (1)	56% Yes (5) 44% Partial (4)	56% Yes (50) 44% Partial (40)
65. Overall, does the Narrative and Vision Section of the ISP give adequate guidance to achieving the person's long-term vision?	47% Yes (23) 49% Partial (24) 4% No (2)	69% Yes (9) 31% Partial (4)	40% Yes (4) 60% Partial (6)	67% Yes (6) 33% Partial (3)	56% Yes (5) 44% Partial (4)	52% Yes (47) 46% Partial (41) 2% No (2)
66. Overall, is the Vision Section of the ISP used as the basis for outcome development?	69% Yes (34) 31% Partial (15)	92% Yes (12) 8% Partial (1)	70% Yes (7) 30% Partial (3)	89% Yes (8) 11% Partial (1)	78% Yes (7) 22% Partial (2)	76% Yes (68) 24% Partial (22)
67. Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcome(s) have been achieved?	22% Yes (11) 55% Partial (27) 22% No (11)	38% Yes (5) 62% Partial (8)	30% Yes (3) 70% Partial (7)	56% Yes (5) 33% Partial (3) 11% No (1)	22% Yes (2) 67% Partial (6) 11% No (1)	29% Yes (26) 57% Partial (51) 14% No (13)
68. Overall, are the ISP outcomes related to achieving the person's long-term vision?	57% Yes (28) 41% Partial (20) 2% No (1)	85% Yes (11) 15% Partial (2)	70% Yes (7) 30% Partial (3)	89% Yes (8) 11% Partial (1)	56% Yes (5) 44% Partial (4)	66% Yes (59) 33% Partial (30) 1% No (1)
69. Overall, do the ISP outcomes address the person's major needs?	49% Yes (24) 45% Partial (22) 6% No (3)	69% Yes (9) 31% Partial (4)	60% Yes (6) 40% Partial (4)	56% Yes (5) 33% Partial (3) 11% No (1)	44% Yes (4) 56% Partial (5)	53% Yes (48) 42% Partial (38) 4% No (4)
70. Overall, are the Action Plans specific and relevant to assisting the person in achieving his/her outcomes?	33% Yes (16) 55% Partial (27) 12% No (6)	77% Yes (10) 23% Partial (3)	30% Yes (3) 70% Partial (7)	44% Yes (4) 56% Partial (5)	22% Yes (2) 67% Partial (6) 11% No (1)	31% Yes (28) 61% Partial (55) 8% No (7)
71. Overall, are the Teach and Support Strategies sufficient to ensure consistent implementation of the services planned?	16% Yes (8) 82% Partial (40) 2% No (1)	23% Yes (3) 77% Partial (10)	70% Yes (7) 30% Partial (3)	22% Yes (2) 67% Partial (6) 11% No (1)	11% Yes (1) 78% Partial (7) 11% No (1)	23% Yes (21) 73% Partial (66) 3% No (3)
72. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the outcomes, action plans and Teaching Support Strategies of the ISP?	22% Yes (11) 59% Partial (29) 18% No (9)	31% Yes (4) 54% Partial (7) 15% No (2)	80% Yes (8) 20% Partial (2)	0% Yes 78% Partial (7) 22% No (2)	22% Yes (2) 67% Partial (6) 11% No (1)	28% Yes (25) 57% Partial (51) 16% No (14)

C. ISP Content Findings: Residential, Day and Case Management Agencies²⁵

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 #24 focuses on residential agencies, as Chart #25 focuses on agencies providing day services and Chart #26 focuses on Case Management agencies. The columns in each of these charts contain the following information:

²⁵ This area continues to focus on and explore the findings regarding Vision Statements, Outcomes, Action Plans and Teaching and Support Strategies.

- 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 ISP²⁶.
- 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.

Chart #24: ISP Content, Residential Agencies

Based on an unduplicated count of individuals with identified issues in these content areas²⁷

#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
A Better Way	1	1	1	1	1	Cornucopia	1	0	0	1	1	New Pathways	1	1	1	1	1
Adelante	10	8	7	4	7	Dungarvin	7	5	6	5	7	Nezzy Care	1	0	1	1	0
Advantage Communications	1	1	1	0	0	ELADC (Ensuenos)	1	1	1	1	1	NNMQC	1	0	1	1	1
Advocacy Partners	1	0	0	0	1	ENMRSH	3	1	2	3	0	Onyx	2	1	2	2	2
Alianza	1	1	1	1	1	ESEM	2	1	1	1	2	Opportunity Center	1	0	1	1	1
Alta Mira	1	0	1	1	1	Expressions of Life	2	2	2	1	2	Optihealth	1	1	1	1	1
ARCA	7	5	6	6	7	Expressions Unlimited	1	1	1	0	0	PRS	1	1	1	1	1
Aspire	1	1	1	0	1	Family Options	1	1	1	1	1	Ramah Care	2	1	2	2	2
At Home Advocacy	1	1	1	1	1	HDFS	1	1	1	1	1	Su Vida	1	0	1	1	1
AWS/Benchmark	3	2	3	2	3	Leaders	1	1	1	0	0	The New Beginnings	2	1	2	0	2
Bright Horizons	2	1	1	2	1	Lessons of Life	2	2	2	2	2	Tobosa	3	2	2	2	1
CDD	1	1	1	1	1	Life Missions	2	1	2	2	2	Tresco	8	5	5	5	6
Community Options	1	0	0	1	1	LLCP	8	6	8	6	6	Tungland	3	1	2	1	3
						Totals #2 - #6	90	59	74	63	73						

²⁶ Questions explored in these and the following day and case management chart are Question #64 through Question #72 in the protocol.

²⁷ This table includes only the 90 individuals who were scored (excludes those receiving Mi Via supports).

Chart #25: ISP Content, Day Agencies
Based on individuals with identified issues in these content areas²⁸

Day Agency	#1	#2	#3	#4	#5	#6	Day Agency	#1	#2	#3	#4	#5	#6	Day Agency	#1	#2	#3	#4	#5	#6
	# JCM	Vision	Outcomes	Action Plans	T&SS	# JCM		Vision	Outcomes	Action Plans	T&SS	# JCM	Vision		Outcomes	Action Plans	T&SS			
A Better Way of Living	2	1	2	2	2	2	ELADC (Ensuenos)	1	1	1	1	1	1	None	1	0	0	0	0	1
Active Solutions	2	1	2	1	2	2	Empowerment	2	1	2	1	2	2	Onyx	1	1	1	1	1	1
Adelante	18	12	14	12	16	16	ENMRSH	3	1	2	3	0	0	Opportunity Center	1	0	1	1	1	1
Alegria	1	0	0	1	1	1	ESEM	1	1	1	1	1	1	Optihealth	1	1	1	1	1	1
Alianza	1	1	1	1	1	1	Expressions Unlimited	1	1	1	0	0	0	Phame	2	2	2	1	2	2
ARCA	3	2	2	2	3	3	Family Options	1	1	1	1	1	1	PMS Shield	1	0	0	0	0	1
Aspire	1	1	1	0	1	1	HDFS	1	1	1	1	1	1	PRS	1	1	1	1	1	1
AWS/Benchmark	2	0	2	2	2	2	La Vida	2	1	1	1	2	2	Share Your Care	2	2	2	2	2	2
CDD	1	1	1	1	1	1	Leaders	1	1	1	0	0	0	Su Vida	3	1	2	2	2	3
CFC	3	3	2	2	2	2	Lessons Life	2	2	2	2	2	2	The New Beginnings	1	0	1	0	1	1
Community Options	1	0	0	1	1	1	LifeRoots	2	1	2	2	2	2	Tobosa	3	2	2	2	2	1
Connections	4	2	3	2	4	4	LLCP	6	5	6	3	4	4	Tresco	8	5	5	5	5	6
Comucopia	1	0	0	1	1	1	New Pathways	1	1	1	1	1	1	Tungland	1	1	1	1	1	1
Dungarvin	7	4	6	4	7	7	Nezzy Care	1	0	1	1	0	0							

Note: columns not totaled as some JCMs have more than one day provider

²⁸ This table includes the 90 individuals who were scored (does not include those receiving Mi Via supports). Also, some individuals have more than one day provider.

Chart #26: ISP Content, Case Management Agencies

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

#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	6	5	5	4	5	NMQCM	6	4	5	3	5
A Step Above	7	3	5	3	6	Peak	10	9	10	10	10
Amigo	2	2	2	2	2	Rio Puerco	1	1	1	1	1
Carino	8	3	6	5	8	SCCM	7	4	4	4	5
DDSD	1	1	1	1	1	Unidas	18	13	16	13	16
Excel	6	2	2	3	5	Unique Opportunities	1	1	1	1	0
J&J	9	6	8	6	3	Visions	6	3	5	4	6
NMBHI	2	2	2	2	2	Totals #2 - #6	90	59	73	62	75

D. Lack of Consistent Implementation of the ISP

Implementation data is reviewed to determine whether 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 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 as represented in past CPR findings.

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, 4 (36%) were being consistently implemented (7 of 13, 54% in 2013; 8 of 11, 73% in 2014; 2 of 10, 20% in 2015).

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 79 ISPs which were found to be partially adequate, 24 (30%) were being implemented consistent with ISP direction. (38% in 2013; 51% in 2014; 32% in 2015)

As illustrated below, statewide, 69% of the ISPs were not being fully or consistently implemented. (59% in 2013 and 46% in 2014)

Chart #27: ISP Not Consistently Implemented as Intended

Issue	Metro	NE	NW	SE	SW	Total
	49	9	9	10	13	90
Number of ISPs, regardless of quality, that were being fully implemented.	14 29%	4 44%	2 22%	3 30%	5 38%	28 31%

The following charts identify by provider agency and then case management agency the number of individuals identified in 2016 with part or all of their ISP not implemented.

Chart #28: Residential and Day Provider Agencies with ISPs Not Being Fully Implemented

Note: The 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	A Better Way	1		1
	Active Solutions		2	2
	Adelante	10	8	11
	Advantage Communications	1		1
	Advocacy Partners	1		0
	Alianza	1		1
	Alta Mira	1		1
	ARCA	7		6
	At Home Advocacy	1		1
	Bright Horizons	2		1
	Cornucopia	1		0
	CFC		3	3
	Connections		4	3
	Dungarvin	3		1
	Expressions of Life	2		2
	Expressions Unlimited	1		0
	La Vida		2	1
	Life Missions	2		2
	LifeRoots		2	1
	LLCP	8	1	6
	New Pathways	1		1
	Onyx	2		2
	Optihealth	1		1
	Share Your Care		2	0
	Su Vida	1	2	3
	The New Beginnings	2		2

Region	Agency	# of Ind. Reviewed in Residential Services	# of Ind. Reviewed in Day but not Residential	# with Implementation Issues
Northeast	AWS/Benchmark	3	1	4
	CDD	1		1
	ELADC (Ensuenos)	1		0
	ESEM	2		0
	Family Options	1		0
	NNMQC	1		1
Northwest	Dungarvin	4	1	4
	Empowerment		2	1
	PMS Shield		1	1
	Ramah Care	2		1
	Tungland	3		3
Southeast	Asipre	1		1
	ENMRSH	3		2
	HDFS	1		1
	Leaders	1		1
	Nezzy Care	1		0
	Tobosa	3		2
Southwest	Community Options	1		1
	Lessons of Life	2		1
	Opportunity Center	1		1
	PRS	1		0
	Tresco	8		5

Chart #29: Case Management Agencies with ISPs Not Being Fully Implemented

Region	Agency	# in Sample	# with Implementation Issues	% of those reviewed from that agency with issues
Metro	A New Vision	6	5	83%
	A Step Above	5	3	60%
	Amigo	2	1	50%
	Carino	8	5	63%
	NMQCM	6	5	83%
	Peak	5	5	100%
	Unidas	16	10	63%
	Unique Opportunities	1	1	100%
Northeast	DDSD	1	0	0%
	NMBHI	2	1	50%
	Visions	6	4	67%
Northwest	A Step Above	2	1	50%
	Excel	5	4	80%
	Peak	1	1	100%

Region	Agency	# in Sample	# with Implementation Issues	% of those reviewed from that agency with issues
	Rio Puerco	1	1	100%
Southeast	Excel	1	1	100%
	J&J	9	6	67%
Southwest	Peak	4	2	50%
	SCCM	7	4	57%
	Unidas	2	2	100%

E. Findings and Recommendations

It is hoped that this information will be used to recognize good practice and ensure that providers/case managers act consistently so that class members have ISPs which reflect their desires, needs, interests, strengths and that these ISPs are consistently and completely implemented.

Finding #9: During the 2016 CPR, 79 (88%) of the 90 ISPs scored were not adequate to meet the person’s needs. Eleven individuals (12%) were found to have a program of the level of intensity adequate to meet the person’s needs.²⁹

Finding #10: Of the 90 people whose ISPs were reviewed and scored, 11 (12%) were found to have an ISP adequate to meet the individuals’ needs. Those providers supporting individuals whose ISPs were found to be adequate are identified next.

- The Metro agencies supporting three individuals include: Adelante, Alegria, ARCA, Connections and La Vida (all three individuals are supported by two Day Services) and Advocacy Partners, ARCA and Bright Horizons (Residential Services). The case management agencies were A Step Above, Carino and Unidas.
- The Northeast region had one person who had an adequate ISP; supported by ARCA and Alegria (Day Services) and ARCA (Residential services). The case management agency is Unidas.
- The Northwest region is home to two people with adequate ISPs in this review. Residential agency support for both is Tunland; Dungarvin and PMS Shield provide Day services. The case management agency is Excel.
- The Southeast region supports three people who were found to have adequate ISPs. Their Residential and Day agencies are ENMRSH and Tobosa. The case management agencies are J&J and Excel.
- The Southwest Region, specifically the Day and Residential agency of Tresco and the SCCM case management agency, supports two people who had adequate ISPs.

Finding #11: Eleven (12%) individuals were found to have a program of the level of intensity adequate to meet the person’s needs (26% in 2015).³⁰

²⁹ This is CPR Protocol Question #146.

³⁰ These individuals scored “Yes” on Q. 147 in the protocol.

- Of these 11, 7 people were served by agencies in the Metro region. The Day/Residential provider agencies include: Adelante, Advocacy Partners, Bright Horizons, Connections, Expressions of Life, Expressions Unlimited, La Vida and LLC. The case management agencies were A Step Above, Carino, Peak, Unidas and Unique Opportunities.
- The Northeast region had agencies supporting 1 of these individuals. The Residential agency was ESEM, and the individual did not have Day services. The case management agency is Visions.
- The Southeast region supported 2 of these individuals. The agency providers were Leaders and Tobosa. The case management agencies was J&J.
- Agencies in the Southwest Region served 1 of these individuals. These agencies were Tresco, for Residential and Day services. The case management agency was SCCM.

Finding #12: Issues identified by specific sections of the ISP (Chart #24) indicate wide spread problems with all sections.

Finding #13: Statewide, only 31% of the ISPs reviewed were being fully or consistently implemented.³¹

Recommendation #9:³² The DOH/DDSD ISP Strategic Plan should be informed by and specifically identify strategies which will resolve decade long issues with the ISP as identified by the CPR. The ISP Strategic Plan should include the development of specific implement strategies which will systemically and measurably improve practice and outcomes for class members in, at least, each of the four Individual Service Planning areas identified below.

9.a. ISP Development:

- About half (49%) of the IDTs did not have an appropriate expectation of growth for the person. (Q. 85)
- Team members (41%) are not able to describe the person's health related needs. (Q. 54)
- Teams (62%) did not discuss the person's health-related issues. (Q. 55)
- The person's health supports/needs (82%) are not being adequately addressed. (Q. 56)
- About half of the Teams do not consider what assessments the person needs (49%) (Q. 57);
- Teams do not arrange for and obtain the needed assessments (72%) (Q.58), and/or they (73%) do not use recommendations from assessments in planning (Q. 60).

9.b Individual Service Plan:

- ISP visions (56%) are not adequate. (Q. 64)
- ISP Outcomes (53%) do not address the person's major needs. (Q.69)

³¹ This is a combination of Q. #79 and Q. #80.a. in the protocol.

³² This is a repeat recommendation from 2009 and 2015 CPR.

9.c. ISP Implementation:

- Staff (84%) can frequently describe his/her responsibilities in providing daily care to the person (Q. 82);
- Yet, only 28 or 31% of the ISPs are being consistently implemented.

9.d. ISP Monitoring:

- The Case Management record does not contain (79%) 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 does not (92%) reflect the status of the outcomes and services of the key life areas stated in the ISP. (Q. 83)

IV. DAY SERVICES³³

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** (emphasis added) in the community and **take affirmative action to prevent regression or loss of current capabilities** (emphasis added) ... The intent is to provide **choice** and obtain opportunities for individuals to live, work and play with full participation in their communities”.³⁴*

“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”.³⁵

As this brief illustration of a relevant portion of DOH/DDSD standards illustrates, the content of the standard is fine. The information which follows makes clear it is the implementation and enforcement of these requirements that is lacking.

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.

³³ The information in this section pertains to the 90 class members and does not include the 3 individuals reviewed who were receiving supports through Mi Via.

³⁴ 7.26.5.8 NMAC – Rp, 7 NMAC26.5.8.,

³⁵ Chapter 5, Community Inclusion Services, 2007, Developmental Disabilities Waiver Service Standards, page 58

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, 12 months a year. 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 should 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.

After reviewing this information, as last year, an analysis of information was provided. Again, as last year, there are challenges because the data that providers keep is uneven and difficult to aggregate. Nevertheless, the extent to which data could be gathered it is displayed here. Some information is simply not available. For example:

- 3 individuals didn’t have outcomes identified in the Work/Learn section of the ISP;
- 51 people didn’t have data which verified or provided evidence of how much time, exactly, the person was spending on an Outcome.

Consequently, for 54 individuals (53%) this question cannot be answered because there isn’t sufficient data which verifies a measurable, coherent answer.

For the remaining individuals, the approximate amount of time they spend on a day related ISP Outcome can be determined based on the data provided during the review. As the information provided below shows, that is true for only 36 (40%) of the 90 individuals reviewed who receive DD Waiver day services. Please note that some individuals have more than one Outcome.

Chart #30: Amount of Time Spent on Work/Day Related ISP Outcomes

Hours per day			Hours per week			Hours per month			
< 1	1	4	1	2-4	6	< 1	1	2-4	10
6	1	1	20	2	1	2	2	2	1

As the chart above illustrates, it is difficult for reviewers to answer the **Monitor’s Question**, “How much time each day does this person spend on activities related to his/her ISP Work/Learn (and other) Outcomes?” While it is not expected that all of the 30 hours per week that DDSD pays for “Day Services” would be spent focusing on enabling individuals to accomplish outcomes identified in their ISPs, anyone who understands the importance of repetition and consistency for learning new skills would conclude that more than 7 people require daily practice.

Time spent on the new skill or habit as well as how frequently the person ‘practices’ the new skill/habit directly influences how likely the person is to be successful. As with attempting to analyze ‘time spent’, some information regarding frequency was not available. However, more information is available regarding ‘how often’ a person engages in his/her Work/Learn Outcome.

- 3 individuals didn’t have outcomes identified in the Work/Learn section of the ISP;
- 15 people didn’t have enough data available to verify that the Outcome was being implemented and/or how frequently.

Nevertheless, for 72 people (80%), information regarding frequency was available.

Chart #31: Frequency of ‘practice’ on Work/Learn Related ISP Outcomes

# of times per week			# of times per month				# per Quarter
1	1-2	3-4	< 1	1	2-3	4	1
11	28	6	1	17	13	2	1

The implications of these findings, as was also true last year, deserve both attention and action. 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.³⁶ 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 experience 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.

C. Growth and Skill Acquisition is Not an Identified Expectation

An overall observation regarding the content of individual’s ISP is that individual growth and expectation of gaining greater independence and skill acquisition is not an identified expectation.

There are at least four influences impacting the many weaknesses of the ISP:

³⁶ Self-Determination, Michael L. Wehmeyer, Ph.D., University of Kansas, Office of Disability Employment Policy (ODEP).
 2016 Final CPR Statewide Report: 2.7.17

1. The lack of growth expectation(s) that the Teams appear to have of the person;
2. The lack of understanding and recognition of how individual class members communicate; and
3. 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 46 (51%) of the individuals in the review the answer was “yes”. That means almost half of the individuals have teams that do not adequately expect the individual to learn or grow. Couple that answer with the information provided above regarding what people are actually doing during the day and it becomes clear that Outcomes are matching expectations. The stunning lack of intentional engagement for the purpose of learning and skill acquisition is dramatically absent.

2. 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 and direct support professionals in understanding how each person communicates and in turn sharing that information. 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.

As identified during the past two years, 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. What made the difference? Is this a consistent message or situational?

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

The implications of these findings are in many respects shocking. 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.³⁷ 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.

³⁷ Self-Determination, Michael L. Wehmeyer, Ph.D., University of Kansas, Office of Disability Employment Policy (ODEP).

D. The Purpose of Day Center Activities is Not Clear

Question: What does the person do during the day? The answers to this question are basically the same as in 2014 and 2015. The description of 'what people are doing' during the day was derived by reviewers through interviews, observations and documentation, to the extent that it exists. The categories are listed in order of 'most frequently' identified activity. The following are the most frequently identified as, 'what the person does during the day'.

- Shopping/going to malls/stores in the community;
- Going to different kinds of parks;
- Arts and Crafts and personal care (going to the bathroom, changing) (tied);
- Going for a walk/Going to the library (tied);
- Visiting animals;
- Listening to music;
- Going to the Senior Center;
- Socializing, going to the community center (tied);
- Listening/watching people; and
- Bowling/Watching movies (tied).

When inquiring about the purpose of these activities, again, responses were difficult to quantify. In some agencies people 'rotate' between available 'classes' so they go to what is available. In other cases responses such as, 'he likes it', 'she may not participate but she likes to go out with others', 'he likes to walk'... 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..." or "this is where the group wants to go" 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.

E. Some People Have Memberships

When attempting to identify the extent to which individuals are actually "part of" their community vs. only 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 five year overview of the types of memberships identified for the individuals reviewed. 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.

Chart #32: Types of Memberships

CPR Year	2011	2013	2014	2015	2016	# of People and # of Identified Memberships								
Sample Number	(109)	(102)	(96)	(96)	(93)		0	1	2	3	4	5	6	7
Memberships														
Special Olympics*	6	16	6	10	4	2011	3	11	26	31	26	9	3	0
Active member of Tribe	5	10	2	8	7	2013	3	3	23	27	20	18	6	2
Special Orchestra*		6			9	2014	3	7	22	25	20	14	4	1
Attend Arc	5	6				2015	3	11	14	28	24	13	3	0
Use recreation/community center/gym	43	47	50	58	53	2016	3	6	18	20	22	13	5	2
Take Classes (cooking, ceramics, dance, and art)*	6	7	5	2	3									
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	13	9									

* = Generally segregated activities

F. Some Individuals are Active and/or Known in the Community

Again, 'being known' is another indicator of the extent to which people may be socially integrated and a part of their communities. 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 method of engagement is to participate individually, rather than in groups of people with I/DD.

Chart #33: Types of Activity in the Community

CPR Year/Sample Number	2011	2013	2014	2015	2016
	(109)	(102)	(96)	(96)	(93)
Swimming	19	20	17	24	16
Park, Aquarium, Bio Park, Zoo	24	25	28	24	34
Bowling	28	39	23	25	26
Church	52	60	45	46	52
Library	68	61	58	65	64
Volunteer	32	35	36	27	25
Work	18	23	18	16	15

G. Some 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 by them. 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.

In 2014, 68 (71%) of the 96 individuals reviewed were found to have non-paid acquaintances and/or friends in their life.

In 2015, 73 (76%) of the 96 individuals reviewed were found to have non-paid acquaintances and/or friends in their life.

In 2016, 55 (61%) of the 93 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

Many Jackson Class Members have spent 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, for many the challenge of real integration remains elusive. Being in the community does not automatically equate to being a part of the community. Going to the pharmacy to pick up your housemates medication and staying in the van while staff run in to pick it up does not a meaningful opportunity make. Going to Hastings with a group of 6 and sitting on the couch sleeping or looking at the floor is not integration, purposeful or meaningful. Going to the park in a group of 5 and sitting at the picnic table while staff text and scan the internet lacks purpose, meaning and skill enhancement let alone exploration and just fun.

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.

In 2014, 65 (68%) of the 96 individuals reviewed were found to be adequately integrated into the community.

In 2015, 55 (58%) of the 95 individuals reviewed (and scored) were found to be adequately integrated into the community.

In 2016, 42 (47%) of the 90 individuals reviewed (and scored) were found to be adequately integrated into the community. (Protocol Question #145)

I. Findings and Recommendations

Finding #14: DOH/DDSD standards articulate expectations consistent with promoting individual choice, integration, meaningful relationships, implementation of ISPs, etc. However, these standards are not consistently enforced.

Finding #15: Expectations of growth for class members are low, skill acquisition is not an expectation.

Finding #16: There appears to be a profound lack of understanding of how people with I/DD acquire new skills, become familiar with new opportunities and purposefully engaged with their community as evidenced by the pervasive problems with the content of the ISP, the lack of time and frequency being dedicated to Outcome attainment and the overall lack of consistent implementation of the ISP.

Finding #17: Day services are segregated and appear to be time fillers, lack individual purpose, are containment oriented and custodial in nature.

Finding #18: Some individuals are active and known in their community.

Finding #19: Few individuals (6%) have non-paid acquaintances and friends.

Recommendation #10. DDSD needs to identify and reach agreement on the historic and current barriers to the implementation of and enforce their ISP standards.

Recommendation #11. Findings from the CPR should be used inform discussions currently beginning and intended to improve the ISP. Actions taken to improve the ISP should be (S3.4):

- 11.a. directed towards the achievement of identified Outcomes;
- 11.b. measured, tracked, evaluated and reported to determine their effectiveness;
- 11.c. modified if found to be ineffective; and
- 11.d. memorialized into the system to ensure sustainability if found to be effective.

V. THERAPY SERVICES

A. Identified Therapy Issues³⁸

As the following charts illustrate, 79 or 85% of class members reviewed had 210 issues identified in the therapy/consultant area.

Region	Sample	# JCM	% of Sample
Metro	50	44	88%
NE	11	10	91%
NW	9	8	89%
SE	10	7	70%
SW	13	10	77%
STATE	93	79	85%

Region	PT	SLP	OT	BSC	Total
Metro	22	24	33	29	108
NE	8	9	5	14	36
NW	4	9	10	10	33
SE	3	1	0	4	8
SW	4	7	5	9	25
STATE	41	50	53	66	210

The 'type of issues' identified by therapy and region are summarized in the following chart. The type of issues most frequently identified were:

- 84 Plan not being implemented
- 43 Assessments were late, missing or needing to be updated
- 25 Plan was not specific
- 15 Staff needed to be trained on the implementation of the plan
- 11 Therapy was missing or there were gaps in services
- 10 The therapy plan had errors in it and needed to be revised
- 4 The behavioral crisis plan needed clarification

The therapy where the most issues were identified included: BSC (66 issues); OT (53 issues); SLP (50 issues); and PT (34 issues).

³⁸ PT = Physical Therapy; SLP = Speech, Language Pathology; OT = Occupational Therapy; BSC = Behavior Support Consultant

Chart #36: Detail of issues by Region/Statewide

Detail of issues by Region/Statewide							
		Metro	NE	NW	SE	SW	State
Therapy Missing/had Gap	PT	2	0	1	1	0	4
	SLP	0	0	1	0	0	1
	OT	4	2	0	0	0	6
	BSC	0	0	0	0	0	0
Assessment Late/ Missing//Needs update	PT	5	3	0	1	1	10
	SLP	3	3	2	0	2	10
	OT	4	0	5	0	1	10
	BSC	5	5	3	0	0	13
Plan Late/ Missing	PT	1	1	0	0	0	2
	SLP	3	1	1	0	1	6
	OT	4	0	0	0	0	4
	BSC	3	1	1	0	1	6
Plan not Specific	PT	2	1	0	0	0	3
	SLP	1	2	3	1	2	9
	OT	0	0	2	0	1	3
	BSC	3	2	2	1	2	10
Plan not Implemented	PT	11	3	3	0	2	19
	SLP	13	3	2	0	2	20
	OT	17	3	3	0	1	24
	BSC	11	4	2	0	4	21
Plan has errors/needs revision	PT	1	0	0	0	0	1
	SLP	1	0	0	0	0	1
	OT	2	0	0	0	0	2
	BSC	3	0	0	1	2	6
Staff Need Training	PT	0	0	0	1	1	2
	SLP	3	0	0	0	0	3
	OT	2	0	0	0	2	4
	BSC	2	1	1	2	0	6
Crisis Plan Needs Clarified	BSC	2	1	1	0	0	4
TOTAL		108	36	33	8	25	210

B. Some Class Members Experienced Gaps in Therapy Services

In 2016, 11 of 93 (12%) experienced a gap or loss of therapy services during the course of the review year. These instances were caused, primarily, by a lack of available therapies in a region, a therapists no providing therapy services consistently or a therapist discontinuing services and the Team acting to resolve these issues timely.

C. The Number of Gaps in Therapy Services has Decreased

In 2016, 11 Jackson Class Members experienced a gap in therapy services. This is a drop in the number of individuals effected by missing services compared to 2015 (23 of 96, 24%). Sometimes individuals were recommended or referred for therapy services by another health care provider, and the therapy was not secured in a reasonable amount of time due to lack of available providers or budgeting issues., resulting in some individuals being without needed services. In 2014, of the 97 people in the review, 16 people (16%) were found to have gaps in services. In 2013, 18 of 102 people (18%) were identified.

Chart #37: Number of Gaps in Therapy Services by Year, 2013-2016 CPR

CPR Year	PT	OT	SLP	BT	Total
2013	8	8	4	3	23
2014	13	5	3	2	23
2015	12	10	1	4	27
2016	4	6	1	0	11

Chart #38: Number of Gaps in Therapy Services by Region, 2013-2016 CPR

CPR Year	Metro	NE	NW	SE	SW	Total
2013	3	5	5	3	7	23
2014	4	4	3	6	6	23
2015	16	5	1	2	3	27
2106	6	2	2	1	0	11

In 2016 there were no gaps in Behavior Support Consultation identified for those in the sample. The largest gaps identified were for Occupational Therapy (6 people) and Physical Therapy (4 people).

Chart #39: Number of Gaps in Therapy Services by Service Area, 2013-2015 CPR

Region	PT				OT				SLP				BT				Totals			
	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016
Metro	0	2	7	2	2	1	5	4	0	1	1	0	1	0	3	0	3	4	16	6
NE	3	2	1	0	1	1	4	2	0	1	0	0	1	0	0	0	5	4	5	2
NW	2	3	0	1	0	0	0	0	2	0	0	1	1	0	1	0	5	3	1	2
SE	0	2	1	1	2	2	1	0	1	0	0	0	0	2	0	0	3	6	2	1
SW	3	4	3	0	3	1	0	0	1	1	0	0	0	0	0	0	7	6	3	0
Total	8	13	12	4	8	5	10	6	4	3	1	1	3	2	4	0	23	23	27	11

VI. 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 at or 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 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 2016 Community Practice Review, 79 of the 90 (88%) class members reviewed and scored had case managers who knew them well. As shown in the chart below, 11 of 15 Case Management Agencies³⁹ (73%) 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 2016 CPR found that 74 of 90 (82%) 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%. In 2014 the percentage dropped to 63% (61 of 97) and it remained in that range, in 2015, at 66%, 63 of 96 class members. This year represents a welcome increase in this area, as 70 of 90 individuals (78%) have Case Managers who were able to describe the health related needs of the people they support

³⁹ This includes DDSD which provides Case Management Services to individuals in the NE regions.

C. Case Management Concerns Continue: Monitoring, Follow Up and Documentation

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 2015 the answer was ‘yes’ for 32 (33%) case managers (30% in 2014, 25% in 2013). This year there was a drop in this scored area, with 19 of 90 case managers (21%) being seen as monitoring and tracking as needed. The expectation 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. In this case, there should be documentation that the case manager knows of this gap and is following-up to get the service in place timely.

A question which also 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”? In 2015, 11 of 96, or 12%, of case management records were found to contain such documentation (25% in 2014, 21% in 2013). **This year, that number is the lowest it has been in over ten years, at 8% (7 of 90).** When reviewers probe 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 their 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 and/or revised strategies. Case Management monitoring of ISP/Service implementation is an extremely important safeguard, especially in light of the finding that 66 of the 95 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 manager 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, 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 finding. During the 2015 CPR, this was “yes” in 42 of the 96 class members reviewed (44%), a small increase from previous years (39% in 2014, 37% in 2013). This year reflects very little change, with 38 of 90 being found to have case managers providing services at the level needed (42%).

D. Findings by Case Management Agency

A summary of the results of some of the questions discussed above follows. Question #78, which is not highlighted above is detailed below. Case Management Agencies are listed in alphabetical order.

Question #78. Overall, is the ISP adequate to meet the person’s needs?

Chart #40: 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 ⁴⁰
A New Vision	6	4	3	2	4	0	0
A Step Above	7	6	7	2	3	0	0
Amigo	2	2	1	0	1	0	0
Carino	8	2	7	3	5	2	0
DDSD (NERO)	1	1	1	0	0	0	0
Excel	6	6	6	3	6	0	0
J&J	9	9	7	1	2	1	1
NMBHI	2	2	1	0	0	0	0
NMQCM	6	6	5	1	2	0	3
Peak	10	6	8	1	2	1	1
Rio Puerco	1	1	1	0	0	0	0
SCCM	7	7	7	0	4	1	2
Unidas	18	14	10	3	5	2	3
Unique Opportunities	1	1	1	0	0	0	1
Visions	6	6	5	2	4	0	0

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

Chart #41: 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										
Unidas	18	14 (78%)	10 (56%)	3 (17%)	5 (28%)	2 (11%)	0	1	1	3
Peak	10	6 (60%)	8 (80%)	1 (10%)	2 (20%)	1 (10%)	0	1	1	3
Agencies with 7 to 9 individuals in the sample										
J&J	9	9 (100%)	7 (78%)	2 (22%)	2 (22%)	1 (11%)	1	1	0	3
Carino	8	8 (100%)	7 (88%)	3 (38%)	5 (63%)	2 (25%)	1	1	1	2
A Step Above	7	6 (86%)	7 (100%)	2 (29%)	3 (43%)	0 (0%)	1	1	0	3
SCCM	7	7 (100%)	7 (100%)	0 (0%)	4 (57%)	1 (14%)	2	0	1	2
Agencies with 4 to 6 individuals in the sample										
A New Vision	6	4 (67%)	3 (50%)	2 (33%)	4 (67%)	0 (0%)	0	0	3	2
Excel	6	6 (100%)	6 (100%)	3 (50%)	6 (100%)	0 (0%)	3	0	0	2
Visions	6	6 (100%)	5 (83%)	2 (33%)	4 (67%)	0 (0%)	1	1	1	2
NMQCM	6	6 (100%)	5 (83%)	1 (17%)	2 (33%)	0 (0%)	1	1	0	3

⁴⁰ 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	# of 100%	# 75% to 99%	# 51% to 74%	# 50% or below
Agencies with 1 to 3 individuals in the sample										
Amigo	2	2 (100%)	1 (50%)	0 (0%)	1 (50%)	0 (0%)	1	0	0	4
NMBHI	2	2 (100%)	1 (50%)	0 (0%)	0 (0%)	0 (0%)	1	0	0	4
DDSD (NERO)	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	2	0	0	3
Rio Puerco	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	2	0	0	3
Unique Opportunities	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	2	0	0	3

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 2016 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 #20. Eleven of 93 class members (12%) reviewed in 2016 experienced gaps in therapy services, primarily in OT and PT. This is a significant drop from 2015 where 23 of 96 individuals (24%) experienced a gap therapy services.

Finding #21. 79 of 90 (88%) class members reviewed had case managers who knew them well. (Q. #26; 95% in 2013, 93% in 2014, 95% in 2015)

Finding #22. 74 of 90 (82%) 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; 79% in 2014, 86% in 2015)

Finding #23. 70 of 90 (78%) of class members had case managers who could describe the person health related needs. (Q. #30; 72% in 2013; 63% in 2014, 66% in 2015)

Finding #24. 19 of 90 (21%) of case managers' records contained documentation verifying monitoring and tracking the delivery of services outlined in the ISP. (Q. #32; 25% in 2013; 30% in 2014, 33% in 2015)

Finding #25. 7 of 90 (8%) of the case manager's progress notes or other documentation in the record reflect the status of the goal sand services of the key life areas stated in the ISP. (Q. #83; 21% in 2013; 25% in 2014, 12% in 2015)

Finding #26. 38 of 90 class members (42%) were found to have Case Managers who provided services at the level needed. (Q. #33; 37% in 2013; 39% in 2014, 44% in 2015)

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. DDS 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 DDS and case management agencies to ensure that changes are embraced, effective and sustained long term.

See Recommendations #9, 10 and 11

Recommendation #12: Using CPR and other available data, the Jackson Compliance Administrator should lead a collaborative effort with DOH/DDS/QMB and the Community Monitor to identify and prioritize those case management agencies identified with consistent good practice as well as those with consistent deficiencies (e.g., lack of monitoring and follow up, lack of adequate ISPs, lack of identifying when ISPs are not consistently implemented, not providing CM at the level needed by the individual...). Prioritized agencies with exemplary as well as those with more challenges and design interventions intended to: (S3.4)

- 12.a. improve supports, services and safeguards provided to JCMs by recognizing and building off of good practice;
- 12.b. improve the practice of the identified case management agencies;
- 12.c. identify why QMB and CPR case management findings are so divergent; and
- 12.d. recommend ways forward in an effort to sustain improved practice.

Recommendation #13: Case Management roles, responsibilities and tasks need to be collaboratively reviewed and modified prior to rates⁴¹ being adjusted. The review process should:

- 13.a. include a comprehensive analysis of existing tasks for the purpose of identifying:
 - 13.a.i. Who has primary responsibility for each task;
 - 13.a.ii. Who has secondary responsibility and what that means which should also clarify roles, responsibilities and authority of other Stakeholders, by task: (e.g., providers, regions, guardians);
 - 13.a.iii. Who must provide information to complete the task; and
 - 13.a.iv. What additional training would be needed, if any, to successfully complete the task?
- 13.b. Existing as well as 'required' or 'new' tasks should be included in the analysis (e.g., EC's, CPR findings, etc.);
- 13.c. include a time study to identify Case Management current workload and where time is being dedicated;
 - 13.c.i. A second time study post 'reforms' should be conducted to determine the effectiveness of planned interventions intended to decrease paperwork and increase categories found to have the most positive impact on person's life and outcomes.
- 13.d. Information and agreements made as a result of this process should be used to influence standards, policies/procedures and rates.

⁴¹ Outcome based rate model is proposed to be designed by the Human Resource Research Institute and Burns and Associates.

VII. SUPPORTED EMPLOYMENT

As DDSD outlines in their Medicaid Waiver Standards of 2007⁴², “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 2016 CPR, 56 of the 88 people reviewed (64%, 2 not scored, 3 Mi Via) were recommended for a Vocational Assessment or person-centered assessment with the intent that these ‘discovery’ processes’ would result in purposeful and meaningful days including employment, when possible. Thirty (52%) received an assessment. Of the 88 people reviewed and scored, 49 were found to need supported employment; 7 people (14%) were engaged in employment.

The goal should be to ensure that individuals are supported to receive integrated employment services based on informed choice and 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.

A. Supported Employment Disengagement Data

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 #42: Historic Supported Employment Disengagement Data

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2013	2014	2015	2016
Need an Employment Assessment?	58%	78%	69%	82%	58%	77%	74%	66%	71%	73%	65%	75%	77%	68%	64%
Need supported employment?	44%	38%	47%	53%	51%	66%	58%	55%	53%	56%	45%	63%	65%	59%	56%
Receive supported employment assessment?	96%	97%	89%	86%	83%	79%	60%	62%	70%	71%	58%	63%	53%	49%	54%
Assessment conforms to DOH Regulations?	63%	89%	72%	15%	39%	26%	35%	30%	39%	29%	28%	16%	15%	14%	14%
Has a Career Development Plan?	53%	56%	38%	14%	25%	23%	31%	20%	37%	17%	33%	8%	11%	11%	6%
Is supported employment provided in line with requirements?	38%	75%	30%	25%	21%	22%	31%	10%	30%	23%	14%	20%	18%	9%	14%

⁴² Jackson Class Members continue services under the 2007 Waiver Standards.

B. Findings and Recommendations

Finding #27. During the 2016 CPR, 56 of the 88 people reviewed (64%, 2 not scored, 3 Mi Via) 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 #28. Thirty people (52%) received an assessment, and 8 of the assessments (14%) conformed to DOH regulations.

Finding #29. Of the 88 people reviewed and scored, 49 were found to need supported employment (56%); 7 of those people (14%) were engaged in employment according to DOH standards.

Note: The systemic recommendation offered last year is listed below for informational purposes only. No new Supported Employment Recommendation is offered in recognition of and gratitude for DOH/DDSD's current initiative in the Supported Employment area. Thank you for your proactive engagement with JCM's, providers, case managers, Partners, the Jackson Compliance Administrators Supported Employment Expert, the Parties, Intervenors and Community Monitor as you create new work opportunities and employment futures in New Mexico.

Recommendation #15⁴³: DOH/DDSD, in conjunction with the Jackson Supported Employment Consultant, Jackson Compliance Administrator and others as needed, should work with providers to ensure:

- a. Individuals and their Guardians have informed choice regarding a wide variety of work and employment options. Informed choice cannot be exercised unless real work options have been experienced.
- b. Each year report, by provider, the number of class members:
 - 8.b.i. who are earning minimum wage or better;
 - 8.b.ii. and the average number of hours they work per week; and
 - 8.b.iii. who are working in jobs consistent with the Federal Definition of Supported Employment (Supported Employment Objective SE1.2. and JSD. ¶37.d.)
- c. Class members have access to a provider who effectively delivers wide variety of job options. This variety of job opportunities must be available, experienced and effectively provided to interested class members based on their interests and abilities. In addition,
 - 8.c.i. Providers need to know the difference between individualized/customized job development vs. putting a person in an existing job slot whether it is a good fit or not.
 - 8.c.ii. Providers need to know the difference between supported employment and customized employment (i.e. creating a reconfigured job that didn't already exist to match the individual's abilities and interests, enabling self-employment and micro enterprises).
 - 8.c.iii. Providers need to know the difference between contract work and real, integrated work in the community.
- d. DOH/DDSD should differentiate between supported employment and customized employment by, in part, incentivizing rates and developing rules regarding each.

⁴³ This recommendation was also made in 2015.

VIII. GOOD NEWS: OVERALL CONSISTENT AND IMPROVING AREAS

During the past seven Community Practice Reviews (2009, 2010, 2011, 2013, 2014, 2015 and 2016), 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)⁴⁴. 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 seven 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 2014 to 2015. 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, two questions have all scored over 80% in the Metro region for the past seven years. This shows that the region has Case Managers who “know” the person they support and are adequately available to that person (Q#26). 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, as reflected through seven years of scores over 80% (Q#35). Also scoring very high – over 90% in the last seven 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 six CPRs (Q#47 and #53). Residential support service staff interviewed “knew” the person they support, and have for seven years, with scores over 80% (Q#44). Since the 2010 CPR, 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.

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 seven CPRs (100% all seven years, Q#61). Over the past seven 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 six CPRs, addressed the life areas required by DOH regulations (Q#141).

⁴⁴ “Q” followed by a number identifies the specific question(s) in the protocol.

B. Northeast Region

Case Management: One question has scored over 80% for the past seven CPRs in the Northeast region. The question reveals that the region has Case Managers who “know” the person they support (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 seven CPRs.

Home Living: Consistent improvement has been shown with staff receiving training on implementing the ISP, from 67% in 2011 to 86% in 2013 and has been over 80% in the past three years (92% in 2014; 91% in 2015; 89% in 2016) (Q#46).

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 seven CPRs (100% all seven years, Q#61).

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 five years.

Home Living: Residential support service staff in the Northwest region also consistently “know” the person they support as evidenced by 90% or higher scores for the past five CPRs (Q#44).

Behavior Supports: For individuals who were found to need Behavioral Support Services, scores in this area of the protocol have been high in the Northwest region for the fifth CPR in a row. In 2016, 100% of plans are developed out of the behavior support assessment and 100% of staff have been trained on the plans. (Q#134, #135).

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 five years, over 80% of ISPs have contained information regarding the individual’s health/medical care information and how the person will obtain their prescribed medications (Q #74 and #76).

Individual Service Plan: For the last seven 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, five 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 seven CPRs, over 80% of Day/employment support staff in the Southeast region also “know” the person they support (Q#35). Also scoring consistently high – over 80% in the last six 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 six CPRs (Q#47). Residential support service staff in the Southeast region also consistently “know” the person they support (Q#44).

Team Process: For the last seven years, over 80% of teams were found to have adequate communication between meetings (Q#116 and #117).

Adequacy of Planning: Southeast region individuals have all had ISP documents in the past seven CPRs (100% all seven years, Q#61).

E. Southwest Region

Case Management: With regard to Case Management in the Southwest region, most (85%) Case Managers “know” the person they support and were adequately available to that person (Q#26 and #29). For the past seven 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 supports: Scoring consistently high – over 90% in the last six 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 seven CPRs (Q#47 and #53, over 80% all seven years). Residential support service staff in the Southwest region also “know” the person they support (Q#44).

Adequacy of Planning and Services has consistently high scores in a few specific areas over the past six CPRs. Southwest region individuals have all had ISP documents in the past seven 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 (Q#75).

Individual Support Plan: For the past seven CPRs, over 80% of the ISP documents reviewed in the Southwest region have addressed the life areas required by DOH regulations (Q#141).

Appendix A: Findings and Recommendations Summary

I. Findings

A. Health

Finding #1: This report, in its entirety, coupled with reports provided for the past decade continue to note long term systems failure to recognize, report, intervene, evaluate and ensure corrective action which results in improved health and programmatic practice at the individual, provider and systems level. A few examples follow.

- There are current health related issues directly and negatively affecting Jackson Class Members which have been identified as problems by the CPR for over a decade and continue today.
- During the past decade Individual Support Plans have never been found to be adequate to meet more than 35% of individual's needs. In 2007 35% of class members had adequate ISPs (the highest), in 2004, 5% (the lowest) of the ISPs were adequate to meet the person's needs and in 2016, 12% of the ISPs were found adequate to meet the person's needs.
- Case Management supports and monitoring which are core individual and systems safeguards have also been identified as urgently needing correction. As the chart in Appendix K shows, the case management records reviewed did not contain documentation that the case manager was monitoring and tracking the delivery of services as outlined in the ISP for 79% of class members in 2016. During the past 12 years, the average percentage of class members reviewed who had evidence of case management monitoring and tracking services as outlined in their ISP is 39.5%.
- 42% of class members had case management provided at the level needed by him/her in 2016. During the past 12 years the average percentage of class members who had case management providing supports and services needed was 42.5%.

How DOH/DDSD uses information provided through the CPR as a part of their Quality Assurance/Quality Improvement system is unclear. Moreover, how DOH/DDSD uses any of the information available to it in terms of individual information (e.g., IRs, GERs, Out of Home Placement reports...) and provider performance reviews (e.g., CPR, QMB, IR...) is unclear. How DOH/DDSD reconciles conflicting information provided by the CPR, QMB or any source is unclear. Equally important is what DOH/DDSD actually does to remedy identified problems and how it measures the effectiveness of those interventions is absolutely essential to identify if significant and sustainable improvements are to be made and verified.

Finding #2: The Metro Region had the highest average number of health related issues per person (3.90 per person) followed by the Southeast (3.30 per person), Northwest (3.22 per person), then the Southwest (2.77 per person) and, finally, the Northeast (2.73 per person).

Finding #3: The Community Practice Review identified 313 health related findings for 83 of the 93 individuals reviewed. Not only did 89% of those reviewed have health related issues identified which needed review and/or action but 33 (11%) of those findings were "repeat" findings from previous Community Practice Reviews. Examples, by providers with more than one person in the review, follow:

- Residential agencies from **Metro** Region who had the highest average number of health related findings per person include:
 - Life Mission had 2 people in the review with 16 health related findings (11 Special) for an average of 8 findings per person.

- Arca had 7 people in the review with 28 health related findings (3 Special, 1 Repeat) for an average of 4 per person.
- Dunganarvin had 2 people in the review with 8 health related findings for an average of 4 per person.
- Case Management Agencies from **Metro** Region who had the highest average number of health related findings per person include:
 - A Step Above had 5 people in the review with 24 findings (6 repeats, 3 Immediate) for an average of 4.8 findings per person.
 - Peak had 5 people in the review with 20 findings (1 repeat, 1 Special) for an average of 4 findings per person.
- Residential agencies from the **Northwest** Region with the highest average number of health related findings per person include:
 - Dunganarvin had 5 people in the review with 24 findings for an average of 4.8 findings per person.
 - Ramah Care had 2 people in the review with 5 findings for an average of 2.5 findings per person.
- Case Management agencies from the **Northwest** Region with the highest average number of health related findings per person include:
 - A Step Above had 2 people in the review with 5 findings for an average of 2.5 findings per person.
 - Excel had 5 people in the review with 12 findings (4 repeats) for an average of 2.4 findings per person.
- Residential agencies from the **Southeast** Region with the highest average number of health related findings per person include:
 - ENMRSH had 3 people in the review with 12 health related findings (1 repeat, 1 Special) for an average of 4 findings per person.
 - Tobosa had 3 people in the review with 11 health related findings (1 repeat) for an average of 3.67 per person.
- Case Management Agencies from the **Southeast** Region with the highest average number of health related findings per person include:
 - J&J had 10 people in the review with 41 health related findings (7 repeats, 1 Immediate, 6 Special) for 4.1 findings per person.
- Residential agencies from the **Southwest** Region with the highest average number of health related findings per person include:
 - Lessons of Life had 2 people in the review with 12 health related findings for an average of 6 per person.
 - Tresco had 8 people in the review with 17 health related findings (2 Special) for an average of 2.13 per person.
- Case Management agencies from the **Southwest** Region with the highest average number of health related findings included:
 - Unidas had 2 people in the review with 8 health related findings (1 Repeat) for an average of 4 per person.
 - Peak had 4 people in the review with 14 health related findings for an average of 3.5 per person.
- Residential agencies from the **Northeast** Region with the highest average number of health related findings per person include:
 - AWS/Benchmark had 3 people in the review with 12 health related findings (2 repeats) for an average of 4 findings per person.
 - ESEM had 2 people in the review with 8 health related findings (3 Immediate, 1 repeat) for an average of 4 findings per person.
- Case Management agencies from the **Northeast** Region with the highest average number of health related findings per person include:
 - Visions had 6 people in the review with 20 health related findings (5 repeats, 1 Special) for an average of 3.33 findings per person.
 - NMBHI had 2 people in the review with 6 health related findings for an average of 3 findings per person.

Finding #4: Lack of action to identify, address and/or follow up on individual JCMs health related needs is a frequently identified health issue which puts JCMs at significant risk. 28% of JCM had assessments obtained as needed, 14% had assessments adequate for planning. Specific issues include:

- 4.a. Not following up on recommended medical appointments or evaluations (H1.7.);
- 4.b. Lack of adequate nursing oversight (H1.2);
- 4.c. Needed medication not available (H1.8);
- 4.d. Nurse Uninformed/Giving Incorrect Information (H1.2.);
- 4.e. Needed Therapies were Missing; and
- 4.f. CARMP not being followed (H1.7.a.).

Finding #5: Incorrect or conflicting health related information in the record was a frequently identified issue and included (H1.3., H1.6):

- 5.a. Plans, Documents Not accurate, or Information is Inconsistent;
- 5.b. Assessments (contradictory information, guidance unclear, incomplete information, missing);
- 5.c. Medication Administration Record/Issues; and
- 5.d. Data Tracking/Monitoring (not done, not done accurately or consistently, e.g., seizures, weight, fluid tracking).

Finding #6: Total instances of Class Members with pneumonia of any type was up sharply for 2016. Class Members most frequently hospitalized have bowel issues (e.g., bowel obstructions/impactions); and dehydration/Urinary Tract Infections.

Finding #7: Individual physical, behavioral and/or functional regression is not being adequately addressed.

- 7.a. Those for whom only physical regression occurred (14), 8 (57%) had the regression adequately addressed in 2016. Six (43%) did not.
- 7.b. Those for whom both physical and behavioral regression has occurred (7 people), this year 5 people (71%) were being adequately addressed which reflects an increase from last year which was 38%.
- 7.c. In the instances where only behavioral regression occurred (8 people) 5 were adequately addressed (63%). Three people did not receive adequate support.

Finding #8: A review of class member deaths has virtually stopped. The last Report of Mortality Reviews by Continuum of Care was in 2013. Thirteen Jackson Class Members have died since January 2016 but there have been no Mortality Review meetings to analyze the circumstances surrounding their deaths. In fact, there are previous deaths from 2015 which have not been reviewed by the Mortality Review Committee.

B. Individual Service Plan (ISP)

Finding #9: During the 2016 CPR, 79 (88%) of the 90 ISPs scored were not adequate to meet the person's needs. Eleven individuals (12%) were found to have a program of the level of intensity adequate to meet the person's needs.⁴⁵

Finding #10: Of the 90 people whose ISPs were reviewed and scored, 11 (12%) were found to have an ISP adequate to meet the individuals' needs. Those providers supporting individuals whose ISPs were found to be adequate are identified next.

⁴⁵ This is CPR Protocol Question #146.

- The Metro agencies supporting three individuals include: Adelante, Alegria, ARCA, Connections and La Vida (all three individuals are supported by two Day Services) and Advocacy Partners, ARCA and Bright Horizons (Residential Services). The case management agencies were A Step Above, Carino and Unidas.
- The Northeast region had one person who had an adequate ISP; supported by ARCA and Alegria (Day Services) and ARCA (Residential services). The case management agency is Unidas.
- The Northwest region is home to two people with adequate ISPs in this review. Residential agency support for both is Tunland; Dungarvin and PMS Shield provide Day services. The case management agency is Excel.
- The Southeast region supports three people who were found to have adequate ISPs. Their Residential and Day agencies are ENMRSH and Tobosa. The case management agencies are J&J and Excel.
- The Southwest Region, specifically the Day and Residential agency of Tresco and the SCCM case management agency, supports two people who had adequate ISPs.

Finding #11: Eleven (12%) individuals were found to have a program of the level of intensity adequate to meet the person's needs (26% in 2015).⁴⁶

- Of these 11, 7 people were served by agencies in the Metro region. The Day/Residential provider agencies include: Adelante, Advocacy Partners, Bright Horizons, Connections, Expressions of Life, Expressions Unlimited, La Vida and LLC. The case management agencies were A Step Above, Carino, Peak, Unidas and Unique Opportunities.
- The Northeast region had agencies supporting 1 of these individuals. The Residential agency was ESEM, and the individual did not have Day services. The case management agency is Visions.
- The Southeast region supported 2 of these individuals. The agency providers were Leaders and Tobosa. The case management agencies was J&J.
- Agencies in the Southwest Region served 1 of these individuals. These agencies were Tresco, for Residential and Day services. The case management agency was SCCM.

Finding #12: Issues identified by specific sections of the ISP (Chart #24) indicate wide spread problems with all sections.

Finding #13: Statewide, only 31% of the ISPs reviewed were being fully or consistently implemented.⁴⁷

C. Day Services, Community Integration, Meaningful Life

Finding #14: DOH/DDSD standards articulate expectations consistent with promoting individual choice, integration, meaningful relationships, implementation of ISPs, etc. However, these standards are not consistently enforced.

Finding #15: Expectations of growth for class members are low, skill acquisition is not an expectation.

⁴⁶ These individuals scored "Yes" on Q. 147 in the protocol.

⁴⁷ This is a combination of Q. #79 and Q. #80.a. in the protocol.

Finding #16: There appears to be a profound lack of understanding of how people with I/DD acquire new skills, become familiar with new opportunities and purposefully engaged with their community as evidenced by the pervasive problems with the content of the ISP, the lack of time and frequency being dedicated to Outcome attainment and the overall lack of consistent implementation of the ISP.

Finding #17: Day services are segregated and appear to be time fillers, lack individual purpose, are containment oriented and custodial in nature.

Finding #18: Some individuals are active and known in their community.

Finding #19: Few individuals (6%) have non-paid acquaintances and friends.

D. Case Management

Finding #20. Eleven of 93 class members (12%) reviewed in 2016 experienced gaps in therapy services, primarily in OT and PT. This is a significant drop from 2015 where 23 of 96 individuals (24%) experienced a gap therapy services.

Finding #21. 79 of 90 (88%) class members reviewed had case managers who knew them well. (Q. #26; 95% in 2013, 93% in 2014, 95% in 2015)

Finding #22. 74 of 90 (82%) 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; 79% in 2014, 86% in 2015)

Finding #23. 70 of 90 (78%) of class members had case managers who could describe the person health related needs. (Q. #30; 72% in 2013; 63% in 2014, 66% in 2015)

Finding #24. 19 of 90 (21%) of case managers' records contained documentation verifying monitoring and tracking the delivery of services outlined in the ISP. (Q. #32; 25% in 2013; 30% in 2014, 33% in 2015)

Finding #25. 7 of 90 (8%) of the case manager's progress notes or other documentation in the record reflect the status of the goal sand services of the key life areas stated in the ISP. (Q. #83; 21% in 2013; 25% in 2014, 12% in 2015)

Finding #26. 38 of 90 class members (42%) were found to have Case Managers who provided services at the level needed. (Q. #33; 37% in 2013; 39% in 2014, 44% in 2015)

E. Employment

Finding #27. During the 2016 CPR, 56 of the 88 people reviewed (64%, 2 not scored, 3 Mi Via) 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 #28. Thirty people (52%) received an assessment, and 8 of the assessments (14%) conformed to DOH regulations.

Finding #29. Of the 88 people reviewed and scored, 49 were found to need supported employment (56%); 7 of those people (14%) were engaged in employment according to DOH standards.

II. Recommendations

A. Health

Recommendation #1. DOH/DDSD needs to implement and sustain an effective Quality Assurance/Quality Improvement system which identifies, reports, intervenes timely, ensures remedies, evaluates the effectiveness of the corrective action in terms of how and to what extent they improve practice at the individual, provider and systems level. The implementation of this system should include:

- 1.a. the examination of the current Quality Assurance and Quality Improvement processes and activities intended to safeguard JCM which results in improved provider performance in relation to quality services for JCM. Including the establishing measurable indicators that are consistent with the pertinent standards that address the quality of provider performance. (S4.1.);
- 1.b. the routine and consistent use of existing quality assurance information and tools to identify gaps in the healthcare services to JCMs and, in turn, improve outcomes to JCMs (H4.3a., S1.6.1., S2.1., S3.1., S5.2.);
- 1.c. CPR/IQR findings being reviewed as a part of QMB review and reviewer preparation;
- 1.d. the investigation of conflicting and/or inconsistent quality assurance information⁴⁸ with ensuing corrective action proven to effect desired and long lasting improvements in services, supports and outcomes for JCMs (S3.4)
- 1.e. regulatory reviews of case management agencies by QMB, which include a review of the person’s history and preferences, essential services as determined by professional assessments and effectiveness of previous/current interventions (S3.8);
- 1.f. a response from DOH which is proportionate to the seriousness of the contractor’s alleged substandard performance when corrective action is not effectively implemented (S4.2.);
- 1.g. providers⁴⁹ using identified performance indicators as part of their agency quality assurance system to improve quality (S5.1);

Recommendation #2. A medical expert with proven experience in creating, measuring, improving and sustaining quality health care coordination and outcomes for people with I/DD should be acquired as a consultant by the Jackson Compliance Administrator.

⁴⁸ From sources such as IR, GER, OOH Placement Reports, RORI’s, CPR findings, etc.

⁴⁹ “Providers” includes providers of day and residential services, case management providers, providers of therapy and dietitian/nutrition services. All DD Waiver contractors for services to JCM’s.

- 2.a. This person, in conjunction with the DDSD Medical Director, should prioritize health related issues that will be addressed, by when and then move decisively and swiftly to consistently implement interventions which are measured to determine their effectiveness, modified accordingly, and result in improved health and safety outcomes for class members.
- 2.b. Consistent with S3.4, Use the findings from the CPR, as well as other available data from DOH/DHI/DDSD, to inform this effort and improve services for class members and to improve the system of services for JCM.

Recommendation #3. DHO/DDSD needs to develop safeguard/quality improvement systems which results in the early identification and effective response to health related issues including changes in health status of Jackson Class Members.

- 3.a. Consistent with Health Objective H1.2. this system needs to include nurses who are routinely monitoring Jackson Class Members' (JCMs) individual health needs through oversight, communication with Direct Support Professionals, and taking corrective actions which ensure that changes in JCMs' health status are responded to timely and overall health needs are being met.
- 3.b. This system needs to be continually improved based on regular and routine reports of effectiveness monitoring results.
- 3.c. Consistent with S3.4.a. Work with service providers and case management agencies that have "repeat findings" or deficiencies or problems to improve and sustain effective interventions.

Recommendation #4. Oversight, monitoring, modeling and mentoring must be accurately informed and provided (H1.2., H1.4., H1.5, H1.7, H3.3., H4.1., H4.2.):

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

Recommendation #5. Existing reports/systems (e.g., OOH Placement Reports, IRs, GERs, CPR, Therap) should be considered as a potential early warning, tracking, information and monitoring source for providers, Case Managers and DDSD. (S3.4., S4.1.,)

- 5.a. Specific staff need to review, analyze, trend and report on information gathered from these and other sources;
- 5.b. This information will be used to ensure the application and consistent enforcement of quality provider performance indicators found to improve practice;
- 5.c. Provider specific reports should be routinely provided to QMB, CPR/IQR, regions, contracts management and others, compared over time and appropriate recognition/corrective action reflected in the providers QA/QI plan (S4.1b);

Recommendation #6. The risk factors, health care needs and changing personal circumstances of Jackson Class Members (JCMs) must be:

- 6.a. known by those who support and provide services to them (H1.6., H3.2);
- 6.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.) (H1.2.a., H1.3.a, H1.5.a., H1.5.b.); and
- 6.c. conveyed accurately and timely to clinicians and specialists (H1.6.).

Recommendation #7. A swift and close examination of Out of Home Placements and Hospital Readmissions needs to be conducted with an eye to identifying why such a dramatic spike has occurred (in pneumonia's) and whether or not other identified issues can be avoided by improving practice. This examination needs to become institutionalized and be conducted routinely. Based on these reviews, trends, findings and recommendations should be issued.

Recommendation #8. Data regarding deaths, hospital admissions and re-admissions, hospice use, gaps and errors in effective health care coordination and practice should be examined, analyzed and used as a learning opportunity which results in improved practice, increased confidence and competence of those providing supports and services throughout the state.

B. Individual Services Plan (ISP)

Recommendation #9:⁵⁰ The DOH/DDSD ISP Strategic Plan should be informed by and specifically identify strategies which will resolve decade long issues with the ISP as identified by the CPR. The ISP Strategic Plan should include the development of specific implement strategies which will systemically and measurably improve practice and outcomes for class members in, at least, each of the four Individual Service Planning areas identified below.

9.a. ISP Development:

- About half (49%) of the IDTs did not have an appropriate expectation of growth for the person. (Q. 85)
- Team members (41%) are not able to describe the person's health related needs. (Q. 54)
- Teams (62%) did not discuss the person's health-related issues. (Q. 55)
- The person's health supports/needs (82%) are not being adequately addressed. (Q. 56)
- About half of the Teams do not consider what assessments the person needs (49%) (Q. 57);
- Teams do not arrange for and obtain the needed assessments (72%) (Q.58), and/or they (73%) do not use recommendations from assessments in planning (Q. 60).

9.b Individual Service Plan:

- ISP visions (56%) are not adequate. (Q. 64)
- ISP Outcomes (53%) do not address the person's major needs. (Q.69)

9.c. ISP Implementation:

- Staff (84%) can frequently describe his/her responsibilities in providing daily care to the person (Q. 82);
- Yet, only 28 or 31% of the ISPs are being consistently implemented.

9.d. ISP Monitoring:

⁵⁰ This is a repeat recommendation from 2009 and 2015 CPR.

- The Case Management record does not contain (79%) 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 does not (92%) reflect the status of the outcomes and services of the key life areas stated in the ISP. (Q. 83)

C. Day Services, Community Integration, Meaningful Life

Recommendation #10. DDSD needs to identify and reach agreement on the historic and current barriers to the implementation of and enforce their ISP standards.

Recommendation #11. Consistent with S3.4. Findings from the CPR should be used inform discussions currently beginning and intended to improve the ISP. Actions taken to improve the ISP should be:

- 11.a. directed towards the achievement of identified Outcomes;
- 11.b. measured, tracked, evaluated and reported to determine their effectiveness;
- 11.c. modified if found to be ineffective; and
- 11.d. memorialized into the system to ensure sustainability if found to be effective.

D. Case Management

See Recommendation #9, 10 and 11 above

Recommendation #12: Using CPR and other available data, the Jackson Compliance Administrator should lead a collaborative effort with DOH/DDSD/QMB and the Community Monitor to identify and prioritize those case management agencies identified with consistent good practice as well as those with consistent deficiencies (e.g., lack of monitoring and follow up, lack of adequate ISPs, lack of identifying when ISPs are not consistently implemented, not providing CM at the level needed by the individual...). Prioritized agencies with exemplary as well as those with more challenges and design interventions intended to: (S3.4)

- 12.a. improve supports, services and safeguards provided to JCMs by recognizing and building off of good practice;
- 12.b. improve the practice of the identified case management agencies;
- 12.c. identify why QMB and CPR case management findings are so divergent; and
- 12.d. recommend ways forward in an effort to sustain improved practice.

Recommendation #13: Case Management roles, responsibilities and tasks need to be collaboratively reviewed and modified prior to rates⁵¹ being adjusted. The review process should:

- 13.a. include a comprehensive analysis of existing tasks for the purpose of identifying:
 - 13.a.i. Who has primary responsibility for each task;

⁵¹ Outcome based rate model is proposed to be designed by the Human Resource Research Institute and Burns and Associates.

- 13.a.ii. Who has secondary responsibility and what that means which should also clarify roles, responsibilities and authority of other Stakeholders, by task: (e.g., providers, regions, guardians);
- 13.a.iii. Who must provide information to complete the task; and
- 13.a.iv. What additional training would be needed, if any, to successfully complete the task?
- 13.b. Existing as well as 'required' or 'new' tasks should be included in the analysis (e.g., EC's, CPR findings, etc.);
- 13.c. include a time study to identify Case Management current workload and where time is being dedicated;
 - 13.b.i. A second time study post 'reforms' should be conducted to determine the effectiveness of planned interventions intended to decrease paperwork and increase categories found to have the most positive impact on person's life and outcomes.
- 13.d. Information and agreements made as a result of this process should be used to influence standards, policies/procedures and rates.

E. Supported Employment

Note: The systemic recommendation offered last year is listed below for informational purposes only. No new Supported Employment Recommendation is offered in recognition of and gratitude for DOH/DDSD's current initiative in the Supported Employment area. Thank you for your proactive engagement with JCM's, providers, case managers, Partners, the Jackson Compliance Administrators Supported Employment Expert, the Parties, Intervenors and Community Monitor as you create new work opportunities and employment futures in New Mexico.

Recommendation #14⁵². DOH/DDSD, in conjunction with the Jackson Supported Employment Consultant, Jackson Compliance Administrator and others as needed, should work with providers to ensure:

- 14.a. Individuals and their Guardians have informed choice regarding a wide variety of work and employment options. Informed choice cannot be exercised unless real work options have been experienced.
- 14. b. Each year report, by provider, the number of class members who are:
 - 14.b.i. earning minimum wage or better;
 - 14.b.ii. increasing the average number of hours they work per week; and
 - 14.b.iii. who are working in jobs consistent with the Federal Definition of Supported Employment (Supported Employment Objective SE1.2. and JSD. ¶37.d.)
- 14.c. Class members have access to a provider who effectively delivers wide variety of job options. This variety of job opportunities must be available, experienced and effectively provided to interested class members based on their interests and abilities. In addition,
 - 14.c.i. Providers need to know the difference between individualized/customized job development vs. putting a person in an existing job slot whether it is a good fit or not.
 - 14.c.ii. Providers need to know the difference between supported employment and customized employment (i.e. creating a reconfigured job that didn't already exist to match the individual's abilities and interests, enabling self-employment and micro enterprises).
 - 14.c.iii. Providers need to know the difference between contract work and real, integrated work in the community.
- 14.d. DOH/DDSD should differentiate between supported employment and customized employment by, in part, incentivizing rates and developing rules regarding each.

⁵² This recommendation was also made in 2015.

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: Number of Issues Identified for People with Immediate and/or Special Needs
By Residential Provider and Case Management Agency**

(Only agencies with Special and/or Immediate findings are listed, this is not the same as Number of Findings)

Agency	Symptoms or Health Issues not addressed	Lack of Timely Follow up on Recommendations	Aspiration Related Issues	Medication/Med Adm. Record (MAR) Issues	Health Related Plans Missing, Inconsistent or Inaccurate	Behavior/ Psychiatric Issues	Individual Safety, Falls/Fractures	Oversight Needed	Staffing Issues	Budget Issues
Residential										
Adelante					1					
Alegria							1			
ARCA	1						1			
At Home Advocacy	1			2						
Dungarvin		1							1	
ELADC (Ensuenos)							1			
ENMRSH	1									
ESEM			3							
Expressions Unlimited				1						
Life Mission	2	3		3						
LLCP			2				1			
Onyx			1							
Opportunity Center				1						1
Optihealth								2		
Tresco					1	1				
Case Management										
A Step Above			2							
Carino		1		2	1					
DDSD (NERO)			3							
Excel	1									
NMQCM	1			2			1			
Peak	1						1	2		
SCCM				1	1	1				1
Unidas	2	3	1	2			1		1	
Visions							1			
Day Agency (if different from Residential Agency, or if an additional day service)										
A Better Way			1							
Adelante	1						1			
ARCA							1			
CFC	3	2		3						
LifeRoots		1		2						
Su Vida			1							

**Appendix D: Health Care Findings, Immediate and/or Special Needs,
Incident Reports Filed and Repeat Findings by Case Management Agency**

CASE MANAGEMENT AGENCY	# in Sample	Immd () = Repeat Findings	Special () = Repeat Findings	IR Filed	Health Findings	Repeat Health Findings
A New Vision	6				22	3
A Step Above	7	3 (1)			29	6
Amigo	2				1	
Carino	8		4		26	1
DDSD (NERO)	1	3			6	
Excel	6		1		20	4
J&J	9				25	2
Mi Via	3				1	
NMBHI	2				6	
NMQCM	6		3		19	2
Peak	10		3	1	46	2
Rio Puerco	1				5	1
SCCM	7	2	2		18	
Unidas	18	1	9		66	7
Unique Opportunities	1				3	
Visions	6		1		20	5

Appendix E. 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	16 of 49 (33%)	5	4 (80%) ⁵³	6	4 (67%) ⁵⁴	5	3 (60%) ⁵⁵
NE	3 of 9 (33%)	1	1 (100%)	2	2 (100%)	0	--
NW	5 of 9 (56%)	0	--	4	2 (50%) ⁵⁶	1	1 (100%)
SE	3 of 10 (30%)	0	--	2	0 (0%) ⁵⁷	1	1 (100%)
SW	2 of 13 (15%)	1	0 (0%) ⁵⁸	0	--	1	0 (0%) ⁵⁹

⁵³Those not adequately addressed are served by: Case Management NMQCM (1); Residential: At Home Advocacy (2)

⁵⁴Those not adequately addressed are served by: Case Management Carino (1), Unidas (1); Residential: Adelante (2)

⁵⁵Those not adequately addressed are served by: Case Management NMQCM (2); Residential: Adelante (1), ARCA (1)

⁵⁶Those not adequately addressed are served by: Case Management Excel (2); Residential: Dungarvin (1), Tungland (1)

⁵⁷Those not adequately addressed are served by: Case Management J&J (2); Residential: HDFS (1), Tobosa (1)

⁵⁸Those not adequately addressed are served by: Case Management Unidas (1); Residential: Tresco (1)

⁵⁹Those not adequately addressed are served by: Case Management SCCM (1); Residential: Tresco (1)

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?
2016		7	5 (71%)	14	8 (57%)	8	5 (63%)
2015		13	5 (38%)	22	9 (41%)	7	5 (71%)
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%)

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

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
30. Was the case manager able to describe the person's health related needs?	62% Yes (66) 38% Partial (41)	73% Yes (80) 27% Partial (29)	72% Yes (73) 28% Partial (29)	63% Yes (61) 37% Partial (36)	66% Yes (63) 34% Partial (33)	78% Yes (70) 22% Partial (20)
38. Was the [day/employment] direct service staff able to describe the person's health related needs?	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% Yes (45) 51% Partial (48) 1% No (1) (2 not scored)	76% Yes (66) 24% Partial (21) (3 not scored)
48. Was the residential service staff able to describe the person's health related needs?	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)	60% Yes (58) 39% Partial (37) 1% No (1)	79% Yes (71) 21% Partial (19)
54. Overall, were the team members interviewed able to describe the person's health-related needs?	38% Yes (41) 62% Partial (66)	39% Yes (43) 61% Partial (66)	39% Yes (40) 61% Partial (62)	31% Yes (30) 69% Partial (67)	33% Yes (31) 67% Partial (64) (1 not scored)	59% Yes (53) 41% Partial (37)
55. Is there evidence that the IDT discussed the person's health-related issues?	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)	47% Yes (45) 53% Partial (50) (1 not scored)	38% Yes (34) 62% Partial (56)
56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed?	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)	17% Yes (16) 80% Partial (76) 3% No (3) (1 not scored)	18% Yes (16) 82% Partial (74)

Appendix G: 2016 CPR Health Data, by Question and Provider

*For questions #54, #55 and #56, the percentage provided uses the data from the total number of individual served by the agency
e.g., for A Better Way, one person is served in Residential and Day; one more person is served by them in Day (but not Res); the number and percentage is based on both people's scores*

Agency	# of JCMs in Sample	# in Day Services	38. Day staff describe health related needs?	# in Residential Services	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 of Living	2	2	1 (50%)	1	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Active Solutions	2	2	1 (50%)	0	--	1 (50%)	1 (50%)	0 (0%)
Adelante	18	18	12 (67%)	10	6 (60%)	9 (50%)	5 (28%)	3 (17%)
Advantage Communications	1	0	--	1	1 (100%)	0 (0%)	1 (100%)	0 (0%)
Advocacy Partners	1	0	--	1	1 (100%)	0 (0%)	1 (100%)	0 (0%)
Alegria	1	1	CND	0	--	1 (100%)	1 (100%)	0 (0%)
Alianza	1	1	1 (100%)	1	1 (100%)	0 (0%)	0 (0%)	0 (0%)
Alta Mira	1	0	--	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)
ARCA	7	3	0 (0%)	7	6 (86%)	4 (57%)	3 (43%)	0 (0%)
Aspire	1	1	1 (100%)	1	1 (100%)	1 (100%)	1 (100%)	1 (100%)
At Home Advocacy	1	0	--	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)
AWS/Benchmark	3	2	2 (100%)	3	1 (33%)	1 (33%)	0 (0%)	0 (0%)
Bright Horizons	2	0	--	2	1 (50%)	0 (0%)	1 (50%)	1 (50%)
CDD	1	1	1 (100%)	1	1 (100%)	0 (0%)	1 (100%)	0 (0%)
CFC	3	3	2 (67%)	0	--	1 (33%)	0 (0%)	0 (0%)
Community Options	1	1	0 (0%)	1	1 (100%)	0 (0%)	0 (0%)	0 (0%)
Connections	4	4	1 (25%)	0	--	1 (25%)	2 (50%)	1 (25%)
Comucopia	1	1	1 (100%)	1	1 (100%)	1 (100%)	1 (100%)	0 (0%)
Dungarvin	8	7	6 (75%)	7	5 (71%)	4 (50%)	3 (38%)	2 (25%)
ELADC (Ensuenos)	1	1	0 (0%)	1	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Empowerment	2	2	2 (100%)	0	--	2 (100%)	0 (0%)	0 (0%)
ENMRSH	3	3	3 (100%)	3	3 (100%)	3 (100%)	3 (100%)	1 (33%)
ESEM	2	1	1 (100%)	2	2 (100%)	2 (100%)	1 (50%)	1 (50%)
Expressions of Life	2	0	--	2	2 (100%)	1 (50%)	1 (50%)	0 (0%)
Expressions Unlimited	1	1	1 (100%)	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)
Family Options	1	1	0 (0%)	1	0 (0%)	0 (0%)	0 (0%)	0 (0%)
HDFS	1	1	1 (100%)	1	1 (100%)	1 (100%)	1 (100%)	0 (0%)
La Vida	2	2	1 (50%)	0	--	1 (50%)	1 (50%)	0 (0%)
Leaders	1	1	1 (100%)	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)
Lessons of Life	2	2	2 (100%)	2	2 (100%)	2 (100%)	1 (50%)	0 (0%)
Life Missions	2	0	--	2	2 (100%)	1 (50%)	1 (50%)	0 (0%)
LifeRoots	2	2	2 (100%)	0	--	2 (100%)	1 (50%)	1 (50%)
LLCP	9	6	4 (67%)	8	7 (88%)	1 (11%)	2 (22%)	0 (0%)
New Pathways	1	1	0 (0%)	1	1 (100%)	0 (0%)	0 (0%)	0 (0%)
Nezzy Care	1	1	1 (100%)	1	1 (100%)	1 (100%)	1 (100%)	1 (100%)
NNMQC	1	0	--	1	1 (100%)	1 (100%)	0 (0%)	1 (100%)
None	1	1	CND	0	--	1 (100%)	1 (100%)	1 (100%)
Onyx	2	1	1 (100%)	2	1 (50%)	1 (50%)	0 (0%)	0 (0%)
Opportunity Center	1	1	0 (0%)	1	0 (0%)	0 (0%)	1 (100%)	0 (0%)

Agency	# of JCMs in Sample	# in Day Services	38. Day staff describe health related needs?	# in Residential Services	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?
Optihealth	1	1	1 (100%)	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)
Phame	2	2	2 (100%)	0	--	0 (0%)	0 (0%)	0 (0%)
PMS Shield	1	1	1 (100%)	0	--	1 (100%)	1 (100%)	1 (100%)
PRS	1	1	0 (0%)	1	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Ramah Care	2	0	--	2	2 (100%)	2 (100%)	0 (0%)	0 (0%)
Share Your Care	2	2	1 (50%)	0	--	0 (0%)	0 (0%)	0 (0%)
Su Vida	3	3	1 (33%)	1	1 (100%)	2 (67%)	1 (33%)	0 (0%)
The New Beginnings	2	1	1 (100%)	2	1 (50%)	1 (50%)	1 (50%)	1 (50%)
Tobosa	3	3	2 (67%)	3	3 (100%)	1 (33%)	1 (33%)	0 (0%)
Tresco	8	8	8 (100%)	8	8 (100%)	8 (100%)	5 (63%)	3 (38%)
Tungland	3	1	1 (100%)	3	3 (100%)	3 (100%)	2 (67%)	2 (67%)

Appendix H: 2016 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	6	3 (50%)	3 (50%)	2 (33%)	1 (17%)
A Step Above	7	7 (100%)	6 (86%)	2 (29%)	2 (29%)
Amigo	2	1 (50%)	1 (50%)	0 (0%)	0 (0%)
Carino	8	8 (80%)	3 (38%)	3 (38%)	2 (25%)
DDSD	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)
Excel	6	6 (100%)	5 (83%)	4 (67%)	2 (33%)
J&J	9	7 (78%)	7 (78%)	6 (67%)	3 (33%)
NMBHI	2	1 (50%)	0 (0%)	1 (50%)	0 (0%)
NMQCM	6	5 (83%)	4 (67%)	3 (50%)	0 (0%)
Peak	10	8 (80%)	6 (60%)	3 (30%)	1 (10%)
Rio Puerco	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)
SCCM	7	7 (100%)	6 (86%)	5 (71%)	2 (29%)
Unidas	18	10 (56%)	6 (33%)	4 (22%)	1 (6%)
Unique Opportunities	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)
Visions	6	5 (83%)	3 (50%)	1 (17%)	2 (33%)

Appendix I: Number of Repeat Findings/Recommendations by Agency – 2011-2016

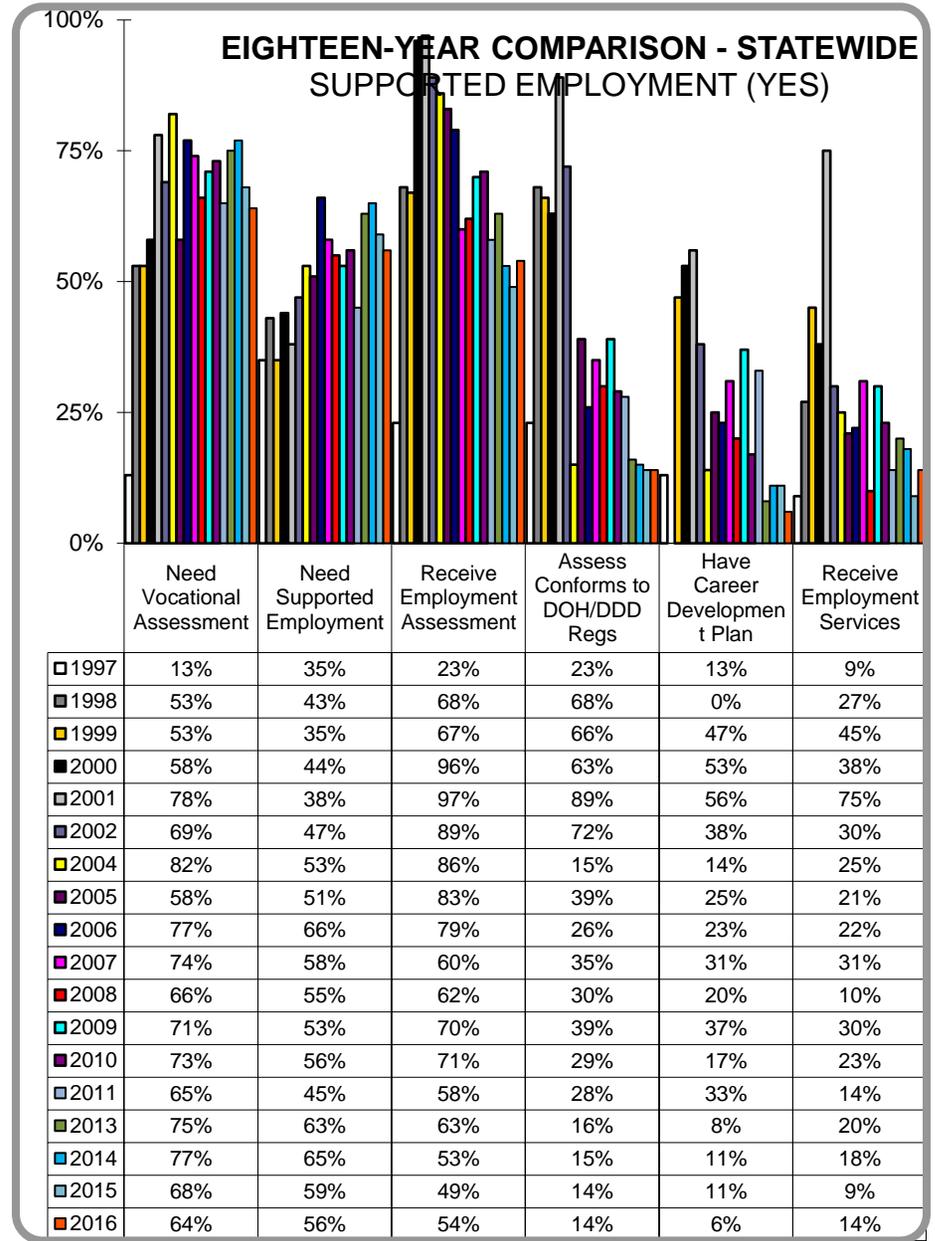
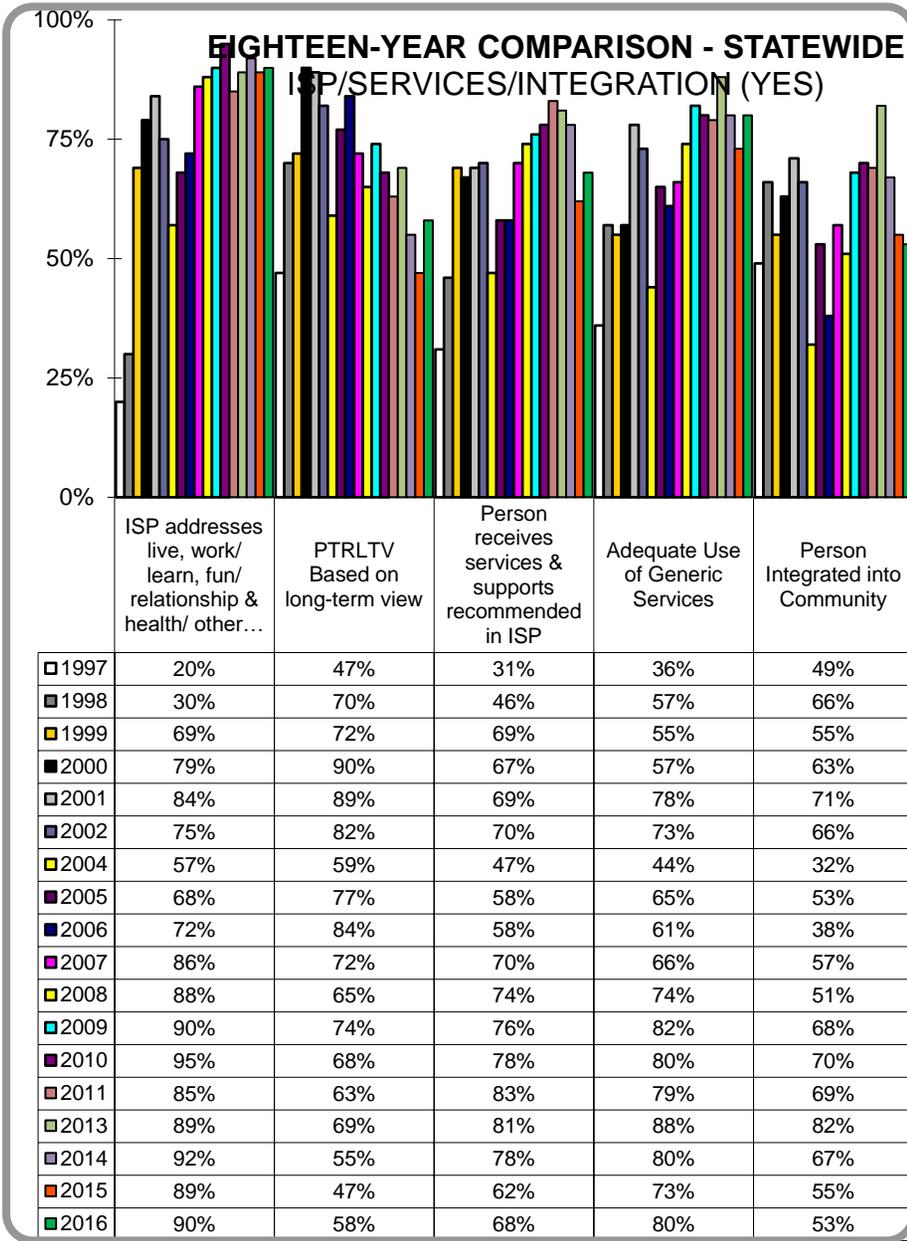
RESIDENTIAL # Repeats by CPR	2016	2015	2014	2013	2011
(# in 2016 Sample)	N/A =Agency not reviewed that year				
A Better Way (1)	3	0	N/A	N/A	1
Ability First	N/A	5	N/A	N/A	N/A
Achievements	N/A	N/A	N/A	N/A	8
Active Solutions	N/A	1	3	N/A	N/A
Adelante (10)	36	20	28	12	9
Advantage Communications (1)	7	10	3	2	2
Advocacy Partners (1)	6	N/A	N/A	N/A	1
Alegria	N/A	9	N/A	5	1
Alianza (1)	3	N/A	1	1	N/A
Alta Mira (1)	0	N/A	N/A	N/A	N/A
ARCA (7)	13	18	17	4	6
Aspire (1)	2	9	N/A	N/A	N/A
At Home Advocacy (1)	7	2	4	2	1
AWS/Benchmark (3)	16	9	29	10	5
Bright Horizons (2)	1	10	1	5	0
CARC	N/A	0	3	0	3
Casa Alegre	N/A	N/A	3	1	3
CDD (1)	3	1	N/A	4	3
Community Options (1)	4	5	10	7	6
Cornucopia (1)	1	0	N/A	N/A	N/A
Door of Opportunity	N/A	N/A	N/A	1	1
DSI	N/A	N/A	12	12	2
Dungarvin (7)	23	16	11	8	10
ELADC (Ensenos) (1)	5	3	1	1	0
Empowerment	N/A	N/A	N/A	2	0
ENMRSH (3)	8	4	5	3	7
ESEM (2)	5	3	6	5	3
Esperanza	N/A	N/A	N/A	7	1
Expressions of Life (2)	11	5	5	6	2
Expressions Unlimited (1)	2	N/A	N/A	3	N/A
Family Options (1)	4	N/A	5	1	3
High Desert (HDFS) (1)	5	5	10	15	3
Leaders (1)	2	5	1	10	1
Lessons of Life (2)	8	3	7	1	3
Life Missions (2)	6	N/A	N/A	N/A	N/A
LifeQuest	N/A	N/A	N/A	N/A	5
LLCP (8)	20	26	28	19	12
Maxcare	N/A	N/A	2	N/A	N/A
Meaningful Lives	N/A	0	N/A	N/A	N/A
Mi Via (3)	1	Not Counted	0	N/A	N/A
New Pathways (1)	1	N/A	N/A	1	N/A
Nezzy Care (1)	4	N/A	N/A	6	N/A
NNMQC (1)	1	1	7	5	2
Onyx (2)	7	N/A	N/A	0	N/A
Opportunity Center (1)	3	N/A	N/A	N/A	3
Optihealth (1)	1	0	5	1	5
PRS (1)	2	8	8	5	4
Ramah Care (2)	3	4	2	3	1
R-Way	N/A	4	4	0	3
Safe Harbor	N/A	N/A	N/A	N/A	2
Silver Linings	N/A	2	3	N/A	4
Su Vida (1)	5	4	N/A	2	0
Supporting Hands	N/A	N/A	N/A	3	N/A
The New Beginnings (2)	3	12	11	7	1
TLC	N/A	1	2	2	2
Tobosa (3)	7	7	5	15	6
Tresco (8)	25	39	27	7	13
Tungland (3)	11	5	6	9	4
ZEE	N/A	N/A	N/A	5	0
TOTAL	75	260	275	218	152

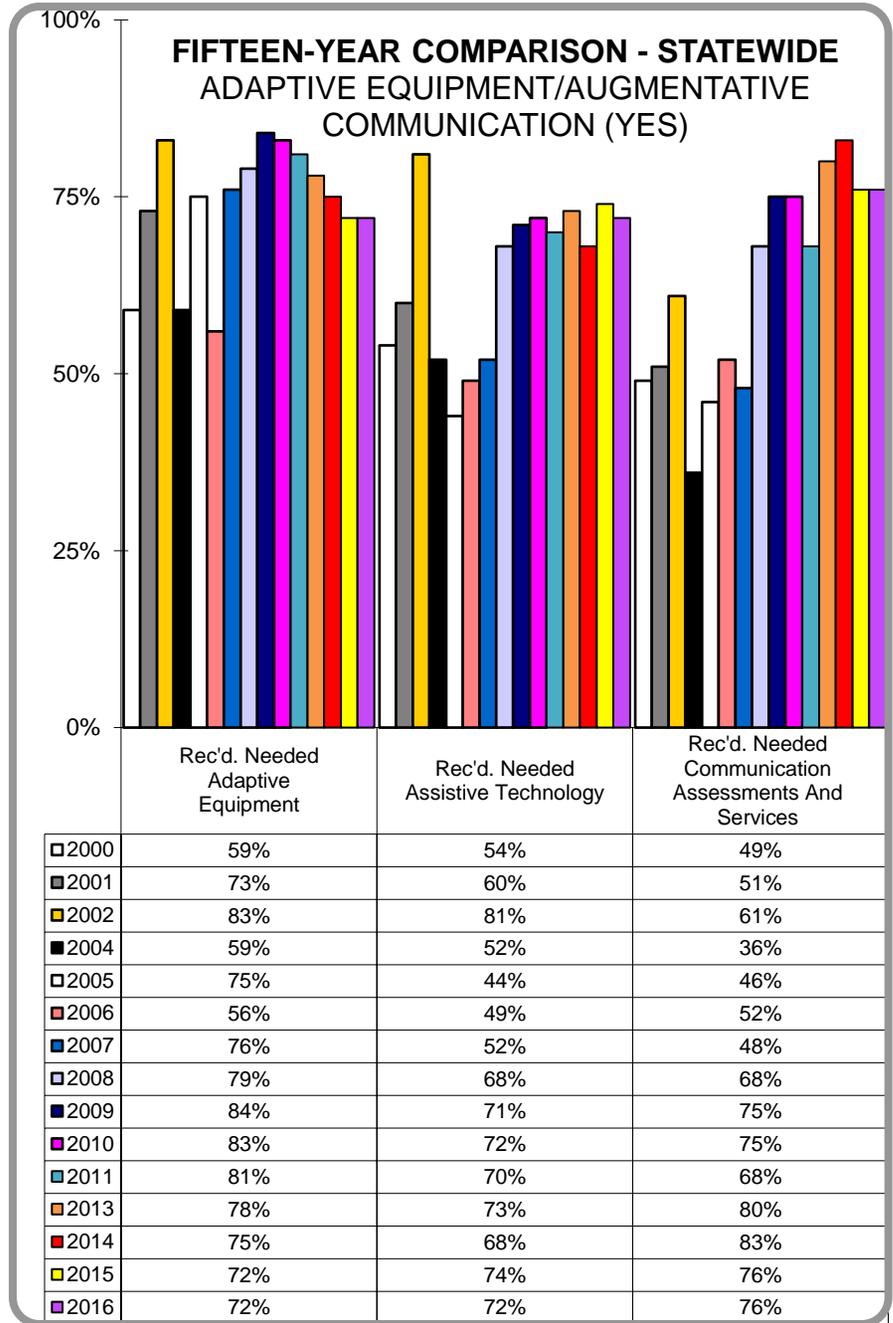
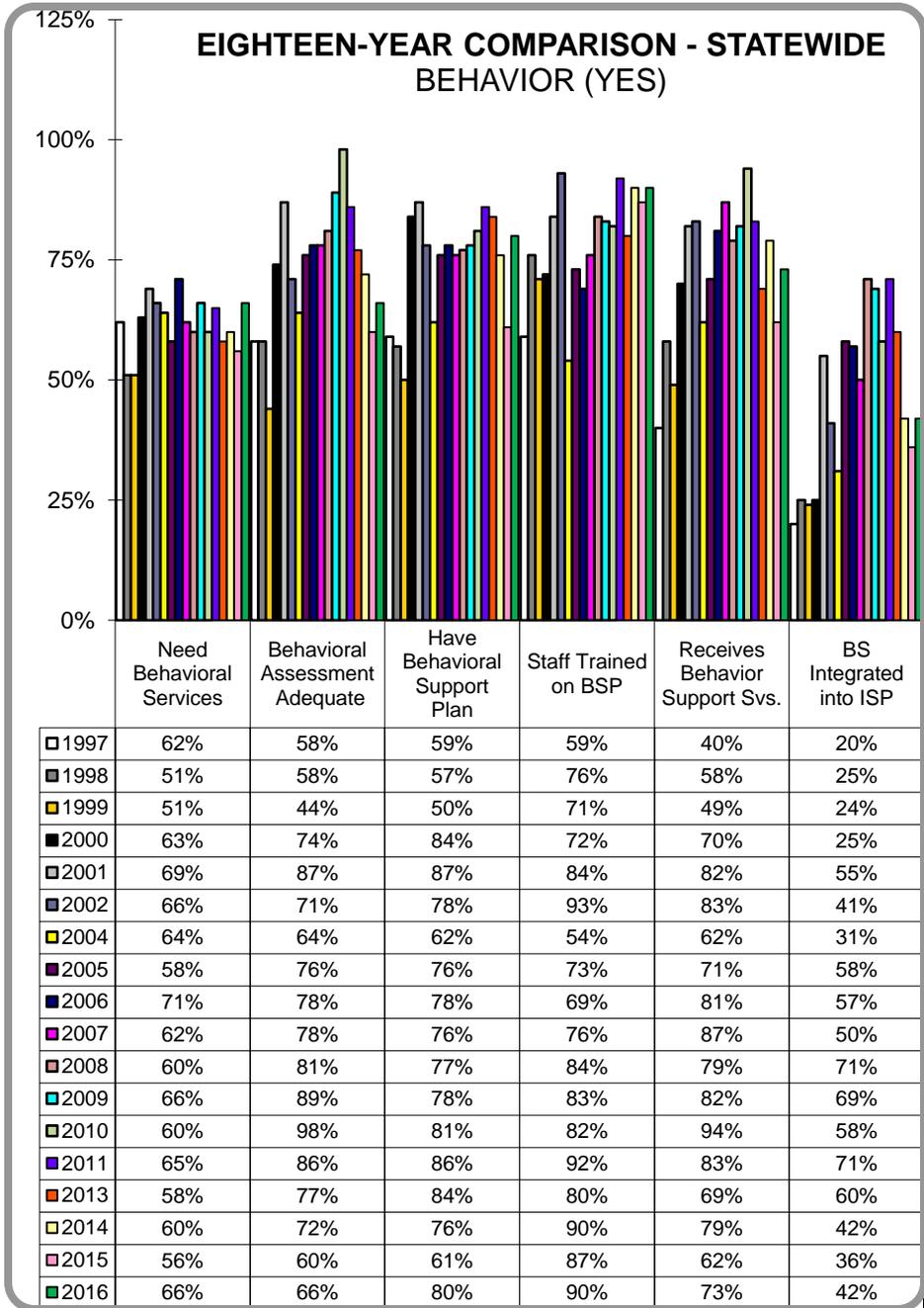
DAY # Repeats by CPR	2016	2015	2014	2013	2011
(# in 2016 Sample)	N/A =Agency not reviewed that year; some JCM have 2 agencies				
A Better Way (2)	6	1	4	1	4
ABQSTFD	N/A	N/A	N/A	1	N/A
Active Solutions (2)	7	6	2	0	2
Adelante (18)	57	39	42	25	20
Alegria (1)	0	1	N/A	5	N/A
Alianza (1)	3				
ARCA (3)	3	7	10	2	N/A
Aspire (1)	2	9	N/A	N/A	N/A
AWS/Benchmark (2)	8	9	29	12	5
Bright Horizons	N/A	1	1	N/A	N/A
CARC	N/A	0	2	0	0
Casa Alegre	N/A	N/A	N/A	1	3
CDD (1)	3	1	N/A	3	2
CFC (3)	9	10	6	1	2
Community Options (1)	4	5	19	7	6
Connections (4)	9	16	N/A	8	11
Cornucopia (1)	1	1	3	1	0
Door of Opportunity	N/A	N/A	N/A	1	1
DSI	N/A	N/A	12	11	2
Dungarvin (7)	29	13	12	7	5
ELADC (Ensenos) (1)	5	3	1	1	0
Empowerment (2)	3	4	1	2	N/A
ENMRSH (3)	8	4	5	3	7
ESEM (1)	5	3	8	2	3
Esperanza	N/A	N/A	N/A	7	1
Expressions Unlimited (1)	2	4	N/A	8	N/A
Family Options (1)	4	N/A	5	1	3
High Desert (HDFS) (1)	5	5	10	15	3
La Vida Felicidad (2)	13	N/A	N/A	2	0
Las Cumbres	N/A	N/A	3	2	2
Leaders (1)	2	5	1	12	1
Lessons of Life (2)	8	3	7	1	3
LifeQuest	N/A	N/A	N/A	N/A	5
Life Roots (2)	5	9	N/A	5	2
LLCP (6)	16	27	29	23	12
Meaningful Lives	N/A	4	N/A	N/A	N/A
Mi Via (3)	1	0	0	N/A	N/A
New Pathways (1)	0	0	N/A	N/A	1
Nezzy Care (1)	4	N/A	3	6	N/A
NONE (1)	0	2	2	N/A	N/A
NNMQC	N/A	0	N/A	N/A	N/A
Onyx (1)	4				
Opportunity Center (1)	3	N/A	N/A	N/A	3
OptiHealth (1)	1	4	2	N/A	N/A
People Centered	N/A	N/A	4	1	N/A
Phame (2)	9	0	N/A	0	3
PMS/Shield (1)	3	5	2	11	3
PRS (1)	2	8	8	5	4
Ramah Care	N/A		1	3	1
RCI	N/A	N/A	N/A	N/A	1
Safe Harbor	N/A	N/A	N/A	N/A	2
Share Your Care (2)	4	15	9	2	7
Silver Linings	N/A	2	3	N/A	4
Su Vida (3)	9	4	N/A	4	0
Supporting Hands	N/A	N/A	N/A	3	N/A
The New Beginnings (1)	2	5	8	3	N/A
Tobosa (3)	7	7	5	15	6
Tresco (8)	25	39	27	7	14
Tungland (1)	5	N/A	N/A	N/A	N/A
Very Special Arts	N/A	N/A	N/A	N/A	1
ZEE	N/A	N/A	N/A	5	0

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 99 people reviewed in 2015, as although not all were scored, all had Findings & Recommendations issued.)

CM # Repeats by CPR	2016	2015	2014	2013	2011
(# in 2016 Sample)	N/A =Agency not reviewed that year				
A New Vision (6)	22	14	12	10	5
A Step Above (7)	15	15	22	12	1
Agave	N/A	0	N/A	N/A	N/A
Amigo (2)	7	4	9	11	2
Blue Sky	N/A	N/A	N/A	3	3
Carino (8)	15	10	23	7	2
DDSD (1)	4	2	3	8	2
Excel (6)	20	10	12	15	9
Friends Forever	N/A	N/A	N/A	3	1
J&J (9)	25	27	24	43	15
Keetoni	N/A	N/A	N/A	3	4
Mi Via (3)	1	0	0	N/A	N/A
NMBHI (2)	7	4	5	5	6
NMQCM (6)	13	19	3	12	11
Peak (10)	33	26	22	21	21
PRMC	N/A	N/A	7	3	8
Purple Cow	N/A	N/A	N/A	N/A	2
Rio Puerco (1)	8	1	5	N/A	N/A
SCCM (7)	20	39	25	13	25
Unidas (18)	58	61	50	29	23
Unique Opportunities (1)	4	13	6	2	1
Visions (6)	23	15	47	18	10
TOTAL	275	260	275	218	152

Appendix J: Historic Disengagement Charts, Statewide





Appendix K: CPR Data Tables

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
Case Management Services						
26. Does the case manager “know” the person?	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)	95% Yes (91) 5% Partial (5)	88% Yes (79) 11% Partial (10) 1% No (1)
27. Does the case manager understand his/her role/job?	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)	56% Yes (54) 44% Partial (42)	56% Yes (50) 44% Partial (40)
28. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person?	90% Yes (96) 10% Partial (11)	85% Yes (93) 15% Partial (16)	80% Yes (82) 20% Partial (20)	79% Yes (77) 21% Partial (20)	86% Yes (83) 14% Partial (13)	82% Yes (74) 18% Partial (16)
29. Is the case manager available to the person?	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)	82% Yes (79) 18% Partial (17)	78% Yes (70) 22% Partial (20)
30. Was the case manager able to describe the person’s health related needs?	62% Yes (66) 38% Partial (41)	73% Yes (80) 27% Partial (29)	72% Yes (73) 28% Partial (29)	63% Yes (61) 37% Partial (36)	66% Yes (63) 34% Partial (33)	78% Yes (70) 22% Partial (20)
31. Does the case manager have an appropriate expectation of growth for this person?	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)	57% Yes (55) 39% Partial (37) 4% No (4)	67% Yes (60) 31% Partial (28) 2% No (2)
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?	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% Yes (32) 65% Partial (62) 2% No (2)	21% Yes (19) 79% Partial (71)
33. Does the case manager provide case management services at the level needed by this person?	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)	44% Yes (42) 55% Partial (53) 1% No (1)	42% Yes (38) 57% Partial (51) 1% No (1)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
34. Does the case manager receive the type and level of support needed to do his/her job?	89% Yes (95) 11% Partial (12)	92% Yes (100) 8% Partial (9)	91% Yes (93) 9% Partial (9)	87% Yes (84) 13% Partial (13)	88% Yes (84) 13% Partial (12)	86% Yes (77) 14% Partial (13)
Day/Employment Services						
35. Does the day/employment direct services "know" the person?	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)	87% Yes (82) 13% Partial (12) (2 not scored)	97% Yes (84) 3% Partial (3) (3 not scored)
36. Does the direct service staff have adequate input into the person's ISP?	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)	84% Yes (79) 14% Partial (13) 2% No (2) (2 not scored)	80% Yes (70) 18% Partial (16) 1% No (1) (3 not scored)
37. Did the direct service staff receive training on implementing this person's ISP?	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)	83% Yes (78) 16% Partial (15) 1% No (1) (2 not scored)	90% Yes (78) 10% Partial (9). (3 not scored)
38. Was the direct service staff able to describe this person's health related needs?	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% Yes (45) 51% Partial (48) 1% No (1) (2 not scored)	76% Yes (66) 24% Partial (21) (3 not scored)
39. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	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)	72% Yes (68) 28% Partial (26) (2 not scored)	90% Yes (78) 10% Partial (9) (3 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?	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)	95% Yes (89) 5% Partial (5) (2 not scored)	95% Yes (83) 5% Partial (4) (3 not scored)
39.b. Can the direct service staff describe his/her responsibilities in implementing the person's ISP goals/objectives/outcomes/action plans?	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)	76% Yes (71) 23% Partial (22) 1% No (1) (2 not scored)	91% Yes (79) 9% Partial (8) (3 not scored)
40. Did the direct service staff have training in the ISP process?	85% Yes (89) 13% Partial (14) 2% No (2)	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)	74% Yes (70) 22% Partial (21) 3% No (3)	79% Yes (69) 21% Partial (18) (3 not scored)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
	(2 not scored)			(4 not scored)	(2 not scored)	
41. Did the direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	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)	79% Yes (74) 20% Partial (19) 1% No (1) (2 not scored)	76% Yes (66) 24% Partial (21) (3 not scored)
41.a. Have training on the provider's complaint process?	87% Yes (91) 11% Partial (12) 2% No (2) (2 not scored)	93% Yes (101) 6% Partial (6) 2% No (2)	91% Yes (93) 7% Partial (7) 2% No (2)	88% Yes (84) 8% Partial (8) 3% No (3) (2 not scored)	87% Yes (82) 9% Partial (8) 4% No (4) (2 not scored)	86% Yes (75) 9% Partial (8) 5% No (4) (3 not scored)
41.b. Have training on how and to whom to report abuse, neglect and exploitation?	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)	85% Yes (80) 13% Partial (12) 2% No (2) (2 not scored)	86% Yes (75) 13% Partial (11) 1% No (1) (3 not scored)
42. Does the direct service staff have an appropriate expectation of growth for this person?	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)	74% Yes (70) 21% Partial (20) 4% No (4) (2 not scored)	71% Yes (62) 26% Partial (23) 2% No (2) (3 not scored)
43. Is the day/employment environment generally clean, free of safety hazards and conducive to the work/activity intended?	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)	95% Yes (89) 5% Partial (5) (2 not scored)	94% Yes (78) 6% Partial (5) (4 CND) (3 not scored)
Residential Services						
44. Does the residential direct services staff "know" the person?	89% Yes (95) 11% Partial (12)	97% Yes (106) 3% Partial (3)	97% Yes (99) 3% Partial (3)	98% Yes (95) 2% Partial (2)	92% Yes (88) 8% Partial (8)	96% Yes (86) 4% Partial (4)
45. Does the direct service staff have adequate input into the person's ISP?	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)	89% Yes (85) 10% Partial (10) 1% No (1)	84% Yes (76) 16% Partial (14)
46. Did the direct service staff receive training on the implementing this person's ISP?	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)	89% Yes (85) 11% Partial (11)	91% Yes (82) 8% Partial (7) 1% No (1)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
47. Is the residence safe for individuals (void of hazards)?	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)	99% Yes (95) 1% No (1)	89% Yes (80) 11% No (10)
48. Was the residential direct service staff able to describe this person's health-related needs?	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)	60% Yes (58) 39% Partial (37) 1% No (1)	79% Yes (71) 21% Partial (19)
49. Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	76% Yes (81) 24% Partial (26)	79% Yes (86) 21% Partial (23)	77% Yes (79) 23% Partial (23)	81% Yes (79) 19% Partial (18)	84% Yes (81) 16% Partial (15)	88% Yes (79) 12% Partial (11)
49.a. Was the staff able to provide specific information regarding the person's daily activities?	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)	96% Yes (92) 4% Partial (4)	99% Yes (89) 1% Partial (1)
49.b. Can the direct service staff describe his/her responsibilities in implementing the person's ISP goals & objectives?	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)	86% Yes (83) 14% Partial (13)	87% Yes (78) 12% Partial (11) 1% No (1)
50. Did the residential direct service staff have training in the ISP process?	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)	79% Yes (76) 17% Partial (16) 4% No (4)	79% Yes (71) 19% Partial (17) 2% No (2)
51. Did the residential direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	83% Yes (89) 17% Partial (18)	88% Yes (96) 12% Partial (13)	84% Yes (86) 16% Partial (16)	87% Yes (84) 13% Partial (13)	78% Yes (75) 21% Partial (20) 1% No (1)	80% Yes (72) 20% Partial (18)
51.a. Have training on the provider's complaint process?	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)	89% Yes (85) 6% Partial (6) 5% No (5)	92% Yes (83) 6% Partial (5) 2% No (2)
51.b. Have training on how and to whom to report abuse, neglect and exploitation?	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)	88% Yes (84) 9% Partial (9) 3% No (3)	87% Yes (78) 12% Partial (11) 1% No (1)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	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)	66% Yes (63) 31% Partial (30) 3% No (3)	80% Yes (72) 18% Partial (16) 2% No (2)
53. Does the person's residential environment offer a minimal level of quality of life?	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)	88% Yes (84) 13% Partial (12)	88% Yes (79) 12% Partial (11)
Health						
54. Overall, were the team members interviewed able to describe the person's health-related needs?	38% Yes (41) 62% Partial (66)	39% Yes (43) 61% Partial (66)	39% Yes (40) 61% Partial (62)	31% Yes (30) 69% Partial (67)	33% Yes (31) 67% Partial (64) (1 not scored)	59% Yes (53) 41% Partial (37)
55. Is there evidence that the IDT discussed the person's health-related issues?	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)	47% Yes (45) 53% Partial (50) (1 not scored)	38% Yes (34) 62% Partial (56)
56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed?	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)	17% Yes (16) 80% Partial (76) 3% No (3) (1 not scored)	18% Yes (16) 82% Partial (74)
Assessments						
57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts?	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)	35% Yes (33) 64% Partial (61) 1% No (1) (1 not scored)	51% Yes (46) 48% Partial (43) 1% No (1)
58. Did the team arrange for and obtain the needed, relevant assessments?	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)	42% Yes(40) 57% Partial (54) 1% No (1) (1 not scored)	28% Yes (25) 72% Partial (65)
59. Are the assessments adequate for planning?	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)	29% Yes(28) 68% Partial (65) 2% No (2) (1 not scored)	14% Yes (13) 84% Partial (76) 1% No (1)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
60. Were the recommendations from assessments used in planning?	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)	31% Yes (29) 61% Partial (58) 8% No (8) (1 not scored)	27% Yes (24) 69% Partial (62) 4% No (4)
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)	100% Yes (109)	100% Yes (102)	100% Yes (97)	100% Yes (95) (1 not scored)	100% Yes (90)
62. Was the ISP developed by an appropriately constituted IDT?	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)	56% Yes (53) 44% Partial (42) (1 not scored)	54% Yes (48) 45% Partial (40) 1% No (1) (1 N/A)
63. For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP?	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)	45% Yes (34) 32% Partial (30) 12% No (11) (20 N/A) (1 not scored)	41% Yes (28) 47% Partial (32) 12% No (8) (22 N/A)
64. Overall, is the long-term vision adequate?	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)	45% Yes (43) 49% Partial (47) 5% No (5) (1 not scored)	56% Yes (50) 44% Partial (40)
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?	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)	46% Yes (44) 52% Partial (49) 2% No (2) (1 not scored)	52% Yes (47) 46% Partial (41) 2% No (2)
66*. Overall, is Vision Section of the ISP used as the basis for outcome development?	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)	66% Yes (63) 34% Partial (32) (1 not scored)	76% Yes (68) 24% Partial (22)
67*. Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcome (s) have been achieved?	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)	38% Yes (36) 58% Partial (55) 4% No (4) (1 not scored)	29% Yes (26) 57% Partial (51) 14% No (13)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
68*. Overall, are the ISP outcomes related to achieving the person's long-term vision?	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% Yes (66) 28% Partial (27) 2% No (2) (1 not scored)	66% Yes (59) 33% Partial (30) 1% No (1)
69*. Overall, do the ISP outcomes address the person's major needs?	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)	39% Yes (37) 57% Partial (54) 4% No (4) (1 not scored)	53% Yes (48) 42% Partial (38) 4% No (4)
70*. Overall, are the Action Plans specific and relevant to assisting the person in achieving his/her outcomes?	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)	53% Yes (50) 44% Partial (42) 3% No (3) (1 not scored)	31% Yes (28) 61% Partial (55) 8% No (7)
71*. Overall, are the Teaching and Support strategies sufficient to ensure consistent implementation of the services provided?	49% Yes (52) 41% Partial (43) 10% No (11) (1 N/A)	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)	36% Yes (34) 55% Partial (52) 9% No (8) (1 N/A) (1 not scored)	23% Yes (21) 73% Partial (66) 3% No (3)
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?	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)	31% Yes (29) 59% Partial (55) 10% No (9) (2 N/A) (1 not scored)	28% Yes (25) 57% Partial (51) 16% No (14)
73*. If needed, does the ISP contain a specific Crisis Prevention Plan that meets the person's needs?	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)	76% Yes (71) 22% Partial (20) 2% No (2) (2 N/A) (1 not scored)	66% Yes (57) 33% Partial (29) 1% No (1) (3 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)	82% Yes (23) 18% Partial (5) (67 N/A) (1 not scored)	81% Yes (21) 19% Partial (5) (64 N/A)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
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)	80% Yes (75) 18% Partial (17) 2% No (2) (1 N/A) (1 not scored)	66% Yes (57) 33% Partial (29) 1% No (1) (3 N/A)
74*. Does the ISP contain information regarding primary health (medical) care?	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)	85% Yes (81) 15% Partial (14) (1 not scored)	89% Yes (80) 11% Partial (10)
74a*. Does the ISP face sheet contain contact information for the PCP?	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)	96% Yes (91) 3% Partial (3) 1% No (1) (1 not scored)	94% Yes (85) 4% Partial (4) 1% No (1)
74b*. Is the Healthcare Coordinator's name and contact information listed in the ISP?	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)	88% Yes (84) 6% Partial (6) 5% No (5) (1 not scored)	90% Yes (81) 9% Partial (8) 1% No (1)
75. Does the ISP reflect how the person will get to work/day activities, shopping, social activities?	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)	91% Yes (29) 6% Partial (2) 3% No (1) (63 N/A) (1 not scored)	64% Yes (16) 32% Partial (8) 4% No (1) (65 N/A)
76. Does the ISP reflect how the person will obtain prescribed medications?	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)	88% Yes (84%) 11% Partial (10) 1% No (1) (1 not scored)	91% Yes (82) 8% Partial (7) 1% No (1)
77. Does the ISP contain a list of adaptive equipment needed and who will provide it?	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)	53% Yes (46) 43% Partial (37) 5% No (4) (8 N/A) (1 not scored)	61% Yes (49) 34% Partial (27) 5% No (4) (10 N/A)
78. Overall, is the ISP adequate to meet the person's needs?	23% Yes (25) 77% Partial (82)	28% Yes (30) 72% Partial (79)	13% Yes (13) 87% Partial (89)	11% Yes (11) 89% Partial (86)	11% Yes (10) 89% Partial (85) (1 not scored)	12% Yes (11) 88% Partial (79)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
79. If #78 is rated "2", is the ISP being implemented?	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)	20% Yes (2) 80% Partial (8) (85 N/A) (1 not scored)	36% Yes (4) 64% Partial (7) (79 N/A)
80a. If there no ISP or if #78 is rated "0" or "1" or "n/a", is the ISP being implemented?	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)	32% Yes (27) 67% Partial (57) 1% No (1) (10 N/A) (1 not scored)	30% Yes (24) 70% Partial (55) (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?	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)	29% Yes (25) 69% Partial (59) 1% No (1) (10 N/A) (1 not scored)	14% Yes (11) 86% Partial (68) (11 N/A)
81. Overall, were the direct service staff trained on the implementation of the ISP?	66% Yes (71) 34% Partial (36)	72% Yes (78) 28% Partial (31)	69% Yes (70) 31% Partial (32)	73% Yes (71) 27% Partial (26)	74% Yes (70) 26% Partial (25) (1 not scored)	81% Yes (73) 19% Partial (17)
82. Overall, were the direct service staff able to describe their responsibilities in providing daily care/support to the person?	64% Yes (69) 36% Partial (38)	69% Yes (75) 31% Partial (34)	68% Yes (69) 32% Partial (33)	69% Yes (67) 31% Partial (30)	66% Yes (63) 34% Partial (32) (1 not scored)	84% Yes (76) 16% Partial (14)
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?	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)	12% Yes (11) 83% Partial (79) 5% No (5) (1 not scored)	8% Yes (7) 88% Partial (79) 4% No (4)
Expectations for Growth						
84. Based on all of the evidence, in the opinion of the reviewer, has the person achieved progress in the past year?	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)	46% Yes (44) 48% Partial (46) 5% No (5) (1 not scored)	42% Yes (38) 57% Partial (51) 1% No (1)
85. Overall, does the IDT have an appropriate expectation of growth for this person?	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)	39% Yes (37) 61% Partial (58) (1 not scored)	51% Yes (46) 48% Partial (43) 1% No (1)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
Quality of Life						
86. Was the person provided the assistance and support needed to participate meaningfully in the planning process?	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% Yes (80) 13% Partial (12) (3 CND) (1 not scored)	79% Yes (71) 19% Partial (17) 2% No (2)
87. Is the person offered a range of opportunities for participation in each of the life areas?	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)	79% Yes (67) 20% Partial (17) 1% No (1) (10 CND) (1 not scored)	79% Yes (59) 20% Partial (15) 1% No (1) (15 CND)
88. Does the person have the opportunity to make informed choices?	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)	76% Yes(25) 24% Partial (8) (62 CND) (1 not scored)	47% Yes (9) 53% Partial (10) (71 CND)
89. About where and with whom to live?	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)	78% Yes (18) 17% Partial (4) 4% No (1) (72 CND) (1 not scored)	70% Yes (7) 30% Partial (3) (80 CND)
90. About where and with whom to work/spend his/her day?	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)	85% Yes (28) 12% Partial (4) 3% No (1) (62 CND) (1 not scored)	50% Yes (8) 50% Partial (8) (74 CND)
91. About where and with whom to socialize/spend leisure time?	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)	86% Yes(30) 9% Partial (3) 6% No (2) (60 CND) (1 not scored)	80% Yes (12) 20% Partial (3) (75 CND)
92. Does the evidence support that providers do not prevent the person from pursuing relationships and are respecting the rights of this person?	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)	97% Yes (88) 3% Partial (3) (4 CND) (1 not scored)	99% Yes (88) 1% Partial (1) (1 CND)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
93. Overall, were the direct service staff interviewed trained on the provider's complaint process and on abuse, neglect and exploitation?	75% Yes (80) 25% Partial (27)	78% Yes (85) 22% Partial (24)	75% Yes (76) 25% Partial (26)	76% Yes (74) 24% Partial (23)	68% Yes (65) 32% Partial (30) (1 not scored)	66% Yes (59) 34% Partial (31)
94. Does this person and/or guardian have adequate access to the available complaint processes/procedures?	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)	90% Yes (83) 8% Partial (7) 2% No (2) (3 CND) (1 not scored)	94% Yes (83) 5% Partial (4) 1% No (1) (2 CND)
95. Does this person know his/her guardian?	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% Yes (26) 4% No (1) (2 N/A, 66 CND) (1 not scored)	100% Yes (25) (1 N/A, 64 CND)
96. Does this person believe the guardian is helpful?	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)	100% Yes (8) (2 N/A, 85 CND) (1 not scored)	100% Yes (3) (1 N/A, 86 CND)
97. What is the level of participation of the legal guardian in this person's life and service planning?	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)	32% Active (30) 53% Moderate (50) 12% Limited (11) 3% None (3) (1 N/A) (1 not scored)	33% Active (29) 48% Moderate (48) 19% Limited (17) (2 N/A)
98. In the Reviewer's opinion, does the person need a friend advocate?	7% Yes (8) 93% No (99)	7% Yes (8) 93% No (101)	3% Yes (3) 97% No (99)	10% Yes (10) 90% No (87)	8% Yes (8) 92% No (87) (1 not scored)	7% Yes (6) 93% No (84)
99. Does the person have a friend advocate?	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)	0% Yes 100% No (8) (87 CND) (1 not scored)	33% Yes (2) 67% No (4) (84 N/A)
100. If the person is retired, does he/she have adequate opportunities to engage in activities of interest during the day?	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)	83% Yes (20) 13% Partial (3) 4% No (1) (69 N/A, 2 CND) (1 not scored)	63% Yes (17) 37 Partial (10) (63 N/A)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
101. Does the person have daily choices/appropriate autonomy over his/her life?	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)	82% Yes (78) 16% Partial (15) 2% No (2) (1 not scored)	84% Yes (76) 14% Partial (13) 1% No (1)
102. Have the person's cultural preferences been accommodated?	91% Yes (96) 9% Partial (9) (2 CND)	94% Yes (100) 5% Partial (5) 1% No (1) (3 CND)	96% Yes (96) 4% Partial (4) (2 CND)	99% Yes (94) 1% Partial (1) (2 CND)	95% Yes (88) 5% Partial (5) (2 CND) (1 not scored)	96% Yes (85) 4% Partial (4) (1 CND)
103. Is the person treated with dignity and respect?	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)	66% Yes (63) 34% Partial (32) (1 not scored)	43% Yes (39) 57% Partial (51)
Satisfaction						
104. Overall, is the person satisfied with the current services?	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)	96% Yes (24) 4% Partial (1) (70 CND) (1 not scored)	86% Yes (12) 14% Partial (2) (76 CND)
105. Does the person get along with the case manager?	100% Yes (16) (91 CND)	100% Yes (21) (88 CND)	100% Yes (13) (89 CND)	100% Yes (7) (90 CND)	100% Yes (15) (80 CND) (1 not scored)	88% Yes (7) 13% Partial (1) (82 CND)
106. Does the person find the case manager helpful?	100% Yes (6) (101 CND)	100% Yes (11) (98 CND)	100% Yes (10) (92 CND)	100% Yes (5) (92 CND)	100% Yes (8) (87 CND) (1 not scored)	86% Yes (6) 14% Partial (1) (83 CND)
107. Does the legal guardian find the case manager helpful?	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)	97% Yes (83) 1% Partial (1) 2% No (2) (1 N/A, 8 CND) (1 not scored)	95% Yes (73) 5% Partial (4) (1 N/A, 12 CND)
108. Does the person have adequate food and drink available?	100% Yes (97) (10 CND)	99% Yes (101) 1% Partial (1) (7 CND)	100% Yes (99) (3 CND)	100% Yes (96) (1 CND)	99% Yes (91) 1% Partial (1) (3 CND) (1 not scored)	100% Yes (90)
109. Does the person have adequate transportation to meet his/her needs?	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)	95% Yes (90) 4% Partial (4) 1% No (1)	91% Yes (82) 8% Partial (7) 1% No (1)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
					(1 not scored)	
110. Does the person have sufficient personal money?	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)	91% Yes (85) 9% Partial (8) (2 CND) (1 not scored)	91% Yes (82) 8% Partial (7) 1% No (1)
111. Does the person get along with their day program /employment staff?	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)	100% Yes (57) (1 N/A, 37 CND) (1 not scored)	98% Yes (42) 2% Partial (1) (1 N/A, 46 CND)
112. Does the person get along with the residential provider staff?	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)	100% Yes (61) (34 CND) (1 not scored)	100% Yes (55) (35 CND)
Team Process						
114. Are the individual members of the IDT following up on their responsibilities?	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)	38% Yes (36) 62% Partial (59) (1 not scored)	17% Yes (15) 83% Partial (75)
115. If there is evidence of team conflict, has the team made efforts to build consensus?	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)	58% Yes (11) 32% Partial (6) 11% No (2) (76 N/A) (1 not scored)	85% Yes (11) 15% Partial (2) (77 N/A)
116. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs?	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)	79% Yes (71) 21% No (19) (4 N/A, 1 CND) (1 not scored)	68% Yes (56) 32% No (26) (8 N/A)
117. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented?	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)	88% Yes (84) 11% Partial (10) 1% No (1) (1 not scored)	88% Yes (79) 12% Partial (11)
118. Do you recommended Team Process Training for this IDT?	13% Yes (14) 87% No (93)	5% Yes (5) 95% No (104)	7% Yes (7) 93% No (95)	7% Yes (7) 93% Partial (90)	1% Yes (1) 99% No (94) (1 not scored)	3% Yes (3) 97% No (87)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
119. Is there evidence or documentation of physical regression in the last year?	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)	37% Yes (35) 63% No (60) (1 not scored)	23% Yes (21) 77% No (69)
120. Is there evidence or documentation of behavioral or functional regression in the last year?	33% Yes (35) 67% No (71) (1 CND)	35% Yes (38) 65% No (71)	28% Yes (28) 72% No (73) (1 CND)	30% Yes (28) 70% No (66) (3 CND)	21% Yes (20) 79% No (74) (1 CND) (1 not scored)	17% Yes (15) 83% No (73) (2 CND)
121. If #119 or 120 is Yes, is the IDT adequately addressing the regression?	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)	53% Yes (23) 37% Partial (16) 9% No (4) (51 N/A 1 CND) (1 not scored)	63% Yes (19) 33% Partial (10) 3% No (1) (60 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)	24% Yes (26) 76% No (83)	16% Yes (16) 84% No (86)	16% Yes (16) 84% No (81)	9% Yes (9) 91% No (86) (1 not scored)	17% Yes (15) 83% No (75)
122a. Planned by the IDT?	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)	50% Yes (4) 25% Partial (2) 25% No (2) (87 N/A) (1 not scored)	64% Yes (9) 36% Partial (5) (76 N/A)
122b. Appropriate to meet needs?	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)	89% Yes (8) 11% Partial (1) (86 N/A) (1 not scored)	80% Yes (12) 13% Partial (2) 7% No (1) (75 N/A)
123. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?	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)	28% Yes (27) 72% Partial (68) (1 not scored)	22% Yes (20) 78% Partial (70)
Supported Employment Services						
124. Has the IDT, or the reviewer recommended a supported employment assessment for the person?	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)	68% Yes (65) 32% No (30) (1 not scored)	64% Yes (56) 36% No (32) (2 not scored)
124A. Has the Team recommended a supported employment assessment for the person?	Added in 2015				26% Yes (25) 74% No (70) (1 not scored)	28% Yes (25) 72% No (63) (2 not scored)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
124B. Is the reviewer recommending a supported employment assessment for the person?	Added in 2015				65% Yes (62) 35% No (33) (1 not scored)	63% Yes (55) 38% No (33) (2 not scored)
125. In the opinion of the IDT or the reviewer, does the person need supported employment?	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)	59% Yes (56) 41% No (39) (1 not scored)	56% Yes (49) 44% No (39) (2 not scored)
125A. Does the Team recommend supported employment for the person?	Added in 2015				20% Yes (19) 80% No (76) (1 not scored)	25% Yes (22) 75% No (66) (2 not scored)
125B. Is the Reviewer recommending supported employment for the person?	Added in 2015				60% Yes (57) 40% No (38) (1 not scored)	56% Yes (49) 44% No (39) (2 not scored)
126. Did the person receive a supported employment assessment?	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)	49% Yes (32) 51% No (33) (30 N/A) (1 not scored)	52% Yes (30) 48% No (28) (30 N/A) (2 not scored)
127. Does the supported employment assessment conform to the DOH regulations?	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) (1 not scored)	14% Yes (9) 23% Partial (15) 63% No (40) (31 N/A) (1 not scored)	14% Yes (8) 31% Partial (18) 55% No (32) (30 N/A) (2 not scored)
128. Does the person have a career development plan (based on assessments) that meets the person's needs?	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)	11% Yes (6) 26% Partial (15) 63% No (36) (38 N/A) (1 not scored)	6% Yes (3) 34% Partial (17) 60% No (30) (38 N/A) (2 not scored)
129. Is the person engaged in supported employment?	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)	28% Yes (16) 72% No (41) (38 N/A) (1 not scored)	30% Yes (15) 70% No (35) (38 N/A) (2 not scored)
129A. Is the person working?	Added in 2015				30% Yes (17) 70% No (40) (38 N/A) (1 not scored)	28% Yes (14) 72% No (36) (38 N/A) (2 not scored)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
130. Is the supported work provided in accordance with the following?	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)	9% Yes (5) 21% Partial (12) 70% No (40) (38 N/A) (1 not scored)	14% Yes (7) 12% Partial (6) 74% No (37) (38 N/A) (2 not scored)
130a. At least a 10-hour work week?	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)	9% Yes (5) 91% No (52) (38 N/A) (1 not scored)	16% Yes (8) 84% No (42) (38 N/A) (2 not scored)
130b. Person earns at least ½ of minimum wage?	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)	26% Yes (15) 74% No (42) (38 N/A) (1 not scored)	26% Yes (13) 74% No (37) (38 N/A) (2 not scored)
130c. Work setting is at least 50% non-handicapped co-workers?	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)	27% Yes (15) 73% No (41) (39 N/A) (1 not scored)	24% Yes (12) 76% No (38) (38 N/A) (2 not scored)
130d. There is a reasonable expectation that the job will continue?	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)	30% Yes (17) 70% No (40) (38 N/A) (1 not scored)	26% Yes (13) 74% No (37) (38 N/A) (2 not scored)
Behavior						
131. Is the person considered by the IDT to need behavior services now?	62% Yes (66) 38% No (40) (1 N/A)	68% Yes (72) 32% No (34) (3 N/A)	57% Yes (55) 43% No (41) (6 N/A)	59% Yes (55) 41% No (39) (3 N/A)	61% Yes (55) 39% No (35) (5 N/A) (1 not scored)	68% Yes (60) 32% No (28) (2 N/A)
132. In the opinion of the reviewer, does the person need behavior services?	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)	56% Yes (50) 44% No (40) (5 N/A) (1 not scored)	66% Yes (59) 34% No (30) (1 N/A)
133. Have adequate behavioral assessments been completed?	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)	54% Yes (30) 41% Partial (23) 5% No (3) (39 N/A)	65% Yes (39) 32% Partial (19) 3% No (2) (30 N/A)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
					(1 not scored)	
134. Does the person have behavior support plans developed out of the behavior assessments that meet the person's needs?	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)	62% Yes (34) 33% Partial (18) 5% no (3) (40 N/A) (1 not scored)	81% Yes (48) 19% Partial (11) (31 N/A)
135. Have the staff been trained on the behavior support plan?	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)	87% Yes (48) 11% Partial (6) 2% No (1) (40 N/A) (1 not scored)	90% Yes (53) 10% Partial (6) (31 N/A)
136. Does the person receive behavioral services consistent with his/her needs?	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)	56% Yes (31) 36% Partial (20) 7% No (4) (40 N/A) (1 not scored)	73% Yes (43) 27% Partial (16) (31 N/A)
137. Are behavior support services integrated into the ISP?	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)	33% Yes (18) 49% Partial (27) 18% No (10) (40 N/A) (1 not scored)	42% Yes (25) 49% Partial (29) 8% No (5) (31 N/A)
Adaptive Equipment/Augmentative Communication						
138. Has the person received all adaptive equipment needed?	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)	72% Yes (61) 27% Partial (23) 1% No (1) (10 N/A) (1 not scored)	72% Yes (55) 28% Partial (21) (14 N/A)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
139. Has the person received all assistive technology needed?	72% Yes (59) 23% Partial (19) 5% No (4) (25 N/A)	70% Yes (59) 29% Partial (24) 1% No (1) (25 N/A)	73% Yes (49) 25% Partial (17) 2% No (1) (35 N/A)	68% Yes (48) 31% Partial (22) 1% No (1) (26 N/A)	74% Yes (49) 23% Partial (15) 3% No (2) (29 N/A) (1 not scored)	72% Yes (48) 25% Partial (17) 2% No (2) (23 N/A)
140. Has the person received all communication assessments and services?	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)	76% Yes (68) 20% Partial (18) 3% No (3) (6 N/A) (1 not scored)	76% Yes (62) 24% Partial (20) (8 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?	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)	94% Yes (89) 6% Partial (6) (1 not scored)	90% Yes (81) 9% Partial (8) 1% No (1)
142*. Does the person have an ISP that contains a Vision section that is based on a long-term view?	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)	49% Yes (47) 42% Partial (40) 8% No (8) (1 not scored)	58% Yes (52) 42% Partial (38)
143. Does the person receive services and supports recommended in the ISP?	78% Yes (83) 22% Partial (24)	83% Yes (90) 17% Partial (19)	81% Yes (83) 19% Partial (19)	78% Yes (76) 22% Partial (21)	65% Yes (62) 35% Partial (33) (1 not scored)	68% Yes (61) 32% Partial (29)
144. Does the person have adequate access to and use of generic services and natural supports?	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)	77% Yes (73) 23% Partial (22) (1 not scored)	80% Yes (72) 20% Partial (18)
145. Is the person adequately integrated into the community?	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)	58% Yes (55) 38% Partial (36) 4% No (4) (1 not scored)	53% Yes (48) 46% Partial (41) 1% No (1)
Summary						
146. Overall, is the ISP adequate to meet the person's needs?	23% Yes (25) 77% Partial (82)	28% Yes (30) 72% Partial (79)	13% Yes (13) 87% Partial (89)	11% Yes (11) 89% Partial (86)	11% Yes (10) 89% Partial (85) (1 not scored)	12% Yes (11) 88% Partial (79)

Question	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)
147. Is the program of the level of intensity adequate to meet this person's needs?	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)	14% Yes (13) 85% Partial (81) 1% No (1) (1 not scored)	12% Yes (11) 88% Partial (79)