



A. Jackson Class Member Demographics – Southeast Region

The Southeast Region had 21 Active Jackson Class Members at the time the sample was selected. Ten JCMs were chosen to be part of the review sample for FY2022. The following two tables describe the demographics of and providers for the JCMs in the Southeast Region.

Table #1: Active Class Member Demographics in the Southeast Region

| AGE | |
|-------------|------|
| 30-39 | 0 |
| 40-49 | 2 |
| 50-59 | 6 |
| 60-69 | 10 |
| 70-79 | 2 |
| 80-89 | 1 |
| 90-99 | 0 |
| AVERAGE AGE | 62.9 |

| ETHNICITY | |
|------------------------|----|
| Black/African American | 2 |
| Caucasian | 7 |
| Hispanic | 11 |
| Native American | 0 |
| Other (Asian) | 1 |

| GENDER | |
|--------|----|
| Female | 7 |
| Male | 14 |
| Other | 0 |

| COMMUNITY INCLUSION SERVICE | |
|-----------------------------|----|
| CCS (I or G) | 17 |
| CIE | 4 |
| ICF/IDD | 2 |
| Mi Via | 2 |
| N/A | 0 |

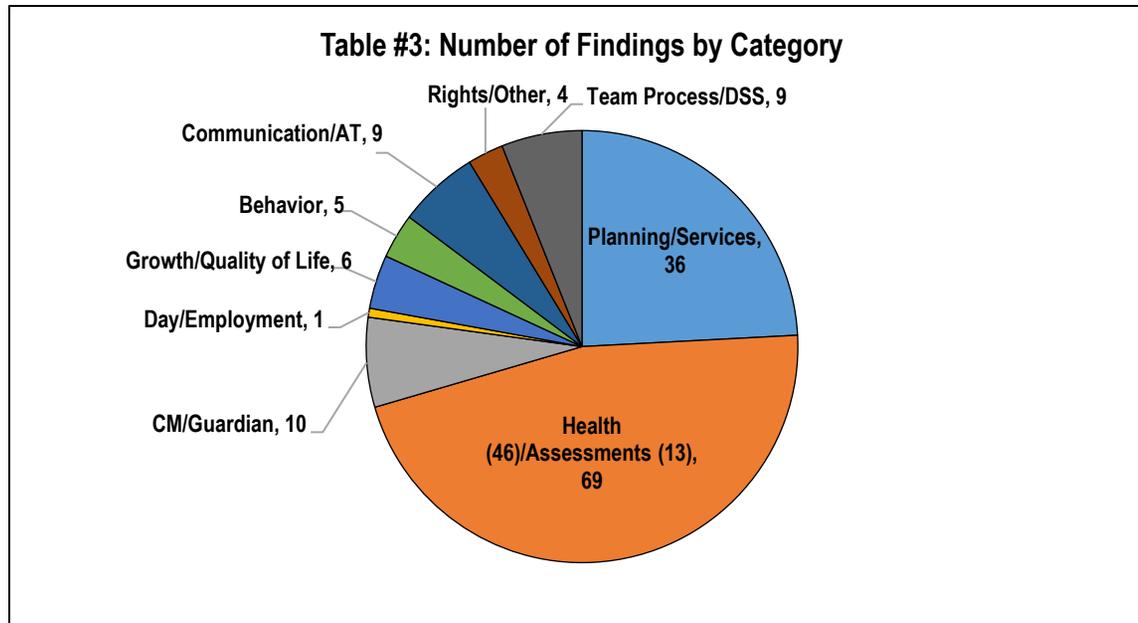
| LIVING CARE ARRANGEMENT SERVICE | |
|---------------------------------|----|
| Family Living | 0 |
| Supported Living | 17 |
| CIHS | 0 |
| ICF/IDD | 2 |
| Mi Via | 2 |
| N/A | 0 |

Table #2: Agencies Serving Class Members in the Southeast Region:

| | | | | | | | |
|----------------------------------------------------------------------------------|-------------------|--------------|------------|-------------|------------|----------------|------------|
| Case Management | DDSD/CARC (ICF 2) | J&J (17) | Mi Via (2) | | | | |
| Residential | Aspire (4) | CARC (ICF 2) | ENMRSH (5) | Leaders (2) | Mi Via (2) | Nezzy Care (1) | Tobosa (5) |
| Community Inclusion (CI) <i>(one person does not have CI services)</i> | Aspire (4) | CARC (ICF 2) | ENMRSH (5) | Leaders (2) | Mi Via (2) | Nezzy Care (1) | Tobosa (5) |

B. Most Frequently Identified Findings by Category

The Southeast Region had a total of 149 findings. The table below shows the categories and number of findings for this review.



C. Most Frequently Repeated Findings by Category – Charts 4 &5

IQR Findings include the identification of good and exemplary as well as deficient practice. Findings are developed by the Surveyor, reviewed by a Case Judge, Regional Office and State DDS and DHI Staff before they become final. The expectation is that the identified issue will be resolved not only for the individual but, if applicable, for everyone in that agency for whom the finding is relevant, and resolved in a way that is sustainable so that the identified issue remains “fixed”.

Of the 149 Findings in the Southeast Region’s Review, there were 67 identified as “repeat findings”. Repeat findings are those which have been identified by the IQR within the last ten years. The category where ‘repeat findings’ are most frequently identified is in the area of Health/Assessments (32), followed by Planning and Services (15). The charts below summarize, by agency, the number of repeat findings which were identified by topic area.

Chart #4: Repeat Findings by Area and Residential Provider

| AREA | ADEQUACY OF PLANNING | ASSESSMENT | BEHAVIORAL SUPPORTS | CM & GUARDIAN | EQUIPMENT | GROWTH QUALITY OF LIFE RIGHTS/ OTHER | HEALTH | EMP. | TEAM PROCESS | TOTAL |
|-----------------|----------------------|------------|---------------------|---------------|-----------|--------------------------------------|--------|------|--------------|-------|
| PROVIDER | | | | | | | | | | |
| Aspire (2) | 7 | 4 | 0 | 3 | 2 | 0 | 7 | 0 | 3 | 26 |
| CARC (1 ICF) | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 2 |
| ENMRSH (3) | 4 | 3 | 0 | 2 | 1 | 0 | 10 | 0 | 1 | 21 |
| Leaders (1) | 3 | 2 | 0 | 1 | 0 | 0 | 3 | 0 | 0 | 9 |
| Mi Via (2) | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 3 |
| Tobosa (1) | 1 | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 1 | 6 |
| TOTAL | 15 | 9 | 2 | 6 | 6 | 1 | 23 | 0 | 5 | 67 |

Chart #5: Repeat Findings by Area and Case Management Agency

| AREA | ADEQUACY OF PLANNING | ASSESSMENTS | BEHAVIORAL SUPPORTS | CM & GUARDIAN | EQUIPMENT | GROWTH QUALITY OF LIFE RIGHTS/OTHER | HEALTH | EMPLOYMENT | TEAM PROCESS | TOTAL |
|-----------------|----------------------|-------------|---------------------|---------------|-----------|-------------------------------------|--------|------------|--------------|-------|
| PROVIDER | | | | | | | | | | |
| J & J (7) | 15 | 9 | 1 | 6 | 5 | 0 | 21 | 0 | 5 | 62 |
| CARC (1 ICF) | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 2 |
| Mi Via (2) | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 3 |
| TOTAL | 15 | 9 | 2 | 6 | 6 | 1 | 23 | 0 | 5 | 67 |

D. Immediate and Special Findings

There were ten (10) Class Members reviewed in the Southeast Region as part of the 2020 IQR. Four JCMs had Immediate Findings. Five JCMs had Special Findings. Three JCMs had both Immediate and Special Findings. Details of the issues associated with these findings are identified in the table below.

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 and actively in the process of addressing in a timely fashion. Immediate Findings must be **resolved** by the IDT within **30** days to ensure the health, safety and well-being of the individual. Specific timelines will be provided per review.

Class Members identified as **“needing special attention”** are individuals for whom issues have been identified that, are likely to become an urgent health and safety concern. Special Findings must be **resolved** by the IDT within **60** days to ensure the health, safety and well-being of the individual. Specific timelines will be provided per review.

Civil Monetary Penalties (CMPs) for non-compliance may be issued for immediate, special and/or other egregious findings.

Table #6: Immediate/Special Identified Individual Issues – FY22 IQR Southeast

| Reg | CM | Res | Comm Incl | Immd | Spec | ANE | Issue |
|----------------------------------------|--------|--------|-----------|------|------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health Related Oversight Issues | | | | | | | |
| SE | MI VIA | MI VIA | MI VIA | X | | | <p>Based on the document review and interviews, SLP services and Private Duty Nursing services are allocated on the current 2021-2022 budget but are not being received. According to the consultant and guardians, an SLP and Private Duty Nurse cannot be found in the city of Clovis to provide the services. JCM’s guardians are utilizing an outdated CARMP that was being used when JCM was on the traditional waiver. All providers who provided input into the CARMP, except for the BSC, are no longer working with JCM. JCM’s co-guardian, G, agreed that a newly updated CARMP is needed when a new SLP is found due to JCM being at risk for aspiration and reported in interview he has “choked a few times already”. In addition, the guardians reported they felt JCM also would benefit from the services of an Occupational Therapist but reported not being able to find an OT in Clovis. The consultant was asked whether a RORA had been completed to address the services that are not being provided and he said a RORA had not been completed. This IQR surveyor completed and submitted a RORA on 9/16/2021.</p> <p>Needed services being unavailable in JCM’s city and no RORA filed is a Partial Repeat Finding from 2018 IQR #1. JCM’s CARMP not being current is a Partial Repeat Finding from 2018 IQR #4.</p> |
| SE | J&J | ASPIRE | ASPIRE | X | | | <p>Based on document review and interviews, there is inconsistent reporting regarding JCM’s lack of Advanced Directives.</p> <p>a. SL DSP reported JCM has DNR orders. Per document review, JCM does not have Advanced Directives and is a full code.</p> <p>b. MERPs Aspiration 8/15/21, Seizure 8/15/21, Diabetes 8/15/21, Celiac Disease 8/15/21 list “key medical information to take” and lists Advanced Directives/DNR, however, at the top of each MERP it indicates JCM is a “full code”.</p> |

| Reg | CM | Res | Comm Incl | Immd | Spec | ANE | Issue |
|-----|--------|---------|-----------|------|------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | | DSP not adequately trained regarding JCM's healthcare needs is a repeat Finding from CPR 2013 (#3) |
| SE | J&J | LEADERS | LEADERS | X | | | <p>JCM has been observed coughing during meals since March 2019, at that time SLP did a "bedside swallow evaluation" and stated JCM did not need a CARMP. At that time the team removed the CARMP.</p> <p>Per the ARST instructions if an individual is dependent on others for oral feeding or drinking, or coughing is observed / reported at mealtime, they are considered Moderate Risk and require a CARMP. JCM is dependent on DSP to prepare her food in addition to the coughing during meals.</p> <p>A Barium Swallow Study was completed 9/14/2021 which determined that JCM is pocketing her food and needs extra swallows to clear the food.</p> <p>An interim Aspiration Health Care Plan was developed 8/31/2021. The plan states to cut up her meat ½ inch, but does not address other foods such as crunchy vegetables, hard candy/popcorn etc. Per documentation review and interviews, no evidence was found that an eating specialist was consulted during the development of the interim Aspiration Health Care Plan. Per onsite observation on 9/21/2021 DSP were not aware of the Swallow Study results and/or the swallow issues JCM is experiencing. JCM was observed using a weighted spoon and high sided dish during her mealtime. The Aspiration Health Care Plan does not include the adaptive equipment.</p> <p>The Aspiration MERP indicates for staff to refer to a mealtime plan for prevention of aspiration, but no mealtime plan was provided or attached. No written or verbal evidence found a mealtime plan was discussed with the SLP.</p> |
| SE | J&J | ASPIRE | ASPIRE | | X | | <p>Based on document review and onsite observations medications have inconsistencies. Please see the attached Medication Table. (22 concerns were noted.) (Main concerns: -Orders older than 1 year. -Orders signed off by PCP and not the prescribing provider. OK to crush not indicated on all orders or pharmacy labels.)</p> <p>Medication inconsistencies is a Partial Repeat Finding from IQR 2019 (#6).</p> |
| SE | J&J | ASPIRE | ASPIRE | | X | | <p>Based on interviews, SL DSP was unable to identify or describe any of JCM 'sHCPs or MERPs. CCS DSP, during interview could not describe MERPs.</p> <p>DSP not adequately trained regarding JCM's healthcare needs is a repeat Finding from CPR 2013 (#3)</p> |
| SE | MI VIA | MI VIA | MI VIA | | X | | <p>Based on document review, the "Advance Directive for Healthcare-New Mexico" dated 7/26/2021 was signed by the guardian and POAs were assigned to JCM's sister S1 with another sister, S2 and CDS/N, C as secondary POAs. JCM's mother was trying to provide for JCM while she was hospitalized. The form provided for review names POAs for JCM's mother, M, as M is listed as the Principal, not JCM. At the time of this review, JCM did not have a POA or a successor guardian in place in the event M is no longer available to support her daughter. M did report that she wishes for S1 to be the</p> |

| Reg | CM | Res | Comm Incl | Immd | Spec | ANE | Issue |
|-------------------------------------|--------|--------|-----------|------|------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | | <p>successor guardian, but it is unclear whether the legal steps have been taken to ensure S1 becomes JCM's successor guardian.</p> <p>JCM not having a successor guardian in place is a Partial Repeat Finding from 2013 CPR #6.</p> |
| SE | MI VIA | MI VIA | MI VIA | | X | | <p>Based on the document review and interviews, JCM is not receiving "Abnormal Involuntary Movements" (AIMS) screenings due to taking the medication Olanzapine ODT 10 MG Tablet daily. During interview, the guardian expressed concern regarding tremors and leaning. JCM's consultant asked the guardians in August 2021 if AIMS was being completed by the prescribing doctor, JCM's psychiatrist. The guardians were not aware of an AIMS screening. The guardians reported they asked about AIMS at the most recent psychiatric appointment. The psychiatrist's nurse allegedly reported she was not certified to do the screening, and the psychiatrist allegedly reported they hadn't completed an AIMS screening in over 20 years and no longer had the form on their computer. The guardian indicated during interview that the tremors were observed by the psychiatrist who ordered bloodwork, however results were not yet available during this survey.</p> |
| SE | MI VIA | MI VIA | MI VIA | | X | | <p>Based on the interview, BSC reported they were no longer on JCM's budget and are currently just a natural support. Based on the document review, BSC services are allocated into the 2021-2022 budget. It is not clear if JCM is receiving or still needs this support.</p> |
| SE | J & J | TOBOSA | TOBOSA | | X | | <p>Per record review and interview, it is not clear if JCM has an order for albuterol sulfate HFA 90mcg/actuation inhaler:</p> <ul style="list-style-type: none"> • Residential DSP states has rescue inhaler brought (sic) on a few months ago in ER visit. • Notation found in 08/18/2021 physical that albuterol sulfate HFA 90 mcg actuation inhaler "filled." • Physician orders for albuterol sulfate HFA 90 mcg actuation inhaler were not provided for this survey. • Albuterol sulfate HFA 90 mcg actuation inhaler is not listed on September 2021 MAR. |
| Equipment | | | | | | | |
| SE | MI VIA | MI VIA | MI VIA | X | | | <p>Based on document review and interviews, environmental modifications that ensure JCM's safety have not been completed or utilized on the budget. JCM's sister, one of JCM's primary caretakers, reports that she purchased handrails for JCM's shower. JCM holds on to her when showering and refuses to sit in a shower chair. M is worried JCM will slip and fall. However, she had no one to install the handrails and they are currently in storage.</p> <p>JCM not utilizing funding for environmental modifications is a Partial Repeat Finding from 2013 CPR #7.</p> |
| Other – RIGHTS, TEAM PROCESS | | | | | | | |
| SE | J&J | ASPIRE | ASPIRE | | X | | <p>Based on interviews, SL and CCS DSP both reported that they should use MANDT in case of behavioral crisis. The use of MANDT is not included in any current behavioral plan and is no longer approved by HRC for use with JCM (per HRC minutes 2/17/21 and 6/25/21).</p> |
| SE | J&J | TOBOSA | TOBOSA | | X | | <p>Based on document review and interviews, JCM had the following:</p> <ol style="list-style-type: none"> a) Barium Swallow Study 8/19/2021 b) Bedside Clinical Evaluation of Dysphasia 8/4/21 c) 8/18/21 Primary Care Physician appointment where she reviewed the swallow study and pushed forward recommendations from the study. <p>The IDT has yet to meet to discuss the recommendations and take action.</p> |

| Reg | CM | Res | Comm Incl | Immd | Spec | ANE | Issue |
|-----|----|-----|-----------|------|------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | | d) The SLP reached out to the Case Manager several weeks ago to set up an IDT, but this has not yet been scheduled. e) The CARMP does not reflect the new recommendations. f) Per interviews the new recommendations have yet to be implemented. g) JCM is a silent aspirator and not acting on the most recent study and medical recommendations puts him at further risk. The CARMP not being updated is a repeat Finding of the 2014 (#5) CPR. |

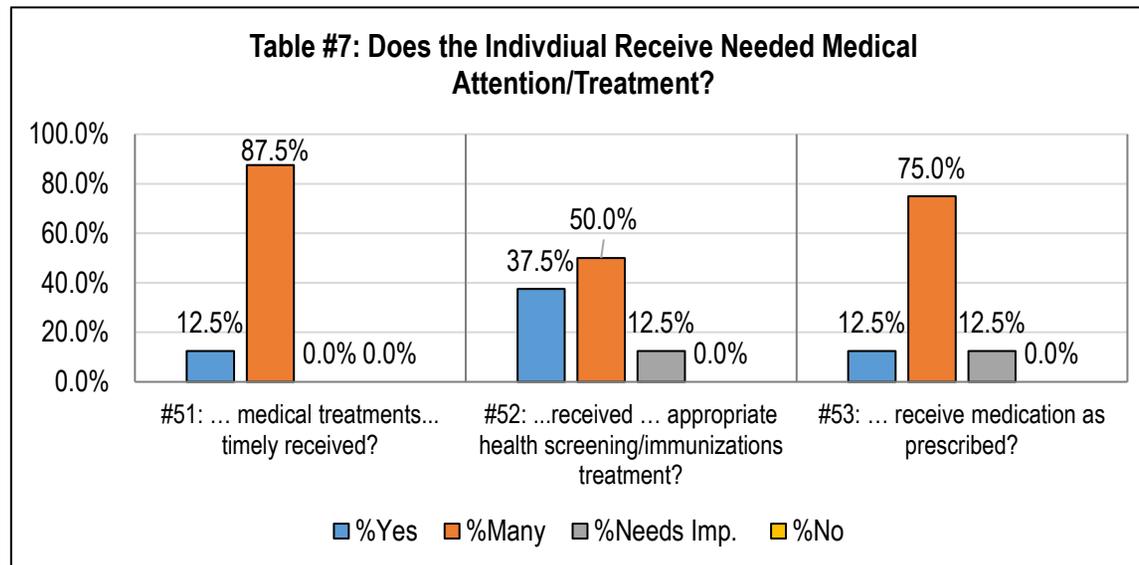
E. Health, Assessments and Overall Wellness

There is a series of scored questions in the IQR protocol that specifically relate to the medical attention received by the class members. The tables which follow detail the findings based on the specific questions asked, those questions are listed prior to each table.

Question #51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received?

Question #52. Has the individual received ... appropriate health screening/immunizations in accordance with national best practice and/or as recommended

Question #53: Does the individual receive medication as prescribed?

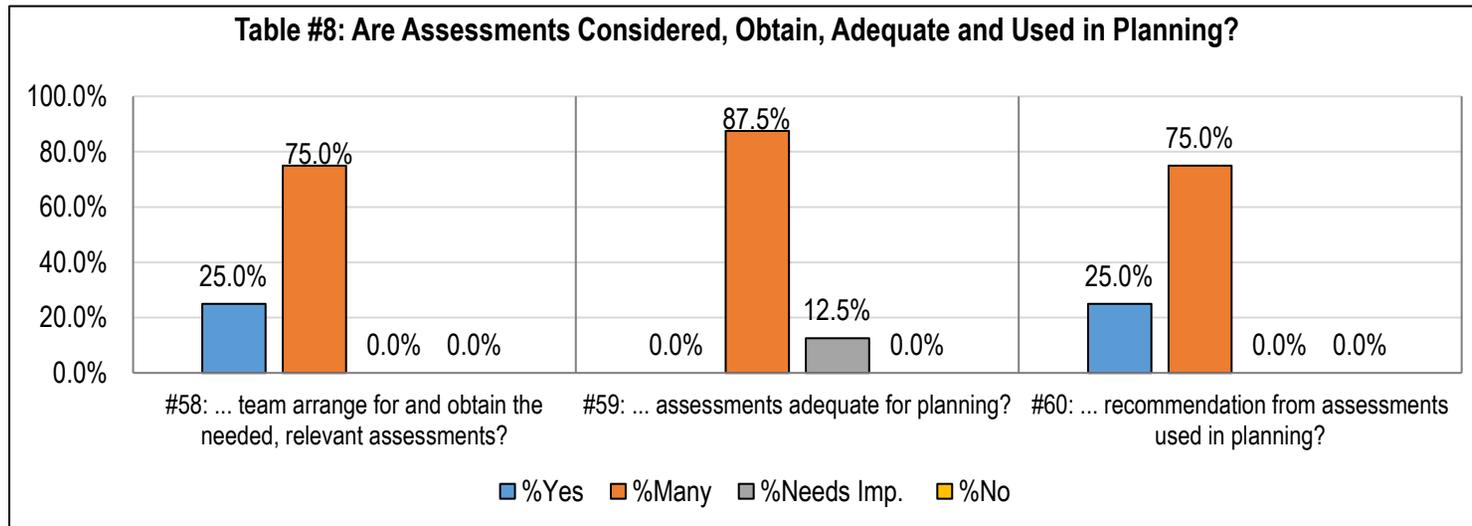


Ensuring individuals have the medical treatment they require includes scheduling and obtaining needed assessments and using information from those assessments to influence treatment and inform future planning. The IQR also evaluates the assessments needed by the individual and whether or not those assessments are obtained by the teams as summarized below.

Question #58: Did the team arrange for and obtain the needed, relevant assessments?

Question #59: Are the assessments adequate for planning?

Question #60: Were the recommendation from assessments used in planning?



Beyond the protocol questions, a letter of Findings is issued for each class member. This letter is developed by the Surveyor, reviewed by the Case Judge, Regional and State DDSD and DHI staff prior to becoming final. The table below summarizes some of the issues which were identified. It is important to note that the information below identifies the number of issues found; not the number of findings. For example, if one individual was found to have a Medication Administration Record (MAR) which called for the administration of a medication for which a doctors order was not found AND was also found to have been given a medication twice a day when the doctor's order called for one time a day, that might be ONE finding regarding medication but TWO different issues.

The number in parenthesis next to the agencies name represents the number of individuals that agency had in this review.

| Chart #9: Type of Issues identified by Residential Agency | | | | | | | |
|----------------------------------------------------------------------------------------|-------------------|---------------------|-------------------|--------------------|-------------------|-------------------|--------------|
| PROVIDER (# IN SAMPLE) | ASPIRE (2) | CARC (1 ICF) | ENMRSH (3) | LEADERS (1) | MI VIA (2) | TOBOSA (1) | TOTAL |
| ISSUE | | | | | | | |
| APPOINTMENTS | | | | | | | |
| Audiology: not completed/lack of follow up | 3 | 0 | 2 | 1 | 0 | 0 | 6 |
| Dental: follow up not completed / not timely | 2 | 0 | 0 | 0 | 0 | 1 | 3 |
| Neurology: follow up not completed / not timely | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| PCP: follow up not completed / not timely | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Specialists: follow up not completed / not timely | 6 | 0 | 0 | 0 | 0 | 4 | 10 |
| Vision: not completed / not current | 0 | 0 | 0 | 1 | 0 | 1 | 2 |
| MAR/MEDICATIONS | | | | | | | |
| MAR/Medication/Dr. Orders do not match (med strength, delivery method, purpose of med) | 30 | 0 | 16 | 11 | 0 | 5 | 62 |
| Screenings | | | | | | | |

Chart #9: Type of Issues identified by Residential Agency

| PROVIDER (# IN SAMPLE) | ASPIRE (2) | CARC (1 ICF) | ENMRSH (3) | LEADERS (1) | MI VIA (2) | TOBOSA (1) | TOTAL |
|------------------------------------------------------------------------|-------------------|---------------------|-------------------|--------------------|-------------------|-------------------|--------------|
| a. No evidence of Hep B/HepC screening or team discussion thereof | 0 | 0 | 2 | 0 | 2 | 0 | 4 |
| b. No evidence of shingles vaccine or team discussion thereof | 1 | 0 | 1 | 0 | 1 | 1 | 4 |
| c. No evidence of HIV screening or team discussion thereof | 1 | 0 | 0 | 0 | 2 | 0 | 3 |
| d. No evidence of TD/Tdap immunizations or team discussion thereof | 0 | 0 | 1 | 0 | 2 | 0 | 3 |
| e. No evidence of colorectal screening or team discussion thereof | 2 | 0 | 1 | 0 | 1 | 0 | 4 |
| f. No evidence of flu or pneumonia vaccine or team discussion thereof | 1 | 0 | 1 | 0 | 0 | 1 | 3 |
| g. No evidence of mammogram or team discussion thereof | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| h. No evidence of cervical cancer screening or team discussion thereof | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| AIMS or other TD screening | 0 | 0 | 1 | 0 | 1 | 1 | 3 |
| No evidence of test / lab screening or alt. option discussed. | 1 | 1 | 0 | 0 | 0 | 0 | 2 |
| No evidence of recommended bone density scan | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| Totals | 48 | 1 | 27 | 13 | 10 | 14 | 113 |
| Average | 24 | 1 | 9 | 13 | 5 | 14 | 11.3 |

For health care coordination, oversight and monitoring, I/DD services rely heavily on nurses, primary care physicians and referrals to needed specialists. Nurses and the supports they can provide are essential for the protection and healthy living of class members. Relevant scored protocol questions related directly to nursing include:

Question #50: Was the eCHAT updated timely?

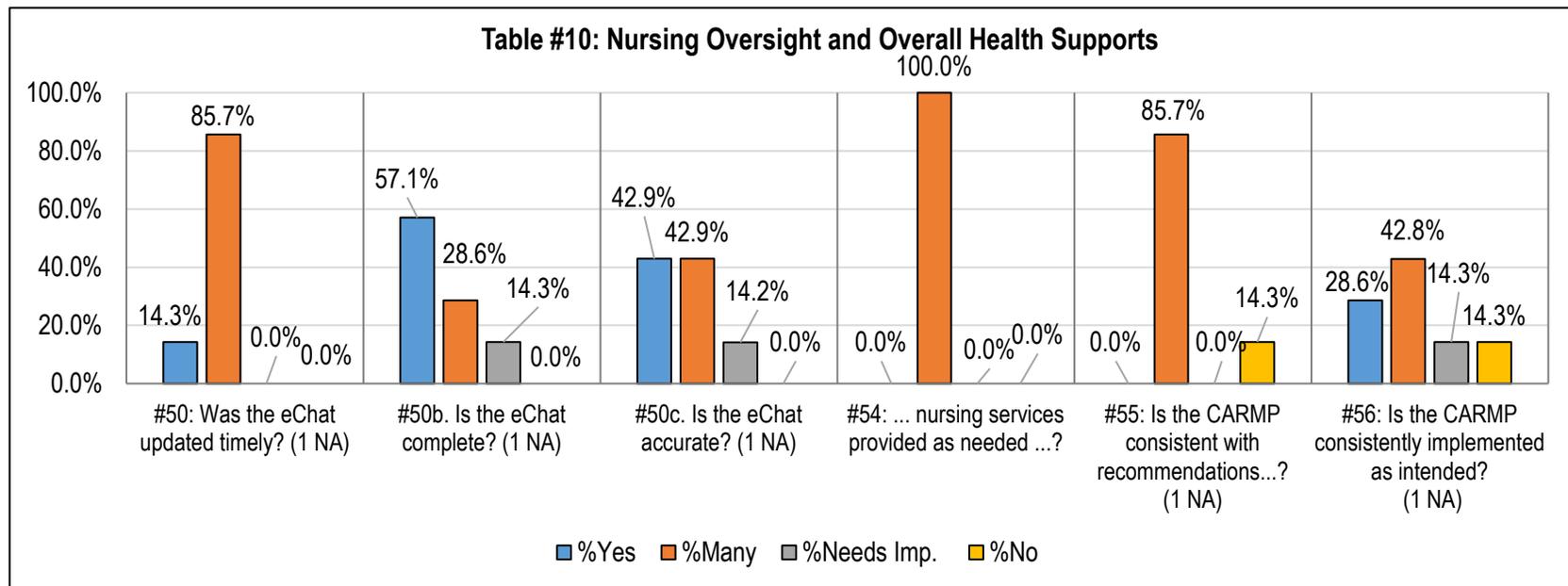
Question #50b: Is the eCHAT complete?

Question #50c: Is the eCHAT accurate?

Question #54: Are nursing services provided as needed by the individual?

Question #55: Is the CARMP consistent with recommendations in other healthcare documents?

Question #56: Is the CARMP consistently implemented as intended?



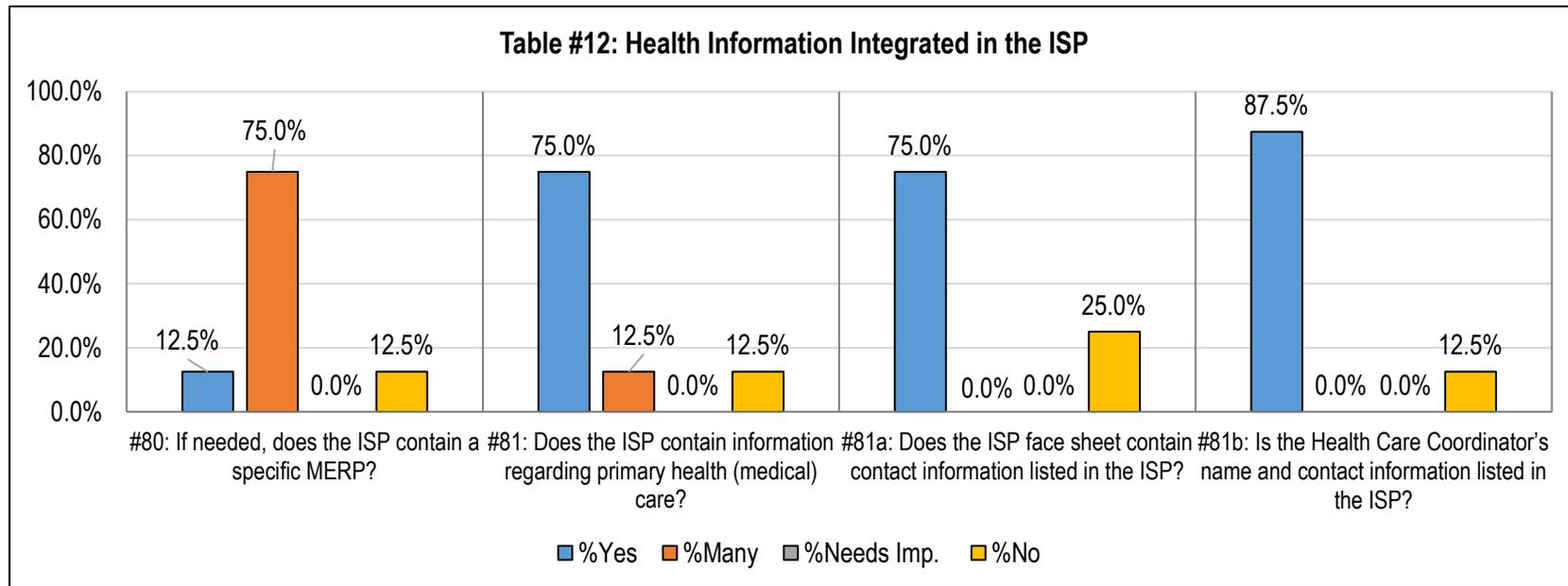
Oversight provided by nurses is a critical safeguard for Jackson Class Members, direct support professionals and their supervisors. The table below provides specific details, by Residential provider, of nursing related issues identified during the FY22 Southeast IQR. Again, this represents the number of issues found; not the number of findings.

| Chart #11: Type of Nursing Related Issues Identified by Residential Provider | | | | | | | |
|-------------------------------------------------------------------------------------|-------------------|---------------------|-------------------|--------------------|-------------------|-------------------|--------------|
| PROVIDER (# IN SAMPLE) | ASPIRE (2) | CARC (1 ICF) | ENMRSH (3) | LEADERS (1) | MI VIA (2) | TOBOSA (1) | TOTAL |
| ISSUE | | | | | | | |
| Nursing Assessments | | | | | | | |
| CARMP inaccurate/ incomplete/not current | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| CARMP not implemented properly | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| CARMP conflicts with dental recommendations | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| CARMP inconsistent with nutrition recommendations | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| e-CHAT incorrect/inconsistent /not updated timely | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| e-CHAT inconsistencies with diagnoses/conditions in other documents | 7 | 0 | 3 | 1 | 0 | 0 | 11 |
| HCPs inaccurate/incomplete | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| HCP for Aspiration and CARMP | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| MERPs inaccurate/incomplete | 4 | 0 | 11 | 12 | 0 | 0 | 27 |
| Inconsistency between HCP/ CARMP/MERP/e-CHAT/MARS/Plans | 6 | 0 | 0 | 0 | 0 | 0 | 6 |
| Nursing Documentation | | | | | | | |
| Nursing reports not timely completed | 2 | 0 | 1 | 0 | 0 | 0 | 3 |
| Nursing reports not provided for review | 1 | 0 | 0 | 1 | 0 | 1 | 3 |
| Nursing reports not accurate/missing information/inadequate | 1 | 0 | 2 | 0 | 0 | 0 | 3 |

| Chart #11: Type of Nursing Related Issues Identified by Residential Provider | | | | | | | |
|-----------------------------------------------------------------------------------|------------|--------------|------------|-------------|------------|------------|-------------|
| PROVIDER (# IN SAMPLE) | ASPIRE (2) | CARC (1 ICF) | ENMRSH (3) | LEADERS (1) | MI VIA (2) | TOBOSA (1) | TOTAL |
| No evidence of nursing face-to-face visits as required | 0 | 0 | 1 | 2 | 0 | 0 | 3 |
| Staff needs more training on health-related needs | 14 | 0 | 9 | 1 | 0 | 0 | 24 |
| Nurse not monitoring as required, e.g., tracking, plans, meds, appointments, etc. | 0 | 0 | 11 | 0 | 0 | 0 | 11 |
| Totals | 36 | 0 | 45 | 17 | 0 | 3 | 101 |
| Average | 18 | 0 | 15 | 1 | 0 | 3 | 10.1 |

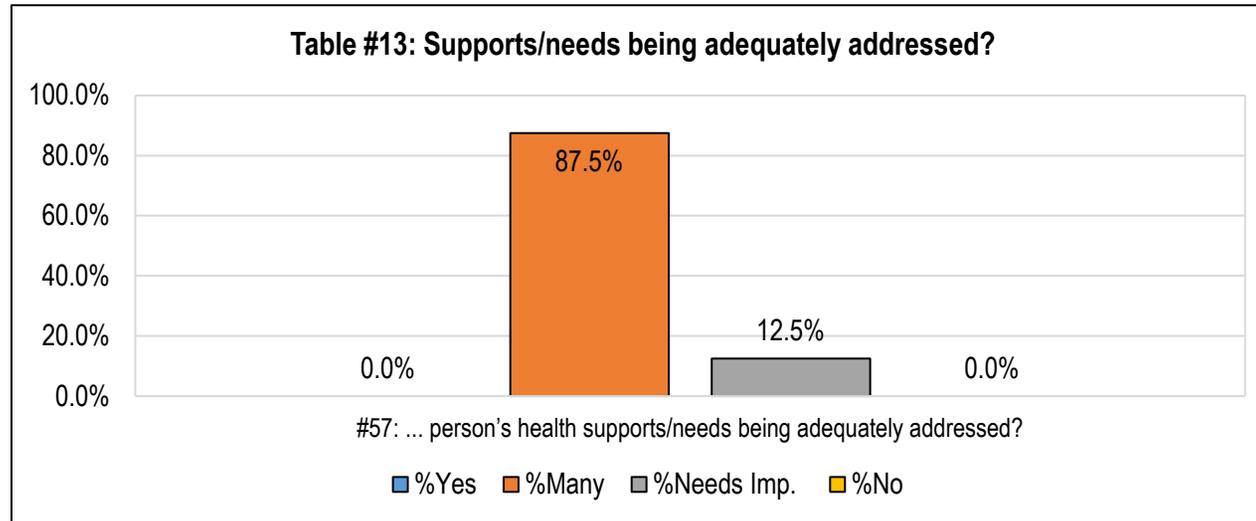
In addition to the issues and questions noted above, the individual's nurse is responsible, with the assistance of the rest of the team, to assure that the documents presented and created for planning, such as the ISP, are accurate, thorough and contain the needed plans and information required. The protocol questions related to ensuring this is done include:

- Question #80: If needed, does the ISP contain a specific MERP?
- Question #81: Does the ISP contain information regarding primary health (medical) care?
- Question #81a: Does the ISP face sheet contain contact information listed in the ISP?
- Question #81b: Is the Health Care Coordinator's name and contact information listed in the ISP?



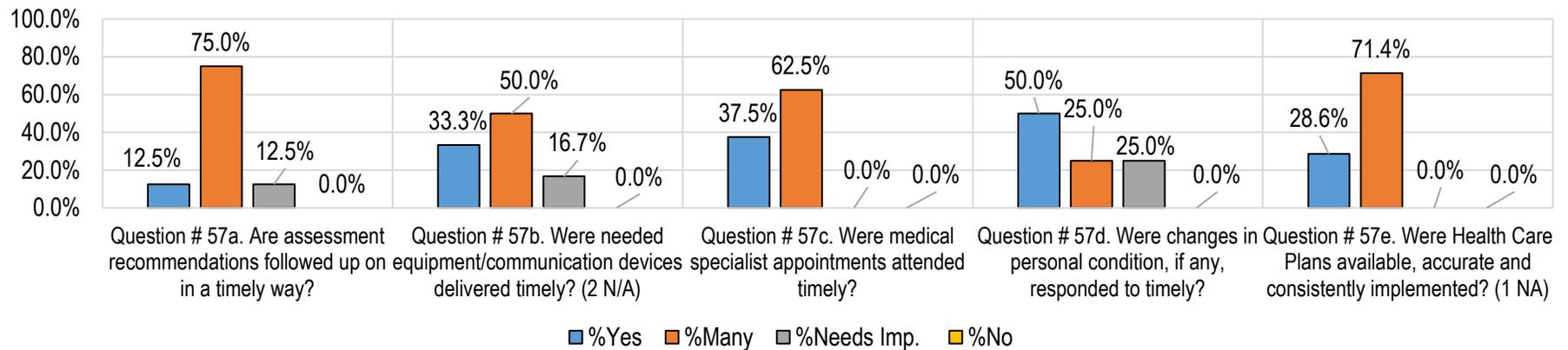
There are many components to ensuring the health and safety of individuals with I/DD. These components vary and are unique to each individual. While the scored protocol questions cannot encompass each and every issue, it does allow for a general score that measures the adequacy of response to the individual's overall health needs. That question is #57: Are the person's health supports/needs being adequately addressed?

As noted in the table below, for the 10 people scored in Southeast review, overall, no class member had their health supports/needs adequately addressed.



- Question # 57a. Are assessment recommendations followed up on in a timely way?
- Question # 57b. Were needed equipment/communication devices delivered timely?
- Question # 57c. Were medical specialist appointments attended timely?
- Question # 57d. Were changes in personal condition, if any, responded to timely?
- Question # 57e. Were Health Care Plans available, accurate and consistently implemented?

Table #13a: Supports/needs being adequately addressed?



As noted earlier, beyond the scored protocol questions, the Findings Letters issued for each class member in a review provides person-specific detail about the issues which impact the answer to protocol question #57. This includes the adequacy and incorporation of needed tracking, ancillary support services, and other areas to ensure the health and safety of the individual being reviewed. Again, it is important to note that the indications are number of issues found; not the number of findings in the Findings letters. For example, if one individual had a finding that noted four different inconsistencies in that person's seizure tracking, that would be counted as a "4", for the number of issues, not just a "1" for the individual to whom the findings apply.

| Chart #14: Issues Found Which Affect the Adequacy of Health Care Provision, by Residential Provider | | | | | | | |
|-----------------------------------------------------------------------------------------------------|------------|--------------|------------|-------------|------------|------------|-------|
| PROVIDER (# IN SAMPLE) | ASPIRE (2) | CARC (1 ICF) | ENMRSH (3) | LEADERS (1) | MI VIA (2) | TOBOSA (1) | TOTAL |
| ISSUE | | | | | | | |
| Healthcare Tracking | | | | | | | |
| Blood Pressure Tracking issues | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Blood Glucose Tracking issues | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Fluid Input/Urine Output/Bowel Movement Tracking issues | 0 | 0 | 3 | 0 | 0 | 0 | 3 |
| Vital sign tracking issues | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Weight Tracking issues | 1 | 0 | 3 | 3 | 0 | 0 | 7 |
| Nutrition | | | | | | | |
| Nutrition: Inadequate/inconsistent | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Nutrition: Inaccurate | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Nutrition: Not timely | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Physical Therapy | | | | | | | |
| PT Report/Eval not available/timely for planning/use | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| PT Report/Eval does not adequate | 1 | 0 | 1 | 0 | 0 | 0 | 2 |
| PT services needed | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Occupational Therapy | | | | | | | |
| OT Report/Eval not available/timely for planning/use | 0 | 0 | 1 | 2 | 0 | 0 | 3 |
| OT Report/Eval does not adequate | 1 | 0 | 0 | 1 | 0 | 0 | 2 |
| OT Report/Eval/WDSI not provided for review | 0 | 0 | 1 | 1 | 0 | 1 | 3 |
| OT services needed | 0 | 0 | 0 | 0 | 1 | 0 | 1 |

Chart #14: Issues Found Which Affect the Adequacy of Health Care Provision, by Residential Provider

| PROVIDER (# IN SAMPLE) | ASPIRE (2) | CARC (1 ICF) | ENMRSH (3) | LEADERS (1) | MI VIA (2) | TOBOSA (1) | TOTAL |
|-------------------------------------------------------|-------------------|---------------------|-------------------|--------------------|-------------------|-------------------|--------------|
| Speech Language Pathology | | | | | | | |
| SLP Report/Eval not available/timely for planning/use | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| SLP Report/Eval not adequate | 2 | 0 | 4 | 1 | 0 | 0 | 7 |
| SLP Report/Eval inaccurate | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| SLP Report/Eval not provided for review | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| SLP services needed | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Behavior Support Consultation | | | | | | | |
| BSC Report/Eval not available/timely for planning/use | 1 | 0 | 0 | 1 | 0 | 1 | 3 |
| Behavior Report/Eval not adequate | 0 | 0 | 1 | 2 | 0 | 0 | 3 |
| Behavior Report inaccurate/inadequate | 6 | 0 | 0 | 0 | 0 | 0 | 6 |
| BSC Report/Eval not provided for review | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| BSC services needed | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Totals | 19 | 0 | 15 | 15 | 4 | 2 | 55 |
| Average | 9.5 | 0 | 5 | 15 | 2 | 2 | 5.5 |

F. Adequacy of Planning, Adequacy of Services, Individual Service Plan

Before a plan can be implemented, it must first be created. The ISPs that provide details regarding the individuals' visions and outcomes are supposed to be developed by an Interdisciplinary Team that includes the Individual and those who know and provide supports to that person. This includes the Case Manager, Guardian, the Direct Support Staff, Therapists, Nurse, any additional individuals invited by the class member and persons who are needed to ensure the implementation of the Plan. The FY22 IQR protocol specifically probes many of the aspects of the planning process, including detail of who participates in plan creation. The table below lists answers to related questions in the FY22 Southeast review.

Question #63: Was the ISP developed by an appropriately constituted IDT?

Question #64: For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP?

Question #32: Did the [day/employment] direct service staff have input into the person's ISP?

Question #40: Did the [residential] staff have input into the person's ISP?

Question #92: Was the person provided the assistance and support needed to participate meaningfully in the planning process?

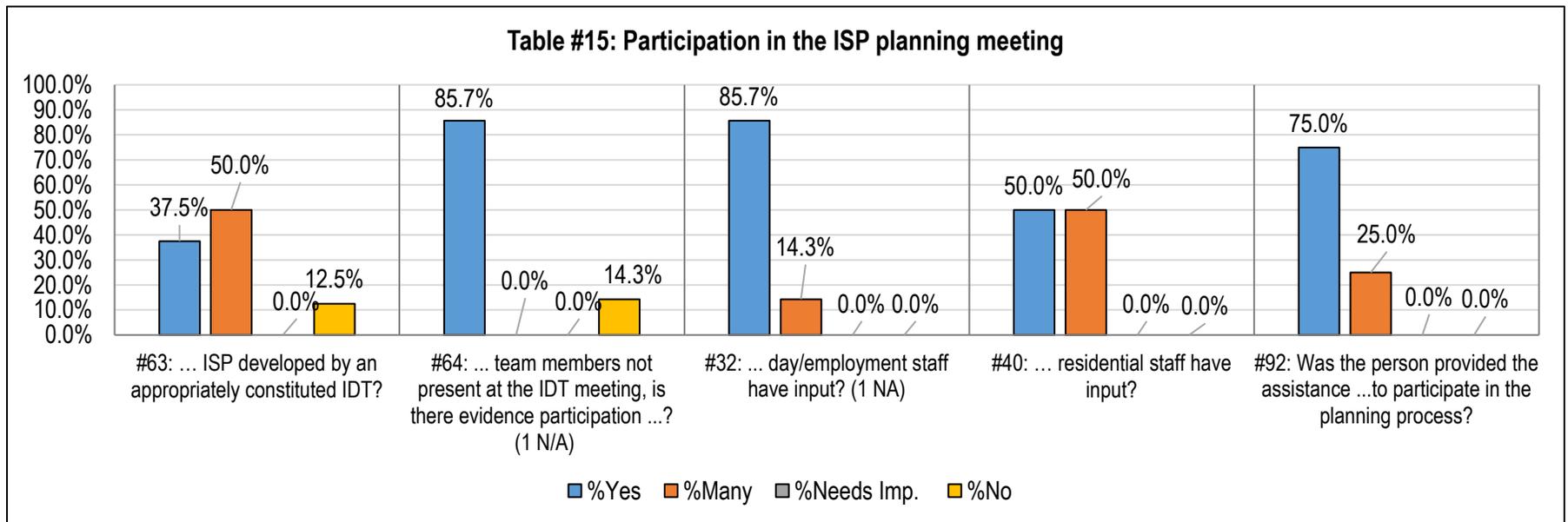


Table #16: ISP Development Participation, by Residential Provider

| Res. Agency (# in sample) | #63 | #64 | #32 | #40 | #92 |
|--------------------------------------|---------------------------------|-----------------------|-----------------------------|-----------------------------|-------------------------|
| Aspire (2) | 50% Yes (1) 50% Many (1) | 100% Yes (2) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Many (2) |
| CARC (1 ICF) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 1 N/A | 100% Yes (1) | 100% Yes (1) |
| ENMRSH (3) | 33.3% Yes (1) 66.7% Many (2) | 100% Yes (3) | 100% Yes (3) | 0% Yes 100% Many (3) | 100% Yes (3) |
| Leaders (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| Tobosa (1) | 100% Yes (1) | 1 N/A | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |

Table #17: ISP Development Participation, by Case Management Agency

| CM Agency (# in sample) | #63 | #64 | #32 | #40 | #92 |
|------------------------------------|---------------------------------|-------------------------|---------------------------------|---------------------------------|---------------------------------|
| CARC (1 ICF) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 1 N/A | 100% Yes (1) | 100% Yes (1) |
| J&J (7) | 42.9% Yes (3) 57.1% Many (4) | 100% Yes (6) (1 N/A) | 85.7% Yes (6) 14.3% Many (1) | 42.9% Yes (3) 57.1% Many (4) | 71.4% Yes (5) 28.6% Many (2) |

One foundational component of an individual's ISP is the Long Term Vision, which summarizes what the individual wants to accomplish in the near future (3 to 5 years) in each life area. To that end, Outcomes are to be developed by the Team in a way that results in an accomplishable path to the visions. The FY22 IQR protocol specifically probes the content of identified visions as well as the content and clarity of related outcomes. The table below details the findings related to the following identified questions related to class members ISP in the FY22 Southeast review.

- Question #66: Overall, does the long-term vision show expectations for growth and skill building?
- Question #160: Does the person have an ISP that contains a complete Vision Section that is based on a long term view?
- Question #67: Overall, does the ISP give adequate guidance to achieving the person's long-term vision?
- Question #75: Overall, are the ISP outcomes related to achieving the person's long-term vision?
- Question #76: Overall, do the ISP outcomes, action plans and T&SS address the person's major needs?
- Question #74: Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcomes have been achieved?

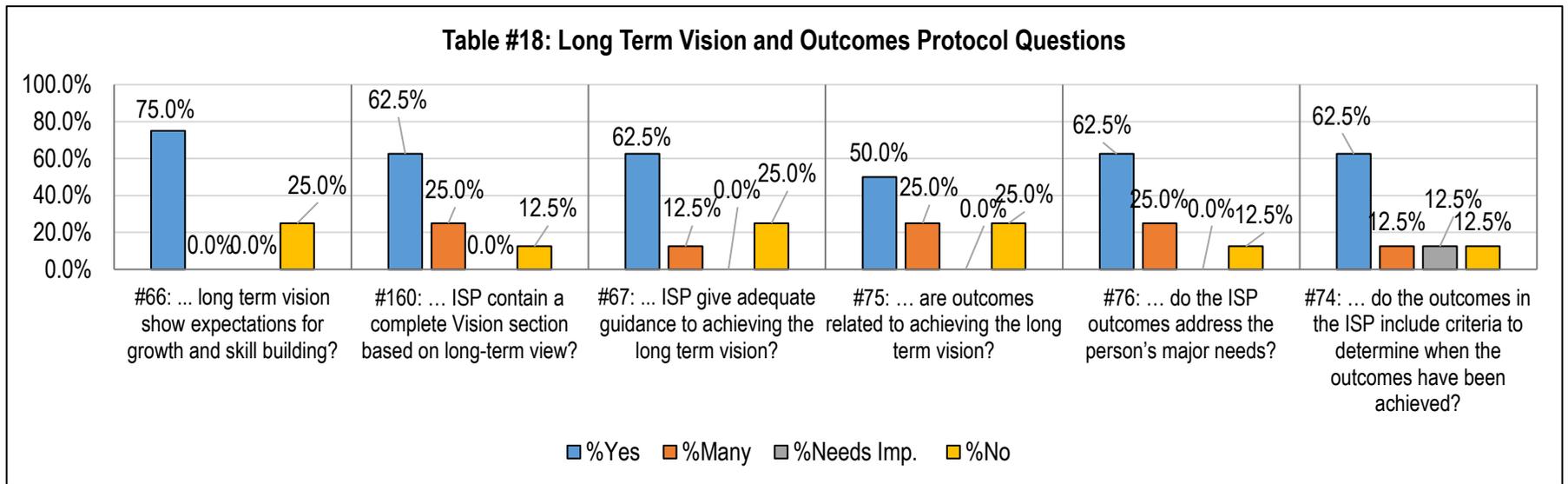


Table #19: Vision and Outcome Scores, by Residential Agency

| Res Agency (# in sample) | #66 | #160 | #67 | #75 | #76 | #74 |
|-------------------------------------|---------------------------|---------------------------------|---------------------------------|---------------------------------|-----------------------------|-----------------------------------|
| Aspire (2) | 50% Yes (1) 50% No (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% No (1) | 50% Yes (1) 50% No (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Needs Impv (1) |
| CARC (1 ICF) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| ENMRSH (3) | 100% Yes (3) | 66.7% Yes (2) 33.3% Many (1) | 66.7% Yes (2) 33.3% Many (1) | 33.3% Yes (1) 66.7% Many (2) | 100% Yes (3) | 100% Yes (3) |
| Leaders (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) |
| Tobosa (1) | 100% Yes (1) | 50% Yes (1) 50% Many (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 100% Yes (1) |

Table #20: Vision and Outcome Scores by Case Management Agency

| CM Agency (# in sample) | #66 | #160 | #67 | #75 | #76 | #74 |
|------------------------------------|-------------------------------|---------------------------------|-------------------------------------------------|-------------------------------------------------|---------------------------------|---------------------------------------------------------|
| CARC (1 ICF) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| J&J (7) | 85.7% Yes (6) 14.3% No (1) | 71.4% Yes (5) 28.6% Many (2) | 71.4% Yes (5) 14.3% Many (1) 14.3% No (1) | 57.1% Yes (4) 28.6% Many (2) 14.3% No (1) | 71.4% Yes (5) 28.6% Many (2) | 71.4% Yes (5) 14.3% Many (1) 14.3% Needs Impv (1) |

Additional components of an individual's ISP include Action Steps, which should be written in measurable terms, sequenced in a logical progression which will result in meeting the related outcome. The data gathered during the implementation of the Action Steps should also be written in measurable terms, so team members can review them and determine if measurable progress toward the outcome is being made. The table below details the findings related to specific questions which probe the action steps and data collection intended to verify progress and opportunity for class members.

- Question #68: Is measurable data kept which verifies the consistent implementation of each of the action steps?
- Question #69: Does the data kept identify what the person does so a determination can be made regarding the progress/lack of progress?
- Question #70: Is each action step in the ISP implemented at a frequency that enables the person to learn new skills?
- Question #71: If the person is not successful in achieving action steps, has the team tried to determine why, and change their approach as needed?
- Question #72: If the person achieves action steps, does the team move to the next in a progress of steps or develops a new one?
- Question #73: Has the person made measurable progress on action steps during the past year?

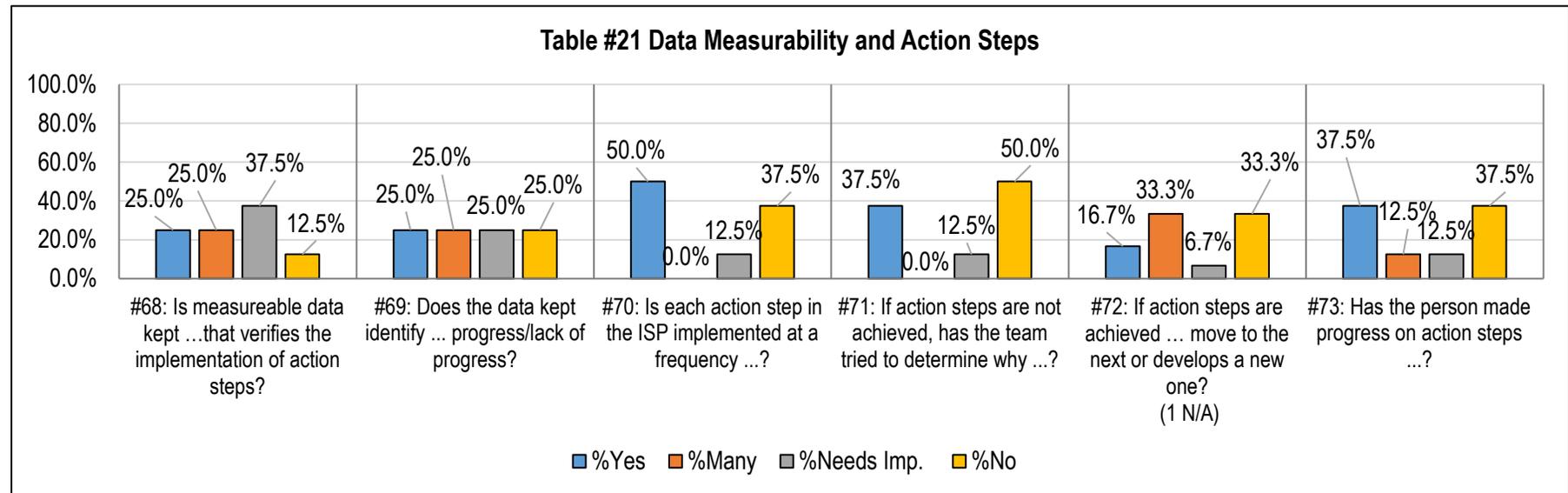


Table #22: Data and Related ISP Action Step Scores by Residential Agency

| Res Agency (# in sample) | #68 | #69 | #70 | #71 | #72 | #73 |
|-----------------------------|---------------------------------------------------------|----------------------------------------------|---------------------------------------|-------------------------------|-------------------------------------------------------|---------------------------------------|
| Aspire (2) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 50% Yes (1) 50% No (1) | 0% Yes 100% No (2) | 2 N/A | 0% Yes 50% Many (1) 50% No (1) |
| CARC (1 ICF) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| ENMRSH (3) | 33.3% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1) | 66.7% Yes (2) 33.3% Many (1) | 66.7% Yes (2) 33.3% Needs Impv (1) | 66.7% Yes (2) 33.3% No (1) | 33.3% Yes (1) 33.3% Needs Impv (1) 33.3% No (1) | 66.7% Yes (2) 33.3% Needs Impv (1) |
| Leaders (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Many (1) | 0% Yes 100% No (1) |
| Tobosa (1) | 100% Yes (1) | 0% Yes 100% Needs Impv (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 100% Yes (1) |

Table #23: Data and Related Action Step Scores by Case Management Agency

| CM Agency (# in sample) | #68 | #69 | #70 | #71 | #72 | #73 |
|----------------------------|---------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------|
| CARC (1 ICF) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| J&J (7) | 28.6% Yes (2) 28.6% Many (2) 42.9% Needs Impv (3) | 28.6% Yes (2) 28.6% Many (2) 28.6% Needs Impv (2) 14.3% No (1) | 57.1% Yes (4) 14.3% Needs Impv (1) 28.6% No (2) | 42.9% Yes (3) 14.3% Needs Impv (1) 42.9% No (3) | 20% Yes (1) 40% Many (2) 20% Needs Impv (1) 20% No (1) | 42.9% Yes (3) 14.3% Many (1) 14.3% Needs Impv (1) 28.6% No (2) |

In addition to the components listed above, the Teaching and Support Strategies (T&SS) are also an integral part of the ISP. T&SS should be developed by the residential and/or day provider responsible for implementing the T&SS. Input from others such as therapists should be included as needed. WDSIs are developed by therapists as a complement to the T&SS. All T&SS and WDSIs should provide guidance for those direct support professionals who support the person in achieving his/her Vision/Outcomes. The following protocol questions in the FY22 IQR relate to the T&SS and implementation of the ISP.

Question #77: Are the T&SS sufficient to ensure consistent implementation of the services planned?

Question #78: Are the recommendations and/or objectives/strategies of ancillary provider integrated into the ISP?

Question #89: Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person?

Question #88: Was the direct service staff trained on the implementation of this person's ISP?

Question #86/87a: Is the ISP being implemented?

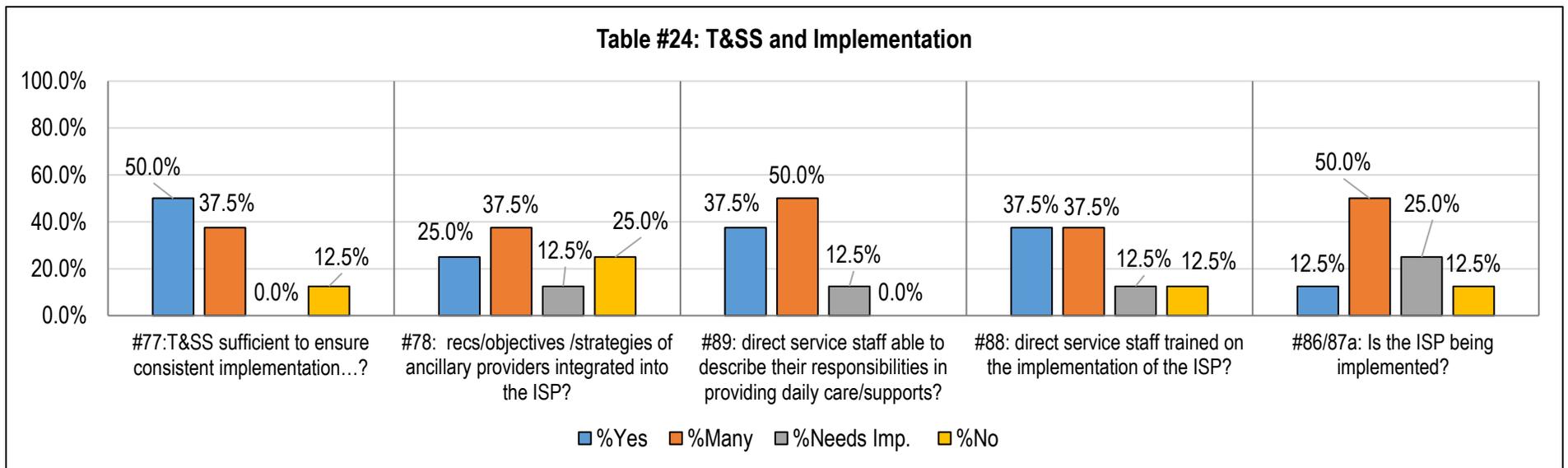


Table #25: T&SS and ISP Implementation Scores by Residential Agency

| Res. Agency (# in sample) | #77 | #78 | #89 | #88 | #87a |
|--------------------------------------|---------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|---------------------------------------------------------|
| Aspire (2) | 50% Yes (1) 50% Many (1) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 0% Yes 50% Many (1) 50% Needs Impv (1) |
| CARC (1 ICF) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 100% Yes (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| ENMRSH (3) | 66.7% Yes (2) 33.3% Many (1) | 66.7% Yes (2) 33.3% Many (1) | 0% Yes 100% Many (3) | 33.3% Yes (1) 66.7% Many (2) | 33.3% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1) |
| Leaders (1) | 100% Yes (1) | 0% Yes 100% No (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) |
| Tobosa (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) |

Table #26: T&SS and ISP Implementation Scores by Case Management Agency

| CM Agency (# in sample) | #77 | #78 | #89 | #88 | #87a |
|------------------------------------|---------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| CARC (1 ICF) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 100% Yes (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| J&J (7) | 57.1% Yes (4) 42.9% Many (3) | 28.6% Yes (2) 42.9% Many (3) 14.3% Needs Impv (1) 14.3% No (1) | 28.6% Yes (2) 57.1% Many (4) 14.3% Needs Impv (1) | 42.9% Yes (3) 42.9% Many (3) 14.3% Needs Impv (1) | 14.3% Yes (1) 57.1% Many (4) 28.6% Needs Impv (2) |

As evidenced above, the different components of each person's ISP are evaluated. Based on that analysis, an overview of the adequacy of ISP content as well as implementation and effectiveness of the ISP can be determined. There are multiple questions in the FY22 IQR protocol that probe these items, and the level of intensity of services that individuals in the review receive.

Question #65: Does my ISP contain current and accurate information?

Question #124: Overall, has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?

Question #85: Overall, is the ISP adequate to meet the person's needs?

Question #161: Does the person receive services and supports recommended in the ISP?

Question #87b: Are current services adequate to meet the person's needs?

Question #164: Is the total program of the level of intensity adequate to meet this person's needs?

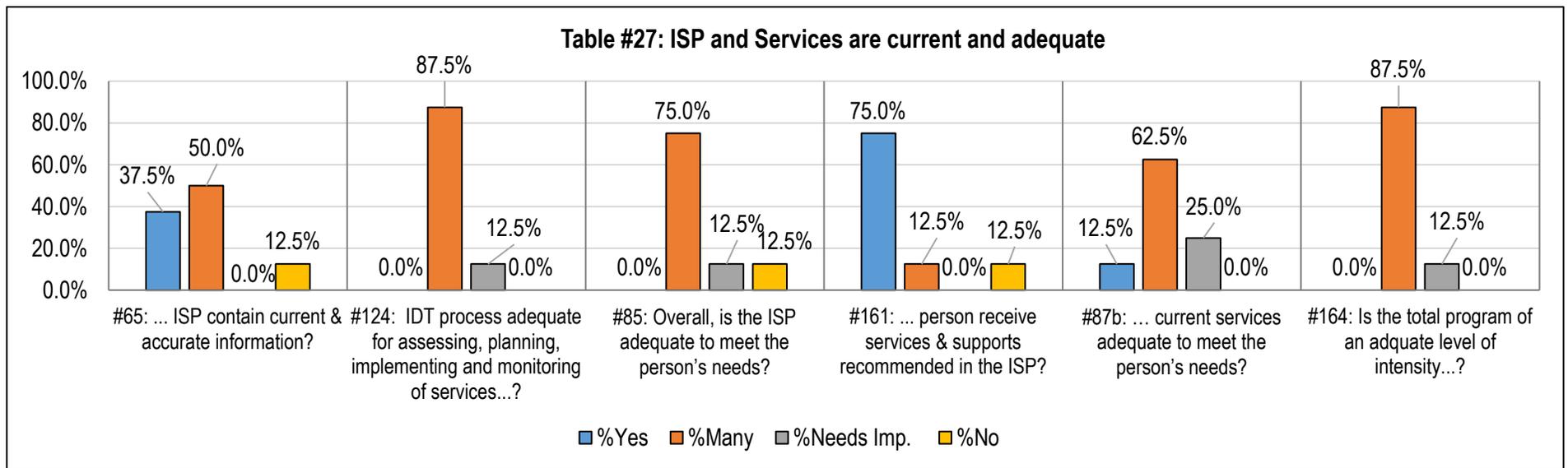


Table #28: ISP Content and Adequacy Scores, by Residential Agency

| Res. Agency (# in sample) | #65 | #124 | #85 | #161 | #87b | #164 |
|------------------------------|-------------------------|-------------------------------|----------------------------------------------|-------------------------|---------------------------------|----------------------------------------------|
| Aspire (2) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 100% Yes (2) | 0% Yes 100% Needs Impv (2) | 0% Yes 50% Many (1) 50% Needs Impv (1) |
| CARC (1 ICF) | 0% Yes 100% No (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% No (1) | 0 Yes 100% No (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| ENMRSH (3) | 100% Yes (3) | 0% Yes 100% Many (3) | 0% Yes 100% Many (3) | 100% Yes (3) | 33.3% Yes (1) 66.7% Many (2) | 0% Yes 100% Many (3) |
| Leaders (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Tobosa (1) | 0% Yes 100% Many (2) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |

Table #29: ISP Content and Adequacy Scores, by Case Management Agency

| CM Agency (# in sample) | Question | | | | | |
|----------------------------|---------------------------------|-------------------------------|--------------------------------------------------|---------------------------------|---------------------------------------------------------|----------------------------------------|
| | #65 | #124 | #85 | #161 | #87b | #164 |
| CARC (1 ICF) | 0% Yes 100% No (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| J&J (7) | 42.9% Yes (3) 57.1% Many (4) | 0% Yes 100% Many (7) | 0% Yes 85.7% Many (6) 14.3% Needs Impv (1) | 85.7% Yes (6) 14.3% Many (1) | 14.3% Yes (1) 57.1% Many (4) 28.6% Needs Impv (2) | 85.7% Many (6) 14.3% Needs Impv (1) |

G. Case Management

Case Management services are intended to be person-centered and are key to enabling people to pursue their desired life outcomes while gaining greater independence and access to needed services and supports. In the SE region, the case managers scored very well on knowing the person, understanding role/job and being available. Well done!

Question #24: Does the case manager “know” the person?

Question #25: Does the case manager understand his/her role/job?

Question #26: Is the case manager available to the person?

Question #27: Was the case manager able to describe the person’s health related needs?

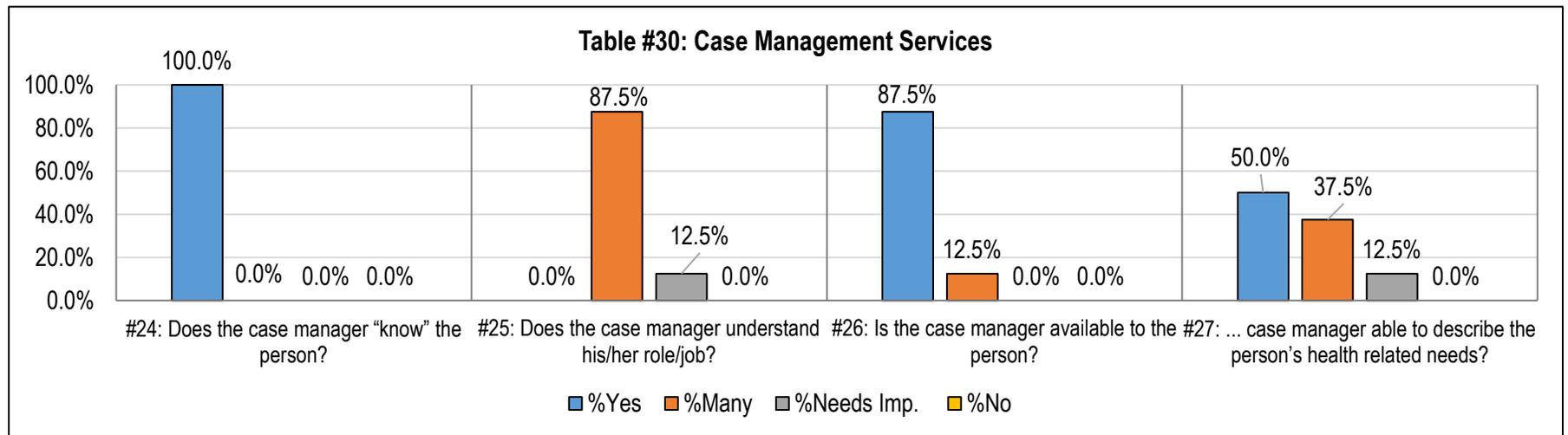


Table #31: Case Management Scores, by Case Management Agency

| CM Agency (# in sample) | #24 | #25 | #26 | #27 |
|----------------------------|--------------|--------------------------------------------------|---------------------------------|---------------------------------------------------------|
| CARC (1 ICF) | 100% Yes (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 100% Yes (1) |
| J&J (7) | 100% Yes (7) | 0% Yes 85.7% Many (6) 14.3% Needs Impv (1) | 85.7% Yes (6) 14.3% Many (1) | 42.9% Yes (3) 42.9% Many (3) 14.2% Needs Impv (1) |

Other important questions related to Case Management include:

Question #28: Does the case manager have an appropriate expectation of growth for this person?

Question #29: Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP?

Question #30: Does the case manager provide case management services at the level needed by this person?

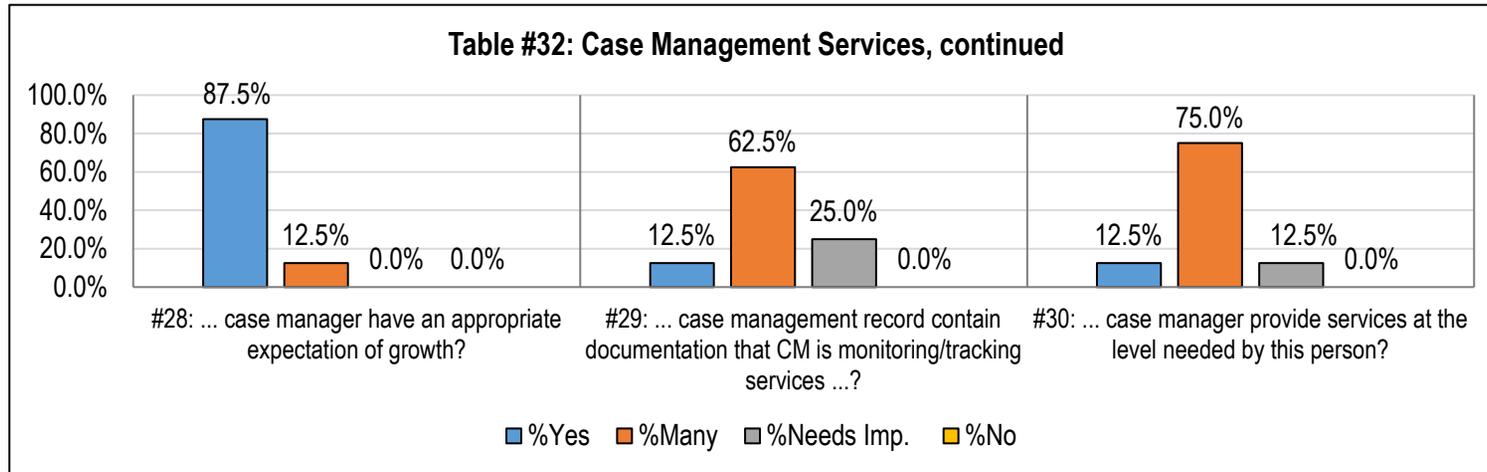


Table #33: Case Management Scores, by Case Management Agency

| CM Agency (# in sample) | #28 | #29 | #30 |
|----------------------------|---------------------------------|---------------------------------------------------------|--------------------------------------------------|
| CARC (1 ICF) | 100% Yes (1) | 0% Yes 100% Needs Impv (1) | 100% Yes (1) |
| J&J (7) | 85.7% Yes (6) 14.3% Many (1) | 14.3% Yes (1) 71.4% Many (5) 14.3% Needs Impv (1) | 0% Yes 85.7% Many (6) 14.3% Needs Impv (1) |

H. Supported Employment

Access to competitive integrated employment enables an individual to engage in community life, increase personal resources, improve self-sufficiency and contribute back to the community. The 2018 Waiver Standards emphasize that, “employment should be the first consideration. If someone does not choose employment, the decision should be based on informed choice”. Making an informed choice about employment is an individualized process. All people have unique histories and backgrounds, which means that some people may have limited experiences and will require more information to make a decision about employment while others may have a rich and varied employment history and can make an informed choice based on that history.

There are multiple components that make up the process of ensuring Informed Choice. These are probed as part of the Individual Quality Review, and detailed in the tables below. As the 2018 DD Waiver Standards emphasize,

2018 DD Waiver Standards Chapter 4.5... “Person-centered practice must include informed choice. Informed choice is when a person makes a decision based on a solid understanding of all available options and consequences of how that choice will impact his/her life. Options are developed through a partnership with the person and knowledgeable supports, including team members and nonpaid supports who empower the person to make informed choices. Informed choice is critical in PCP and can move the lives of people with I/DD forward.”

Informed choice generally includes the following information from 2018 DD Waiver Standards Chapter 4.5 and 6.6.3.4:

1. **Assessment:** The first step in making an informed choice about employment starts with the assessment process.
2. **Information:** ... discussing with the person/guardian what was learned through the assessment (4.5) is also expected and helpful. In addition, providing information about different work options and resources available to the person in a way that is understandable by the person is important.
3. **Experience:** If a person has no volunteer or work history, then the individual and guardian should consider trying new discovery experiences in the community to determine interests, skills, abilities, and needs. Opportunity for Trial Work or Volunteering: ... providing the individual with access to job exploration activities including volunteer work and/or trial work opportunities, if the individual and guardian are interested, is key.
4. **Identification of barriers:** considering potential impact on the person’s life, health and safety and creating strategies to address any related issues that may arise.

The IQR Questions related to these four Informed Choice areas and the results follow.

1. Components of Informed Choice: Assessment

Question #125. Does (Name) have a current Person-Centered Assessment?

Question #126. Did this assessment address vocational interests, abilities and needs?

Question #127. Did the individual participate personally in the Person-Centered Assessment?

Question #128. Did the Guardian participate in the Person-Centered Assessment?

Question #129. Is the individual engaged in the Informed Choice Project? *Note: This question was answered N/A by all surveyors as this project no longer exists.*

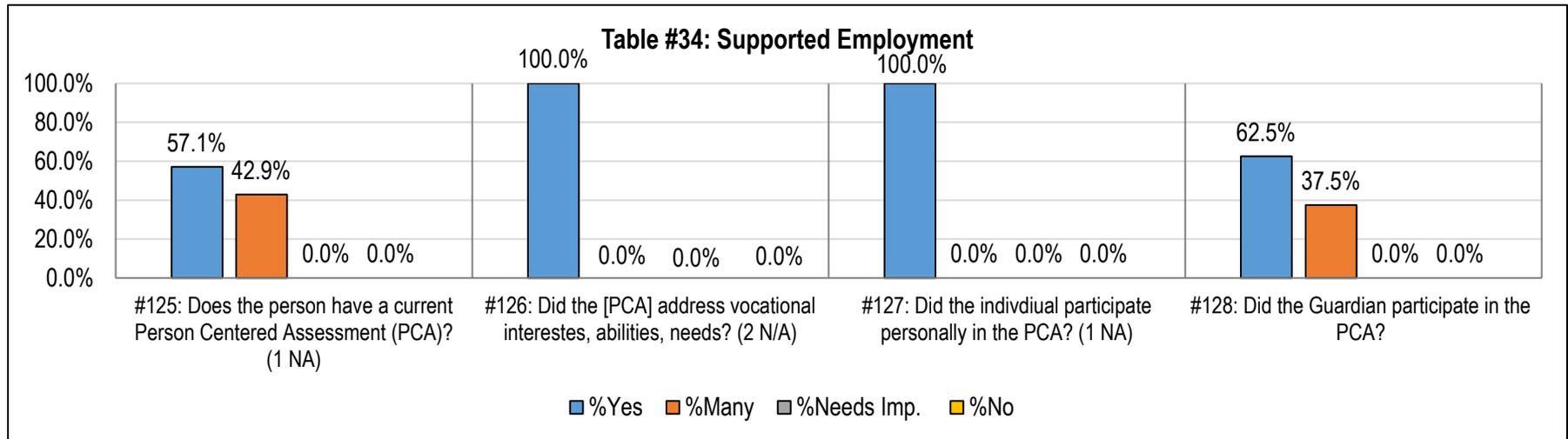


Table #35: Supported Employment Scores by Provider Agency

| Res. Agency (# in sample) | #125 | #126 | #127 | #128 |
|--------------------------------------|---------------------------------|--------------|--------------|-------------------------------|
| Aspire (2) | 50% Yes (1) 50% Many (1) | 100% Yes (2) | 100% Yes (2) | 50% Yes (1) 50% No (1) |
| CARC (1 ICF) | 1 N/A | 1 N/A | 1 N/A | 0% Yes 100% No (1) |
| ENMRSH (3) | 66.7% Yes (2) 33.3% Many (1) | 100% Yes (2) | 100% Yes (3) | 66.7% Yes (2) 33.3% No (1) |
| Leaders (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| Tobosa (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |

Table #36: Supported Employment Scores by Case Management Agency

| CM Agency (# in sample) | #125 | #126 | #127 | #128 |
|------------------------------------|---------------------------------|-------------------------|--------------|-------------------------------|
| CARC (1 ICF) | 1 N/A | 1 N/A | 1 N/A | 0% Yes 100% No (1) |
| J&J (7) | 57.1% Yes (4) 42.9% Many (3) | 100% Yes (6) (1 N/A) | 100% Yes (7) | 71.4% Yes (5) 28.6% No (2) |

2. Components of Informed Choice: Information and Experience

Question #130. Has the individual been offered the opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities?

Question #131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section?

Question #132. If #130 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs?

Question #133. Has the Guardian had the opportunity to gain information on how the individual responded during job exploration activities such as volunteering and/or trial work experiences?

Question #134. Has the individual received information regarding the range of employment options available to him/her?

Question #135. Has the Guardian received information regarding the range of employment options available for the individual?

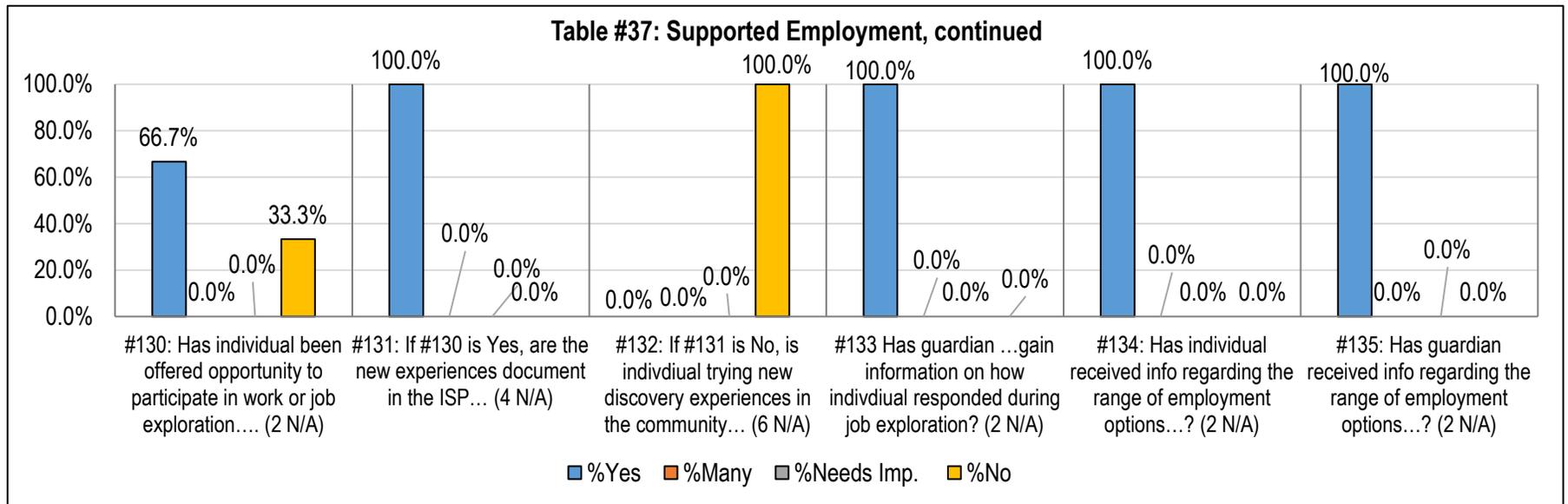


Table #38: Supported Employment Scores by Provider Agency

| Res. Agency (# in sample) | #130 | #131 | #132 | #133 | #134 | #135 |
|--------------------------------------|----------------------------------|--------------|----------------------------------|-------------------------|-------------------------|-------------------------|
| Aspire (2) | 100% Yes (2) | 100% Yes (2) | 1 N/A | 100% Yes (2) | 100% Yes (2) | 100% Yes (2) |
| CARC (1 ICF) | 0% Yes 100% No (1) | 1 N/A | 1% Yes 100% No (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| ENMRSH (3) | 0% Yes 100% No (1) (2 N/A) | 3 N/A | 0% Yes 100% No (1) (2 N/A) | 100% Yes (1) (2 N/A) | 100% Yes (1) (2 N/A) | 100% Yes (1) (2 N/A) |
| Leaders (1) | 100% Yes (1) | 100% Yes (1) | 1 N/A | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| Tobosa (1) | 100% Yes (1) | 100% Yes (1) | 1 N/A | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |

Table #39: Supported Employment Scores by Case Management Agency

| CM Agency (# in sample) | #130 | #131 | #132 | #133 | #134 | #135 |
|------------------------------------|--------------------------------------|-------------------------|----------------------------------|-------------------------|-------------------------|-------------------------|
| CARC (1 ICF) | 0% Yes 100% No (1) | 1 N/A | 0% Yes 100% No (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| J&J (7) | 80% Yes (4) 20% No (1) (2 N/A) | 100% Yes (4) (3 N/A) | 0% Yes 100% No (1) (6 N/A) | 100% Yes (5) (2 N/A) | 100% Yes (5) (2 N/A) | 100% Yes (5) (2 N/A) |

3. Components of Informed Choice: Identification of Employment Barriers/Issues.

Question #136. If there are barriers to employment, has the Team, including the individual, addressed how to overcome those barriers to employment and integrating clinical info, AT, & therapies as necessary...?

Question #137. If there are barriers to employment, has the Team addressed with the Guardian how to overcome those barriers to employment and integrating clinical info, AT, & therapies as necessary...?

Question #138. Has the individual participated in work or volunteer activities during the past year?

Question #139. Has the individual identified what type of work or volunteer activities he/she would like to do?

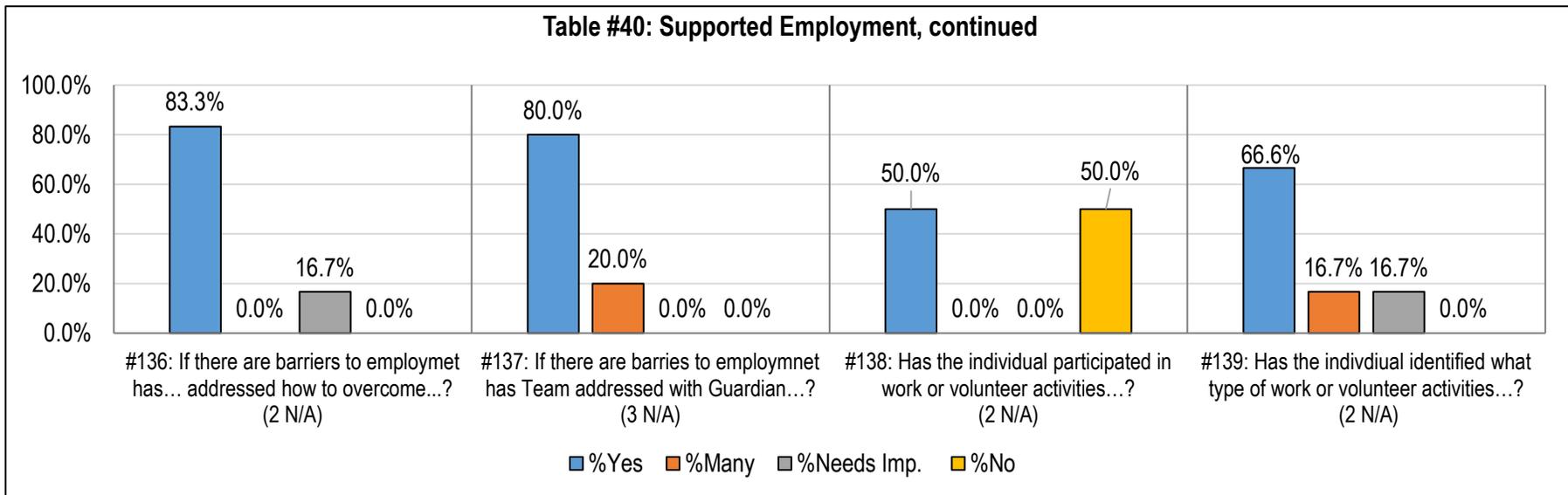


Table #41: Supported Employment Scores by Provider Agency

| Res. Agency (# in sample) | #136 | #137 | #138 | #139 |
|--------------------------------------|------------------------------------|------------------------------------|----------------------------------|------------------------------------------|
| Aspire (2) | 100% Yes (2) | 100% Yes (2) | 0% Yes 100% No (2) | 50% Yes (1) 50% Many (1) |
| CARC (1 ICF) | 100% Yes (1) | 1 N/A | 100% Yes (1) | 100% Yes (1) |
| ENMRSH (3) | 0% Yes 100% Many (1) (2 N/A) | 0% Yes 100% Many (1) (2 N/A) | 0% Yes 100% No (1) (2 N/A) | 0% Yes 100% Needs Impv (1) (2 N/A) |
| Leaders (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| Tobosa (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |

Table #42: Supported Employment Scores by Case Management Agency

| CM Agency (# in sample) | #136 | #137 | #138 | #139 |
|------------------------------------|----------------------------------------|----------------------------------------|--------------------------------------|--------------------------------------------------------------|
| CARC (1 ICF) | 100% Yes (1) | 1 N/A | 100% Yes (1) | 100% Yes (1) |
| J&J (7) | 80% Yes (4) 20% Many (1) (2 N/A) | 80% Yes (4) 20% Many (1) (2 N/A) | 40% Yes (2) 60% No (3) (2 N/A) | 60% Yes (3) 20% Many (1) 20% Needs Impv (1) (2 N/A) |

4. JCMs Involved in Supported Employment

Question #140. Does the Guardian support him/her working?

Question #142. Is the individual engaged in Supported Employment?

Question #144. Does the person have a Career Development Plan?

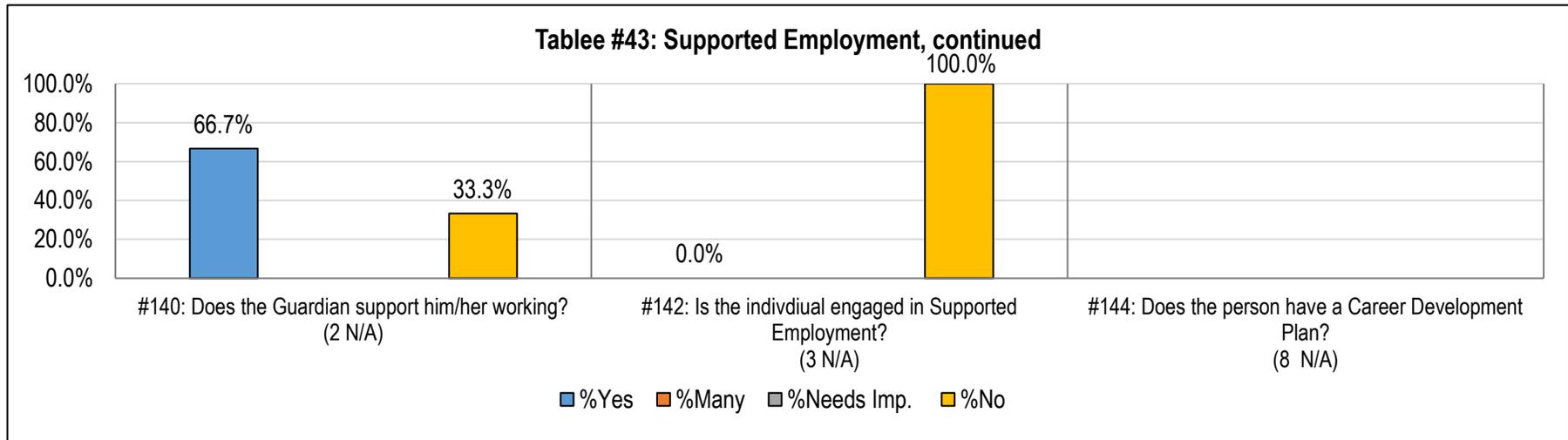


Table #44: Supported Employment Scores by Provider Agency

| Res. Agency (# in sample) | #140 | #142 | #144 |
|--------------------------------------|----------------------------------|----------------------------------|-------------|
| Aspire (2) | 50% Yes (1) 50% No (1) | 0% Yes 100% No (2) | 2 N/A |
| CARC (1 ICF) | 100% Yes (1) | 0% Yes 100% No (1) | 1 N/A |
| ENMRSH (3) | 0% Yes 100% No (1) (2 N/A) | 0% Yes 100% No (1) 2 (N/A) | 3 N/A |
| Leaders (1) | 100% Yes (1) | 1 N/A | 1 N/A |
| Tobosa (1) | 100% Yes (1) | 0% Yes 100% No (1) | 1 N/A |

Table #45: Supported Employment Scores by Case Management Agency

| CM Agency (# in sample) | #140 | #142 | #144 |
|------------------------------------|--------------------------------------|------------------------|-------------|
| CARC (1 ICF) | 100% Yes (1) | 0% Yes 100% No (1) | 1 N/A |
| J&J (10) | 60% Yes (3) 40% No (2) (2 N/A) | 100% No (4) (3 N/A) | 7 N/A |

I. IQR Scored Protocol Questions

Below are all of the questions in the protocol and the scores of the Southeast Region Review. The questions that are highlighted below are also included in the data above.

| Question |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CASE MANAGEMENT |
| 24. Does the case manager “know” the person? CPRQ26; ‘17IQR#8c, ‘18IQR24 |
| 25. Does the case manager understand his/her role/job? CPRQ27 ‘17IQR#16, ‘18IQR25 |
| 26. Is the case manager available to the person? CPRQ29; ‘17IQR#16a, ‘18IQR27 |
| 27. Was the case manager able to describe the person’s health related needs? CPRQ30, , ‘18IQR28 |
| 28. Does the case manager have an appropriate expectation of growth for this person? CPRQ31, ‘18IQR29 |
| 29. Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP? CPRQ32; ‘17IQR#16b, ‘18IQR30 |
| 30. Does the case manager provide case management services at the level needed by this person? CPRQ33; ‘17IQR#16c, ‘18IQR31 |
| EMPLOYMENT AND DAY |
| 31. Does the direct services staff “know” the person? CPRQ35; ‘17IQR#8a, ‘18IQR33 |
| 32. Does the direct service staff have input into the person’s ISP? CPRQ36, ‘18IQR34 |
| 33. Did the direct service staff receive training on implementing this person’s ISP? CPRQ37, ‘18IQR35 |
| 34. Was the direct service staff able to describe this person’s health-related needs? CPRQ38, ‘18IQR36 |
| 35. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39, ‘18IQR37 |
| 35a. Was the direct service staff able to provide specific information regarding the person’s daily activities? CPRQ39a, ‘18IQR37a |
| 35b. Can the direct service staff describe his/her responsibilities in implementing this person’s ISP, including outcomes, action plans, and WDSIs? CPRQ39b, ‘18IQR37b |

| Question |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 36. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ41, '18IQR39 |
| 37. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42, '18IQR40 |
| 38. Does the person's day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43, '18IQR41 |
| RESIDENTIAL |
| 39. Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b, '18IQR42 |
| 40. Does the direct service staff have input into the person's ISP? CPRQ45, '18IQR43 |
| 41. Did the direct service staff receive training on implementing this person's ISP? CPRQ46, '18IQR44 |
| 42. Is the residence safe for individuals (void of hazards)? CPRQ47, '18IQR45 |
| 43. Was the residential direct service staff able to describe this person's health-related needs? CPRQ48, '18IQR46 |
| 44. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49, '18IQR47 |
| 44a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ49a, '18IQR47a |
| 44b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ49b, '18IQR47b |
| 45. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ51, '18IQR49 |
| 46. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52, '18IQR50 |
| 47. Does the person's residential environment offer a minimal level of quality of life? CPRQ53, '18IQR51 |
| HEALTH |
| 48. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b, '18IQR52 |
| 49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21, '18IQR53 |
| 50. Was the eCHAT updated timely? '17IQR#18g, '18IQR54 |

| Question |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 50a. Is the eCHAT updated timely with the ISP and after changes in condition? |
| 50b. Is the eCHAT complete? |
| 50c. Is the eCHAT accurate? |
| 51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received? 17IQR#19, '18IQR55 |
| 52. Has the individual received all age and gender appropriate health screening/immunizations in accordance with national best practice and/or as recommended ... <i>(Does the individual receive routine/scheduled medical treatment? 17IQR#19a, '18IQR56)</i> |
| 53. Does the individual receive medication as prescribed? 17IQR#19e, '18IQR57 |
| 54. Are nursing services provided as needed by the individual? 17IQR#20, '18IQR59 |
| 55. Is the CARMP consistent with recommendation in other healthcare documents? <i>(Is the CARMP is accurate? '17IQR#21f, '18IQR60)</i> |
| 56. Is the CARMP consistently implemented as intended? , '18IQR61 |
| 57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19, '18IQR62 |
| 57a. Are assessment recommendations followed up on in a timely way? |
| 57b. Were needed equipment/communication devices delivered timely? |
| 57c. Were medical specialist appointments attended timely? |
| 57d. Were changes in personal condition, if any, responded to timely? |
| 57e. Were Health Care Plans available, accurate and consistently implemented? |
| ASSESSMENTS |
| 58. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18, '18IQR65 |
| 59. Are the assessments adequate for planning? CPRQ59; '17IQR#4f, '18IQR66 |
| 59a. Were assessments provided timely? |
| 59b. Did assessments contain accurate information? |
| 59c. Did assessments contain information accurate to guide planning? |

| Question |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 59d. Did assessments contain recommendations? |
| 60. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5, '18IQR67 |
| 61. For medical, clinical or health related rec's, has a DCF been completed if the individual and/or their guardian/health care decision maker have decided not to follow all or part of an order, rec, or suggestion? '17IQR#5c, '18IQR68 |
| ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES |
| 62. Is there a document called an Individual Service Plan (ISP) that was developed within the past year? CPRQ61; '17IQR#9, '18IQR69 |
| 63. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3, '18IQR70 |
| 64. For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP? CPRQ63; '17IQR#3d, '18IQR71 |
| 65. Does my ISP contain current and accurate information? '17IQR#6, '18IQR72 |
| 66. Does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b, '18IQR73 |
| 67. Does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c, '18IQR74 |
| 68. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a, '18IQR75 |
| 69. Does the data kept identify what the person does so a determination regarding progress/lack of progress can be made? '17IQR#12b, '18IQR76 |
| 70. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c, '18IQR77 |
| 71. If the person is not successful in achieving actions steps, has the team tried to determine why, and change their approach if needed? '18IQR78 |
| 72. If the person achieves action steps, does the team move to the next in the progression of steps or develops a new one? '17IQR#12c, '18IQR79 |
| 73. Has the person made measurable progress on actions steps during this past year?'17IQR#13b, '18IQR80 |
| 74. Do the outcomes in the ISP include criteria by which the team can determine when the outcome(s) have been achieved? CPRQ67; '17IQR#7e, '18IQR81 |
| 75. Are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d, '18IQR82 |
| 76. Do the ISP outcomes and related action plans and teaching strategies address the person's major needs as identified in the Personal Challenges and Obstacles That Need to be Addressed In Order to Achieve the Desired Outcomes section of the ISP/Action plans?" CPRQ69; '17IQR#7g, '18IQR83 |
| 77. Are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i, '18IQR84 |

| Question |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 78. Are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m, '18IQR85 |
| 79. Has the person made measurable progress in therapy this year? '17IQR#13a, '18IQR86 |
| 80. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c, '18IQR87 |
| 81. Does the ISP contain information regarding primary health (medical) care? CPRQ74, '18IQR88 |
| 81a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a, '18IQR88a |
| 81b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b, '18IQR88b |
| 82. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76, '18IQR89 |
| 83. Based on the evidence, is adequate transportation available for the person? <i>(Does the ISP reflect how the person will get to work/day activities, shopping, and social activities? CPRQ75, '18IQR90)</i> |
| 84. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a, '18IQR91 |
| 85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7, '18IQR92 |
| 86. Is the ISP being implemented? (If 85 is "3") CPRQ79 '17IQR#12, '18IQR93 |
| 87a. Is the ISP being implemented? (If 85 is "0", "1", or "2") CPRQ80a '17IQR#12, '18IQR94a |
| 87b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11, '18IQR94b |
| 88. Was the direct service staff trained on the implementation of this person's ISP? CPRQ81, '18IQR95 |
| 89. Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82, '18IQR96 |
| EXPECTATION OF GROWTH AND QUALITY OF LIFE, SATISFACTION |
| 90. Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13, '18IQR98 |
| 91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d, '18IQR99 |
| 92. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b, '18IQR100 |

| Question |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 93. Is the person offered a range of opportunities for participation in each life area? CPRQ87, '18IQR101 |
| 94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30, '18IQR102 |
| 94a. About where and with whom to live? CPRQ89; '17IQR#23c, '18IQR102a |
| 94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d, '18IQR102b |
| 94c. About where and with whom to socialize/spend leisure time? CPRQ91, '18IQR102c |
| 95. Does the evidence support that providers do not prevent the person from pursuing relationships? CPRQ92; '17IQR#31f, '18IQR103 (<i>and are respecting the rights of this person</i>) |
| 96. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a, '18IQR105 |
| 97. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94, '18IQR106 |
| 98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h, '18IQR107 |
| 99. If there are restrictions that should be reviewed by HRC, have the restrictions been reviewed (quarterly) and approved (annually) by the HRC? If no, describe why. '17IQR#34i, '18IQR108 |
| 100. If there are restrictions that should be reviewed by HRC, is a plan to enable the individual to regain his/her rights and reduce or eliminate these restrictions? '17IQR#34j, '18IQR109 |
| 101. Is the person protected from abuse, neglect and exploitation? '17IQR#35, '18IQR110 |
| 102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b, '18IQR111 |
| 103. Is the individual safe? '17IQR#24, '18IQR112 |
| 104. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a, '18IQR113 |
| 105. If the person is retired, does he/she have opportunities to engage in activities of interest during the day? CPRQ 100; '17IQR#29b, '18IQR114 |
| 106. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30, '18IQR115 |
| 107. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e, '18IQR116 |
| 108. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c, '18IQR117 |
| 109. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e, '18IQR118 |

| Question |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 110. Does the person have sufficient personal money? CPRQ110 '17IQR#34f, '18IQR119 |
| 111. Does the person get along with their day program/employment provider staff? CPRQ111, '18IQR120 |
| 112. Does the person get along with their residential provider staff? CPRQ112, '18IQR121 |
| TEAM PROCESS |
| 113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10, '18IQR122 |
| 114. If there is evidence of situations in which the team failed to reach a consensus on the person's service and support needs, has the team made efforts to build consensus? CPRQ 115; '17IQR#17c, '18IQR123 |
| 115. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs? CPRQ 116; '17IQR#17d, '18IQR124 |
| 116. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117, '18IQR125 |
| 117. Do you recommend Dispute Resolution for this IDT? CPRQ118, '18IQR126 |
| 118. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#17d, '18IQR127 |
| 119. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c, '18IQR128 |
| 120. If #118 OR #119 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; '18IQR129 |
| 121. Has the person changed residential/day services in the last year? CPRQ122, '18IQR130 |
| 122. If #121 is Yes, was the change Planned by the IDT? CPRQ122a, '18IQR131 |
| 123. If #121 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b, '18IQR132 |
| 124. Overall, has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person? CPRQ123; '17IQR#7n, '18IQR133 |
| SUPPORTED EMPLOYMENT |
| 125. Does (Name) have a current Person-Centered Assessment? '18IQR134 |

| Question |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a, '18IQR135 |
| 127. Did the individual participate personally in the Person Centered Assessment? '18IQR136 |
| 128. Did the Guardian participate in the Person Centered Assessment? '18IQR137 |
| 129. Is the individual engaged in the Informed Choice Project? '18IQR138 |
| 130. Has the individual been offered the opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities? '17IQR#26e, '18IQR139 |
| 131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section? '18IQR140 |
| 132. If #131 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs? '18IQR141 |
| 133. Has the Guardian had the opportunity to gain information on how the individual responded during job exploration activities such as volunteering and/or trial work experiences? '18IQR142 |
| 134. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c, '18IQR143 |
| 135. Has the Guardian received information regarding the range of employment options available for the individual? '18IQR144 |
| 136. If there are barriers to employment, has the Team, including the individual, addressed how to overcome those barriers to employment and integrating clinical info., AT, & therapies as necessary ... '17IQR#27b, '18IQR145 |
| 137. If there are barriers to employment, has the Team addressed with the Guardian how to overcome those barriers to employment and integrating clinical info., AT, & therapies as necessary ...? '18IQR146 |
| 138. Has the individual participated in work or volunteer activities during the past year? '18IQR147 |
| 139. Has the individual identified what type of work or volunteer activities he/she would like to do? '18IQR148 |
| 140. Does the Guardian support him/her working? '18IQR149 |
| 142. Is the individual engaged in Supported Employment? CPRQ129, '18IQR151 |
| 144. Does the person have a Career Development Plan? CPRQ128 17IQR#26e, '18IQR153 |
| BEHAVIOR |

| Question |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 145. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d, '18IQR154 |
| 146. Does the person need behavior services now? CPRQ132 '17IQR#11e, '18IQR155 |
| 147. Have behavioral assessments been completed? CPRQ133, '18IQR156 |
| 148. Does the person have a positive behavior support plan developed out of the behavior assessments that meets the person's needs? CPRQ134 '17IQR#5g, '18IQR157 |
| 149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d, '18IQR158 |
| 150. If needed, does the person have a Behavior Crisis Intervention Plan that meets the person's needs? CPRQ 73a; '17IQR#5h, '18IQR159 |
| 151. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i, '18IQR160 |
| 152. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d, '18IQR161 |
| ADAPTIVE EQUIPMENT / AUGMENTATIVE COMMUNICATION |
| 153. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b, '18IQR162 |
| 154. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c, '18IQR163 |
| 155. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f, '18IQR164 |
| 156. Is the person's equipment and technology in good repair?'17IQR#25d, '18IQR165 |
| 157. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e, '18IQR166 |
| 158. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b, '18IQR167 |
| INDIVIDUAL SERVICE PLANNING |
| 159. Does the person have an ISP that addresses live, work/learn, fun/relationships and health/other that correlates with the person's desires and capabilities, in accordance with DOH Regulations? CPRQ141 '17IQR#7o, '18IQR168 |
| 160. Does the person have an ISP that contains a complete Vision Section that is based on a long-term view? CPRQ142 '17IQR#7a, '18IQR169 |

Question

161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a, '18IQR170

162. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f, '18IQR171

163. Is the person integrated into the community? CPRQ145; '17IQR#29g, '18IQR172

164. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36, '18IQR174