

# Individual Quality Review: A Review About Me

## Southeast Region: Report Final 9/26/17



I have a good plan and a responsive team



My health is monitored, my wellness needs are met



I am safe and comfortable



My days are productive, I have friends, and I'm part of my community



My Rights are respected and protected



# Things to know about this review



## Who were our partners?

Region Reviewed: Southeast

Number of people in the Review: 10

Interview Dates: July 24 – August 2, 2017

On Site Review Dates: August 2 and August 7, 2017

Date of Regional Status Summary: August 17, 2017

### **Agency Partners in this review:**

#### Case Management:

J&J  
DDSD

#### Day/Residential:

Aspire  
CARC  
ENMRSH  
Leaders  
Tobosa



# Things to know about this review



## About My Plan and My Team

This area will focus on answering questions like:

1. Did my team members assisted me in the planning process?
2. Were my thoughts and ideas about my plan respected?
3. Did those who support me and know me best help me develop my plan?
4. Did my team obtain adequate and timely assessments in areas most likely to lead to my greater independence?
5. Does my plan incorporate recommendations from assessments or explain why not?
6. Does my ISP have current and accurate information?
7. Does my ISP meet my needs?
8. Do my team members really know me?
9. Is my ISP current and available?

*Continued on next slide...*





# Things to know about this review



## About My Plan and My Team

This area will focus on answering questions like:

10. Are my team members following up on their responsibilities to assist me?
11. Are my services provided timely and adequate to meet my needs?
12. Is my ISP implemented consistently?
13. Have I made progress?
14. If I am having problems, is my team addressing them?
15. Is my Guardian involved in my life?
16. Does my Case Manager act as an advocate, team leader and monitor of my services and supports?
17. Does my Team work well together?



# Things to know about this review



## About My Health and Overall Wellness

This area will focus on answering questions like:

1. Are my health assessments accurate and completed as needed?
2. Do I receive the medical treatment I need timely?
3. Do I have adequate nursing services?
4. Is my team familiar with my health needs and do they address them?
5. When I am receiving healthcare out of my home, my Team will plan for my transition back home as soon as possible.



# Things to know about this review



## About My Safety and Comfort

This area will focus on answering questions like:

1. Am I comfortable where I live and work?
2. Am I safe?
3. Do I have the equipment I need?



## About My Rights

This area will focus on answering questions like:

1. Are my rights respected?
2. Am I protected from abuse, neglect and exploitation?





# Things to know about this review



## About How I Spend My Days

This area will focus on answering questions like:

1. My team helps me to find employment.
2. My team helps me to overcome barriers to employment.
3. If I have a job, what kind of job, how many hours I work, what support I receive and more.
4. If I don't have a job or am retired, am I involved in things I want to do and enjoy?
5. Do I make my own choices?
6. Do I have close, personal connections?
7. Do I have connections in my neighborhood?
8. Am I a contributing member in my community?



## Immediate and Special Findings

### Individuals Needing Immediate Attention: 1 Person

10% of sample



*Individuals 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.*

### Individuals Needing Special Attention: 5 People

50% of sample



*Individuals for whom issues have been identified that, if not effectively addressed, are likely to become an urgent health and safety concern.*





# What did we learn and how did we score?

## Scoring:

3 = Full Compliance (Yes)

We will use this symbol to note good work!  
*(High percentage of Individuals at Full Compliance,  
May Have some rated at "Many Indicators Met")*



2 = Many Indicators Met

This symbol means compliance is almost met.  
*(Most individuals have a "2",  
some may have one "1" and "3s")*



1 = Needs Improvement

We will use this symbol and encourage improvement.  
*(Individuals with two or more ratings of "1")*



0 = No Compliance (No)

This symbol notes lack of compliance.  
*(Individuals with one or more "0" ratings)*





# What did we learn about my plan and team?



## Summary Findings

### Full Compliance



- My Team Members Know Me.
- My ISP is current and available.
- If I am having problems, my team has addressed them.
- My team works well together

### Many Indicators Met



- There is evidence that team members assisted me in the planning process.
- My guardian is involved in my life.
- My case manager fulfills his/her roles as advocate, team leader and monitor of services and support.

### Needs Improvement



- My thoughts and ideas about my plan are respected.
- Those who support me and know me best help me to develop my plan.
- My team obtained adequate and timely assessments in areas most likely to lead to my greater independence.
- My plan incorporates the recommendations from assessments, or explains why recommendations are not included.
- My ISP contains current and accurate information.
- My ISP is adequate and meets my needs.
- My team members are following up on their responsibilities to assist me.
- My services are provided timely and are adequate to meet my needs.
- My ISP is implemented consistently.
- I have made progress!



**No-Compliance** ▪ None met this criteria.



# What did we learn about my plan and team?

## Full Compliance - Summary



### Full Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
8. My Team Members Know Me.	10	0	1	3	6	0	0
		0%	10%	30%	60%	0%	0%
9. My ISP is current and available. CPR Q# 61	10	0	1	0	9	0	0
		0%	10%	0%	90%	0%	0%
14. If I am having problems, my team has addressed them.	10	0	1	0	6	3	0
		0%	10%	0%	60%	30%	0%
17. My team works well together	10	0	0	1	9	0	0
		0%	0%	10%	90%	0%	0%





# What did we learn about my plan and team?

## Many Indicators Met - Summary



### Many Indicators Met

Question	#	0/No	1	2	3/Yes	N/A	CND
1. There is evidence that team members assisted me in the planning process.	10	1	1	4	4	0	0
		10%	10%	40%	40%	0%	0%
15. My guardian is involved in my life.	10	1	0	0	8	1	0
		10%	0%	0%	80%	10%	0%
16. My case manager fulfills his/her roles as advocate, team leader and monitor of services and support.	10	0	4	6	0	0	0
		0%	40%	60%	0%	0%	0%



# What did we learn about my plan and team?



## Needs Improvement - Summary

### Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
2. My thoughts and ideas about my plan are respected.	10	0	2	2	6	0	0
		0%	20%	20%	60%	0%	0%
3. Those who support me and know me best help me to develop my plan. CPR Q#62	10	0	3	5	2	0	0
		0%	30%	50%	20%	0%	0%
4. My team obtained adequate and timely assessments in areas most likely to lead to my greater independence. CPR Q# 58	10	0	6	4	0	0	0
		0%	60%	40%	0%	0%	0%
5. My plan incorporates the recommendations from assessments, or explains why recommendations are not included. CPR Q# 60	10	0	4	4	2	0	0
		0%	40%	40%	20%	0%	0%
6. My ISP contains current and accurate information.	10	0	3	5	2	0	0
		0%	30%	50%	20%	0%	0%
7. My ISP is adequate and meets my needs. CPR Q#78, #146	10	0	9	1	0	0	0
		0%	90%	10%	0%	0%	0%
10. My team members are following up on their responsibilities to assist me. CPR Q# 114	10	0	3	4	3	0	0
		0%	30%	40%	30%	0%	0%
11. My services are provided timely and are adequate to meet my needs.	10	0	7	2	1	0	0
		0%	70%	20%	10%	0%	0%
12. My ISP is implemented consistently. CPR Q79 CPR Q80a	10	1	7	2	0	0	0
		10%	70%	20%	0%	0%	0%
13. I have made progress! CPR Q84	10	1	6	3	0	0	0
		10%	60%	30%	0%	0%	0%



# What did we learn about my plan and team?



## *No Compliance - Summary*

**No Compliance**

Question	#	0/No	1	2	3/Yes	N/A	CND
None							





# What did we learn about my plan and team?



## Individual Service Planning – Historical Scoring

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2013	2014	2015	2016	2017 IQR
Does the person have an ISP that addresses living, learning/working and social/leisure...	69%	62%	57%	53%	73%	71%	100%	94%	88%	94%	44%	73%	92%	82%	80%	70%
Does the person have an ISP that contains a Progress Towards Reaching the Long Term Vision section that is based on a long-term view?	100%	85%	64%	60%	73%	88%	81%	81%	81%	63%	63%	47%	85%	27%	70%	50%
Does the person receive services and supports recommended in the ISP?	62%	54%	50%	40%	47%	47%	94%	63%	81%	88%	63%	73%	77%	73%	60%	40%
Does the person have adequate access to and use of generic services and natural supports?	69%	69%	64%	40%	87%	59%	81%	94%	88%	94%	94%	100%	92%	82%	90%	80%
Is the person adequately integrated into the community?	92%	62%	71%	33%	67%	41%	69%	69%	63%	81%	81%	93%	69%	73%	70%	30%



# What did we learn about my plan and team?



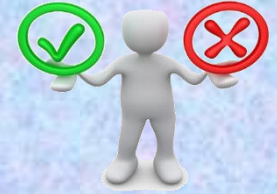
## Behavioral Services – Historical Scoring

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2013	2014	2015	2016	2017 IQR
Does the person need behavioral services?	62%	77%	71%	67%	60%	65%	69%	69%	75%	73%	63%	93%	62%	64%	90%	70%
Have adequate behavioral assessments been completed?	88%	70%	40%	30%	60%	50%	82%	64%	83%	82%	80%	69%	38%	43%	67%	100%
Does the person have a behavior support plan developed out of the behavior assessments that meet the person's needs?	88%	70%	50%	50%	60%	58%	92%	83%	67%	64%	83%	77%	38%	75%	100%	57%
Have the staff been trained on the behavior support plan?	88%	90%	90%	50%	70%	58%	75%	67%	92%	73%	100%	69%	88%	100%	78%	83%
Does the person receive behavioral services consistent with his/her needs?	88%	60%	60%	40%	20%	50%	91%	73%	75%	100%	70%	46%	63%	43%	67%	38%
Are behavioral support services integrated into the ISP?	13%	80%	60%	30%	50%	58%	55%	82%	67%	100%	90%	77%	88%	71%	67%	67%



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# What did we learn about my Health and Wellness?



## Summary Findings

### Full Compliance



- When I am receiving healthcare in an out-of-home setting, the IDT will plan for a smooth transition back to my home as soon as medically feasible.

### Many Indicators Met



- My health assessments are accurate and completed as needed.
- I have adequate nursing services.
- My team is familiar with and addresses my health needs.

### Needs Improvement



- I receive the medical treatment I need timely.

### No Compliance



- None met this criteria





# What did we learn about my Health and Wellness?

## Full Compliance - Summary



Full Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
22. When I am receiving healthcare in an out-of-home setting, the IDT will plan for a smooth transition back to my home as soon as medically feasible.	10	0	0	1	2	7	0
		0%	0%	10%	20%	70%	0%



# What did we learn about my Health and Wellness?

*Many Indicators Met - Summary*



Many Indicators Met

Question	#	0/No	1	2	3/Yes	N/A	CND
18. My health assessments are accurate and completed as needed. CPR Q#58	10	0	3	5	2	0	0
		0%	30%	50%	20%	0%	0%
20. I have adequate nursing services.	10	0	3	7	0	0	0
		0%	30%	70%	0%	0%	0%
21. My team is familiar with and addresses my health needs. CPR Q# 55	10	0	1	6	3	0	0
		0%	10%	60%	30%	0%	0%



# What did we learn about my Health and Wellness?



## *Needs Improvement - Summary*

Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
19. I receive the medical treatment I need timely.	10	0	3	3	4	0	0
		0%	30%	30%	40%	0%	0%



# What did we learn about my Health and Wellness?



## *No Compliance - Summary*

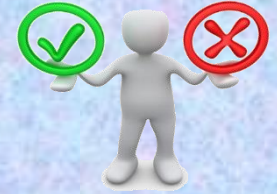
No Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
None							





# What did we learn about my safety and comfort?



## Summary Findings

### Full Compliance



- None met this criteria

### Many Indicators Met



- I am comfortable where I live and work.
- I am safe.
- I have the equipment and technology I need to be safe and comfortable.

### Needs Improvement



- None met this criteria

### No Compliance



- None met this criteria



# What did we learn about my safety and comfort?

## *Full Compliance - Summary*



Full Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
None							



# What did we learn about my safety and comfort?



Many Indicators Met

## *Many Indicators Met - Summary*

Question	#	0/No	1	2	3/Yes	N/A	CND
23. I am comfortable where I live and work. Q104	10	1	1	4	5	0	0
		10%	10%	40%	50%	0%	0%
24. I am safe.	10	0	2	2	6	0	0
		0%	20%	20%	60%	0%	0%
25. I have the equipment and technology I need to be safe and comfortable.	10	0	1	5	3	1	0
		0%	10%	50%	30%	10%	0%



# What did we learn about my safety and comfort?



## *Needs Improvement - Summary*

Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
None							





# What did we learn about my safety and comfort?



## *No Compliance - Summary*

No Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
None							



# What did we learn about my safety and comfort?

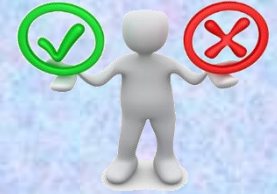


## Adaptive Equipment / Augmentative Communication – Historical Scoring

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2013	2014	2015	2016	2017 IQR
138. Has the person received all adaptive equipment needed?	59%	73%	83%	67%	50%	31%	86%	80%	85%	94%	79%	73%	83%	91%	50%	67%
139. Has the person received all assistive technology needed?	54%	60%	81%	29%	50%	46%	78%	69%	82%	90%	83%	71%	83%	100%	83%	50%
140. Has the person received all communication assessments and services needed?	49%	51%	61%	36%	46%	63%	70%	80%	77%	81%	77%	86%	82%	100%	75%	67%



# What did we learn about how I spend my day?



## Summary Findings

### Full Compliance



- I have connections in my neighborhood.

### Many Indicators Met



- I make my own choices.
- I have close, personal connections.

### Needs Improvement



- My team helps me overcome barriers to employment.
- When I am not working, I am routinely involved in activities that are meaningful to me.
- I am a contributing member in my community.

### No Compliance



- I have a job!
- My team helps me to find meaningful employment.



# What did we learn about how I spend my day?



## *Summary Findings*

### **Promising Practice: Informed Choice Project, Changing Lives and Expanding Opportunities**

The ***Informed Choice Project*** invites everyone (self-advocates, their family and friends, staff and the community) to join together to create new experiences and opportunities in the community from which all participants grow, learn and share.

- 4 people in this sample are part of the Informed Choice Project

### **Division of Vocational Rehabilitation Outreach: Focusing Support to Expand Work Options**

The DVR Outreach Initiative is intended to provide additional focus and support to individuals currently working who would like to work more hours and/or increase their hourly rate.

- 2 people in the review has been identified as a part of the DVR Outreach Program.

Everyone is looking forward to learning more about the results these two projects have for Individuals involved! Thanks to class members and their team members for looking at and exploring these new initiatives! Thanks to DDS working to expand integrated options for individuals involved in the DD Waiver Program!





# What did we learn about how I spend my day?

## *Full Compliance - Summary*



### Full Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
32. I have connections in my neighborhood.	10	0	0	3	6	1	0
		0%	0%	30%	60%	10%	0%







# What did we learn about how I spend my day?



## *No Compliance - Summary*

### No Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
26. My team helps me to find meaningful employment.	10	5	3	1	0	1	0
		50%	30%	10%	0%	10%	0%
28. I have a job! CPR Q# 129, 129a, 130	10	7	2	0	0	1	0
		70%	20%	0%	0%	10%	0%





# What did we learn about how I spend my day?



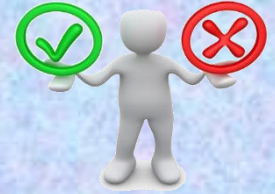
## Supported Employment – Historical Scoring

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2013	2014	2015	2016	2017 IQR
Need an employment assessment?	62%	100%	79%	73%	47%	88%	81%	56%	88%	81%	63%	80%	77%	91%	60%	90%
Need supported employment?	46%	85%	71%	67%	40%	65%	56%	50%	63%	63%	44%	73%	46%	91%	50%	80%
Receive supported employment assessment?	100%	100%	73%	91%	100%	80%	85%	78%	93%	85%	80%	75%	30%	80%	67%	0%
Assessment conforms to DOH Regulations?	88%	92%	64%	9%	43%	20%	69%	67%	57%	69%	50%	25%	20%	20%	33%	0%
Has a Career Development Plan?	100%	36%	50%	0%	17%	9%	78%	63%	50%	40%	57%	27%	17%	10%	20%	0%
Is supported employment provided in line with requirements?	83%	55%	30%	40%	17%	9%	78%	25%	60%	40%	14%	27%	33%	10%	20%	0%

## Human Rights



# What did we learn about my Rights?



## Summary Findings

### Full Compliance



- None met this criteria.

### Many Indicators Met



- I am protected from abuse, neglect and exploitation.

### Needs Improvement



- My rights are respected.
- Overall, are the supports and services I receive adequate to meet my needs?

### No Compliance



- None met this criteria.

# Human Rights



## What did we learn about my Rights?



### *Full Compliance - Summary*

#### Full Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
None							

# Human Rights



## What did we learn about my Rights?



### *Many Indicators Met - Summary*

Many Indicators Met

Question	#	0/No	1	2	3/Yes	N/A	CND
35. I am protected from abuse, neglect and exploitation.	10	0	3	3	3	1	0
		0%	30%	30%	30%	10%	0%



# Human Rights



# What did we learn about my Rights?



## Needs Improvement

### *Needs Improvement - Summary*

Question	#	0/No	1	2	3/Yes	N/A	CND
34. My rights are respected.	10	0	5	4	1	0	0
		0%	50%	40%	10%	0%	0%
36. Overall, are the supports and services I receive adequate to meet my needs? Q147	10	0	7	3	0	0	0
		0%	70%	30%	0%	0%	0%

# Human Rights



No Compliance

## What did we learn about my Rights?



*No Compliance - Summary*

Question	#	0/No	1	2	3/Yes	N/A	CND
None							



## The Information which follows Provides Detail in Each Area

As noted in previous slides, the primary scored areas are questions #1 – #36.

Each of the questions have sub-questions (e.g., 2a, 2b, 2c) which contribute to the overall scoring for the primary question (#2). While the scores for the sub-questions may not meet the designated scoring criteria (Full Compliance, Needs Improvement) these designations are accurate for the primary scored questions (#1 - #36), and the detail scores for each question and its subpar are provided.





# What did we learn about my plan and team?

## Full Compliance - Detail



### Full Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
8. My Team Members Know Me.	10	0	1	3	6	0	0
		0%	10%	30%	60%	0%	0%
8a. Do those who provide direct support during day/work know me well? Q35	10	0	0	0	10	0	0
		0%	0%	0%	100%	0%	0%
8b. Do those who provide direct support at home know me well? Q44	10	0	1	0	9	0	0
		0%	10%	0%	90%	0%	0%
8c. Does my case manager know me well? Q26	10	0	0	1	9	0	0
		0%	0%	10%	90%	0%	0%
8d. Do my team members have expectations that I can gain skills and learn new things? Q31 Q42 Q52 Q85	10	1	2	2	5	0	0
		10%	20%	20%	50%	0%	0%
9. My ISP is current and available. Q61	10	0	1	0	9	0	0
		0%	10%	0%	90%	0%	0%
9a. Is a copy of my ISP available to me, my parents or guardian, and relevant staff?	10	0	1	0	9	0	0
		0%	10%	0%	90%	0%	0%
14. If I am having problems, my team has addressed them.	10	0	1	0	6	3	0
		0%	10%	0%	60%	30%	0%
14a. Is there evidence or documentation that I have regressed in my ability to function in the last year? CPR Q120	10	7			3		
		70%			30%		





# What did we learn about my plan and team?



## Full Compliance - Detail

### Full Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
14b. If so, has my team taken action to correct or slow this regression? CPR Q121	10	7			3	0	
		70%			30%	0%	
14c. Is there evidence or documentation that my behavior has regressed in the last year? CPR Q120	10	10			0		
		100%			0%		
14d. If so, has my team addressed this? CPR Q121	10	0			0	10	0
		0%			0%	100%	0%
17. My team works well together.	10	0	0	1	9	0	0
		0%	0%	10%	90%	0%	0%
17a. Is there any evidence of conflict among team members? Q115	10	10			0		0
		100%			0%		0%
17b. Has the conflict adversely impacted my services or supports?	10	0			0	10	
		0%			0%	100%	
17c. Has the team resolved the conflict? Q115	10	0			1	9	
		0%			10%		
17d. Does my team meet when there is a major change in my life, such as a job loss, a transition to a new home or provider, when I am hospitalized, or the loss of someone important to me, such as a family member or good friend? Q116 Q122 Q122a Q122b	10	0	0	1	7	2	0
		0%	0%	10%	70%	20%	0%



# What did we learn about my plan and team?



## Many Indicators Met - Detail

### Many Indicators Met

Question	#	0/No	1	2	3/Yes	N/A	CND
1. There is evidence that team members assisted me in the planning process.	10	1	1	4	4	0	0
		10%	10%	40%	40%	0%	0%
1a. Is there documentation that the case manager met with me prior to my meeting and asked me about how I want to spend my days and my future?	10	2	1	2	5	0	0
		20%	10%	20%	50%	0%	0%
1b. Do team members help me prepare for my meeting by providing the assistance I need to participate meaningfully in the planning process? Q86	10	1	1	1	7	0	0
		10%	10%	1%	70%	0%	0%
15. My guardian is involved in my life.	10	1	0	0	8	1	0
		10%	0%	0%	80%	10%	0%
15a. What is the level of participation of the legal guardian in (name's) life and service planning? Q97 None Limited: Less than 12 times per year Moderate: 1 or more times per month Active: 3 or more times a month	10	None	Limited	Moderate	Active	Self	
		2	2	4	2	0	
		20%	20%	40%	20%	0%	
15b. Does my guardian advocate for me when needed?	10	1	0	0	8	1	0
		10%	0%	0%	80%	10%	0%
15c. Does my guardian respond to contacts from me and from my team members in a timely manner?	10	1	0	0	8	1	0
		10%	0%	0%	80%	10%	0%
15d. Does my guardian find the case manager helpful? Q107	10	0	0	0	7	2	1
		0%	0%	0%	70%	20%	10%
15e. Is my guardian satisfied with my services and supports?	10	0	0	0	7	2	1
		0%	0%	0%	70%	20%	10%



# What did we learn about my plan and team?



*Many Indicators Met - Detail*

**Many Indicators Met**

Question	#	0/No	1	2	3/Yes	N/A	CND
16. My case manager fulfills his/her roles as advocate, team leader and monitor of services and support.	10	0	4	6	0	0	0
		0%	40%	60%	0%	0%	0%
16a. Does my case manager visit me at least twice a month, and in varying locations where I receive services and supports? Q29	10	0	2	1	7	0	0
		0%	20%	10%	70%	0%	0%
16b. Does my case manager document and follow-up on my progress on outcomes and action steps? Q32 Q83	10	3	4	3	0	0	0
		30%	40%	30%	0%	0%	0%
16c. Does my case manager provide me with the supports and services I need? Q33	10	0	6	2	2	0	0
		0%	60%	20%	20%	0%	0%



# What did we learn about my plan and team?



*Many Indicators Met - Detail*

Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
2. My thoughts and ideas about my plan are respected.	10	0 0%	2 20%	2 20%	6 60%	0 0%	0 0%
2a. If I can speak, do I tell you that I feel as if my team listens to me?	10	0 0%	1 10%	1 10%	0 0%	8 80%	0 0%
2b. If I do not speak for myself, did my team members tell you why my vision statements, outcomes and action steps were chosen?	10	0 0%	1 10%	0 0%	7 70%	2 20%	0 0%
2c. If I have provided input, does the plan reflect my input?	10	0 0%	1 10%	3 30%	6 60%	0 0%	0 0%
3. Those who support me and know me best help me to develop my plan. Q62	10	0 0%	3 30%	5 50%	2 20%	0 0%	0 0%
3a. Were Direct Support Professionals who support me present at my planning meeting? CPR Q#36, 45	10	1 10%	0 0%	1 10%	8 80%	0 0%	0 0%
3b. Were others who support me present at the planning meeting?	10	0 0%	1 10%	5 50%	4 40%	0 0%	0 0%
3c. As needed or required, is a nurse/healthcare coordinator present at the ISP and at IDT meetings?	10	0 0%	0 0%	0 0%	10 100%	0 0%	0 0%
3d. For anyone not present, is there evidence that input has been obtained prior to the meeting? Q63	10	3 30%	2 20%	0 0%	4 40%	1 10%	0 0%





# What did we learn about my plan and team?



## Needs Improvement - Detail

### Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
4. My team obtained adequate and timely assessments in areas most likely to lead to my greater independence. Q58	10	0	6	4	0	0	0
		0%	60%	40%	0%	0%	0%
4a. Do I have an assessment in all areas that I need? Q58 Q133	10	0	0	3	6	1	0
		0%	0%	30%	60%	10%	0%
4b. Does the assessment describe where I started (baseline) in each area?	10	3	3	3	0	1	0
		30%	30%	30%	0%	10%	0%
4c. Does the assessment describe how I am currently doing in each area?	10	0	0	1	8	1	0
		0%	0%	10%	80%	10%	0%
4d. Does the assessment describe my strengths in each area?	10	0	1	2	6	1	0
		0%	10%	20%	60%	10%	0%
4e. Does the assessment give recommendations to my team on what new skills I might learn and how to help me learn them consistent with my preferences?	10	0	0	3	6	1	0
		0%	0%	30%	60%	10%	0%
4f. Are my assessments adequate for planning? Q59	10	0	2	7	1	0	0
		0%	20%	70%	10%	0%	0%
4g. Therapy assessments were provided timely?	10	1	5	3	0	1	0
		10%	50%	30%	0%	10%	0%
4h. E-Chat was updated timely?	10	1	0	0	9	0	0
		10%	0%	0%	90%	0%	0%



# What did we learn about my plan and team?



## Needs Improvement - Detail

### Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
4i. Residential assessments were adequate?	10	4	3	0	3	0	0
		40%	30%	0%	30%	0%	0%
4j. Residential assessments were provided timely?	10	4	2	1	3	0	0
		40%	20%	10%	30%	0%	0%
4k. Assessments completed for supports offered during the day were adequate?	10	4	3	0	2	1	0
		40%	30%	0%	20%	10%	0%
4l. Assessments for supports offered during the day were provided timely?	10	4	2	1	2	1	0
		40%	20%	10%	20%	10%	0%
4m. Nutritional assessments were adequate?	10	0	3	2	5	0	0
		0%	30%	20%	50%	0%	0%
4n. Nutritional assessments were provided timely?	10	2	2	1	4	1	0
		20%	20%	10%	40%	10%	0%
5. My plan incorporates the recommendations from assessments, or explains why recommendations are not included. Q57 Q60	10	0	4	4	2	0	0
		0%	40%	40%	20%	0%	0%
5a. For non-medical recommendations, has the team implemented the recommendation and made necessary changes to the ISP?	10	2	2	3	3	0	0
		20%	20%	30%	30%	0%	0%
5b. Do Justification Form(s) (Non-Health related or others) contain the identification of additional safeguards that have/will be put into place that will help meet the objectives of the original recommendation?	10	1	0	0	2	7	0
		10%	0%	0%	20%	70%	0%



# What did we learn about my plan and team?



## Needs Improvement - Detail

### Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
5c. For medical, clinical or health related recommendations, has a Decision Consultation Form been completed if the individual and/or their guardian/health care decision maker have decided not to follow all or part of an order, recommendation or suggestion?	10	3	0	0	1	6	0
		30%	0%	0%	10%	60%	0%
5d. Is the person considered by the IDT to need behavior services now? Q131	10	3			7		
		30%			70%		
5e. For individuals who receive medication for behavioral/psychiatric issues, does the person receive behavioral support services?	10	1	0	1	6	2	0
		10%	0%	10%	60%	20%	0%
5f. For individuals who receive medication for behavioral/psychiatric issues, are they receiving behavioral support services at the level needed? Q132	10	0	1	1	6	2	0
		0%	10%	10%	60%	20%	0%
5g. I have a behavior support plan which was developed out of the behavior assessment and which meets my needs. Q134	10	0	2	1	4	3	0
		0%	20%	10%	40%	30%	0%
5h. Do I have a specific Crisis Prevention Plan for dangerous behavior that meets my needs? Q73a	10	0	0	2	0	8	0
		0%	0%	20%	0%	80%	0%
5i. Does this person receive behavioral services consistent with his/her needs? Q136	10	1	0	4	3	2	0
		10%	0%	40%	30%	20%	0%
5j. If the individual refuses to participate and follow a recommendation, has the team identified what safeguards have/will be put into place that will help meet the objectives of the original recommendation?	10	2	0	0	2	6	0
		20%	0%	0%	20%	60%	0%



# What did we learn about my plan and team?



## Needs Improvement - Detail

### Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
6. My ISP contains current and accurate information.	10	0	3	5	2	0	0
		0%	30%	50%	20%	0%	0%
6a. Does my ISP contain current and accurate information?	10	0	3	5	1	0	1
		0%	30%	50%	10%	0%	10%
7. My ISP is adequate and meets my needs. CPR Q#78, #146	10	0	9	1	0	0	0
		0%	90%	10%	0%	0%	0%
7a. Is the long-term vision related directly to what I want to achieve in the next three or more years? CPR Q#142	10	1	2	2	5	0	0
		10%	20%	20%	50%	0%	0%
7b. Is my long-term vision adequate? CPR Q# 64	10	0	4	1	5	0	0
		0%	40%	10%	50%	0%	0%
7c. Does the ISP give adequate guidance so I am likely to achieve my long-term vision? CPR Q# 65	10	2	1	1	6	0	0
		20%	10%	10%	60%	0%	0%
7d. Will the outcomes, if achieved, ultimately result in achieving my vision? CPR Q# 68	10	0	6	1	3	0	0
		0%	60%	10%	30%	0%	0%
7e. Are outcomes stated clearly in terms of what result is expected and how it will be measured? Q#67	10	1	6	1	2	0	0
		10%	60%	10%	20%	0%	0%
7f. Will the outcomes, if achieved, enable me to grow and learn next year?	10	1	6	0	3	0	0
		10%	60%	0%	30%	0%	0%





# What did we learn about my plan and team?



## Needs Improvement - Detail

### Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
7g. Do the Outcomes address my major needs? Q69	10	0	5	3	2	0	0
		0%	50%	30%	20%	0%	0%
7h. Are my actions steps organized to reflect a progression toward the outcome, at a pace which is appropriate to me?	10	2	7	1	0	0	0
		20%	70%	10%	0%	0%	0%
7i. Do teaching and support strategies (TSS) and/or therapy plans designed to be implemented by DCP's clearly specify the methods to be used so that anyone reading them can implement the strategies? Q# 71	10	0	5	3	2	0	0
		0%	50%	30%	20%	0%	0%
7j. Do T&SS specify how often and under what circumstances the strategies are to be implemented?	10	0	3	1	6	0	0
		0%	30%	10%	60%	0%	0%
7k. Are action steps being implemented at the frequency required in the ISP?	10	1	4	2	3	0	0
		10%	40%	20%	30%	0%	0%
7l. Are challenges/barriers to my achievement identified as needed, and addressed in action steps, T&SS and/or support plans?	10	1	3	3	3	0	0
		10%	30%	30%	30%	0%	0%
7m. Have strategies of ancillary providers been integrated into my Outcomes, Action Plans and Teaching and Support Strategies? Q72 Q137	10	1	2	3	3	1	0
		10%	20%	30%	30%	10%	0%
7n. Has the IDT process been adequate for assessing, planning, implementing and monitoring of my services? Q123	10	1	6	3	0		
		10%	60%	30%	0%		
7o. Does the ISP address live, work/learn, fun/relationships and health/other that complements the person's desires and capabilities (in accordance with the DOH regulations)? Q141	10	0	2	1	7	0	0
		0%	20%	10%	70%	0%	0%



# What did we learn about my plan and team?



## Needs Improvement - Detail

### Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
10. My team members are following up on their responsibilities to assist me. Q114	10	0	3	4	3	0	0
		0%	30%	40%	30%	0%	0%
10a. Do my team members communicate with me using my communication preferences?	10	0	0	0	10	0	0
		0%	0%	0%	%	0%	0%
10b. I have received all communication assessments and services needed. Q140	10	0	2	1	6	1	0
		0%	20%	10%	60%	10%	0%
10c. Do my direct care professionals implement my ISP consistent with expectations of my ISP? Q39b Q49b Q82	10	0	4	1	5	0	0
		0%	40%	10%	50%	0%	0%
10d. Can my team members describe and/or is there evidence that they have implemented my behavior plan? Q135	10	0	0	1	5	4	0
		0%	0%	10%	50%	40%	0%
10e. Can my team members describe and/or demonstrate how to implement my crisis plans?	10	0	0	0	2	8	0
		0%	0%	0%	20%	80%	0%
10f. Am I provided with the support and skills needed to gain and maintain as much independence as possible?	10	0	3	0	7	0	0
		0%	30%	0%	70%	0%	0%
11. My services are provided timely and are adequate to meet my needs.	10	0	7	2	1	0	0
		0%	70%	20%	10%	0%	0%
11a. Do I receive all of the services listed in my ISP?	10	0	4	2	4	0	0
		0%	40%	20%	40%	0%	0%



# What did we learn about my plan and team?



## Needs Improvement - Detail

### Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
11b. If I don't have a service that I need, has the team worked quickly to get it?	10	1	3	0	2	4	0
		10%	30%	0%	20%	40%	0%
11c. Are my progress reports adequate, completed and provided to the case manager and team as required?	10	0	8	1	1	0	0
		0%	80%	10%	10%	0%	0%
11d. Are behavior support services integrated into the ISP? Q137	10	1	1	0	4	4	0
		10%	10%	0%	40%	40%	0%
11e. In the opinion of the reviewer, does the person need behavior services? Q132	10	2			8		
		20%			80%		
12. My ISP is implemented consistently. Q79 Q80a	10	1	7	2	0	0	0
		10%	70%	20%	0%	0%	0%
12a. Is measurable data kept which verifies the consistent implementation of each of my action steps?	10	2	6	0	2	0	0
		20%	60%	0%	20%	0%	0%
12b. Does the data kept identify what I do so that you can tell if I'm making progress?	10	6	3	1	0	0	0
		60%	30%	10%	0%	0%	0%
12c. Is each action step in the ISP implemented at a frequency that enables me to learn my new skills?	10	6	3	0	1	0	0
		60%	30%	0%	10%	0%	0%



# What did we learn about my plan and team?



## *Needs Improvement - Detail*

### Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
12d. If I am not successful in achieving my actions steps, has my team tried to determine why, and change their approach if needed?	10	2	5	0	1	2	0
		20%	50%	0%	10%	20%	0%
12e. If I achieve my action steps my team moves to the next in the progression of steps or develops a new one.	10	3	3	0	0	4	0
		30%	30%	0%	0%	40%	0%
13. I have made progress! Q84	10	1	6	3	0	0	0
		10%	60%	30%	0%	0%	0%
13a. Have I made measurable progress in my therapy this year?	10	1	3	4	1	1	0
		10%	30%	40%	10%	10%	0%
13b. Have I made measurable progress on actions steps during this past year?	10	3	4	3	0	0	0
		30%	40%	30%	0%	0%	0%
13c. Have I achieved any outcomes related to the same vision during the last 2 years?	10	1	2	1	1	4	1
		10%	20%	10%	10%	40%	10%
13d. Have I achieved progress in areas outside of my ISP?	10	1	0	5	3	1	0
		10%	0%	50%	30%	10%	0%





# What did we learn about my plan and team?



*No Compliance - Detail*

**No Compliance**

Question	#	0/No	1	2	3/Yes	N/A	CND
None							



# What did we learn about my Health and Wellness?



## Full Compliance - Detail

Full Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
22. When I am receiving healthcare in an out-of-home setting, the IDT will plan for a smooth transition back to my home as soon as medically feasible.	10	0	0	1	2	7	0
		0%	0%	10%	20%	70%	0%
22a. Did my case manager, nurse(s), and others as needed meet promptly to plan for my safe discharge?	10	0	1	0	2	7	0
		0%	10%	0%	20%	70%	0%
22b. Are my health care records, including my e-Chat, promptly updated by appropriate health care providers ..... to ensure a safe and smooth transition back to my home?	10	0	0	0	3	7	0
		0%	0%	0%	30%	70%	0%



# What did we learn about my Health and Wellness?



Many Indicators Met

*Many Indicators Met - Detail*

Question	#	0/No	1	2	3/Yes	N/A	CND
18. My health assessments are accurate and completed as needed. Q58	10	0	3	5	2	0	0
		0%	30%	50%	20%	0%	0%
18a. Have I received all age and gender appropriate health screenings, in accordance with national best practice and/or as recommended by my PCP or other health care professionals?	10	0	2	4	4	0	0
		0%	20%	40%	40%	0%	0%
18b. Do I have a current, accurate and complete annual physical?	10	0	2	1	7	0	0
		0%	20%	10%	70%	0%	0%
18c. Do I have a current vision assessment?	10	0	1	0	9	0	0
		0%	10%	0%	90%	0%	0%
18d. Do I have a current hearing assessment?	10	2	1	0	7	0	0
		20%	10%	0%	70%	0%	0%
18e. Do I have a current dental assessment?	10	0	1	0	9	0	0
		0%	10%	0%	90%	0%	0%
18f. If needed, do I have a current and accurate ARST?	10	1	1	0	8	0	0
		10%	10%	0%	80%	0%	0%
18g. Is my e-Chat accurate and current?	10	1	4	2	3	0	0
		10%	40%	20%	30%	0%	0%
18h. Were my assessments/screens completed as recommended?	10	0	2	2	5	1	0
		0%	20%	20%	50%	10%	0%



# What did we learn about my Health and Wellness?

*Many Indicators Met - Detail*



Many Indicators Met

Question	#	0/No	1	2	3/Yes	N/A	CND
20. I have adequate nursing services.	10	0	3	7	0	0	0
		0%	30%	70%	0%	0%	0%
20a. Does my nurse respond to all of my routine and emergency needs, as appropriate?	10	0	0	2	8	0	0
		0%	0%	20%	80%	0%	0%
20b. Does my nurse provide oversight of my health needs (i.e. weight records, vitals, lab reports, PRN medication use, seizure records) in order to identify and respond to new issues?	10	0	3	3	4	0	0
		0%	30%	30%	40%	0%	0%
20c. Has my nurse developed individualized health care plans (HCP's) and medical emergency plans (MERP's) to address my significant health concerns? CPR Q# 73b	10	1	2	0	7	0	0
		10%	20%	0%	70%	0%	0%
20d. Does my nurse evaluate the effectiveness of pain management strategies and record the effectiveness in nursing notes or on the MAR?	10	0	1	1	7	1	0
		0%	10%	10%	70%	10%	0%
20e. Does the nurse ensure my healthcare record is promptly updated?	10	0	3	2	4	1	0
		0%	30%	20%	40%	10%	0%
21. My team is familiar with and addresses my health needs. CPR Q# 55	10	0	1	6	3	0	0
		0%	10%	60%	30%	0%	0%
21a. Has my team developed plans to address any barriers to good health care, such as refusal to wear glasses, dentures, or hearing aids?	10	0	2	0	1	7	0
		0%	20%	0%	10%	70%	0%





# What did we learn about my Health and Wellness?



Many Indicators Met

*Many Indicators Met - Detail*

Question	#	0/No	1	2	3/Yes	N/A	CND
21b. Can my team members describe my health issues and/or diagnoses and how they impact me on a day-to-day basis? CPR Q#s 30, 38, 48, 54	10	0	1	1	8	0	0
		0%	10%	10%	80%	0%	0%
21c. Can my team members describe or locate symptoms and side effects of medication that would need to be addressed by medical personnel? CPR Q#s 30, 38, 48, 54	10	0	1	1	8	0	0
		0%	10%	10%	80%	0%	0%
21d. Can the people who work with me every day explain how to implement the CARMP, HCP's and MERP's? CPR Q#s 30, 38, 48, 54	10	0	1	0	8	1	0
		0%	10%	0%	80%	10%	0%
21e. Are my health indicators (such as seizure tracking records, weight records, bowel movements, etc.,) tracked as needed, accurate and reviewed regularly by the healthcare coordinator?	10	0	1	2	5	2	0
		0%	10%	20%	50%	20%	0%
21f. My CARMP is accurate.	10	0	1	0	7	2	0
		0%	10%	0%	70%	20%	0%



# What did we learn about my Health and Wellness?

## Needs Improvement - Detail



Needs Improvement dreamstime

Question	#	0/No	1	2	3/Yes	N/A	CND
19. I receive the medical treatment I need timely.	10	0	3	3	4	0	0
		0%	30%	30%	40%	0%	0%
19a. Do I receive routine/scheduled medical treatment?	10	0	3	1	6	0	0
		0%	30%	10%	60%	0%	0%
19b. When I have an acute medical issue, do I receive appropriate and timely treatment?	10	0	1	1	8	0	0
		0%	10%	10%	80%	0%	0%
19c. If my health is regressing, do I receive appropriate and timely intervention? CPR Q#119	10	0	2	0	2	6	0
		0%	20%	0%	20%	60%	0%
19d. Is my medication stored appropriately?	10	0	0	0	10	0	0
		0%	0%	0%	100%	0%	0%
19e. Am I receiving my medication as prescribed?	10	0	3	1	6	0	0
		0%	30%	10%	60%	0%	0%
19f. Is my medication assessed regularly to see that it is effective and monitor side effects? (e.g. laboratory studies, TD screenings.)	10	0	1	1	8	0	0
		0%	10%	10%	80%	0%	0%
19g. If I am taking psychotropic medication, does my PBSC work with my psychiatrist to assure that my medication is effective in managing my symptoms?	10	0	0	0	6	4	0
		0%	0%	0%	60%	40%	0%
19h. Are the recommendations/orders/prescriptions given to me being followed?	10	0	2	2	6	0	0
		0%	20%	20%	60%	0%	0%



# What did we learn about my Health and Wellness?



Needs Improvement

## Needs Improvement - Detail

Question	#	0/No	1	2	3/Yes	N/A	CND
19i. If the team disagrees with a professional recommendation, have they discussed and documented why that is so, and developed a plan that addresses the reason for the recommendation.	10	1	2	0	2	5	0
		10%	20%	0%	20%	50%	0%
19j. Am I supported appropriately to participate in the medical assessments and treatments that I need?	10	0	0	2	8	0	0
		0%	0%	20%	80%	0%	0%
19k. If I am receiving effective pain management the strategies are communicated to all of my treating healthcare professionals?	10	0	2	0	5	3	0
		0%	20%	0%	50%	30%	0%



# What did we learn about my Health and Wellness?



*No Compliance - Detail*

**No Compliance**  
dreamstime

Question	#	0/No	1	2	3/Yes	N/A	CND
None							





# What did we learn about my safety and comfort?



*Full Compliance - Detail*

Full Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
None							



# What did we learn about my safety and comfort?



Many Indicators Met

*Many Indicators Met - Detail*

Question	#	0/No	1	2	3/Yes	N/A	CND
23. I am comfortable where I live and work. Q104	10	1	1	4	5	0	0
		10%	10%	40%	50%	0%	0%
23a. Have I told you that I like my staff, my home, my friends and my activities? If I don't speak, have I given you other forms of communication to help you determine my feelings? Q53	10	0	1	2	6	0	1
		0%	10%	20%	60%	0%	10%
23b. Did I help choose the staff who help me?	10	0	0	0	0	0	10
		0%	0%	0%	0%	0%	100%
23c. Did I choose to live here and to live with the other people in my home? Q89	10	0	0	0	0	0	10
		0%	0%	0%	0%	0%	100%
23d. Did I choose where and with whom I work/spend my day? Q90	10	0	0	0	5	0	5
		0%	0%	0%	50%	0%	50%
23e. Do I have sufficient, safe, healthy and nutritious food that is appropriate to my recommended diet, if applicable? Q108	10	0	0	0	10	0	0
		0%	0%	0%	100%	0%	0%
23f. Can my staff describe how to provide daily care/supports to me? Q39	10	0	0	2	8	0	0
		0%	0%	20%	80%	0%	0%



# What did we learn about my safety and comfort?



*Many Indicators Met - Detail*

Many Indicators Met

Question	#	0/No	1	2	3/Yes	N/A	CND
24. I am safe.	10	0	2	2	6	0	0
		0%	20%	20%	60%	0%	0%
24a. Do my staff and I feel safe in this neighborhood?	10	0	0	1	9	0	0
		0%	0%	10%	90%	0%	0%
24b. Are the places where I live and work clean, free of safety hazards and conducive to the work/activities I engage in? Q43 Q47	10	0	2	1	7	0	0
		0%	20%	10%	70%	0%	0%
24c. Do I have accidents, with or without injury?	10	3			7		0
		30%			70%		0%
24d. If I have accidents, does my staff react appropriately and timely?	10	0	0	0	7	3	0
		0%	0%	0%	70%	30%	0%
24e. Is the water temperature in my home safe for me (below 110°)? Q47	10	0	0	0	0		10
		0%	0%	0%	0%		100%
24f. Have needed environmental modifications been made to ensure access, privacy and safety? Q138	10	0	3	1	2	4	0
		0%	30%	10%	20%	40%	0%



# What did we learn about my safety and comfort?



Many Indicators Met

*Many Indicators Met - Detail*

Question	#	0/No	1	2	3/Yes	N/A	CND
25. I have the equipment and technology I need to be safe and comfortable.	10	0 0%	1 10%	5 50%	3 30%	1 10%	0 0%
25a. Do I have a list of all of the devices and equipment I need, including who the Contact Person is responsible for getting it for me and maintaining it for me? Q77	10	0 0%	2 20%	2 20%	5 50%	1 10%	0 0%
25b. Do I have all of the equipment that has been recommended by therapists or medical professionals? Q138	10	0 0%	1 10%	2 20%	6 60%	1 10%	0 0%
25c. Do I have all of the technology that has been recommended by therapists or medical professionals? Q139	10	0 0%	2 20%	1 10%	3 30%	4 40%	0 0%
25d. Is my equipment and technology in good repair?	10	0 0%	1 10%	1 10%	7 70%	1 10%	0 0%
25e. Is my equipment/technology available in all appropriate environments?	10	0 0%	1 10%	1 10%	7 70%	1 10%	0 0%
25f. Does my staff know how to help me use my equipment appropriately?	10	0 0%	0 0%	0 0%	9 90%	1 10%	0 0%





# What did we learn about my safety and comfort?

*Needs Improvement - Detail*



Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
None							



# What did we learn about my safety and comfort?



*No Compliance - Detail*

No Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
None							



# What did we learn about how I spend my day?

## *Full Compliance - Detail*



Full Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
32. I have connections in my neighborhood.	10	0	0	3	6	1	0
		0%	0%	30%	60%	10%	0%
32a. Do I live in an integrated neighborhood?	10	0	0	2	7	1	0
		0%	0%	20%	70%	10%	0%



# What did we learn about how I spend my day?



Many Indicators Met

*Many Indicators Met - Detail*

Question	#	0/No	1	2	3/Yes	N/A	CND
30. I make my own choices.	10	0 0%	0 0%	5 50%	5 50%	0 0%	0 0%
30a. Do I consistently and routinely get to practice making choices that are new to me? CPR Q# 88	10	0 0%	2 20%	3 30%	5 50%	0 0%	0 0%
30b. When I make choices, am I consistent in how I choose an identified option?	10	0 0%	0 0%	1 10%	9 90%	0 0%	0 0%
30c. Do people respond promptly to me when I make choices?	10	0 0%	0 0%	1 10%	9 90%	0 0%	0 0%
31. I have close, personal connections.	10	0 0%	3 30%	7 70%	0 0%	0 0%	0 0%
31a. Am I supported to remain engaged with my family, to the extent I desire?	10	0 0%	1 10%	1 10%	7 70%	0 0%	1 10%
31b. Do I have friends?	10	0 0%	2 20%	4 40%	4 40%	0 0%	0 0%
31c. Are some of my friends and acquaintances people who do not have I/DD and who are not paid to be in my life?	10	1 10%	3 30%	5 50%	1 10%	0 0%	0 0%
31d. Do I get to socialize and spend leisure time with those of my own choice often? CPR Q#91	10	1 10%	2 20%	4 40%	3 30%	0 0%	0 0%
31e. Are my cultural preferences accommodated? CPR Q#102	10	0 0%	0 0%	0 0%	10 100%	0 0%	0 0%
31f. If I wish, am I supported to have and maintain intimate relationships? CPR Q#92	10	0 0%	1 10%	0 0%	6 60%	3 30%	0 0%





# What did we learn about how I spend my day?



## Needs Improvement - Detail

### Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
27. My team helps me overcome barriers to employment.	10	2	6	1	0	1	0
		20%	60%	10%	0%	10%	0%
27a. Has my team completed or obtained an analysis of the potential impact of employment on my finances, benefits and services?	10	7	0	0	0	3	0
		70%	0%	0%	0%	30%	0%
27b. If there are barriers to employment has my team developed a plan to eliminate those barriers?	10	4	4	1	0	1	0
		40%	40%	10%	0%	10%	0%
27c. If my guardian does not agree with employment, has my team provided education and information that make it possible for my guardian to act with informed choice?	10	1	3	1	0	5	0
		10%	30%	10%	0%	50%	0%
27d. I have made an informed choice and chosen not to work.	10	3	3	0	0	4	0
		30%	30%	0%	0%	40%	0%
27e. I am not working because I am over the age of 62 and consider myself retired.	10	5			1	4	0
		50%			10%	40%	0%
27f. I am not working at the moment because my health precludes it, my team and I will decide when I can reconsider work, but not less than annually.	10	3	1	0	0	6	0
		30%	10%	0%	0%	60%	0%



# What did we learn about how I spend my day?



## Needs Improvement

### Needs Improvement - Detail

Question	#	0/No	1	2	3/Yes	N/A	CND
29. When I am not working, I am routinely involved in activities that are meaningful to me.	10	0	5	3	2	0	0
		0%	50%	30%	20%	0%	0%
29a. Do I have the opportunity to make daily choices including my daily routine and can I vary it if I wish?	10	0	1	1	8	0	0
		0%	10%	10%	80%	0%	0%
29b. If I am retired, I have opportunities to engage in activities of interest to me as frequently as I wish. Q100	10	0	0	0	2	8	0
		0%	0%	0%	20%	80%	0%
29c. Is there evidence that I have the opportunity to be involved in activities beyond my regular "day" program?	10	0	3	2	5	0	0
		0%	30%	20%	50%	0%	0%
29d. Do I have access to sufficient money, transportation and staff to enable me to engage in the community, make and sustain friends, and enjoy hobbies and memberships of interest? Q109 Q110	10	0	2	2	6	0	0
		0%	20%	20%	60%	0%	0%
29e. Do I engage in activities that have meaning to me every day?	10	0	2	3	5	0	0
		0%	20%	30%	50%	0%	0%
29f. Do the activities I engage in have a stated purpose? Is that purpose actively pursued with experiences that are intentional and planned?	10	0	5	1	4	0	0
		0%	50%	10%	40%	0%	0%
29g. Do I have valued roles in my community? What are they? Q145	10	0	5	2	3	0	0
		0%	50%	20%	30%	0%	0%
29h. Is my IDT taking steps to decrease the amount of time I am spending in congregated, segregated settings?	10	0	5	3	2	0	0
		0%	50%	30%	20%	0%	0%
29i. When I am not working, am I routinely integrated into my community at a level that fits my preferences?	10	0	4	1	4	0	1
		0%	40%	10%	40%	0%	10%



# What did we learn about how I spend my day?



## *Needs Improvement - Detail*

### Needs Improvement

Question	#	0/No	1	2	3/Yes	N/A	CND
33. I am a contributing member in my community.	10	0	5	4	1	0	0
		0%	50%	40%	10%	0%	0%
33a. Does my staff enable me to make meaningful contact with people in my community?	10	0	3	4	3	0	0
		0%	30%	40%	30%	0%	0%
33b. Does my team work to help me expand my networks and my relationships in accordance with my preferences and needs?	10	0	5	4	1	0	0
		0%	50%	40%	10%	0%	0%
33c. Am I a "regular" in identified places?	10	1	3	1	5	0	0
		10%	30%	10%	50%	0%	0%
33d. Am I being taught skills so I can successfully assume valued roles in my community?	10	0	2	4	4	0	0
		0%	20%	40%	40%	0%	0%
33e. Do I have regular, purposeful interactions and connections with other members of the community?	10	0	4	3	3	0	0
		0%	40%	30%	30%	0%	0%
33f. Do I have adequate access to and use of community/generic services and natural supports? CPR Q#144	10	0	1	1	8	0	0
		0%	10%	10%	80%	0%	0%



# What did we learn about how I spend my day?

## No Compliance - Detail



No Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
26. My team helps me to find meaningful employment.	10	1	6	3	0	0	0
		10%	60%	30%	0%	0%	0%
26a. Has my team assisted me to assess my vocational interests, abilities and needs? Q124A Q126	10	3	4	2	0	1	0
		30%	40%	20%	0%	10%	0%
26b. Does the reviewer recommend an assessment of this person's vocational interests, abilities and needs? Q124B	10	1			9		
		10%			90%		
26c. Has my team provided me with information about the range of employment opportunities and how to access those options?	10	3	5	1	0	1	0
		30%	50%	10%	0%	10%	0%
26d. Has my team talked with me about becoming self-employed, or developing a customized employment opportunity?	10	4	4	0	1	1	0
		40%	40%	0%	10%	10%	0%
26e. Has my team assured that I have been able to engage in a variety of job exploration opportunities, volunteer work, and trial work opportunities?	10	6	2	1	0	1	0
		60%	20%	10%	0%	10%	0%
26f. Does the reviewer recommend supported employment for this person? Q125B	10	2			8		
		20%			80%		





# What did we learn about how I spend my day?



## No Compliance - Detail

No Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
28. I have a job! Q129 Q129A Q130	10	7	2	0	0	1	0
		70%	20%	0%	0%	10%	0%
28a. Do I work in a paid position?	10	6	2	0	1	1	0
		60%	20%	0%	10%	10%	0%
28b. Do I work an average of 20 hours per week?	10	8	0	1	0	1	0
		80%	0%	10%	0%	10%	0%
28c. I am working in a community, integrated job.	10	7	1	0	1	1	0
		70%	10%	0%	10%	10%	0%
28d. Do I like my job?	10	0	1	1	1	7	0
		0%	10%	10%	10%	70%	0%
28e. If I don't like my job, is my IDT following up?	10	1	1	0	0	8	0
		10%	10%	0%	0%	80%	0%
28f. When there has been a change in my life that impacts my employment status, did the team meet within 10 days and take action to minimize the disruption to my employment?	10	0	1	0	0	8	1
		0%	10%	0%	0%	80%	10%

# Human Rights



## What did we learn about my Rights?

### Full Compliance - Detail



### Full Compliance

Question	#	0/No	1	2	3/Yes	N/A	CND
None							

# Human Rights



## What did we learn about my Rights?



### Many Indicators Met - Detail

Many Indicators Met

Question	#	0/No	1	2	3/Yes	N/A	CND
35. I am protected from abuse, neglect and exploitation.	10	0	3	3	3	1	0
		0%	30%	30%	30%	10%	0%
35a. Do my team and my guardian know how to report incidents of abuse, neglect and exploitation internally and externally? CPR Q#s 41, 51, 93	10	0	1	2	7	0	0
		0%	10%	20%	70%	0%	0%
35b. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated?	10	0	2	2	4	2	0
		0%	20%	20%	40%	20%	0%
35c. Did my team meet and take appropriate action	10	2	0	0	5	3	0
		20%	0%	0%	50%	30%	0%

# Human Rights



# What did we learn about my Rights?



## Needs Improvement

### Needs Improvement - Detail

Question	#	0/No	1	2	3/Yes	N/A	CND
34. My rights are respected.	10	0	5	4	1	0	0
		0%	50%	40%	10%	0%	0%
34a. Am I described and addressed using respectful language?	10	0	0	1	9	0	0
		0%	0%	10%	90%	0%	0%
34b. Do I have time, space and opportunity for privacy? Q53	10	0	1	0	9	0	0
		0%	10%	0%	90%	0%	0%
34c. Am I treated with dignity and respect? Q103	10	0	6	1	3	0	0
		0%	60%	10%	30%	0%	0%
34d. Do my team and I know how to make a complaint if they believe my rights are being violated?	10	0	2	0	8	0	0
		0%	20%	0%	80%	0%	0%
34e. Have my team and I discussed, if applicable, any restraints that are utilized for medical or dental treatment, how I respond to them and if they are safe?	10	1	2	0	2	5	0
		10%	20%	0%	20%	50%	0%
34f. Do I have access to my money when I need it and is my money used for my benefit?	10	0	2	2	6	0	0
		0%	20%	20%	60%	0%	0%
34g. Have my family/guardian and I received information about healthcare decision-making regarding issues such as palliative care, Living Wills or end-of-life directives which reflect my needs, values and informed decisions?	10	2	1	0	5	0	2
		20%	10%	0%	50%	0%	20%
34h. Do I have restrictions that should be reviewed by a human rights committee?	10	4			6		0
		40%			60%		0%



# Human Rights



# What did we learn about my Rights?



## Needs Improvement

### Needs Improvement - Detail

Question	#	0/No	1	2	3/Yes	N/A	CND
34i. If so, have the restrictions been reviewed (quarterly) and approved (annually) by the human rights committee? If no, describe why.	10	1	3	1	1	4	0
		10%	30%	10%	10%	40%	0%
34j. If so, there is a plan to enable me to regain my rights and reduce or eliminate these restrictions.	10	2	3	1	0		0
		20%	30%	10%	0%		0%
36. Overall, are the supports and services I receive adequate to meet my needs? Q147	10	0	7	3	0	0	0
		0%	70%	30%	0%	0%	0%

# **Individual Quality Review: A Review About Me**

## **Thank you!**

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See also: [www.jacksoncommunityreview.org](http://www.jacksoncommunityreview.org)