



**A. Jackson Class Member Demographics – Northeast Region**

When the NE sample was selected in March 2020, there were 21 Active Jackson Class Members in the Northeast Region, since that time, one individual has passed away. There were ten (10) class members reviewed in the Northeast Region as part of the 2019 IQR. Details regarding all 20 class members currently active in the region are provided below. This information is current as of July 31, 2020.

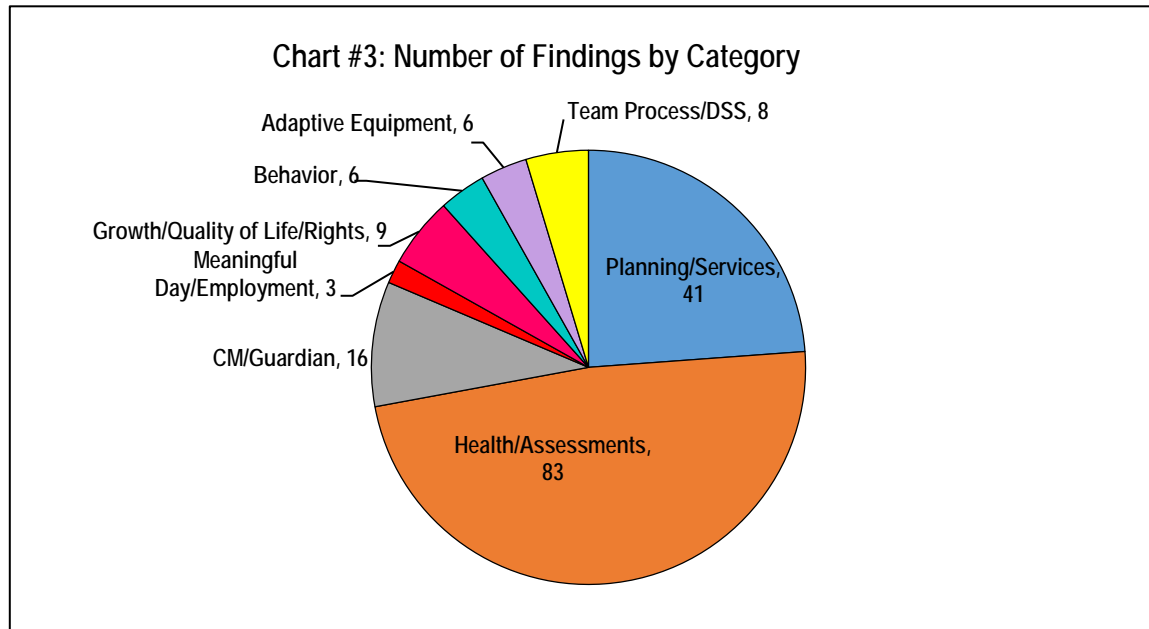
| Chart #1: Demographics of JCMs in the Northeast Region |         |                        |          |                          |          |
|--|---------|------------------------|----------|--------------------------|----------|
| Age  |         | Ethnicity              |          | Day Service Type – 1 N/A |          |
| 30-39  | 0 (0%)  | Hispanic               | 11 (55%) | CCS                      | 14 (70%) |
| 40-49  | 2 (10%) | Caucasian              | 5 (25%)  | ICF/IDD                  | 1 (5%)   |
| 50-59  | 7 (35%) | Native American        | 2 (10%)  | Mi Via                   | 4 (20%)  |
| 60-69  | 5 (25%) | Black/African American | 1 (5%)   |                          |          |
| 70-79  | 5 (25%) | Caucasian/Hispanic     | 1 (5%)   |                          |          |
| 80+  | 1 (5%)  | Gender                 |          |                          |          |
| Average Age:   | 62.9    | Male                   | 12 (60%) | Residential Service Type |          |
|  |         | Female                 | 8 (40%)  | Supported Living         | 14 (70%) |
|  |         |                        |          | Family Living            | 1 (5%)   |
|  |         |                        |          | ICF/IDD                  | 1 (5%)   |
|  |         |                        |          | Mi Via                   | 4 (20%)  |

Chart #2: Agencies and the Number of Jackson Class Members They Serve in the Northeast Region

| Case Management | DDSD NE Regional Office / Easter Seals El Mirador (1 ICF) | Unidas Case Management (2)                  | Visions Case Management (13 DDW) (2 Mi Via) | Self-Directed Choices (1 Mi Via) | Los Amigos (1 Mi Via)        |                 |                 |                          |                    |            |
|-----------------|---|---|---|----------------------------------|------------------------------|-----------------|-----------------|--------------------------|--------------------|------------|
| Residential     | Benchmark (4)   | Citizens for Developmental Disabilities (2) | Community Options (3)                       | Easter Seals El Mirador (1 ICF)  | Ensuenos y Los Angelitos (2) | R-Way (1)       | Santa Lucia (1) | NNMQC (1 DDW) (2 Mi Via) | Family Options (1) | Mi Via (2) |
| Day (1 N/A)     | Benchmark (3)   | Citizens for Developmental Disabilities (2) | Community Options (2)                       | Easter Seals El Mirador (1 ICF)  | Ensuenos y Los Angelitos (2) | Phame, Inc. (3) | Santa Lucia (1) | NNMQC (2 Mi Via)         | Family Options (1) | Mi Via (2) |

**B. Most Frequently Identified Findings by Category**

For the 10 people in the review, there were a total of 173 numbered Findings. The table below shows into what categories those findings fall.



### C. Most Frequently Repeated Findings by Category

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, the, DDS Regional Office, State DDS and DHI Management 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 to whom the finding is relevant and resolved in a way that is sustainable so that the identified issue remains “fixed”.

Of the 173 Numbered Findings in the Northeast Review, there were 62 (36%) identified as “repeat findings”. Repeat findings are those which have been identified by the IQR during previous reviews (within the last ten years). The category where ‘repeat findings’ are most frequently identified is in the area of Health/Assessments (30 repeat findings - 48% of the Repeats) followed by Planning/ISP and Services (16 repeat findings - 26% of the Repeats). 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<br>-----<br>Provider                                  | AE/AC    | Behavior | CM/<br>Guardian | Growth/ Quality<br>of Life / Rights | Health/<br>Assmnts. | Meaningful Day<br>/ Supp. Empl | ISP and<br>Services | Team/<br>DSS | Total     |
| Benchmark (2)  | 0        | 0        | 3               | 0                                   | 12                  | 0                              | 8                   | 0            | 23        |
| CDD (1)  | 0        | 0        | 1               | 0                                   | 2                   | 1                              | 2                   | 0            | 6         |
| ComOp (1)  | 0        | 2        | 2               | 0                                   | 5                   | 0                              | 2                   | 0            | 11        |
| EnSuenos (1)   | 1        | 0        | 0               | 0                                   | 3                   | 0                              | 1                   | 0            | 5         |
| ESEM (1)   | 0        | 1        | 1               | 1                                   | 3                   | 1                              | 1                   | 0            | 8         |
| Mi Via (1 Independent<br>Contractor)                       | 0        | 0        | 0               | 0                                   | 0                   | 0                              | 0                   | 0            | 0         |
| NNMQC (Mi Via - 2)   | 0        | 0        | 0               | 0                                   | 1                   | 0                              | 0                   | 0            | 1         |
| R-Way (1)  | 1        | 0        | 1               | 0                                   | 4                   | 0                              | 2                   | 0            | 8         |
| <b>TOTAL</b>   | <b>2</b> | <b>3</b> | <b>8</b>        | <b>1</b>                            | <b>30</b>           | <b>2</b>                       | <b>16</b>           | <b>0</b>     | <b>62</b> |

| Chart #5: Repeat Findings by Area and Case Management Agency |          |          |                 |                                     |                     |                                |                     |              |           |
|--|----------|----------|-----------------|-------------------------------------|---------------------|--------------------------------|---------------------|--------------|-----------|
| Area<br>-----<br>Agency                                      | AE/AC    | Behavior | CM/<br>Guardian | Growth/ Quality<br>of Life / Rights | Health/<br>Assmnts. | Meaningful Day<br>/ Supp. Empl | ISP and<br>Services | Team/<br>DSS | Total     |
| NERO/Easter Seals<br>(ICF/IDD - 1)                           | 0        | 1        | 1               | 1                                   | 3                   | 1                              | 1                   | 0            | 8         |
| Mi Via (2, Los Amigos<br>and Visions)                        | 0        | 0        | 0               | 0                                   | 0                   | 0                              | 0                   | 0            | 0         |
| Self-Directed Choices<br>(Mi Via - 1)                        | 0        | 0        | 0               | 0                                   | 0                   | 0                              | 0                   | 0            | 0         |
| Unidas (1)   | 1        | 0        | 0               | 0                                   | 3                   | 0                              | 1                   | 0            | 5         |
| Visions (5)  | 1        | 2        | 7               | 0                                   | 24                  | 1                              | 14                  | 0            | 49        |
| <b>TOTAL</b>   | <b>2</b> | <b>3</b> | <b>8</b>        | <b>1</b>                            | <b>30</b>           | <b>2</b>                       | <b>16</b>           | <b>0</b>     | <b>62</b> |

## D. Immediate and Special Findings

There were 10 Class Members reviewed in Northeast Region as part of the 2019 IQR eight (8) individuals (80%) were found to have immediate and/or special findings. Five (5) individuals (50%) were found to have Immediate Needs and also had Special Findings. Three (3) additional individuals were found to have Special Needs. There were twelve (12) Immediate findings and twelve (12) Special findings. Details of the issues of 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.

Class Members identified as *“needing special attention”* are individuals for whom issues have been identified that, if not addressed, are likely to become an urgent health and safety concern.

As the following summary highlights, the number of Immediate and/or Special Findings are in the following topic areas:

- 20 Health Oversight/Tracking/Assessments findings
- 3 Team Process findings
- 1 Services finding

It is worth noting that Visions Case Management 66.7% of the total Immediate & Special Findings with five (5) people (50%) in the sample. Benchmark had 37.5% of the total Immediate & Special Findings with two (2) people (20%) in the sample.

**Chart #6a: Immediate/Special Findings in the Northeast Region by Agency/Provider**

| Residential Provider       | # JCM in Sample | # Immediate Findings | # Special Findings | Total both Categories |
|----------------------------|-----------------|----------------------|--------------------|-----------------------|
| Benchmark (2)              | 2               | 6                    | 3                  | 9                     |
| CDD (1)                    | 1               | 0                    | 0                  | 0                     |
| ComOp (1)                  | 1               | 3                    | 1                  | 4                     |
| EnSuenos (1)               | 1               | 1                    | 3                  | 4                     |
| ESEM (1 ICF)               | 1               | 2                    | 1                  | 3                     |
| Mi Via (1)                 | 1               | 0                    | 0                  | 0                     |
| NNMQC (2 Mi Via)           | 2               | 0                    | 3                  | 3                     |
| R-Way (1)                  | 1               | 0                    | 1                  | 1                     |
| Case Management Agency     | # JCM in Sample | # Immediate Findings | # Special Findings | Total both Categories |
| NERO/ESEM (1 ICF/IDD)      | 1               | 2                    | 1                  | 3                     |
| Los Amigos (1 Mi Via)      | 1               | 0                    | 1                  | 1                     |
| Self-Directed (1 Mi Via)   | 1               | 0                    | 0                  | 0                     |
| Unidas (1)                 | 1               | 1                    | 3                  | 4                     |
| Visions (5 DDW) (1 Mi Via) | 5 (6)           | 9                    | 7                  | 16                    |

The following summarizes the details of the specific findings.

**Chart #6b: Immediate/Special Identified Findings – 2019 IQR Northeast Region**

| Immediate/Special Identified Findings – 2019 Northeast IQR |      |      |      |      |      |    |  |
|--|------|------|------|------|------|----|--|
| Reg  | CM   | Res  | Day  | Immd | Spec | IR | Issue  |
| <b>Health/Assessment Issues</b>                            |      |      |      |      |      |    |  |
| NE   | NERO | ESEM | ESEM | X    |      |    | Based on document review and interviews, the following nursing concerns were noted: a. No evidence of monthly nursing oversight happening. Requested on DRF and not received. b. No evidence of BM tracking for July 2019-September 2019. c. No evidence provided of fluid tracking for June 2019-November 2019 & January 2020-May 2020. d. No nursing assessments were provided that covered the period from 7/2019-5/2020. These were requested via DRF but not received. Missing and timeliness of nursing assessments is a partial Repeat Finding from the 2016 CPR (#11)ICF/IID Standard CMS Tag #W336: §483.460(c)(3)(iii)   |
| NE   | NERO | ESEM | ESEM | X    |      |    | Based on document review, the following concerns were noted regarding JCM's medical appointments and follow-up needed:<br>a. No evidence of f/u with general surgery about hernia per PCP recommendation at 6/10/2019 appt.<br>b. Nephrology ordered labs at 7/11/2019 and 11/6/2019 appt. and there is no evidence they were done. Requested on DRF. Not received.<br>c. No evidence labs ordered at 9/04/2019 and 1/30/2020 PCP appointments were completed; requested via DRF, but not received.<br>d. Last documented Tdap was 9/1/2009. It was recommended at 9/4/19 and 1/30/20 appointments with PCP. Nurse indicated vaccine was still outstanding during interview. (Per <a href="https://health.gov/myhealthfinder">https://health.gov/myhealthfinder</a> Tdap vaccine should be completed every 10 years).<br>Labs not completed as required is a Repeat Findings from the 2014 CPR (#1)<br>Lack of follow-up regarding JCM's hernia is a repeat finding from 2014 CPR (unnumbered)   |
| NE   | NERO | ESEM | ESEM |      | X    |    | Based on document review, the following was noted about annual and semi-annual assessments/reports:<br>a. No OT annual assessments or Semi-Annual report provided for review. Requested on DRF but not received.<br>b. No BSC annual assessments or Semi-Annual Review provided for review. Requested on DRF but not received.<br>c. No SLP assessments or Semi-Annual Review provided for review. Requested on DRF but not received.<br>d. No PT semi-annual assessment provided for review.<br>e. No annual or semi-annual assessments from residential agency ESEM provided for review.<br>f. No evidence of 3-month f/us by nutrition per 3/08/19 Nutrition Annual Assessment recommendation. Requested on DRF. Not received.<br>g. No current Medication Administration Assessment Tool (or equivalent) provided for review. MAAT last updated in 2014. Requested on DRF but not received.<br>h. No current electronic Comprehensive health assessment tool (or equivalent) provided for review. eChat last updated in 2014. Requested on DRF but not received<br>Missing behavior assessments is a partial Repeat Finding from the 2010 CPR (#9) and the 2016 CPR (#9, #11)<br>Missing/untimely SLP semi-annual assessment is a Repeat Finding from the 2016 CPR (#8)<br>ICF/IID Standard CMS Tag #W214: (iii) |

| Immediate/Special Identified Findings – 2019 Northeast IQR |            |                   |                   |      |      |    |   |
|--|------------|-------------------|-------------------|------|------|----|---|
| Reg  | CM         | Res               | Day               | Immd | Spec | IR | Issue   |
| NE   | Los Amigos | NNMQC             | NNMQC             |      | X    |    | Based on the interview with the In-Home Living Provider, information gathered indicates that JCM has needs related to SLP services that are not currently being addressed. JCM is described as being at risk for aspiration due to over-stuffing her mouth with food and not chewing properly.<br>An SLP could assess aspiration risk and ensure dining procedures are safe and adequate to prevent aspiration, as well as offer support and recommendations to JCM Mi Via staff and family.  |
| NE   | Visions    | Community Options | Community Options | X    |      |    | JCM has a history of hospitalizations for pneumonia (2015 2 x and 2016 1 x per OOH Placement Reports).<br>Based on interview and record review, JCM's level of aspiration risk is unclear. According to the 10/8/2019 eChat, JCM is at moderate risk for aspiration.<br>a) During interview with day DSP, JCM was identified as having high risk for aspiration;<br>b) The Nutrition assessment of 6.17.19 indicates that D is at low risk for aspiration.  |
| NE   | Visions    | Benchmark         | Benchmark         | X    |      |    | Based on document review, nursing oversight regarding BM tracking is not adequate.<br>a. Nursing Health Care Reports indicate nursing is not tracking BMs; BM are not consistently logged and/or do not indicate AO is having a BM once at least every 2 days as required in HCP for Constipation 2/11/20.<br>b. Annual Nursing Report 2/17/20 Intake/Elimination: range 5/31/19-2/17/20 indicates 11 instances where AO did not have a BM 3+ days in the Intake/Elimination table.<br>c. Annual Nursing Report 2/17/20 Intake/Elimination: range 5/31/19-2/17/20 No BMs noted 6/2-6/6 (5 days), 6/8/19-6/11/19 (4 days), 6/14-6/19/19 (6 days), 6/27-7/4/19 (7 days), 7/8-7/11 (4 days) 7/15-7/19 (5 days), 7/21-7/25 (4 days), 8/21-8/27 (7 days), 9/2-9/5 (4 days), 11/13-11/15 (3 days), 2/2-2/4 (3 days) 2/14-2/16 (3 days).<br>Lack of consistent bowel tracking and nurse oversight is a Repeat Finding from the 2017 IQR (#3, Special)  |
| NE   | Visions    | Benchmark         | Benchmark         | X    |      | X  | During Facetime observation on 6/3/2020, Surveyor observed JCM drinking from an average household glass. Per CARMP April 2020, JCM is to drink from a small glass. Additionally, Surveyor observed JCM lay down in bed minutes after eating his lunch. Per CARMP April 2020, JCM should remain upright for 30 minutes after eating.   |
| NE   | Visions    | Benchmark         | Benchmark         | X    |      |    | Based on document review, the following is noted regarding nurse monitoring and oversight.<br>a. Fluid Intake tracking from 4/1/19-4/1/20 indicates JCM is not receiving adequate hydration consistently. There are only 29 documented instances where JCM received 50oz (1479ml) or greater as required. There are more than 200 days (209) in which 50% or less of the required 50oz of fluid intake is recorded. There are 123 days with 12oz or less of fluid intake recorded<br>b. There are 64 instances where JCM Elimination tracking shows she had 1 void in a 24-hour period. HCP B&B 7/12/19 indicates the nurse should be notified if JCM does not have a void in 12 hours.<br>c. Physician orders indicate for Tegretol level to be checked every 6mos; requested and received evidence of once in the last year.<br>d. Per document review, 7 GERs related to med errors were filed in the past year.<br>Lack of appropriate tracking and monitoring of chronic constipation tracking and medication is a Repeat Finding from the 2017 IQR (#5, Immediate). |
| NE   | Visions    | Benchmark         | Benchmark         | X    |      |    | Based on document review, nursing reporting is not adequate.<br>a. Annual Nursing Assessment due 4/15/20 was requested and not received.<br>b. 6 Month Nursing Report 2/18/20 does not analyze or comment on changes in health including weight loss (dropped from 112 on 10/2/19 to 106.4 on 1/15/20).<br>c. 6 Month Nursing Report 2/18/20 does not comment on or indicate action taken to address the fact that no weights   |

| Immediate/Special Identified Findings – 2019 Northeast IQR |         |           |           |      |      |    |  |
|--|---------|-----------|-----------|------|------|----|--|
| Reg  | CM      | Res       | Day       | Immd | Spec | IR | Issue  |
|  |         |           |           |      |      |    | <p>were reported for Sept, Nov or Dec of 2019 despite HCP BMI/Nutrition recommendations both indicating weights to be done monthly.</p> <p>d. 6 Month Nursing Report 2/18/20 does not include intake/output tracking or comment on consistency of intake or output despite HCP Constipation/Hydration indicating intake, bowel movements and bladder output to be tracked daily.</p> <p>e. 6 Month Nursing Report 2/18/20 does not include progress/efficacy of current Care Plan and Goals.</p> <p>f. Requested evidence of nursing face-to-face monthly visits based on eChat acuity and Aspiration Risk level, not received</p>   |
| NE   | Visions | Benchmark | Benchmark | X    |      |    | <p>Based on documents and interviews, there is inconsistent understanding of requirements necessary for JCM to avoid skin breakdown.</p> <p>a. During interviews DSP staff did not demonstrate that they have been adequately trained and are consistently implementing required positioning per HCP and use of hand roll per OT recommendation.</p> <p>b. OT Annual of 4/15/20 states: "Due to decubiti in the past, her Depends are changed during the night and she is moved every four hours during the day". HCP for skin breakdown states "JCM will be repositioned a minimum of every 2 hours in bed and not more than 45-60 minutes in her WC. If she needs to be in her WC more than 45-60min she will be repositioned every hour while in wheelchair unless instructed otherwise."</p> <p>c. When describing daily routine (Q4), HCPs (q 28), WDSI (q8) , and mobility procedures (q37), SL DSP made no mention of repositioning (as required by skin breakdown HCP), use of rolled wash cloth in hand to minimize contracture as recommended by OT.</p> <p>d. CCS DSP, when describing positioning stated (q 34) JCM could be "4 hrs in the wheelchair" and did not state that she was repositioned during that time. HCP for Skin breakdown states JCM is to be "repositioned every 2hrs in bed and 1hr in w/c (should not be in w/c longer than 45-60min)."</p>   |
| NE   | Visions | Benchmark | Benchmark | X    |      |    | <p>Based on review of HCP and MERPs in record, the following was noted.</p> <p>a. Requested current HCPs; current HCP Seizure not received (provided HCP Seizure 4/26/19 with no evidence of quarterly review).</p> <p>b. HCP B&amp;B/Constipation/Hydration 2/21/20 provides contradictory information regarding fluid intake. In one column states she is to receive 1730 ml (58.5 oz) of fluid daily, in next column states "JCM. should drink 50 oz of fluids daily."</p> <p>c. HCPs provided consistently lack the signature of the author and state: "This plan will be monitored and reviewed quarterly and PRN". All review dates and initial spaces are blank.</p> <p>d. Requested current MERPs, MERP General not received (MERP General 5/17/18 provided).</p> <p>e. MERP Seizure 2/21/20 states: "Health Services Staff Review Quarterly" and includes a grid for signature and date of review; all are blank.</p> <p>f. MERP Falls/Paralysis 1/28/20 states: "Health Services Staff Review Quarterly" and includes a grid for signature and date of review; last documented review on MERP form is 1/28/20.</p> <p>g. MERP General 5/17/18 states: "Health Services Staff Review Quarterly" and includes a grid for signature and date of review; last documented review on MERP form is date MERP initiated 5/17/18.</p> <p>h. All MERPs provided for review lack emergency contacts with phone numbers.</p> <p>i. All MERPs provided for review lack reference to advanced directives/DNR.</p> <p>Lack of adequate nursing oversight/monitoring is a repeat finding from 2017 CPR #20</p> |

| Immediate/Special Identified Findings – 2019 Northeast IQR |         |           |           |      |      |    |   |
|--|---------|-----------|-----------|------|------|----|---|
| Reg  | CM      | Res       | Day       | Immd | Spec | IR | Issue   |
| NE   | Visions | Benchmark | Benchmark |      | X    |    | Based on document review nurse reporting is not adequate. Quarterly face to face nursing visits as required by acuity (Moderate) and aspiration risk level (Moderate) for the past year were requested and not received.<br>Lack of required quarterly nursing visit/summary is a Repeat Finding from the 2017 CPR (#16, bullet 3)  |
| NE   | Visions | Benchmark | Benchmark |      | X    |    | Documents provided for this review provide conflicting information on fluid consistency JCM should be receiving in order to prevent aspiration and maximize nutrition.<br>a. SLP assessment of 4/8/19 indicates fluid consistency has been upgraded from pudding thickened to honey thickened.<br>b. During the interview with the SL DSP JCM receives honey consistency liquid with her meal. The DSP also showed the consistency of the meal to the Surveyor via Zoom.<br>c. CARMP 4/8/20 indicates "honey thickened".<br>d. eChat 4/15/20 indicates pudding thickened liquids,<br>e. EDF and IDF of 4/25/20 provide contradictory information re liquid texture. In "Dietary Guidelines" states "Thickened liquids, pudding consistency." Later states "Liquid consistency: Honey".<br>f. Doctor's orders indicate pudding thickened liquids.<br>g. Quarterly Nutritional assessments indicate diet is "Pudding thick liquids".<br>h. PCA 4/15/20 indicates JCM fluid consistency as "pudding texture".<br>Inconsistencies regarding fluid consistency is a Repeat Finding from the 2017 IQR (#3, Immediate)   |
| NE   | Visions | Benchmark | Benchmark |      | X    |    | ARST and eChat of 4/15/20 indicate moderate risk of aspiration pneumonia, OT annual of 4/15/20 and SLP annual of 4/8/19 indicate high risk.   |
| NE   | Visions | NNMQC     | NNMQC     |      | X    |    | The Document Request Form was not responded to timely, therefore inhibiting the surveyor from completing a thorough review of AR's services and supports.<br>a. The SLP Annual Assessment was requested four times and was not received until 6/24/2020. Due to the untimeliness of the submission of the report, it could not be considered for review.<br>b. The SLP Annual Assessment was initially requested to be submitted to DHI by 4/22/2020 as part of #16 on the IQR Document Production List. The Consultant responded to the request stating, "Requested. These documents are not part of our required file matrix as per Mi Via Service Standards and providers are not required to provide them. At this time, we have not received anything from providers."<br>c. The most current SLP annual assessment/progress report was requested via a Document Request Form sent to the NE Regional Lead on 6/12/20 and was due on 12:00 pm 6/16/20. It was not received.<br>d. During the SLP interview on 6/16/20, the document was requested by the surveyor. The SLP agreed to send the most recent Annual Assessment via Therap. On 6/18/20, the surveyor sent a follow up request via Therap explaining she needed the assessment on 6/18/20 in order to conclude the document review portion of the survey. The SLP responded on 6/24/20 with the assessment.<br>The submission of late SLP Assessments is a Repeat Findings from the 2016 CPR. |
| NE   | Visions | R-Way     | Phame     |      | X    |    | Per FLP interview Surveyor asked if JCM takes Levothyroxine alone and FLP stated, "No he takes it in the morning with all his other medications when he eats breakfast." FDA guidelines for administration of Levothyroxine state: "Administer LEVO-T as a single daily dose, on an empty stomach, one-half to one hour before breakfast. Administer LEVO-T at least 4 hours before or after drugs known to interfere with LEVO-T absorption [see Drug Interactions   |



| Immediate/Special Identified Findings – 2019 Northeast IQR |        |          |          |      |      |    |  |
|--|--------|----------|----------|------|------|----|--|
| Reg  | CM     | Res      | Day      | Immd | Spec | IR | Issue  |
|  |        |          |          |      |      |    | (7.1)].” Listed drugs include proton pump inhibitors and salicylates. JCM takes omeprazole and aspirin per MAR at 7am, the same time as his Levothyroxine.   |
| NE   | Unidas | EnSuenos | EnSuenos | X    |      |    | Based on interviews and onsite per Zoom, there is an issue regarding the knowledge of a Do Not Resuscitate (DNR) order for JCM, or if it exists.<br>a. The guardian, in interview stated there is a DNR in record and the family does not want any lifesaving machines, or want JCM to suffer. Per the interview, the Guardian believes the DNR is posted both at home and the community inclusion site.<br>b. The ISP for 19/20 states there is no DNR. (20/21 ISP was not received.)<br>c. The Emergency Data Form, updated 5/11/19, does not indicate there is a DNR.<br>d. The RN, CM and DSP CI staff interviews stated JCM does not have a DNR.<br>e. The MERPS in record do not state there is a DNR.<br>f. Per interview, Residential DSP stated the DNR is posted in the kitchen, on a bulletin board.<br>g. Per Zoom interview, there was not a DNR posted in the home that was seen.  |
| NE   | Unidas | EnSuenos | EnSuenos |      | X    |    | Based on document review and Zoom onsite interview and observations the following discrepancies were noted.<br>a. MAR 6/2020 and Medication orders provided by EnSuenos for PCP, orders reviewed 5/2020, do not all match. Please see the Medication table for more information.<br>b. There are 2 medications not on the MAR which have orders. (CASCARA SAGRADA S/F, P/F 450 mg daily medication, and Milk of Magnesia 400mg/5ml PRN) See the medication table above.<br>c. There is one medication on the June 2020 MAR for which there is not an order. (LOPERAMIDE / IMODIUM 2 MG. – Oral. PRN) See the medication table above.<br>This is a partial repeat Finding regarding receiving medication as prescribed, in IQR 2017 #17.  |
| NE   | Unidas | EnSuenos | EnSuenos |      | X    |    | Based on document review, onsite observation and interviews, tracking of fluid intake is not adequately documented as per the recommended amount.<br>Note: JCM has had a history of Bowel Impaction, Gastritis (due to virus and dehydration) and UTI. Ensuring adequate hydration is essential for him.<br>a. CARMPs dated 5/15/19 and 5/27/20, and Nutritional annuals of 4/30/20 and 4/30/19, all state fluid requirements of 1500ml/day.<br>b. Tracking received via Therap shows fluids are not given/tracked as recommended. Per onsite observation and interview, fluids are measured by staff, and are recorded in Therap. JCM has a HCP for Chronic Constipation and a MERP for Constipation Risk, Bowel Obstruction. (Bowel Tracking in record from 4/1/2019- 4/27/20 there was 1 instance of 3 days w/out a BM 10/14/19-10/16/19.)<br>c. Intake Tracking obtained from Therap, 6/2019-6/2020, shows instances where 1500ml/day was not documented:<br>• June 2020 6/3 1237ml,<br>• May 5/12, 1298<br>• April 4/21, 1362ml, 4/15 1388, 4/14 1333, 4/13 1416, 4/7 1426,<br>• March 3/18 1208, 3/17 1131, 3/10 1132ml, 3/3 1308,<br>• Feb 2/27 1442ml, 2/25 1426, 2/21 1360, 2/20 1385, 2/18 1560, 2/17 1480<br>• Jan 1/26 1464, 1/23 1194, 1/21 1076, 1/20 1492, 1/18 1080 1/15 1076, 1/14 1194, 1/12 750, 1/1 1080<br>• Dec 2019 19 days tracked under 1500ml<br>• Nov 2019 23 days tracked under 1500ml |

| Immediate/Special Identified Findings – 2019 Northeast IQR |         |                   |                   |      |      |    |  |
|--|---------|-------------------|-------------------|------|------|----|--|
| Reg  | CM      | Res               | Day               | Immd | Spec | IR | Issue  |
|  |         |                   |                   |      |      |    | <ul style="list-style-type: none"> <li>• Oct 2019 23 days tracked under 1500ml</li> <li>• Sept 2019 24 days tracked under 1500ml</li> <li>• Aug 2019 27 days tracked under 1500ml</li> <li>• July 2019 25 days tracked under 1500ml</li> <li>• June 2019 23 days tracked under 1500 ml</li> </ul>  |
| NE   | Unidas  | EnSuenos          | EnSuenos          |      | X    |    | Based on review of the PCP standing orders and medical records received, urine cultures to "order every 2 weeks, from 3/12/19-3/12/20" was not followed. Results were requested and not received.  |
| <b>ISP/Planning/Services Issues</b>                        |         |                   |                   |      |      |    |  |
| NE   | Visions | NNMQC             | NNMQC             |      | X    |    | <p>Based on record review and interviews, it is not clear how often JCM sees his SLP.</p> <p>a. 19-20 and 20-21 SSPs state that JCM will utilize 2 hours a month and 2 hours a week. (See page 16 in the "Projected Amount, Frequency, and Duration" column and the "How does this support meet your clinical, medical, functional or habilitative needs related to your qualifying condition?" column as one example in the 20-21 SSP.)</p> <p>b. The Participant Approved Plan approved on 6/8/20 states JCM will utilize an average of 2 hours a month.</p> <p>c. SLP reported during interview she sees JCM weekly.</p> <p>d. Quarterly In-Person Update 4/9/19 indicate JCM sees the SLP twice a month. Quarterly In-Person Update 2/13/20 states he has SLP on Tuesdays.</p> |
| <b>Team Process Issues</b>                                 |         |                   |                   |      |      |    |  |
| NE   | Visions | Community Options | Community Options | X    |      |    | <p>JCM's OT of 20 years indicated in her Discharge Assessment, that JCM has experienced regression in skills, decreased fine motor skills and adaptation of fine motor activities. The team has not met to address these and the following areas of identified regression:</p> <p>a) Decreased passive and active range of motion in both upper extremities due to lack of variation in movements.</p> <p>b) Decreased bilateral upper extremity strength and coordination.</p> <p>c) Fluctuating tone in both upper extremities throughout.</p> <p>d) Decreased visual focus and attention.</p>   |
| NE   | Visions | Community Options | Community Options | X    |      |    | The 1.17.20 Annual OT Discontinuation Report contains a recommendation for SLP services. Per CM interview, these recommendations have not been discussed by the team.  |
| NE   | Visions | Community Options | Community Options |      | X    |    | Based on multiple interviews, there has been significant conflict between JCM's nurse, OT and CM. Conflicts include disagreements regarding services directly provided/not to JCM. (e.g., SLP recommendation, discontinuation of OT services, nurse removing aromatherapy kit because it "didn't work", level of aspiration risk, diagnosis of pyromania). There is evidence of regression (see #1). There is no evidence in the record that RORA's have been filed for assistance to resolve these conflicts.   |

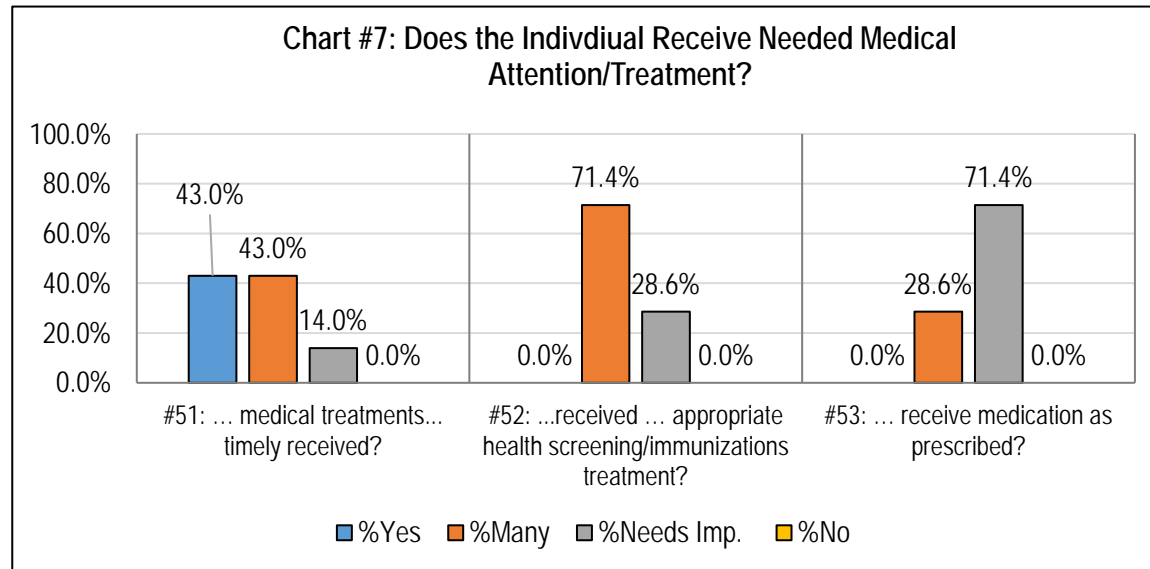
## E. Health, Assessments and Overall Wellness

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

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?

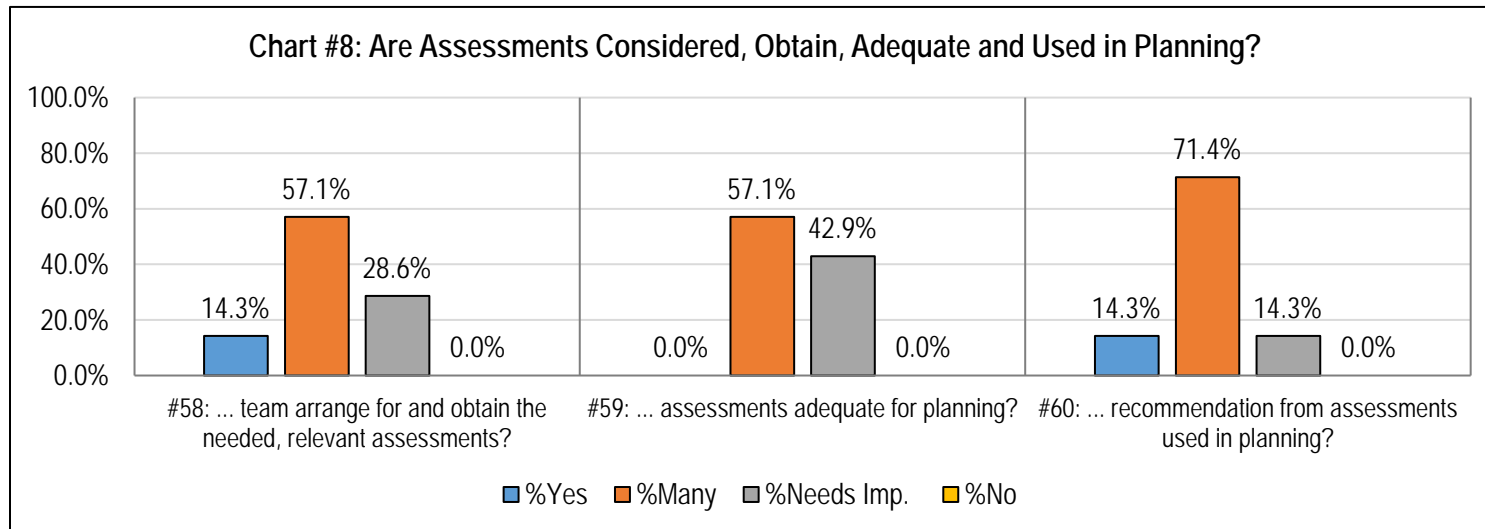


Ensuring individuals have the medical treatment they require includes scheduling and obtaining needed assessments and using information from those assessments to influence treatment and inform future planning. The IQR also evaluates the assessments needed by the individual and whether or not those assessments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



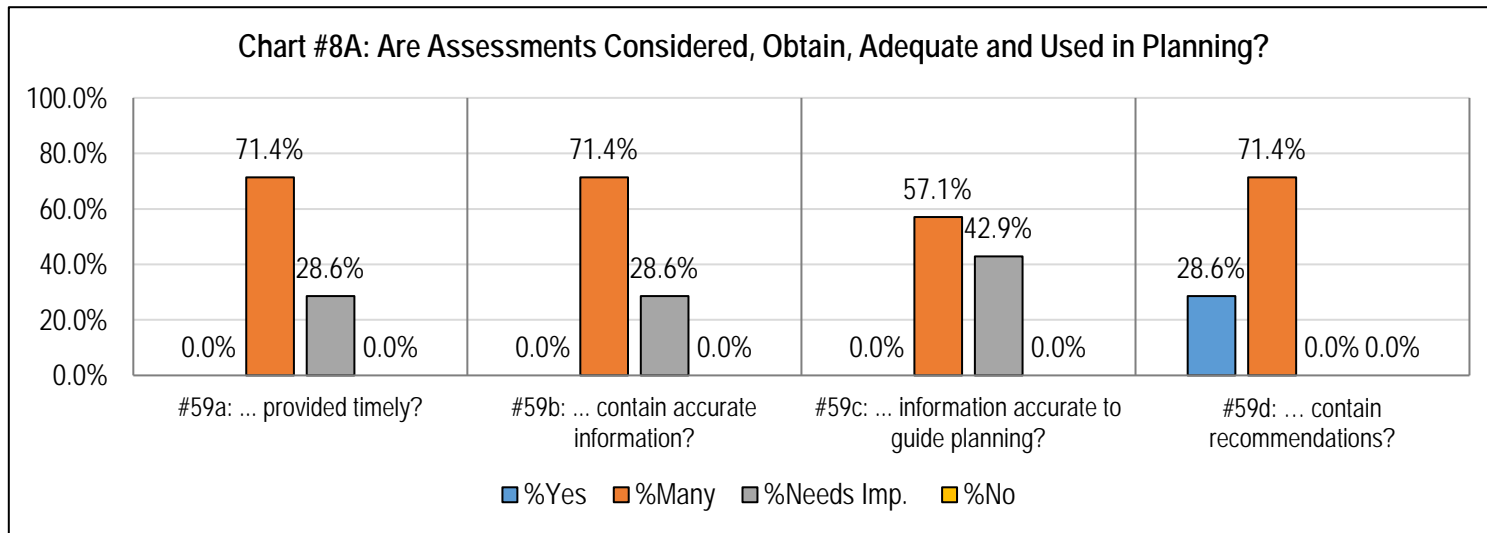
To further illustrate the ways in which assessments were not adequate the next chart includes the responses to the following questions:

Question #59a: Were assessments provided timely?

Question #59b: Did assessments contain accurate information?

Question #59c: Did assessments contain information accurate to guide planning?

Question #59d.: Did assessments contain recommendations?



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 DDS and DHI Management 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 doctor's 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.

As the numbers in the following chart show, the following issues were identified most frequently:

1. No evidence of test / lab screening or alternative option discussed. (non-healthfinder) (36 issues)
2. Meds not administered as required/prescribed (26 issues)
3. Nationally recommended immunizations/screenings not discussed or completed (healthfinder) (24 issues)
4. Medication, MAR, Dr. orders inconsistencies (17 issues)

It is worth noting that Community Options and EnSuenos had 24% and 22%, respectively, of the total issues, but only one (1) person (10%) each in the sample. Benchmark had 32% of the total issues with two (2) people (20%) in the sample.

**Chart #9: Type of Issues identified by Residential Agency**

| Provider (# in Sample)   | Benchmark (2) | CDD (1) | ComOp (1) | EnSuenos (1) | ESEM (1) | Independent Contractor Mi Via (1) | NNMOC Mi Via (2) | R-Way (1) | Total (10) |
|--|---------------|---------|-----------|--------------|----------|-----------------------------------|------------------|-----------|------------|
| Issue  |               |         |           |              |          |                                   |                  |           |            |
| <b>Appointments</b>  |               |         |           |              |          |                                   |                  |           |            |
| Audiology not current / adequate   | 1             | 0       | 2         | 0            | 1        | 0                                 | 0                | 0         | 4          |
| Dental: follow up not completed / not timely   | 0             | 0       | 1         | 1            | 0        | 0                                 | 0                | 0         | 2          |
| PCP: follow up not completed / not timely  | 0             | 0       | 1         | 0            | 0        | 0                                 | 0                | 1         | 2          |
| Psychiatric: follow up not completed / not timely                                      | 0             | 0       | 6         | 0            | 0        | 0                                 | 0                | 0         | 6          |
| Specialists: follow up not completed / not timely                                      | 0             | 0       | 2         | 0            | 1        | 0                                 | 0                | 0         | 3          |
| Vision/Ophthalmology: Not current / not adequate / missing                             | 0             | 0       | 2         | 0            | 0        | 0                                 | 0                | 0         | 2          |
| <b>MAR/Medications</b>   |               |         |           |              |          |                                   |                  |           |            |
| MAR/Medication/Dr. Orders do not match (med strength, delivery method, purpose of med) | 9             | 1       | 0         | 3            | 3        | 0                                 | 0                | 1         | 17         |
| Meds not administered / given as required  | 25            | 0       | 0         | 0            | 0        | 0                                 | 0                | 1         | 26         |
| Controlled meds not counted daily  | 2             | 0       | 0         | 0            | 0        | 0                                 | 0                | 0         | 2          |

| Provider (# in Sample)   | Benchmark (2) | CDD (1) | ComOp (1) | EnSuenos (1) | ESEM (1) | Independent Contractor Mi Via (1) | NNMOC Mi Vla (2) | R-Way (1) | Total (10) |
|--|---------------|---------|-----------|--------------|----------|-----------------------------------|------------------|-----------|------------|
| Issue  |               |         |           |              |          |                                   |                  |           |            |
| <b>Screenings</b>  |               |         |           |              |          |                                   |                  |           |            |
| <b>Total number of myhealthfinder issues by agency based on a-i below:</b>       | 9             | 3       | 1         | 2            | 0        | 3                                 | 3                | 3         | 24         |
| a. No evidence of Hep B/HepC screening or team discussion thereof                | 2             | 1       | 0         | 0            | 0        | 1                                 | 1                | 1         | 6          |
| b. No evidence of Pap or team discussion thereof                                 | 0             | 0       | 0         | 0            | 0        | 0                                 | 1                | 1         | 2          |
| c. No evidence of shingles vaccine or team discussion thereof                    | 0             | 1       | 0         | 1            | 0        | 0                                 | 1                | 0         | 3          |
| d. No evidence of HIV screening or team discussion thereof                       | 2             | 1       | 0         | 0            | 0        | 0                                 | 0                | 0         | 3          |
| e. No evidence of TD/Tdap immunizations or team discussion thereof               | 0             | 0       | 0         | 0            | 0        | 2                                 | 0                | 0         | 2          |
| f. No evidence of colorectal screening or team discussion thereof                | 0             | 0       | 0         | 0            | 0        | 0                                 | 0                | 1         | 1          |
| g. No evidence of flu or pneumonia vaccine or team discussion thereof            | 0             | 0       | 1         | 1            | 0        | 0                                 | 0                | 0         | 2          |
| h. No evidence of bone density screening or team discussion thereof.             | 1             | 0       | 0         | 0            | 0        | 0                                 | 0                | 0         | 1          |
| i. No evidence of other screenings based on family history or other risk factors | 4             | 0       | 0         | 0            | 0        | 0                                 | 0                | 0         | 4          |
| AIMS or other TD screening   | 0             | 0       | 1         | 0            | 0        | 0                                 | 2                | 0         | 3          |
| No immunization record provided/not tracked in Therap                            | 1             | 0       | 1         | 0            | 0        | 0                                 | 0                | 0         | 2          |
| No evidence of test / lab screening or alt. option discussed.                    | 3             | 0       | 20        | 2            | 6        | 0                                 | 2                | 3         | 36         |
| No evidence of PCP recommended urine cultures for one year.                      | 0             | 0       | 0         | 26           | 0        | 0                                 | 0                | 0         | 26         |
| No evidence of recommended bone density scan (not healthfinder).                 | 1             | 0       | 1         | 0            | 0        | 0                                 | 0                | 0         | 2          |

| Provider (# in Sample)                        | Benchmark (2) | CDD (1)  | ComOp (1) | EnSuenos (1) | ESEM (1) | Independent Contractor Mi Via (1) | NNMOC Mi Vla (2) | R-Way (1) | Total (10) |
|---|---------------|----------|-----------|--------------|----------|-----------------------------------|------------------|-----------|------------|
| Issue   |               |          |           |              |          |                                   |                  |           |            |
| Plans needed to monitor health-related issues |               | 0        | 0         | 0            | 0        |                                   |                  |           | 0          |
| Totals  | 51 (32%)      | 4 (2.5%) | 38 (24%)  | 34 (22%)     | 11 (7%)  | 3 (2%)                            | 7 (4.5%)         | 9 (5.7%)  | 157        |
| Average                                       | 25.5          | 4        | 38        | 34           | 11       | 3                                 | 3.5              | 9         | 15.7       |

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?

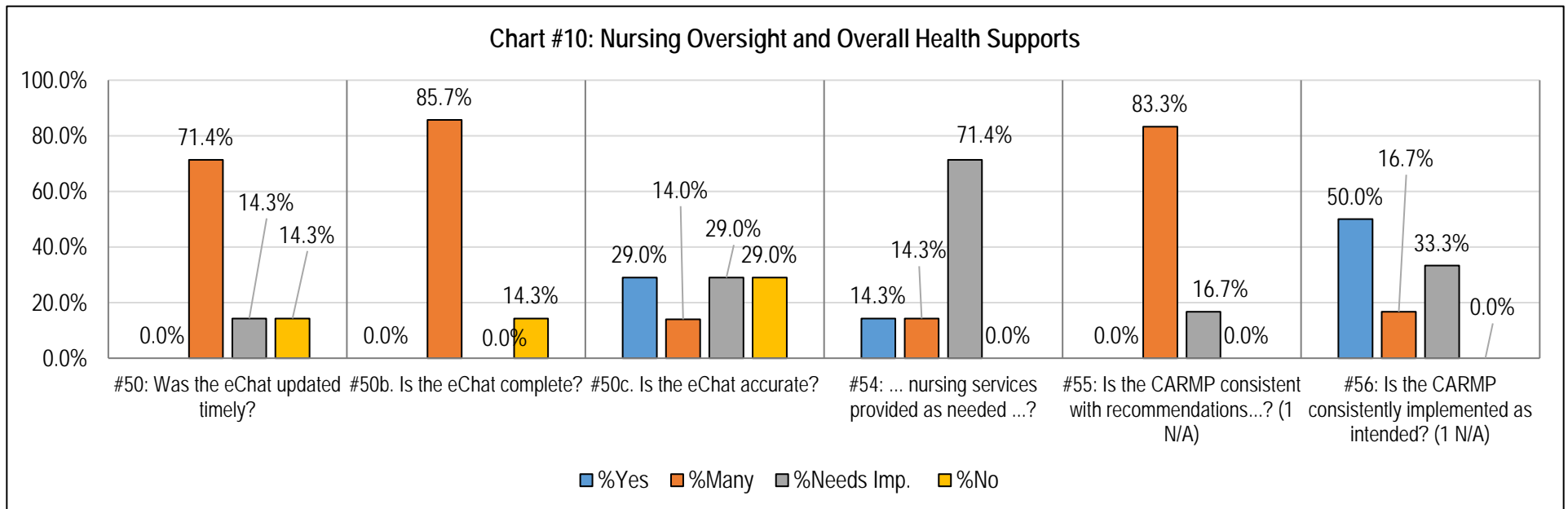
Question #50b: Is the eChat complete?

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. This includes the adequacy and incorporation of needed (health related) tracking. The table below provides specific details, by Residential provider, of nursing related issues identified during the 2019 Northeast Region IQR. Again, this represents the number of issues found; not the number of findings.

As the numbers in the following chart show, the following nursing activities were identified most frequently as having issues.

1. HCPs/MERPs need review/updating/more specific detail (40 issues)
2. Nurse report not accurate/missing information/inadequate (52 issues)
3. No evidence of nursing face-to-face visits as required (21 issues)

It is worth noting that Benchmark had 53.4% of the total issues, but only two (2) people (20%) in the sample. R-Way had 21% of the total issues with one (1) person (10%) in the sample.

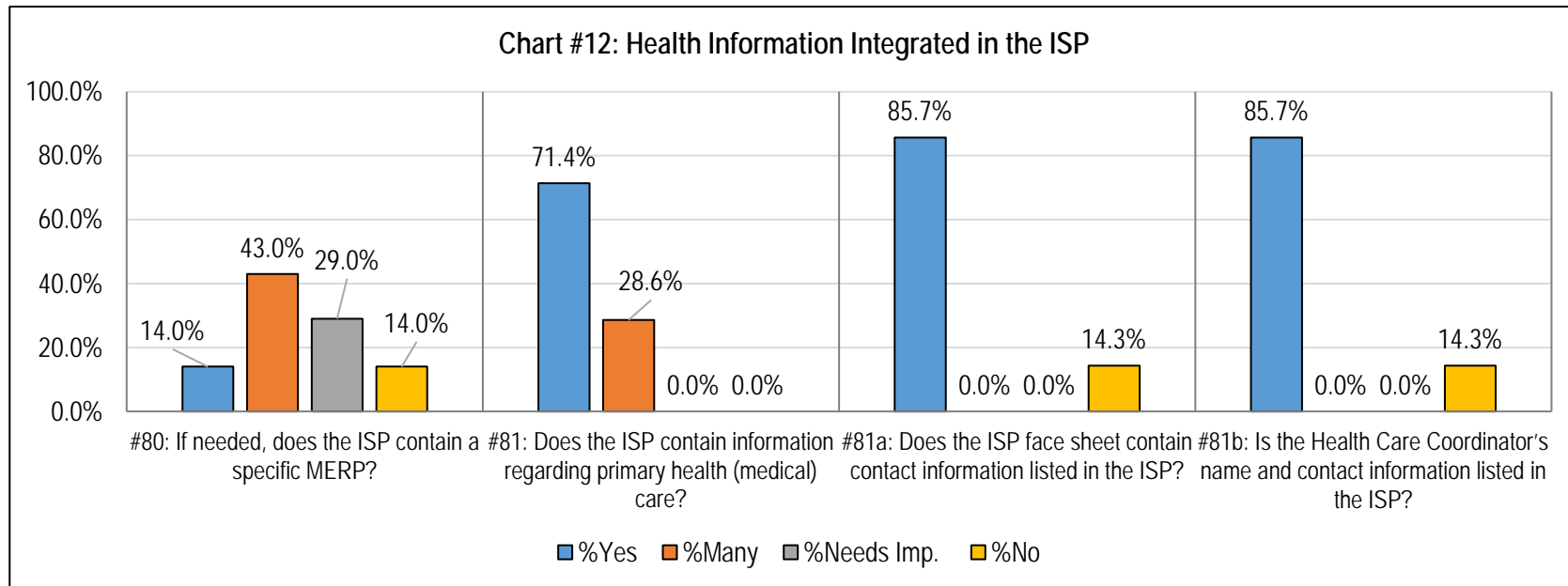
**Chart #11: Type of Nursing Related Issues Identified by Residential Provider**

| Provider (# in Sample)   | Benchmark (2) | CDD (1) | ComOp (1) | EnSuenos (1) | ESEM (1) | Independent Contractor Mi Via (1) | NNMQC Mi Via (2) | R-Way (1) | Total (10) |
|--|---------------|---------|-----------|--------------|----------|-----------------------------------|------------------|-----------|------------|
| Issue  |               |         |           |              |          |                                   |                  |           |            |
| <b>Nursing Assessments</b>                                       |               |         |           |              |          |                                   |                  |           |            |
| e-CHAT incorrect/inconsistent /not updated timely                | 2             | 1       | 3         | 1            | 3        | 0                                 | 0                | 0         | 10         |
| e-CHAT not provided for review (or equivalent for ICF/IDD)       | 0             | 0       | 0         | 0            | 1        | 0                                 | 0                | 0         | 1          |
| CARMP inaccurate/ incomplete/not current                         | 2             | 0       | 1         | 2            | 0        | 0                                 | 0                | 2         | 7          |
| MERPs need review, updating, more detail                         | 14            | 0       | 1         | 2            | 0        | 0                                 | 0                | 4         | 21         |
| HCPs need review/updating/more detail                            | 9             | 0       | 1         | 0            | 0        | 0                                 | 0                | 9         | 19         |
| HCPs inaccurate/incomplete                                       | 2             | 0       | 0         | 0            | 1        | 0                                 | 0                | 0         | 3          |
| Inconsistency between HCP/ CARMP/MERP/e-CHAT/MARS/Plans          | 4             | 0       | 0         | 1            | 0        | 0                                 | 0                | 0         | 5          |
| CARMP not implemented properly                                   | 2             | 0       | 3         | 0            | 0        | 0                                 | 0                | 0         | 5          |
| ARST contains conflicting information                            | 0             | 0       | 0         | 0            | 0        | 0                                 | 0                | 1         | 1          |
| Aspiration: documents conflict on risk level                     | 4             | 0       | 0         | 0            | 0        | 0                                 | 0                | 0         | 4          |
| Aspiration: documents conflict on fluid consistency/diet texture | 8             | 0       | 0         | 0            | 0        | 0                                 | 0                | 0         | 8          |

| Provider (# in Sample)  | Benchmark (2)        | CDD (1)           | ComOp (1)          | EnSuenos (1)       | ESEM (1)            | Independent Contractor Mi Via (1) | NNMQC Mi Via (2) | R-Way (1)          | Total (10)  |
|---|----------------------|-------------------|--------------------|--------------------|---------------------|-----------------------------------|------------------|--------------------|-------------|
| Issue   |                      |                   |                    |                    |                     |                                   |                  |                    |             |
| <b>Nursing Documentation</b>  |                      |                   |                    |                    |                     |                                   |                  |                    |             |
| Nursing reports not timely completed  | 4                    | 0                 | 1                  | 0                  | 0                   | 0                                 | 0                | 3                  | 8           |
| Nursing reports not provided for review                                     | 1                    | 0                 | 0                  | 0                  | 2                   | 0                                 | 0                | 0                  | 3           |
| Nurse report not accurate/missing information/inadequate                    | 21                   | 0                 | 7                  | 1                  | 5                   | 0                                 | 0                | 18                 | 52          |
| No evidence of nursing face-to-face visits as required                      | 16                   | 0                 | 4                  | 0                  | 1                   | 0                                 | 0                | 0                  | 21          |
| Nurse not monitoring as required, e.g., tracking, plans, appointments, etc. | 5                    | 0                 | 0                  | 1                  | 2                   | 0                                 | 0                | 0                  | 8           |
| <b>Totals</b>   | <b>94</b><br>(53.4%) | <b>1</b><br>(.6%) | <b>21</b><br>(12%) | <b>8</b><br>(4.5%) | <b>15</b><br>(8.5%) | <b>0</b><br>(0%)                  | <b>0</b><br>(0%) | <b>37</b><br>(21%) | <b>176</b>  |
| <b>Average</b>  | <b>47</b>            | <b>1</b>          | <b>21</b>          | <b>8</b>           | <b>15</b>           | <b>0</b>                          | <b>0</b>         | <b>37</b>          | <b>17.6</b> |

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 and thorough and contain the needed plans and information required. The protocol questions related to ensuring this is done include:

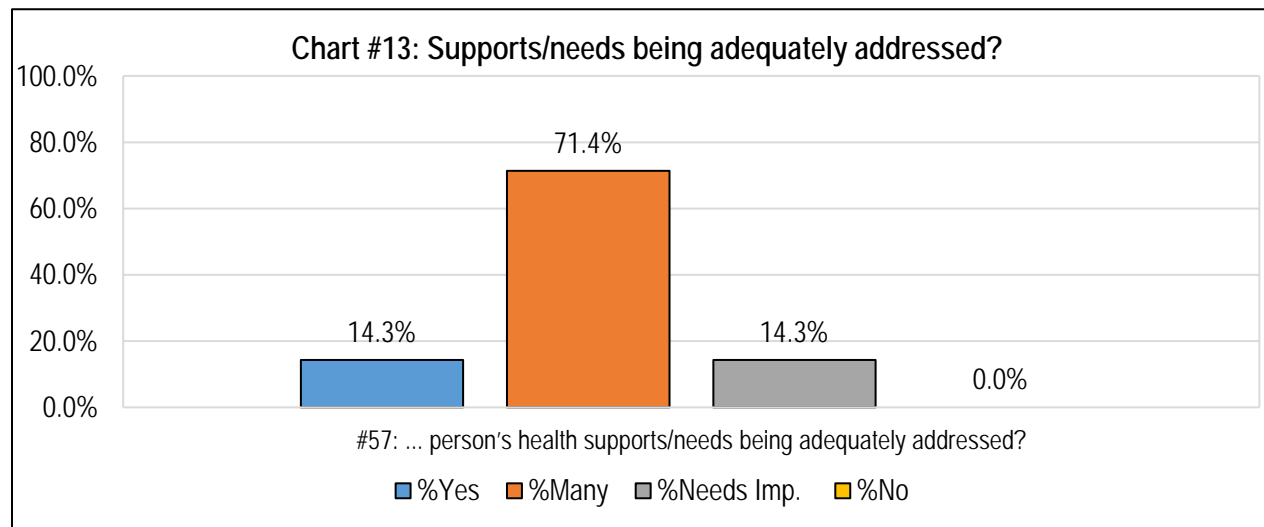
- Question #80: If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)?
- Question #81: Does the ISP contain information regarding primary health (medical) care?
- Question #81a: Does the ISP face sheet contain contact information listed in the ISP?
- Question #81b: Is the 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 cannot encompass each and every identified 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 chart below, for the ten (10) people reviewed in the Northeast Region, overall, one (1) individual had their health supports/needs adequately addressed (14.3% Yes). There were five (5) people who had many of their needs addressed (71.4%) and one (1) person health supports need improvement (14.3%). Please refer to questions #57a - #57e on page 50 at the end of this report for further detail.



As noted earlier, beyond the scored protocol questions, the Findings Letters issued for each class member in a review provide person-specific detail about the issues which impact the answer to protocol question #57. 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.

The largest number of issues found for Residential providers clustered in the following areas:

- Healthcare tracking:
  - Fluid input/output (29 issues)
  - Bowel movements (18 issues)
- It is notable that two (2) people (20%) have been referred for ancillary services and not received them

It is worth noting that Benchmark had 42.6% of the total issues, but only two (2) people (20%) in the sample. ESEM had 22% of the total issues with one (1) person (10%) in the sample.

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

| Provider (# in Sample)                               | Benchmark (2) | CDD (1) | ComOp (1) | EnSuenos (1) | ESEM (1) | Independent Contractor Mi Via (1) | NNMQC Mi Via (2) | R-Way (1) | Total (10) |
|--|---------------|---------|-----------|--------------|----------|-----------------------------------|------------------|-----------|------------|
| Issue  |               |         |           |              |          |                                   |                  |           |            |
| <b>Healthcare Tracking</b>                           |               |         |           |              |          |                                   |                  |           |            |
| Fluid Input/Urine Output Tracking issues             | 5             | 0       | 0         | 13           | 11       | 0                                 | 0                | 0         | 29         |
| Bowel Tracking issues                                | 15            | 0       | 0         | 0            | 3        | 0                                 | 0                | 0         | 18         |
| <b>Nutrition</b>                                     |               |         |           |              |          |                                   |                  |           |            |
| Nutrition: Inadequate/inconsistent                   | 0             | 0       | 1         | 0            | 3        | 1                                 | 0                | 0         | 5          |
| Nutrition: Not timely (5 not aligned with ISP year)  | 6             | 1       | 1         | 0            | 0        | 0                                 | 0                | 0         | 8          |
| Nutrition report not provided for review             | 1             | 0       | 0         | 0            | 5        | 0                                 | 0                | 0         | 6          |
| Nutritionist not present at ISP meeting              | 1             | 0       | 0         | 0            | 0        | 0                                 | 0                | 0         | 1          |
| <b>Physical Therapy</b>                              |               |         |           |              |          |                                   |                  |           |            |
| PT Report/Eval not available/timely for planning/use | 2             | 1       | 0         | 0            | 0        | 1                                 | 1                | 1         | 6          |
| PT Report/Eval does not identify baseline/ progress  | 2             | 1       | 0         | 0            | 0        | 0                                 | 0                | 0         | 3          |
| PT Report/Eval not provided for review               | 0             | 0       | 0         | 0            | 1        | 0                                 | 0                | 0         | 1          |

| Provider (# in Sample)                                    | Benchmark (2) | CDD (1) | ComOp (1) | EnSuenos (1) | ESEM (1) | Independent Contractor Mi Via (1) | NNMQC Mi Via (2) | R-Way (1) | Total (10) |
|---|---------------|---------|-----------|--------------|----------|-----------------------------------|------------------|-----------|------------|
| Issue   |               |         |           |              |          |                                   |                  |           |            |
| <b>Occupational Therapy</b>                               |               |         |           |              |          |                                   |                  |           |            |
| OT Report/Eval not available/timely for planning/use      | 1             | 0       | 0         | 0            | 0        | 0                                 | 0                | 0         | 1          |
| OT Report/Eval does not ID baseline/progress              | 5             | 0       | 0         | 0            | 0        | 0                                 | 0                | 0         | 5          |
| OT WDSI not specific                                      | 1             | 0       | 0         | 0            | 0        | 0                                 | 0                | 0         | 1          |
| OT Report/Eval not provided for review                    | 0             | 0       | 0         | 0            | 2        | 0                                 | 0                | 0         | 2          |
| <b>Speech Language Pathology</b>                          |               |         |           |              |          |                                   |                  |           |            |
| SLP Report/Eval not available/timely for planning/use     | 1             | 0       | 0         | 0            | 0        | 0                                 | 0                | 0         | 1          |
| SLP Evaluation/Report does not identify baseline/progress | 7             | 0       | 0         | 0            | 0        | 0                                 | 0                | 2         | 9          |
| SLP Report/Eval not provided for review                   | 1             | 0       | 0         | 0            | 2        | 0                                 | 4                | 0         | 7          |
| SLP WDSI not provided for review                          | 3             | 0       | 0         | 0            | 0        | 0                                 | 0                | 0         | 3          |
| SLP WDSI not specific/timely                              | 1             | 0       | 0         | 0            | 0        | 0                                 | 0                | 0         | 1          |
| SLP: unclear how often services are provided              | 0             | 0       | 0         | 0            | 0        | 0                                 | 5                | 0         | 5          |
| <b>Behavior Support Consultation</b>                      |               |         |           |              |          |                                   |                  |           |            |
| Behavior issues but no BSC Assessment                     | 1             | 0       | 1         | 0            | 0        | 0                                 | 0                | 0         | 2          |
| BSC Report/Eval not available/timely for planning/use     | 0             | 2       | 0         | 0            | 0        | 0                                 | 0                | 0         | 2          |
| Behavior Report/Eval does not ID baseline/progress        | 3             | 2       | 1         | 0            | 0        | 0                                 | 0                | 0         | 6          |
| Behavior Report inaccurate/inadequate                     | 2             | 2       | 4         | 0            | 0        | 0                                 | 0                | 0         | 8          |
| BSC Report/Eval not provided for review                   | 0             | 0       | 0         | 0            | 3        | 0                                 | 0                | 0         | 3          |

| Provider (# in Sample)               | Benchmark (2) | CDD (1)     | ComOp (1)   | EnSuenos (1) | ESEM (1)    | Independent Contractor Mi Via (1) | NNMQC Mi Via (2) | R-Way (1)   | Total (10) |
|--------------------------------------|---------------|-------------|-------------|--------------|-------------|-----------------------------------|------------------|-------------|------------|
| Issue                                |               |             |             |              |             |                                   |                  |             |            |
| PBSP not adequate/ no skills/no recs | 0             | 0           | 1           | 0            | 0           | 0                                 | 0                | 0           | 1          |
| <b>Other</b>                         |               |             |             |              |             |                                   |                  |             |            |
| Needs Eval by PT/OT/SLP              | 0             | 0           | 0           | 0            | 0           | 1                                 | 1                | 0           | 2          |
| <b>Totals</b>                        | 58<br>(42.6%) | 9<br>(6.6%) | 9<br>(6.6%) | 13<br>(9.6%) | 30<br>(22%) | 3<br>(2.2%)                       | 11<br>(8%)       | 3<br>(2.2%) | 136        |
| <b>Average</b>                       | 29            | 9           | 9           | 13           | 30          | 3                                 | 5.5              | 3           | 13.6       |

## 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 Guardian, Case Manager, the Direct Support Staff, Therapists, Nurse, any additional people invited by the class member and persons who are needed to ensure the implementation of the Plan. The 2019 IQR protocol specifically probes many of the aspects of the planning process, including detail of who participates in plan creation. The chart below lists answers to related questions in the 2019 Northeast Region 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?

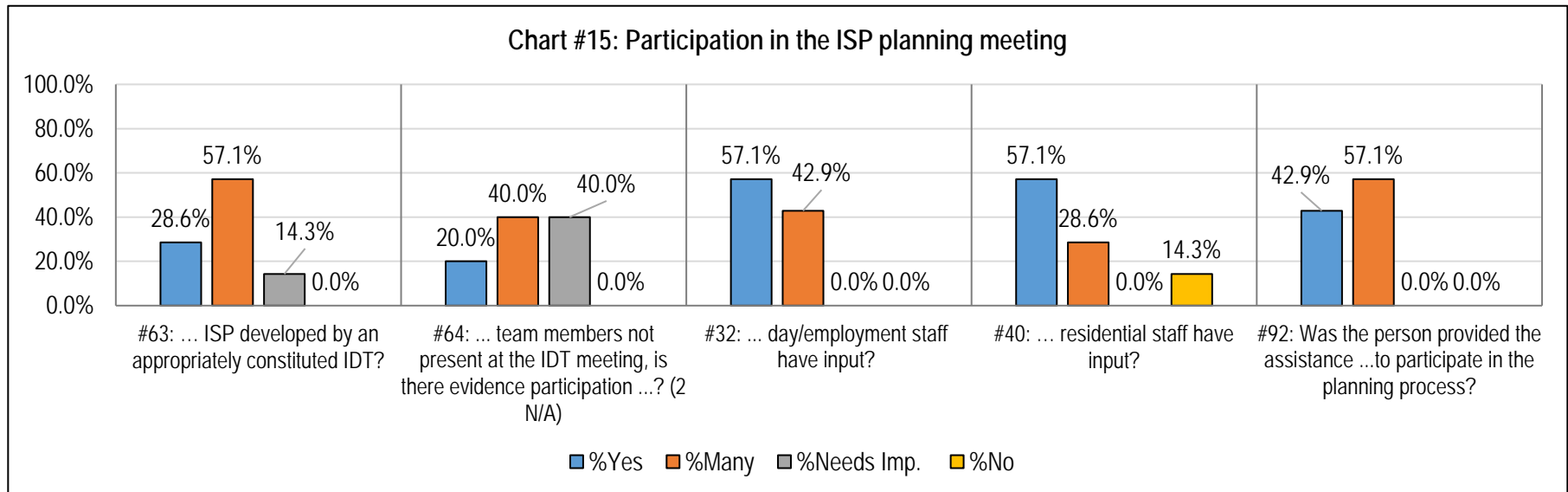




Chart #16: ISP Development Participation, by Residential Provider

| Res. Agency<br>(# in sample)          | Question                      |  |                             |                         |                         |
|---------------------------------------|-------------------------------|--|-----------------------------|-------------------------|-------------------------|
|                                       | #63                           | #64  | #32                         | #40                     | #92                     |
| Benchmark (2)                         | 0% Yes<br>100% Many (2)       | 0% Yes<br>50% Many (1)<br>50% Needs Impv (1) | 50% Yes (1)<br>50% Many (1) | 100% Yes (2)            | 0% Yes<br>100% Many (2) |
| Citizens for Dev.<br>Disabilities (1) | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Many (1)     | 100% Yes (1)            | 100% Yes (1)            |
| Community Options (1)                 | 100% Yes (1)                  | (1 N/A)                                      | 100% Yes (1)                | 0% Yes<br>100% No (1)   | 100% Yes (1)            |
| Easter Seals El Mirador<br>(ICF) (1)  | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% Needs Impv (1)                | 100% Yes (1)                | 0% Yes<br>100% Many (1) | 0% Yes<br>100% Many (1) |
| Ensuenos y Los<br>Angelitos (1)       | 0% Yes<br>100% Many (1)       | 100% Yes (1)                                 | 0% Yes<br>100% Many (1)     | 0% Yes<br>100% Many (1) | 0% Yes<br>100% Many (1) |
| R-Way (1)                             | 100% Yes (1)                  | (1 N/A)                                      | 100% Yes (1)                | 100% Yes (1)            | 100% Yes (1)            |

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

| CM Agency<br>(# in sample)  | Question                      |   |                             |                           |                             |
|---|-------------------------------|---|-----------------------------|---------------------------|-----------------------------|
|   | #63                           | #64   | #32                         | #40                       | #92                         |
| DDSD NE Regional<br>Office for Easter Seals<br>El Mirador (ICF) (1) | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% Needs Impv (1)                               | 100% Yes (1)                | 0% Yes<br>100% Many (1)   | 0% Yes<br>100% Many (1)     |
| Unidas Case<br>Management (1)                                       | 0% Yes<br>100% Many (1)       | 100% Yes (1)  | 0% Yes<br>100% Many (1)     | 0% Yes<br>100% Many (1)   | 0% Yes<br>100% Many (1)     |
| Visions Case<br>Management (5)                                      | 40% Yes (2)<br>60% Many (3)   | 0% Yes<br>66.7% Many (2)<br>33.3% Needs Impv (1)<br>(2 N/A) | 60% Yes (3)<br>40% Many (2) | 80% Yes (4)<br>20% No (1) | 60% Yes (3)<br>40% 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 2019 IQR protocol specifically probes the content of identified visions as well as the content and clarity of related outcomes. The chart below details the findings related to the following identified questions related to class members ISP in the 2019 Northeast Region 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?

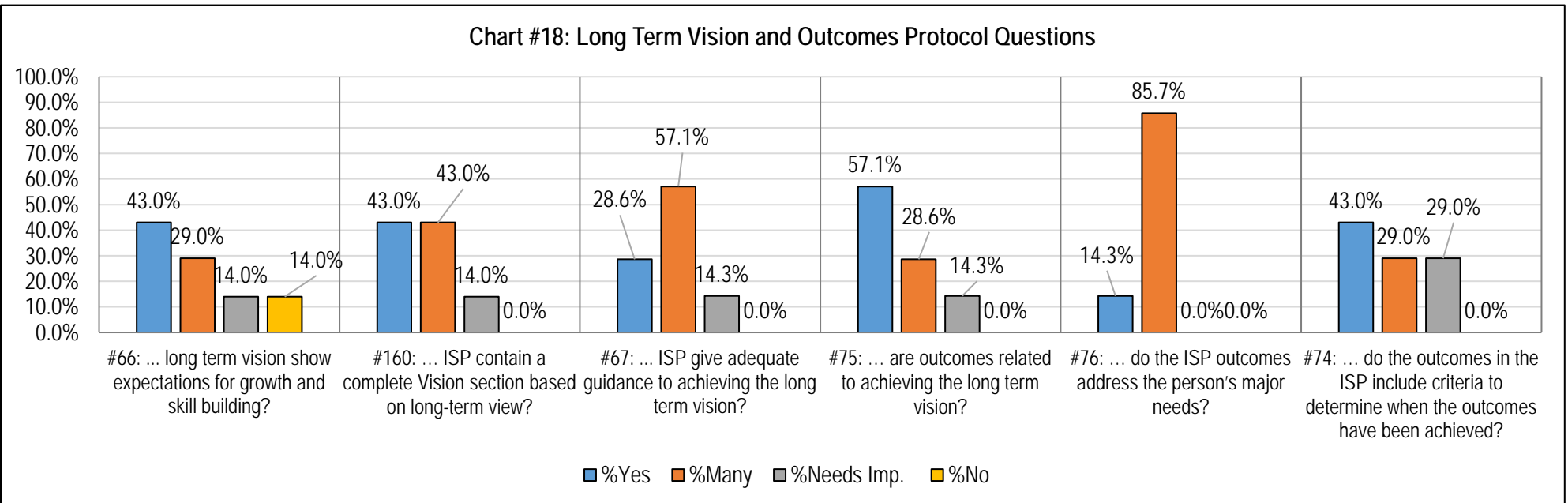


Chart #19: Vision and Outcome Scores, by Residential Agency

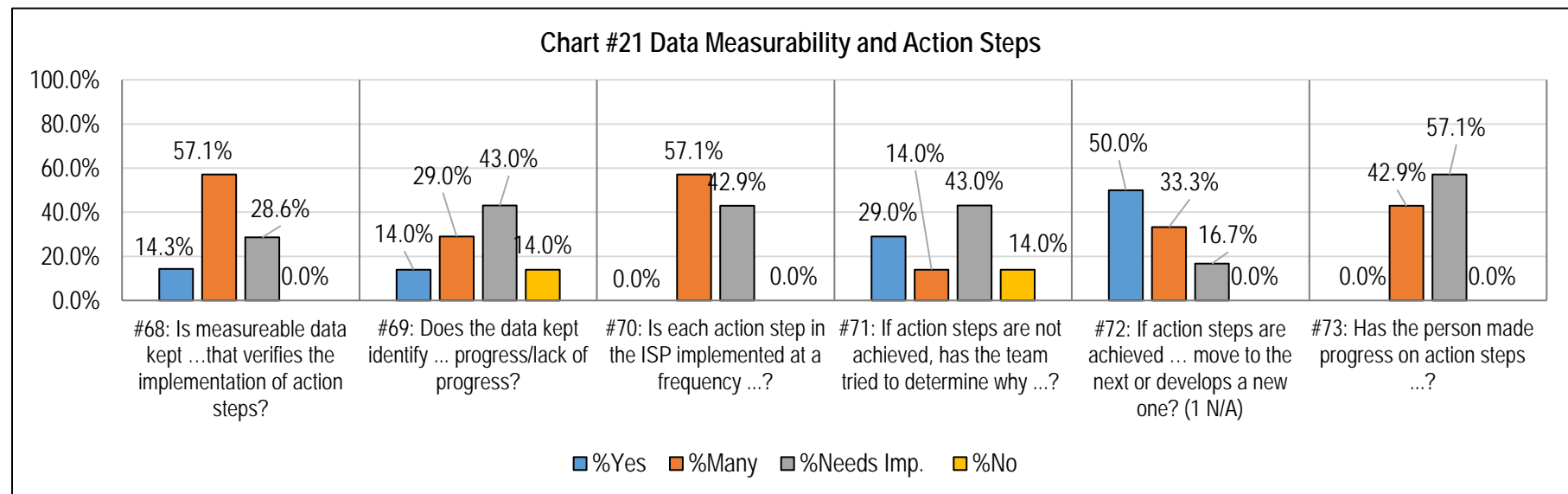
| Res Agency<br>(# in sample)           | Question                      |                               |                               |                               |                         |                               |
|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------|-------------------------------|
|                                       | #66                           | #160                          | #67                           | #75                           | #76                     | #74                           |
| Benchmark (2)                         | 50% Yes (1)<br>50% Many (1)   | 50% Yes (1)<br>50% Many (1)   | 0% Yes<br>100% Many (2)       | 100% Yes (2)                  | 0% Yes<br>100% Many (2) | 0% Yes<br>100% Many (2)       |
| Citizens for Dev.<br>Disabilities (1) | 0% Yes<br>100% No (1)         | 100% Yes (1)                  | 100% Yes (1)                  | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1) | 100% Yes (1)                  |
| Community Options (1)                 | 100% Yes (1)                  | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Needs Impv (1) | 100% Yes (1)                  | 0% Yes<br>100% Many (1) | 100% Yes (1)                  |
| Easter Seals El Mirador<br>(ICF) (1)  | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1) | 0% Yes<br>100% Needs Impv (1) |
| Ensuenos y Los Angelitos<br>(1)       | 100% Yes (1)                  | 100% Yes (1)                  | 100% Yes (1)                  | 100% Yes (1)                  | 0% Yes<br>100% Many (1) | 100% Yes (1)                  |
| R-Way (1)                             | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Needs Impv (1) | 100% Yes (1)            | 0% Yes<br>100% Needs Impv (1) |

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

| CM Agency<br>(# in sample)   | Question                                  |   |   |   |                             |   |
|--|---|---|---|---|-----------------------------|---|
|  | #66                                       | #160  | #67   | #75   | #76                         | #74   |
| DDSD NE Regional<br>Office for Easter<br>Seals El Mirador<br>(ICF) (1) | 0% Yes<br>100% Many (1)                   | 0% Yes<br>100% Many (1)                           | 0% Yes<br>100% Many (1)                           | 0% Yes<br>100% Many (1)                           | 0% Yes<br>100% Many (1)     | 0% Yes<br>100% Needs Impv (1)                     |
| Unidas Case<br>Management (1)  | 100% Yes (1)                              | 100% Yes (1)                                      | 100% Yes (1)                                      | 100% Yes (1)                                      | 0% Yes<br>100% Many (1)     | 100% Yes (1)                                      |
| Visions Case<br>Management (5)   | 40% Yes (2)<br>40% Many (2)<br>20% No (1) | 40% Yes (2)<br>40% Many (2)<br>20% Needs Impv (1) | 20% Yes (1)<br>60% Many (3)<br>20% Needs Impv (1) | 60% Yes (3)<br>20% Many (1)<br>20% Needs Impv (1) | 20% Yes (1)<br>80% Many (4) | 40% Yes (2)<br>40% Many (2)<br>20% Needs Impv (1) |

Additional components of an individual's ISP include Action Steps, which should be written in measurable terms, in sequential order which logically leads to the achievement of 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 chart 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?



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

| Res Agency<br>(# in sample)           | Question                                     |                               |  |                               |  |  |
|---------------------------------------|--|-------------------------------|--|-------------------------------|--|--|
|                                       | #68  | #69                           | #70  | #71                           | #72  | #73  |
| Benchmark (2)                         | 0% Yes<br>50% Many (1)<br>50% Needs Impv (1) | 50% Yes (1)<br>50% Many (1)   | 0% Yes<br>50% Many (1)<br>50% Needs Impv (1) | 0% Yes<br>100% Needs Impv (2) | 0% Yes<br>50% Many (1)<br>50% Needs Impv (1) | 0% Yes<br>50% Many (1)<br>50% Needs Impv (1) |
| Citizens for Dev.<br>Disabilities (1) | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Needs Impv (1)                | 0% Yes<br>100% No (1)         | 100% Yes (1)                                 | 0% Yes<br>100% Many (1)                      |
| Community Options (1)                 | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% Many (1)                      | 100% Yes (1)                  | 100% Yes (1)                                 | 0% Yes<br>100% Many (1)                      |
| Easter Seals El Mirador<br>(ICF) (1)  | 100% Yes (1)                                 | 0% Yes<br>100% No (1)         | 0% Yes<br>100% Needs Impv (1)                | 0% Yes<br>100% Needs Impv (1) | (1 N/A)                                      | 0% Yes<br>100% Needs Impv (1)                |
| Ensuenos y Los<br>Angelitos (1)       | 0% Yes<br>100% Needs Impv (1)                | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% Many (1)                      | 100% Yes (1)                  | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Needs Impv (1)                |
| R-Way (1)                             | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Many (1)       | 100% Yes (1)                                 | 0% Yes<br>100% Needs Impv (1)                |

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

| CM Agency<br>(# in sample)   | Question                                     |   |  |   |   |  |
|--|--|---|--|---|---|--|
|  | #68  | #69   | #70  | #71   | #72   | #73  |
| DDSD NE Regional<br>Office for Easter<br>Seals El Mirador<br>(ICF) (1) | 100% Yes (1)                                 | 0% Yes<br>100% No (1)                             | 0% Yes<br>100% Needs Impv (1)                | 0% Yes<br>100% Needs Impv (1)                                   | (1 N/A)   | 0% Yes<br>100% Needs Impv (1)                |
| Unidas Case<br>Management (1)  | 0% Yes<br>100% Needs Impv (1)                | 0% Yes<br>100% Needs Impv (1)                     | 0% Yes<br>100% Many (1)                      | 100% Yes (1)  | 0% Yes<br>100% Many (1)                           | 0% Yes<br>100% Needs Impv (1)                |
| Visions Case<br>Management (5)   | 0% Yes<br>80% Many (4)<br>20% Needs Impv (1) | 20% Yes (1)<br>40% Many (2)<br>40% Needs Impv (2) | 0% Yes<br>60% Many (3)<br>40% Needs Impv (2) | 20% Yes (1)<br>20% Many (1)<br>40% Needs Impv (2)<br>20% No (1) | 60% Yes (3)<br>20% Many (1)<br>20% Needs Impv (1) | 0% Yes<br>60% Many (3)<br>40% Needs Impv (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 2019 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?

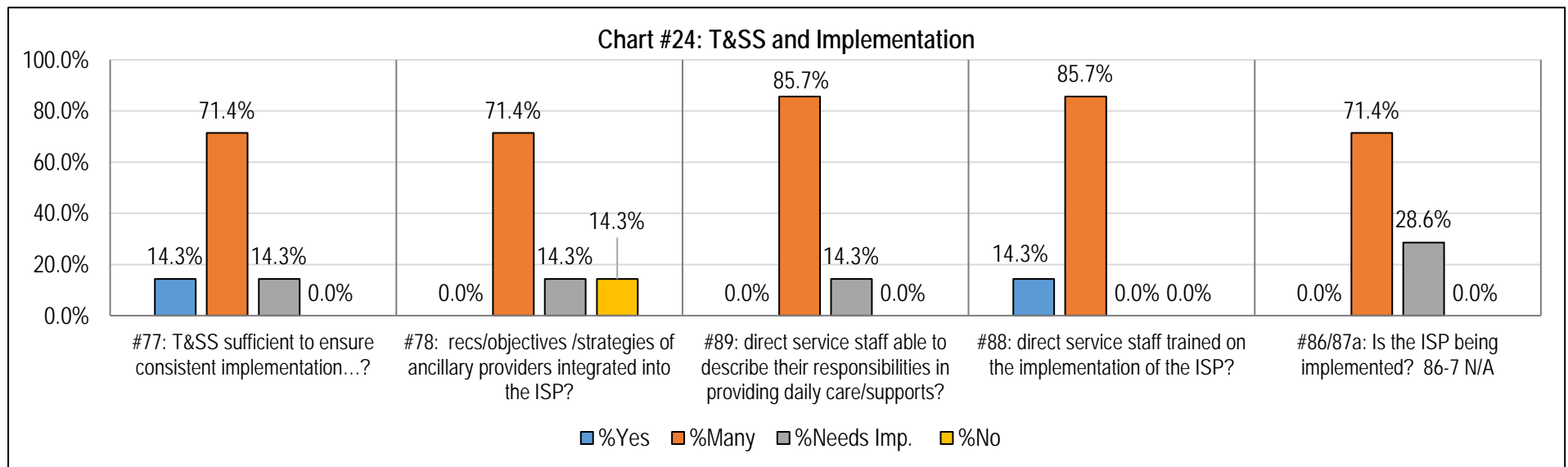


Chart #25: T&SS and ISP Implementation Scores by Residential Agency

| Res. Agency<br>(# in sample)          | Question                      |                               |  |                             |  |
|---------------------------------------|-------------------------------|-------------------------------|--|-----------------------------|--|
|                                       | #77                           | #78                           | #89  | #88                         | #87a   |
| Benchmark (2)                         | 0% Yes<br>100% Many (2)       | 0% Yes<br>100% Many (2)       | 0% Yes<br>50% Many (1)<br>50% Needs Impv (1) | 50% Yes (1)<br>50% Many (1) | 0% Yes<br>50% Many (1)<br>50% Needs Impv (1) |
| Citizens for Dev.<br>Disabilities (1) | 100% Yes (1)                  | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Many (1)     | 0% Yes<br>100% Many (1)                      |
| Community Options (1)                 | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Many (1)     | 0% Yes<br>100% Many (1)                      |
| Easter Seals El Mirador<br>(ICF) (1)  | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Many (1)     | 0% Yes<br>100% Needs Impv (1)                |
| Ensuenos y Los<br>Angelitos (1)       | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Many (1)     | 0% Yes<br>100% Many (1)                      |
| R-Way (1)                             | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% No (1)         | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Many (1)     | 0% Yes<br>100% Many (1)                      |

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

| CM Agency<br>(# in sample)  | Question  |                                      |  |                             |  |
|---|---|--------------------------------------|--|-----------------------------|--|
|   | #77   | #78                                  | #89  | #88                         | #87a   |
| DDSD NE Regional<br>Office for Easter Seals<br>El Mirador (ICF) (1) | 0% Yes<br>100% Many (1)                           | 0% Yes<br>100% Many (1)              | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Many (1)     | 0% Yes<br>100% Needs Impv (1)                |
| Unidas Case<br>Management (1)                                       | 0% Yes<br>100% Many (1)                           | 0% Yes<br>100% Needs Impv (1)        | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Many (1)     | 0% Yes<br>100% Many (1)                      |
| Visions Case<br>Management (5)                                      | 20% Yes (1)<br>60% Many (3)<br>20% Needs Impv (1) | 0% Yes<br>80% Many (4)<br>20% No (1) | 0% Yes<br>80% Many (4)<br>20% Needs Impv (1) | 20% Yes (1)<br>80% Many (4) | 0% Yes<br>80% Many (4)<br>20% Needs Impv (1) |

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 2019 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?

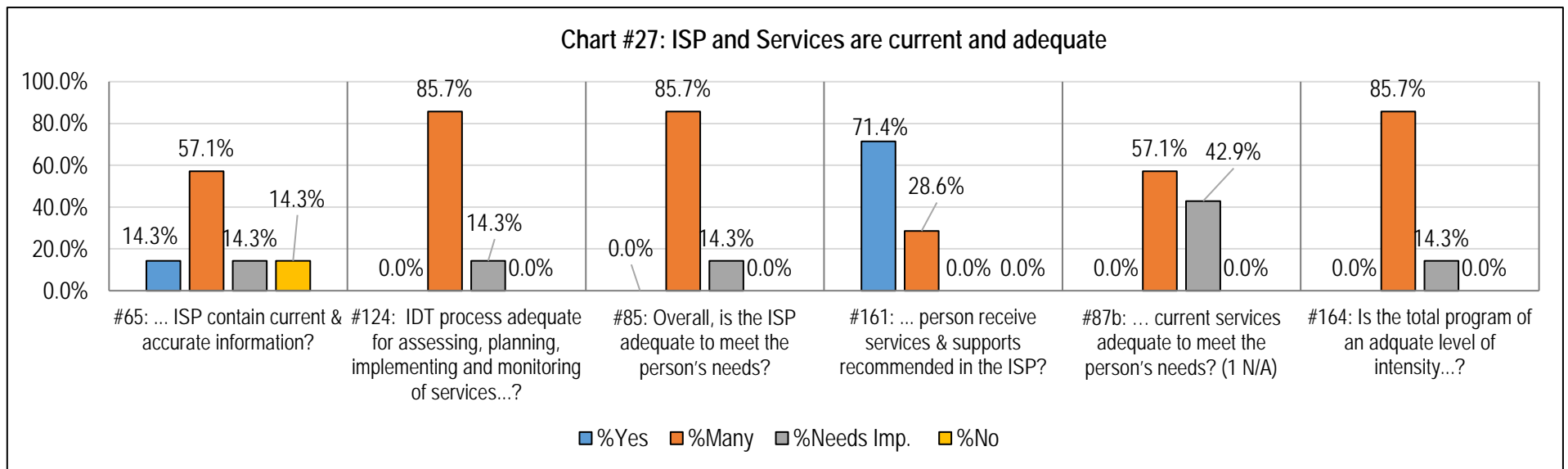




Chart #28: ISP Content and Adequacy Scores, by Residential Agency

| Res. Agency<br>(# in sample)          | Question                      |                               |                               |                         |  |                               |
|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------|--|-------------------------------|
|                                       | #65                           | #124                          | #85                           | #161                    | #87b   | #164                          |
| Benchmark (2)                         | 0% Yes<br>100% Many (2)       | 0% Yes<br>100% Many (2)       | 0% Yes<br>100% Many (2)       | 100% Yes (2)            | 0% Yes<br>50% Many (1)<br>50% Needs Impv (1) | 0% Yes<br>100% Many (2)       |
| Citizens for Dev.<br>Disabilities (1) | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)       | 100% Yes (1)            | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Many (1)       |
| Community<br>Options (1)              | 0% Yes<br>100% No (1)         | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1) | 0% Yes<br>100% Needs Impv (1)                | 0% Yes<br>100% Needs Impv (1) |
| Easter Seals El<br>Mirador (ICF) (1)  | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% Many (1) | 0% Yes<br>100% Needs Impv (1)                | 0% Yes<br>100% Many (1)       |
| Ensuenos y Los<br>Angelitos (1)       | 100% Yes (1)                  | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)       | 100% Yes (1)            | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Many (1)       |
| R-Way (1)                             | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)       | 100% Yes (1)            | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Many (1)       |

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

| CM Agency<br>(# in sample)   | Question                             |                               |                               |                             |  |  |
|--|--------------------------------------|-------------------------------|-------------------------------|-----------------------------|--|--|
|  | #65                                  | #124                          | #85                           | #161                        | #87b   | #164   |
| DDSD NE<br>Regional Office for<br>Easter Seals El<br>Mirador (ICF) (1) | 0% Yes<br>100% Needs Impv (1)        | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% Many (1)     | 0% Yes<br>100% Needs Impv (1)                | 0% Yes<br>100% Many (1)                      |
| Unidas Case<br>Management (1)  | 100% Yes (1)                         | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1)       | 100% Yes (1)                | 0% Yes<br>100% Many (1)                      | 0% Yes<br>100% Many (1)                      |
| Visions Case<br>Management (5)   | 0% Yes<br>80% Many (4)<br>20% No (1) | 0% Yes<br>100% Many (5)       | 0% Yes<br>100% Many (5)       | 80% Yes (4)<br>20% Many (1) | 0% Yes<br>60% Many (3)<br>40% Needs Impv (2) | 0% Yes<br>80% Many (4)<br>20% Needs Impv (1) |

## G. Case Management

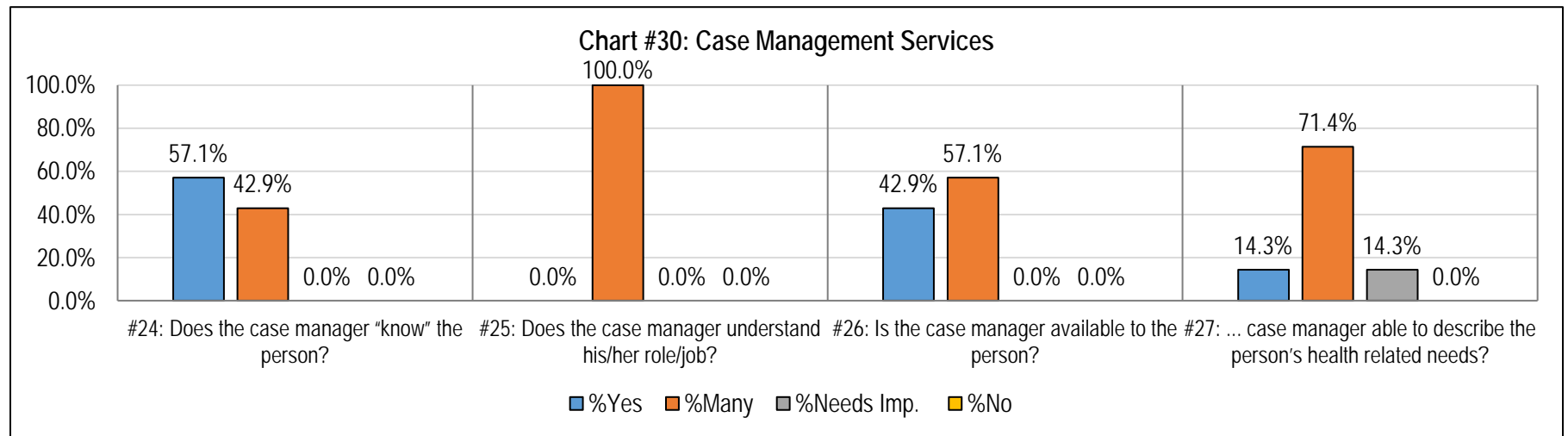
Case Management services are intended to be person-centered and are key to enabling people to pursue their desired life outcomes while gaining greater independence and access to needed services and supports. The number of findings in the 2019 Northeast Region IQR in the Case Management area are the third highest of the findings areas. The charts below detail the related findings.

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?



**Chart #31: Case Management Scores, by Case Management Agency**

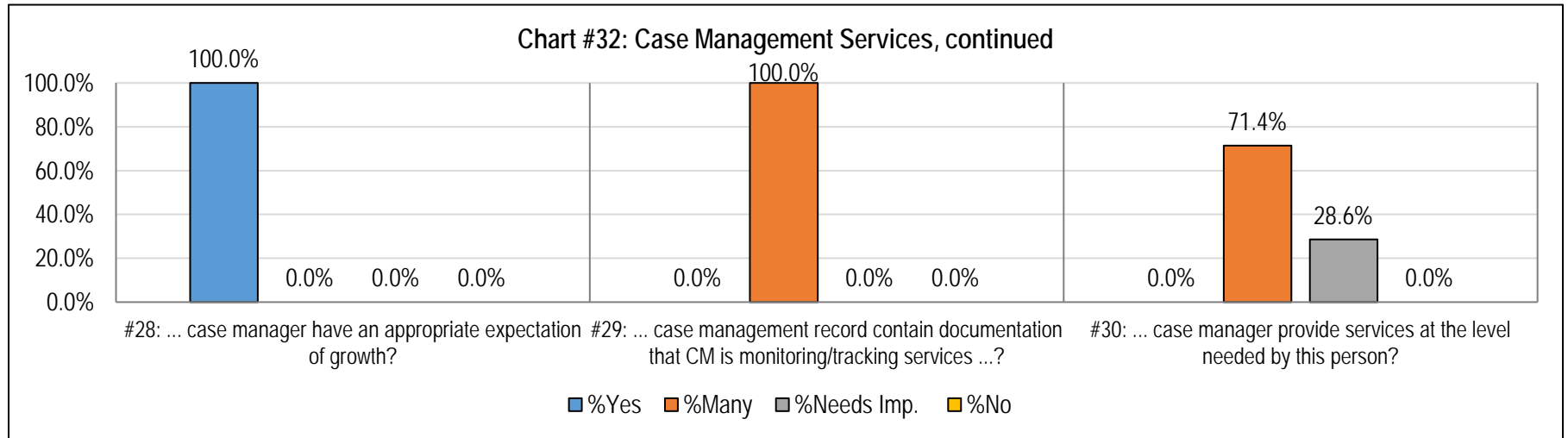
| CM Agency<br>(# in sample)     | Question                    |                         |                             |  |
|--------------------------------|-----------------------------|-------------------------|-----------------------------|--|
|                                | #24                         | #25                     | #26                         | #27  |
| DDSD NERO/ESEM<br>(1 ICF)      | 100% Yes (1)                | 0% Yes<br>100% Many (1) | 0% Yes<br>100% Many (1)     | 0% Yes<br>100% Many (1)                      |
| Unidas Case<br>Management (1)  | 100% Yes (1)                | 0% Yes<br>100% Many (1) | 100% Yes (1)                | 100% Yes (1)                                 |
| Visions Case<br>Management (5) | 40% Yes (2)<br>60% Many (3) | 0% Yes<br>100% Many (5) | 40% Yes (2)<br>60% Many (3) | 0% Yes<br>80% Many (4)<br>20% Needs Impv (1) |

Again, case managers across the board expressed appropriate expectations of growth for those whom they support. This is a key and important component of any individual's success.

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?



**Chart #33: Case Management Scores, by Case Management Agency**

| CM Agency<br>(# in sample)                                    | Question     |                         |  |
|---|--------------|-------------------------|--|
|   | #28          | #29                     | #30  |
| DDSD NE Regional Office for Easter Seals El Mirador (ICF) (1) | 100% Yes (1) | 0% Yes<br>100% Many (1) | 0% Yes<br>100% Many (1)                      |
| Unidas Case Management (1)                                    | 100% Yes (1) | 0% Yes<br>100% Many (1) | 0% Yes<br>100% Many (1)                      |
| Visions Case Management (5)                                   | 100% Yes (5) | 0% Yes<br>100% Many (5) | 0% Yes<br>60% Many (3)<br>40% Needs Impv (2) |

## 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:

Also, the following contains 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

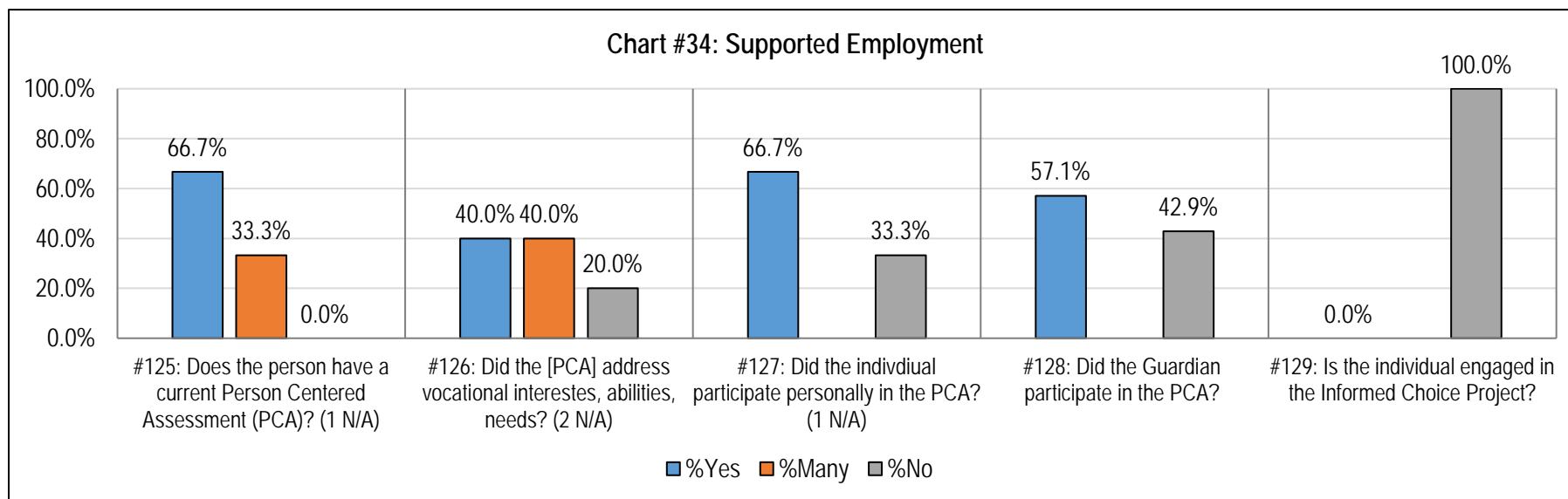
Question #125. Does (Name) have a current Person-Centered Assessment?

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?



### Chart #35: Supported Employment Scores by Provider Agency

| Res. Agency<br>(# in sample)       | Question                    |                             |                           |                       |                       |
|------------------------------------|-----------------------------|-----------------------------|---------------------------|-----------------------|-----------------------|
|                                    | #125                        | #126                        | #127                      | #128                  | #129                  |
| Benchmark (2)                      | 50% Yes (1)<br>50% Many (1) | 50% Yes (1)<br>50% Many (1) | 50% Yes (1)<br>50% No (1) | 100% Yes (2)          | 0% Yes<br>100% No (2) |
| Citizens for Dev. Disabilities (1) | 100% Yes (1)                | 0% Yes<br>100% No (1)       | 0% Yes<br>100% No (1)     | 100% Yes (1)          | 0% Yes<br>100% No (1) |
| Community Options (1)              | 0% Yes<br>100% Many (1)     | 0% Yes<br>100% Many (1)     | 100% Yes (1)              | 0% Yes<br>100% No (1) | 0% Yes<br>100% No (1) |
| Easter Seals El Mirador (ICF) (1)  | (1 N/A)                     | (1 N/A)                     | (1 N/A)                   | 0% Yes<br>100% No (1) | 0% Yes<br>100% No (1) |
| Ensuenos y Los Angelitos (1)       | 100% Yes (1)                | 100% Yes (1)                | 100% Yes (1)              | 100% Yes (1)          | 0% Yes<br>100% No (1) |
| R-Way (1)                          | 100% Yes (1)                | (1 N/A)                     | 100% Yes (1)              | 0% Yes<br>100% No (1) | 0% Yes<br>100% No (1) |

Chart #36: Supported Employment Scores by Case Management Agency

| CM Agency<br>(# in sample)  | Question                    |  |                           |                           |                       |
|---|-----------------------------|--|---------------------------|---------------------------|-----------------------|
|   | #125                        | #126   | #127                      | #128                      | #129                  |
| DDSD NE<br>Regional Office<br>for Easter Seals<br>El Mirador (ICF)<br>(1) | (1 N/A)                     | (1 N/A)  | (1 N/A)                   | 0% Yes<br>100% No (1)     | 0% Yes<br>100% No (1) |
| Unidas Case<br>Management (1)   | 100% Yes (1)                | 100% Yes (1)   | 100% Yes (1)              | 100% Yes (1)              | 0% Yes<br>100% No (1) |
| Visions Case<br>Management (5)  | 60% Yes (3)<br>40% Many (2) | 25% Yes (1)<br>50% Many (2)<br>25% No (1)<br>(1 N/A) | 60% Yes (3)<br>40% No (2) | 60% Yes (3)<br>40% No (2) | 0% Yes<br>100% No (5) |

## 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?

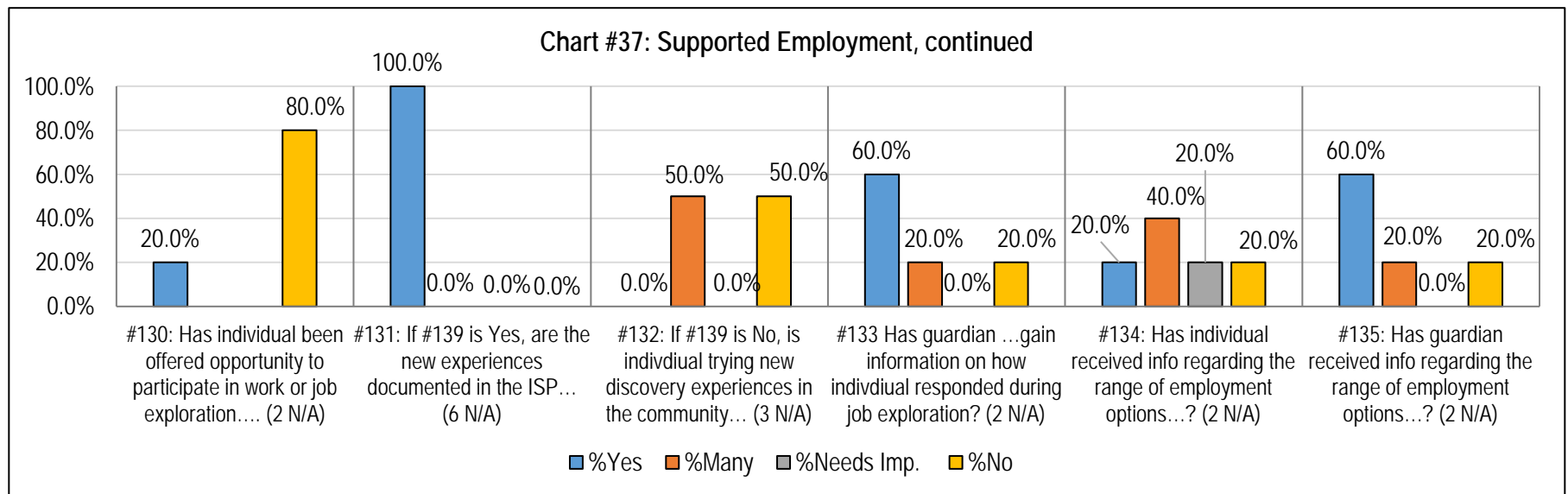


Chart #38: Supported Employment Scores by Provider Agency

| Res. Agency<br>(# in sample)          | Question                |                         |                         |                         |                                    |                         |
|---------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|------------------------------------|-------------------------|
|                                       | #130                    | #131                    | #132                    | #133                    | #134                               | #135                    |
| Benchmark (2)                         | 100% Yes (1)<br>(1 N/A) | 100% Yes (1)<br>(1 N/A) | (2 N/A)                 | 100% Yes (1)<br>(1 N/A) | 0% Yes<br>100% Many (1)<br>(1 N/A) | 100% Yes (1)<br>(1 N/A) |
| Citizens for Dev.<br>Disabilities (1) | 0% Yes<br>100% No (1)   | (1 N/A)                 | 0% Yes<br>100% No (1)   | 0% Yes<br>100% Many (1) | 0% Yes<br>100% Needs Impv (1)      | 0% Yes<br>100% Many (1) |
| Community Options (1)                 | 0% Yes<br>100% No (1)   | (1 N/A)                 | 0% Yes<br>100% Many (1) | 100% Yes (1)            | 100% Yes (1)                       | 100% Yes (1)            |
| Easter Seals El Mirador<br>(ICF) (1)  | 0% Yes<br>100% No (1)   | (1 N/A)                 | 0% Yes<br>100% No (1)   | 0% Yes<br>100% No (1)   | 0% Yes<br>100% No (1)              | 0% Yes<br>100% No (1)   |
| Ensuenos y Los<br>Angelitos (1)       | 0% Yes<br>100% No (1)   | (1 N/A)                 | 0% Yes<br>100% Many (1) | 100% Yes (1)            | 0% Yes<br>100% Many (1)            | 100% Yes (1)            |
| R-Way (1)                             | (1 N/A)                 | (1 N/A)                 | (1 N/A)                 | (1 N/A)                 | (1 N/A)                            | (1 N/A)                 |

Chart #39: Supported Employment Scores by Case Management Agency

| CM Agency<br>(# in sample)  | Question                                 |                         |   |  |  |  |
|---|--|-------------------------|---|--|--|--|
|   | #130                                     | #131                    | #132  | #133                                       | #134   | #135                                       |
| DDSD NE<br>Regional Office<br>for Easter Seals<br>El Mirador (ICF)<br>(1) | 0% Yes<br>100% No (1)                    | (1 N/A)                 | 0% Yes<br>100% No (1)                           | 0% Yes<br>100% No (1)                      | 0% Yes<br>100% No (1)  | 0% Yes<br>100% No (1)                      |
| Unidas Case<br>Management (1)   | 0% Yes<br>100% No (1)                    | (1 N/A)                 | 0% Yes<br>100% Many (1)                         | 100% Yes (1)                               | 0% Yes<br>100% Many (1)  | 100% Yes (1)                               |
| Visions Case<br>Management (5)  | 33.3% Yes (1)<br>66.7% No (2)<br>(2 N/A) | 100% Yes (1)<br>(4 N/A) | 0% Yes<br>50% Many (1)<br>50% No (1)<br>(3 N/A) | 66.7% Yes (2)<br>33.3% Many (1)<br>(2 N/A) | 33.3% Yes (1)<br>33.3% Many (1)<br>33.3% Needs Impv (1)<br>(2 N/A) | 66.7% Yes (2)<br>33.3% Many (1)<br>(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?

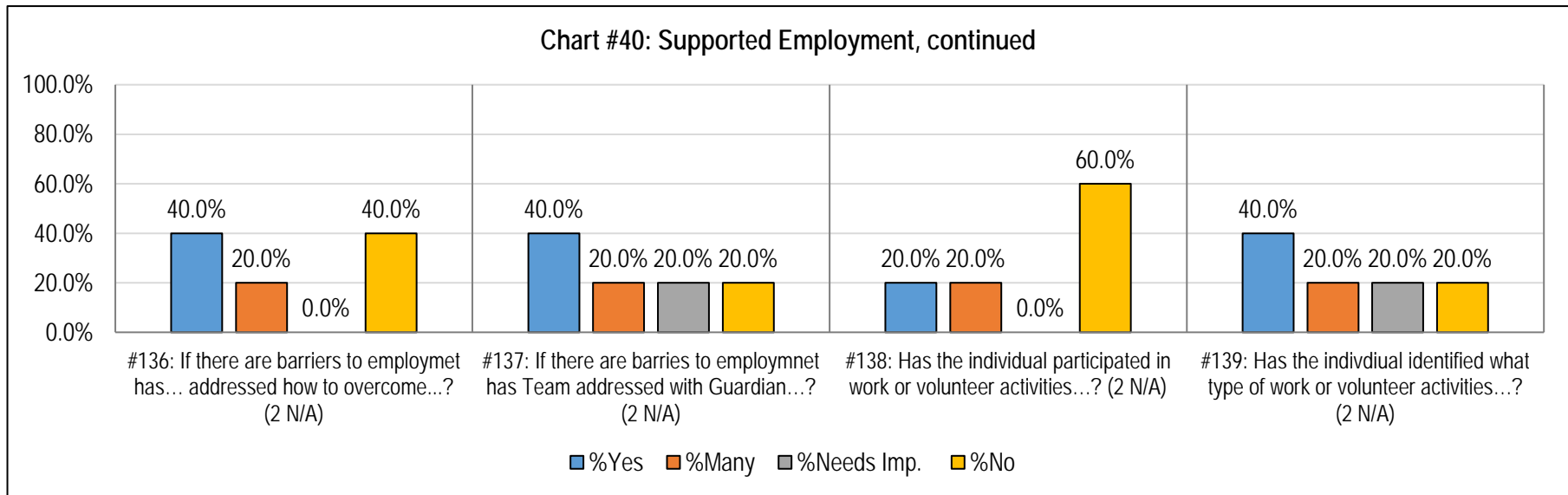


Chart #41: Supported Employment Scores by Provider Agency

| Res. Agency<br>(# in sample)          | Question                |                               |                         |                               |
|---------------------------------------|-------------------------|-------------------------------|-------------------------|-------------------------------|
|                                       | #136                    | #137                          | #138                    | #139                          |
| Benchmark (2)                         | 100% Yes (1)<br>(1 N/A) | 100% Yes (1)<br>(1 N/A)       | 100% Yes (1)<br>(1 N/A) | 100% Yes (1)<br>(1 N/A)       |
| Citizens for Dev.<br>Disabilities (1) | 0% Yes<br>100% No (1)   | 0% Yes<br>100% No (1)         | 0% Yes<br>100% No (1)   | 0% Yes<br>100% No (1)         |
| Community Options (1)                 | 0% Yes<br>100% Many (1) | 0% Yes<br>100% Many (1)       | 0% Yes<br>100% Many (1) | 100% Yes (1)                  |
| Easter Seals El Mirador<br>(ICF) (1)  | 0% Yes<br>100% No (1)   | 0% Yes<br>100% Needs Impv (1) | 0% Yes<br>100% No (1)   | 0% Yes<br>100% Needs Impv (1) |
| Ensuenos y Los<br>Angelitos (1)       | 100% Yes (1)            | 100% Yes (1)                  | 0% Yes<br>100% No (1)   | 0% Yes<br>100% Many (1)       |
| R-Way (1)                             | (1 N/A)                 | (1 N/A)                       | (1 N/A)                 | (1 N/A)                       |

Chart #42: Supported Employment Scores by Case Management Agency

| CM Agency<br>(# in sample)  | Question   |  |  |  |
|---|--|--|--|--|
|   | #136   | #137   | #138   | #139                                     |
| DDSD NE Regional<br>Office for Easter Seals<br>El Mirador (ICF) (1) | 0% Yes<br>100% No (1)                                      | 0% Yes<br>100% Needs Impv (1)                              | 0% Yes<br>100% No (1)                                      | 0% Yes<br>100% Needs Impv (1)            |
| Unidas Case<br>Management (1)                                       | 100% Yes (1)   | 100% Yes (1)   | 0% Yes<br>100% No (1)                                      | 0% Yes<br>100% Many (1)                  |
| Visions Case<br>Management (5)                                      | 33.3% Yes (1)<br>33.3% Many (1)<br>33.3% No (1)<br>(2 N/A) | 33.3% Yes (1)<br>33.3% Many (1)<br>33.3% No (1)<br>(2 N/A) | 33.3% Yes (1)<br>33.3% Many (1)<br>33.3% No (1)<br>(2 N/A) | 66.7% Yes (2)<br>33.3% No (1)<br>(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?

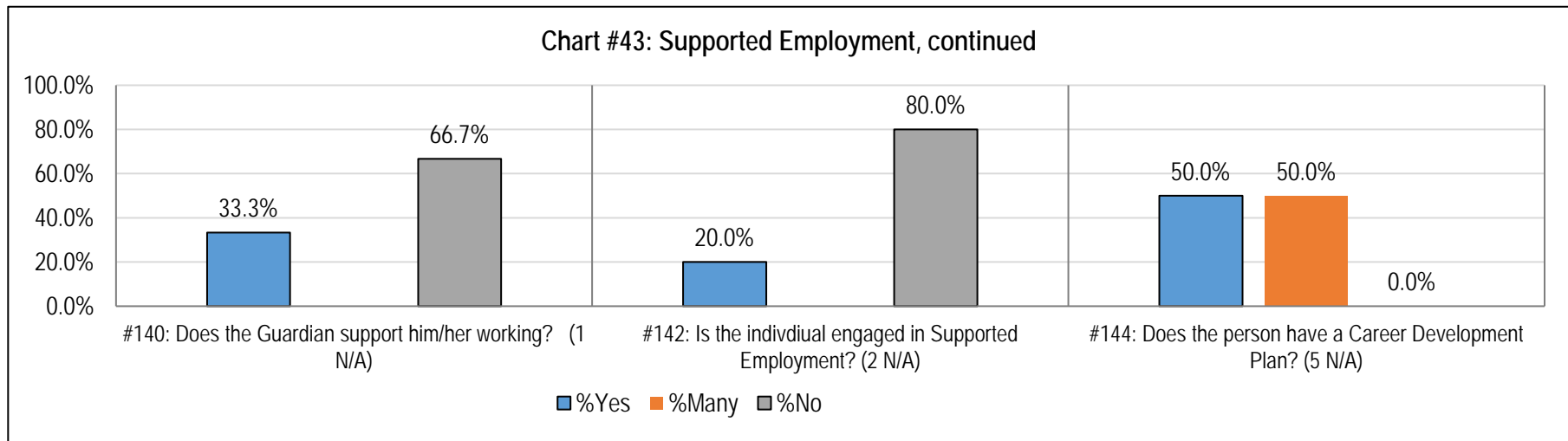


Chart #44: Supported Employment Scores by Provider Agency

| Res. Agency<br>(# in sample)          | Question                  |                         |                         |
|---------------------------------------|---------------------------|-------------------------|-------------------------|
|                                       | #140                      | #142                    | #144                    |
| Benchmark (2)                         | 50% Yes (1)<br>50% No (1) | 100% Yes (1)<br>(1 N/A) | 100% Yes (1)<br>(1 N/A) |
| Citizens for Dev.<br>Disabilities (1) | 0% Yes<br>100% No (1)     | 0% Yes<br>100% No (1)   | (1 N/A)                 |
| Community Options (1)                 | 100% Yes (1)              | 0% Yes<br>100% No (1)   | 0% Yes<br>100% Many (1) |
| Easter Seals El Mirador<br>(ICF) (1)  | 0% Yes<br>100% No (1)     | 0% Yes<br>100% No (1)   | (1 N/A)                 |
| Ensuenos y Los<br>Angelitos (1)       | 0% Yes<br>100% No (1)     | 0% Yes<br>100% No (1)   | (1 N/A)                 |
| R-Way (1)                             | (1 N/A)                   | (1 N/A)                 | (1 N/A)                 |

Chart #45: Supported Employment Scores by Case Management Agency

| CM Agency<br>(# in sample)  | Question                             |  |  |
|---|--------------------------------------|--|--|
|   | #140                                 | #142                                     | #144                                   |
| DDSD NE<br>Regional Office<br>for Easter Seals<br>El Mirador (ICF)<br>(1) | 0% Yes<br>100% No (1)                | 0% Yes<br>100% No (1)                    | (1 N/A)                                |
| Unidas Case<br>Management (1)   | 0% Yes<br>100% No (1)                | 0% Yes<br>100% No (1)                    | (1 N/A)                                |
| Visions Case<br>Management (5)  | 50% Yes (2)<br>50% No (2)<br>(1 N/A) | 33.3% Yes (1)<br>66.7% No (2)<br>(2 N/A) | 50% Yes (1)<br>50% Many (1)<br>(3 N/A) |

## I. IQR Scored Protocol Questions

Below are all of the questions in the protocol and the scores of the Northeast Region Review. The questions **highlighted** are included in the data tables above.

| Question   | 2019<br>(sample = 7)                                    |
|--|---|
| <b>CASE MANAGEMENT</b>   |   |
| 24. Does the case manager "know" the person?<br>CPRQ26; '17IQR#8c, '18IQR24  | 57.1% Yes (4)<br>42.9% Many (3)                         |
| 25. Does the case manager understand his/her role/job?<br>CPRQ27 '17IQR#16, '18IQR25   | 0% Yes<br>100% Many (7)                                 |
| 26. Is the case manager available to the person? CPRQ29; '17IQR#16a, '18IQR27  | 42.9% Yes (3)<br>57.1% Many (4)                         |
| 27. Was the case manager able to describe the person's health related needs? CPRQ30, '18IQR28  | 14.3% Yes (1)<br>71.4% Many (5)<br>14.3% Needs Impv (1) |
| 28. Does the case manager have an appropriate expectation of growth for this person? CPRQ31, '18IQR29  | 100% Yes (7)  |
| 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 | 0% Yes<br>100% Many (7)                                 |
| 30. Does the case manager provide case management services at the level needed by this person? CPRQ33; '17IQR#16c, '18IQR31  | 0 % Yes<br>71.4% Many (5)<br>28.6% Needs Impv (2)       |

| Question  | 2019<br>(sample = 7)                                    |
|---|---|
| <b>EMPLOYMENT AND DAY</b>   |   |
| 31. Does the direct services staff "know" the person?<br>CPRQ35; '17IQR#8a, '18IQR33  | 85.7% Yes (6)<br>14.3% Many (1)                         |
| 32. Does the direct service staff have input into the person's ISP? CPRQ36, '18IQR34  | 57.1% Yes (4)<br>42.9% Many (3)                         |
| 33. Did the direct service staff receive training on implementing this person's ISP? CPRQ37, '18IQR35   | 28.6% Yes (2)<br>57.1% Many (4)<br>14.3% Needs Impv (1) |
| 34. Was the direct service staff able to describe this person's health-related needs? CPRQ38, '18IQR36  | 0% Yes<br>57.1% Many (4)<br>42.9% Needs Impv (3)        |
| 35. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39, '18IQR37                               | 0% Yes<br>100% Many (7)                                 |
| 35a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a, '18IQR37a  | 71.4% Yes (5)<br>28.6% Many (2)                         |
| 35b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs?<br>CPRQ39b, '18IQR37b | 14.3% Yes (1)<br>57.1% Many (4)<br>28.6% Needs Impv (2) |
| 36. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ41, '18IQR39                    | 85.7% Yes (6)<br>14.3% Needs Impv (1)                   |
| 37. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42, '18IQR40   | 100% Yes (7)  |

| Question   | 2019<br>(sample = 7)                                    |
|--|---|
| 38. Does the person's day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43, '18IQR41                       | 100% Yes (4)<br>(3 CND)                                 |
| <b>RESIDENTIAL</b>   |   |
| 39. Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b, '18IQR42  | 42.9% Yes (3)<br>57.1% Many (4)                         |
| 40. Does the direct service staff have input into the person's ISP? CPRQ45, '18IQR43   | 57.1% Yes (4)<br>28.6% Many (2)<br>14.3% No (1)         |
| 41. Did the direct service staff receive training on implementing this person's ISP? CPRQ46, '18IQR44  | 28.6% Yes (2)<br>71.4% Many (5)                         |
| 42. Is the residence safe for individuals (void of hazards)? CPRQ45, '18IQR45  | 71.4% Yes (5)<br>28.6% Many (2)                         |
| 43. Was the residential direct service staff able to describe this person's health-related needs? CPRQ48, '18IQR46   | 28.6% Yes (2)<br>71.4% Many (5)                         |
| 44. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49, '18IQR47                            | 28.6% Yes (2)<br>71.4% Many (5)                         |
| 44a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ49a, '18IQR47a                                     | 28.6% Yes (2)<br>42.9% Many (3)<br>28.6% Needs Impv (2) |
| 44b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ49b, '18IQR47b | 57.1% Yes (4)<br>42.9% Many (3)                         |

| Question   | 2019<br>(sample = 7)  |
|--|---|
| 45. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ51, '18IQR49 | 100% Yes (7)  |
| 46. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52, '18IQR50                              | 71.4% Yes (5)<br>14.3% Many (1)<br>14.3% No (1)                   |
| 47. Does the person's residential environment offer a minimal level of quality of life? CPRQ53, '18IQR51   | 57.1% Yes (4)<br>42.9% Many (3)                                   |
| <b>HEALTH</b>  |   |
| 48. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b, '18IQR52                        | 0% Yes<br>85.7% Many (6)<br>14.3% Needs Imprv (1)                 |
| 49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21, '18IQR53   | 42.9% Yes (3)<br>42.9% Many (3)<br>14.3% Needs Imprv (1)          |
| 50. Was the eChat updated timely? '17IQR#18g, '18IQR54   | 0% Yes<br>71.4% Many (5)<br>14.3% Needs Imprv (1)<br>14.3% No (1) |
| 50a. Is the eChat updated timely with the ISP and after changes in condition?  | 57.1% Yes (4)<br>28.6% Many (2)<br>14.3% No (1)                   |
| 50b. Is the eChat complete?  | 0% Yes<br>85.7% Many (6)<br>14.3% No (1)                          |



| Question  | 2019<br>(sample = 7)  |
|---|---|
| 50c. Is the eChat accurate?   | 28.6% Yes (2)<br>14.3% Many (1)<br>28.6% Needs Impv (2)<br>28.6% No (2) |
| 51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received? 17IQR#19, '18IQR55  | 42.9% Yes (3)<br>42.9% Many (3)<br>14.3% Needs Impv (1)                 |
| 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> | 0% Yes<br>71.4% Many (5)<br>28.6% Needs Impv (2)                        |
| 53. Does the individual receive medication as prescribed? 17IQR#19e, '18IQR57   | 0% Yes<br>28.6% Many (2)<br>71.4% Needs Impv (5)                        |
| 54. Are nursing services provided as needed by the individual? 17IQR#20, '18IQR59   | 14.3% Yes (1)<br>14.3% Many (1)<br>71.4% Needs Impv (5)                 |
| 55. Is the CARMP consistent with recommendation in other healthcare documents? <i>(Is the CARMP is accurate? '17IQR#21f, '18IQR60)</i>  | 0% Yes<br>83.3% Many (5)<br>16.7% Needs Impv (1)<br>(1 N/A)             |
| 56. Is the CARMP consistently implemented as intended? , '18IQR61   | 50% Yes (3)<br>16.7% Many (1)<br>33.3% Needs Impv(2)<br>(1 N/A)         |
| 57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19, '18IQR62  | 14.3% Yes (1)<br>71.4% Many (5)<br>14.3% Needs Impv (1)                 |
| 57a. Are assessment recommendations followed up on in a timely way?   | 14.3% Yes (1)<br>85.7% Many (6)   |
| 57b. Were needed equipment/communication devices delivered timely?  | 85.7% Yes (6)<br>14.3% No (1)   |

| Question  | 2019<br>(sample = 7)  |
|---|---|
| 57c. Were medical specialist appointments attended timely?  | 42.9% Yes (3)<br>42.9% Many (3)<br>14.3% No (1)                         |
| 57d. Were changes in personal condition, if any, responded to timely?                                 | 85.7% Yes (6)<br>14.3% Many (1)   |
| 57e. Were Health Care Plans available, accurate and consistently implemented?                         | 28.6% Yes (2)<br>28.6% Many (2)<br>28.6% Needs Impv (2)<br>14.3% No (1) |
| <b>ASSESSMENTS</b>  |   |
| 58. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18, '18IQR65 | 14.3% Yes (1)<br>57.1% Many (4)<br>28.6% Needs Impv (2)                 |
| 59. Are the assessments adequate for planning? CPRQ59; '17IQR#4f, '18IQR66                            | 0% Yes<br>57.1% Many (4)<br>42.9% Needs Impv (3)                        |
| 59a. Were assessments provided timely?  | 0% Yes<br>71.4% Many (5)<br>28.6% Needs Impv (2)                        |
| 59b. Did assessments contain accurate information?  | 0% Yes<br>71.4% Many (5)<br>28.6% Needs Impv (2)                        |
| 59c. Did assessments contain information accurate to guide planning?                                  | 0% Yes<br>57.1% Many (4)<br>42.9% Needs Impv (3)                        |
| 59d. Did assessments contain recommendations?   | 28.6% Yes (2)<br>71.4% Many (5)   |
| 60. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5, '18IQR67            | 14.3% Yes (1)<br>71.4% Many (5)<br>14.3% Needs Impv (1)                 |

| Question   | 2019<br>(sample = 7)  |
|--|---|
| 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 | 50% Yes (2)<br>50% No (2)<br>(3 N/A)                                    |
| <b>ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES</b>   |   |
| 62. Is there a document called an Individual Service Plan (ISP) that was developed within the past year? CPRQ61; '17IQR#9, '18IQR69  | 100% Yes (7)  |
| 63. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3, '18IQR70  | 28.6% Yes (2)<br>57.1% Many (4)<br>14.3% Needs Impv (1)                 |
| 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  | 20% Yes (1)<br>40% Many (2)<br>40% Needs Impv (2)<br>(2 N/A)            |
| 65. Does my ISP contain current and accurate information? '17IQR#6, '18IQR72   | 14.3% Yes (1)<br>57.1% Many (4)<br>14.3% Needs Impv (1)<br>14.3% No (1) |
| 66. Does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b, '18IQR73   | 42.9% Yes (3)<br>28.6% Many (2)<br>14.3% Needs Impv (1)<br>14.3% No (1) |
| 67. Does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c, '18IQR74  | 28.6% Yes (2)<br>57.1% Many (4)<br>14.3% Needs Imprv (1)                |
| 68. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a, '18IQR75   | 14.3% Yes (1)<br>57.1% Many (4)<br>28.6% Needs Impv (2)                 |
| 69. Does the data kept identify what the person does so a determination regarding progress/lack of progress can be made? '17IQR#12b, '18IQR76  | 14.3% Yes (1)<br>28.6% Many (2)<br>42.9% Needs Impv (3)<br>14.3% No (1) |
| 70. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c, '18IQR77  | 0% Yes  |

| Question  | 2019<br>(sample = 7)  |
|---|---|
|   | 57.1% Many (4)<br>42.9% Needs Impv (3)                                  |
| 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  | 28.6% Yes (2)<br>14.3% Many (1)<br>42.9% Needs Impv (3)<br>14.3% No (1) |
| 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   | 50% Yes (3)<br>33.3% Many (2)<br>16.7% Needs Impv (1)<br>(1 N/A)        |
| 73. Has the person made measurable progress on actions steps during this past year?'17IQR#13b, '18IQR80   | 0% Yes<br>42.9% Many (3)<br>57.1% Needs Impv (4)                        |
| 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   | 42.9% Yes (3)<br>28.6% Many (2)<br>28.6% Needs Impv (2)                 |
| 75. Are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d, '18IQR82  | 57.1% Yes (4)<br>28.6% Many (2)<br>14.3% Needs Impv (1)                 |
| 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 | 14.3% Yes (1)<br>85.7% Many (6)   |
| 77. Are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i, '18IQR84   | 14.3% Yes (1)<br>71.4% Many (5)<br>14.3% Needs Impv (1)                 |
| 78. Are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m, '18IQR85  | 0% Yes<br>71.4% Many (5)<br>14.3% Needs Impv (1)<br>14.3% No (1)        |
| 79. Has the person made measurable progress in therapy this year? '17IQR#13a, '18IQR86  | 0% Yes<br>57.1% Many (4)<br>42.9% Needs Impv (3)                        |

| Question  | 2019<br>(sample = 7)  |
|---|---|
| 80. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c, '18IQR87   | 14.3% Yes (1)<br>42.9% Many (3)<br>28.6% Needs Impv (2)<br>14.3% No (1) |
| 81. Does the ISP contain information regarding primary health (medical) care? CPRQ74, '18IQR88  | 71.4% Yes (5)<br>28.6% Many (2)   |
| 81a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a, '18IQR88a  | 85.7% Yes (6)<br>14.3% No (1)   |
| 81b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b, '18IQR88b   | 85.7% Yes (6)<br>14.3% No (1)   |
| 82. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76, '18IQR89  | 57.1% Yes (4)<br>28.6% Many (2)<br>14.3% No (1)                         |
| 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> | 100% Yes (7)  |
| 84. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a, '18IQR91  | 42.9% Yes (3)<br>28.6% Many (2)<br>14.3% Needs Impv (1)<br>14.3% No (1) |
| 85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7, '18IQR92   | 0% Yes<br>85.7% Many (6)<br>14.3% Needs Impv (1)                        |
| 86. Is the ISP being implemented? (If 85 is "3") CPRQ79 '17IQR#12, '18IQR93   | (7 N/A)   |
| 87a. Is the ISP being implemented? (If 85 is "0", "1", or "2") CPRQ80a '17IQR#12, '18IQR94a   | 0% Yes<br>71.4% Many (5)<br>28.6% Needs Impv (2)                        |
| 87b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11, '18IQR94b   | 0% Yes<br>57.1% Many (4)<br>42.9% Needs Impv(3)                         |
| 88. Was the direct service staff trained on the implementation of this person's ISP? CPRQ81, '18IQR95   | 14.3% Yes (1)   |

| Question  | 2019<br>(sample = 7)                             |
|---|--|
|   | 85.7% Many (6)                                   |
| 89. Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82, '18IQR96      | 0% Yes<br>85.7% Many (6)<br>14.3% Needs Impv (1) |
| <b>EXPECTATIONS FOR GROWTH, QUALITY OF LIFE, SATISFACTION</b>   |  |
| 90. Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13, '18IQR98                                | 0% Yes<br>71.4% Many (5)<br>28.6% Needs Impv (2) |
| 91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d, '18IQR99                                | 71.4% Yes (5)<br>28.6% Many (2)                  |
| 92. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b, '18IQR100 | 42.9% Yes (3)<br>57.1% Many (4)                  |
| 93. Is the person offered a range of opportunities for participation in each life area? CPRQ87, '18IQR101                                       | 71.4% Yes (5)<br>28.6% Many (2)                  |
| 94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30, '18IQR102   | 100% Yes (5)<br>(2 CND)                          |
| 94a. About where and with whom to live? CPRQ89; '17IQR#23c, '18IQR102a  | 60% Yes (3)<br>40% Many (2)<br>(2 CND)           |
| 94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d, '18IQR102b  | 80% Yes (4)<br>20% Many (1)<br>(2 CND)           |
| 94c. About where and with whom to socialize/spend leisure time? CPRQ91, '18IQR102c  | 80% Yes (4)<br>20% Many (1)<br>(2 CND)           |

| Question   | 2019<br>(sample = 7)   |
|--|--|
| 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> )    | 100% Yes (7)   |
| 96. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a, '18IQR105                                     | 71.4% Yes (5)<br>28.6% Many (2)  |
| 97. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94, '18IQR106  | 85.7% Yes (6)<br>14.3% Many (1)  |
| 98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h, '18IQR107   | 71.4% Yes (5)<br>28.6% No (2)  |
| 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 | 40% Yes (2)<br>20% Needs Impv (1)<br>40% No (2)<br>(2 N/A)             |
| 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 | 60% Yes (3)<br>20% Many (1)<br>20% No (1)<br>(2 N/A)                   |
| 101. Is the person protected from abuse, neglect and exploitation? '17IQR#35, '18IQR110  | 57.1% Yes (4)<br>14.3% Many (1)<br>14.3% Needs Impv(1)<br>14.3% No (1) |
| 102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b, '18IQR111   | 80% Yes (4)<br>20% Many (1)<br>(2 N/A)                                 |
| 103. Is the individual safe? '17IQR#24, '18IQR112  | 71.4% Yes (5)<br>14.3% Many (1)<br>14.3% Needs Impv(1)                 |
| 104. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a, '18IQR113   | 42.9% Active (3)<br>42.9% Moderate (3)<br>14.3% Limited (1)            |

| Question   | 2019<br>(sample = 7)                                    |
|--|---|
| 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  | 100% Yes (2)<br>(5 N/A)                                 |
| 106. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30, '18IQR115   | 85.7% Yes (6)<br>14.3% Many (1)                         |
| 107. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e, '18IQR116  | 100% Yes (7)  |
| 108. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c, '18IQR117  | 42.9% Yes (3)<br>57.1% Many (4)                         |
| 109. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e, '18IQR118   | 100% Yes (6)<br>(1 CND)                                 |
| 110. Does the person have sufficient personal money? CPRQ110 '17IQR#34f, '18IQR119   | 85.7% Yes (6)<br>14.3% Many (1)                         |
| 111. Does the person get along with their day program/employment provider staff? CPRQ111, '18IQR120  | 100% Yes (7)  |
| 112. Does the person get along with their residential provider staff? CPRQ112, '18IQR121   | 100% Yes (7)  |
| <b>TEAM PROCESS</b>  |   |
| 113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10, '18IQR122  | 0% Yes<br>85.7% Many (6)<br>14.3% No (1)                |
| 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 | 50% Yes (1)<br>50% No (1)<br>(5 N/A)                    |
| 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  | 14.3% Yes (1)<br>85.7% Many (6)                         |
| 116. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117, '18IQR125  | 42.9% Yes (3)<br>14.3% Many (1)<br>42.9% Needs Impv (3) |



| Question  | 2019<br>(sample = 7)                                 |
|---|--|
| 117. Do you recommend Dispute Resolution for this IDT? CPRQ118, '18IQR126   | 14.3% Yes (1)<br>85.7% No (6)                        |
| 118. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#17d, '18IQR127  | 28.6% Yes (2)<br>71.4% No (5)                        |
| 119. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c, '18IQR128                                  | 28.6% Yes (2)<br>71.4% No (5)                        |
| 120. If #118 OR #119 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; '18IQR129   | 66.7% Yes (2)<br>33.3% No (1)<br>(4 N/A)             |
| 121. Has the person changed residential/day services in the last year? CPRQ122, '18IQR130   | 14.3% Yes (1)<br>85.7% No (6)                        |
| 122. If #121 is Yes, was the change Planned by the IDT? CPRQ122a, '18IQR131   | 0% Yes<br>100% No (1)<br>(6 N/A)                     |
| 123. If #121 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b, '18IQR132   | 100% Yes (1)<br>(6 N/A)                              |
| 124. Overall, has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person? CPRQ123; '17IQR#7n, '18IQR133 | 0% Yes<br>85.7% Many (6)<br>14.3% Needs Impv (1)     |
| <b>SUPPORTED EMPLOYMENT</b>   |  |
| 125. Does (Name) have a current Person-Centered Assessment? '18IQR134   | 66.7% Yes (4)<br>33.3% Many (2)<br>(1 N/A)           |
| 126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a, '18IQR135  | 40% Yes (2)<br>40% Many (2)<br>20% No (1)<br>(2 N/A) |

| Question  | 2019<br>(sample = 7)   |
|---|--|
| 127. Did the individual participate personally in the Person Centered Assessment? '18IQR136   | 66.7% Yes (4)<br>33.3% No (2)<br>(1 N/A)                                   |
| 128. Did the Guardian participate in the Person Centered Assessment? '18IQR137  | 57.1% Yes (4)<br>42.9% No (3)  |
| 129. Is the individual engaged in the Informed Choice Project? '18IQR138  | 0% Yes<br>100% No (7)  |
| 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                | 20% Yes (1)<br>80% No (4)<br>(2 N/A)                                       |
| 131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section? '18IQR140  | 100% Yes (1)<br>(6 N/A)  |
| 132. If #131 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs? '18IQR141  | 0% Yes<br>50% Many (2)<br>50% No (2)<br>(3 N/A)                            |
| 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 | 60% Yes (3)<br>20% Many (1)<br>20% No (1)<br>(2 N/A)                       |
| 134. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c, '18IQR143  | 20% Yes (1)<br>40% Many (2)<br>20% Needs Impv (1)<br>20% No (1)<br>(2 N/A) |

| Question  | 2019<br>(sample = 7)  |
|---|---|
| 135. Has the Guardian received information regarding the range of employment options available for the individual? '18IQR144  | 60% Yes (3)<br>20% Many (1)<br>20% No (1)<br>(2 N/A)                      |
| 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 | 40% Yes (2)<br>20% Many (1)<br>40% No (2)<br>(2 N/A)                      |
| 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                       | 40% Yes (2)<br>20% Many (1)<br>20% Needs Impv(1)<br>20% No (1)<br>(2 N/A) |
| 138. Has the individual participated in work or volunteer activities during the past year? '18IQR147  | 20% Yes (1)<br>20% Many (1)<br>60% No (3)<br>(2 N/A)                      |
| 139. Has the individual identified what type of work or volunteer activities he/she would like to do? '18IQR148   | 40% Yes (2)<br>20% Many (1)<br>20% Needs Impv(1)<br>20% No (1)<br>(2 N/A) |
| 140. Does the Guardian support him/her working? '18IQR149   | 33.3% Yes (2)<br>66.7% No (4)<br>(1 N/A)                                  |
| 142. Is the individual engaged in Supported Employment? CPRQ129, '18IQR151  | 20% Yes (1)<br>80% No (4)<br>(2 N/A)                                      |

| Question   | 2019<br>(sample = 7)   |
|--|--|
| 144. Does the person have a Career Development Plan? CPRQ128 '17IQR#26e, '18IQR153   | 50% Yes (1)<br>50% Many (1)<br>(5 N/A)                       |
| <b>BEHAVIOR</b>  |  |
| 145. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d, '18IQR154  | 57.1% Yes (4)<br>42.9% No (3)                                |
| 146. Does the person need behavior services now? CPRQ132<br>'17IQR#11e, '18IQR155  | 57.1% Yes (4)<br>42.9% No (3)                                |
| 147. Have behavioral assessments been completed? CPRQ133, '18IQR156  | 25% Yes (1)<br>50% Many (2)<br>25% No (1)<br>(3 N/A)         |
| 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 | 50% Yes (2)<br>25% Many (1)<br>25% Needs Impv (1)<br>(3 N/A) |
| 149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d, '18IQR158  | 50% Yes (2)<br>25% Many (1)<br>25% Needs Impv (1)<br>(3 N/A) |
| 150. If needed, does the person have a Behavior Crisis Intervention Plan that meets the person's needs? CPRQ 73a; '17IQR#5h, '18IQR159                           | 0% Yes<br>100% Needs Impv (2)<br>(5 N/A)                     |

| Question   | 2019<br>(sample = 7)   |
|--|--|
| 151. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i, '18IQR160    | 25% Yes (1)<br>25% Many (1)<br>50% Needs Impv (2)<br>(3 N/A)           |
| 152. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d, '18IQR161                      | 25% Yes (1)<br>50% Many (2)<br>25% Needs Impv (1)<br>(3 N/A)           |
| <b>ADAPTIVE EQUIPMENT / AUGMENTATIVE COMMUNICATION</b>   |  |
| 153. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b, '18IQR162                       | 50% Yes (3)<br>50% Many (3)<br>(1 N/A)                                 |
| 154. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c, '18IQR163                     | 50% Yes (3)<br>33.3% Many (2)<br>16.7% Needs Imprv(1)<br>(1 N/A)       |
| 155. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f, '18IQR164 | 71.4% Yes (5)<br>14.3% Many (1)<br>14.3% Needs Impv (1)                |
| 156. Is the person's equipment and technology in good repair?'17IQR#25d, '18IQR165                               | 71.4% Yes (5)<br>28.6% Many (2)  |
| 157. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e, '18IQR166       | 85.7% Yes (6)<br>14.3% Many (1)  |
| 158. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b, '18IQR167         | 28.6% Yes (2)<br>42.9% Many (3)<br>14.3% Needs Impv(1)<br>14.3% No (1) |

| Question  | 2019<br>(sample = 7)                                    |
|---|---|
| <b>INDIVIDUAL SERVICE PLANNING</b>  |   |
| 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 | 100% Yes (7)  |
| 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  | 42.9% Yes (3)<br>42.9% Many (3)<br>14.3% Needs Impv (1) |
| 161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a, '18IQR170   | 71.4% Yes (5)<br>28.6% Many (2)                         |
| 162. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f, '18IQR171   | 71.4% Yes (5)<br>28.6% Many (2)                         |
| 163. Is the person integrated into the community? CPRQ145; '17IQR#29g, '18IQR172  | 85.7% Yes (6)<br>14.3% Many (1)                         |
| 164. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36, '18IQR174   | 0% Yes<br>85.7% Many (6)<br>14.3% Needs Impv(1)         |