Individual Quality Review
2019 Statewide Report

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I. EXECUTIVE SUMMARY

A. Introduction

The Division of Health Improvement (DHI) worked diligently throughout the 2019 Individual Quality Review (IQR) year to successfully hire, train, mentor and approve five IQR surveyors as required by the Jackson Settlement Agreement with the assistance of the previous Community Monitor Lyn Rucker. In addition to administering the IQR survey, the Quality Management Bureau (QMB) is now responsible for independently producing the accompanying IQR reports. As DHI is now responsible for the development and distribution of this report, we will continue to collaborate with our sister agency the Developmental Disabilities Supports Division (DDSD) to provide them with this critical data to ensure the health, safety and quality of life for Jackson Class Members (JCM).

Jackson Class members, in general, have multiple diagnoses, have all been institutionalized at either Los Lunas or Fort Stanton, are severely disabled, and have expressive and/or receptive limitations. Their average age is of 61.1 years.

This 2019 Report continues to identify areas in need of improvement such as: consistently recognize, report, intervene, evaluate and ensure corrective action resulting in improved practice and protections for the individual Jackson class member, at the provider and systems levels. Based on these findings, the system should routinely recognize and reward good practice, as well as take swift and effective corrective action when problems and issues are identified. Both data reflecting good practice as well as data identifying problems and issues should be used to plan and implement improved and sustainable practice.

B. Summary of Findings

Several areas of good practice are identified and continue as strengths in 2019. However, most areas of concern are the same as those which have been identified by the previous Community Monitor's Statewide reports.

The right-hand column below identifies the year each issue was identified by the Community Practice Review/Individual Quality Review.

Years Noted = In CPR and/or IQR Statewide Reports

#	CHART#1: 2019 FINDINGS	Years Noted
A. Health		
#1.	This report, in its entirety, coupled with reports complied by the Community Monitor for the past decade, continue to note systems issues related to recognizing, reporting, intervening, evaluating and ensuring corrective action which results in improved health and programmatic practice at the individual, provider and systems level. A few examples follow.	

#	CHART#1: 2019 FINDINGS	Years Noted
a.	There are current health related issues affecting Jackson Class Members which have been identified by the Community Monitor for over a decade. Within this report, DHI will highlight both areas needing improvement and progress which has been made.	2004 – present
b.	Per the Community Monitor's historical Statewide reports produced over the past decade, Individual Support Plans (ISPs) have never been found to be adequate to meet more than 35% (Scored as a "Yes") of individual's needs. In 2007 35% of class members had adequate ISPs (the highest), in 2017 & 2018, 0% of the ISPs were adequate to meet the person's needs and in 2019 1.2% (Scored as a "Yes") of ISPs were adequate to meet the person's needs. (Q#85)	2004 – present
c.	In 2019, 18.1% of the case manager's records need improvement in regards to documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP (Q#29). In 2018, 23% (19 JCMs) of the case manager's record contained documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP. From 2004 to 2017, the average percentage of class members reviewed who had evidence of case management monitoring and tracking services as outlined in their ISP is 36.8% (Scored as a "Yes").	2004 – present
d.	In 2019, 13.3% (11 JCMs) were found to need improvement regarding whether case management services were provided at the level needed (Q#30). From 2004 to 2017, per the Community Monitor's historical reports, the average percentage of class members who did not have case management providing supports and services needed was 58.8%.	2004 – present
#2.	In 2019, the Northwest had the highest average number of <u>health and wellness findings</u> per person with an average of 9.6; followed by the Metro region 8.5 per person; then the Northeast region with an average of 8.3 findings per person. The Southeast and Southeast region both had an average of 8 health and wellness findings per person.	2011 – present
#3.	41% of those reviewed were found to have assessments in all areas needed (Q.#58). And of those, 8.4% of those assessments were found to be adequate for planning. (Q#59) Lack of action to identify, address and/or follow up on individual JCMs health related needs is a frequently identified health issue which puts JCMs at significant risk. 4a. Not following up on recommended medical appointments or evaluations; 4b. Lack of adequate nursing oversight; 4c. Needed medication not available; 4d. Nurse Uninformed/Giving Incorrect Information; 4e. Needed Therapies were Missing; and 4f. CARMP not being followed.	2005 - present
#4.	Health Records are at times found to be incorrect or contain conflicting health related information (See Chart #8). Information related to specific providers has been summarized in Chart 15. 5a. Plans, Documents Not accurate, or Information is Inconsistent; 5b. Assessments (contradictory information, guidance unclear, incomplete information, missing); 5c. Medication Administration Record/Issues; and 5d. Data Tracking/Monitoring (not done, not done accurately or consistently, e.g., seizures, weight, fluid tracking).	2004 and 2005; 2010 - present
#5.	Twenty-three (23) Jackson Class Members Individuals were identified as having pneumonia of any type. The number of "unspecified" pneumonia is down significantly from 21 in 2017 to 14 in 2018 to 6 in 2019. (Chart #25) The number of hospitalizations per person during the 15-month reporting period was highest for Dehydration / UTI's (14 cases), followed by aspiration/pneumonia (13 cases) and Sepsis at (13 cases). (Chart #24).	2004 and 2013 - present
#6.	Addressing JCM's functional and/or behavioral regression has improved from 2016 but continued improvement is needed.	2009 and

#	CHART#1: 2019 FINDINGS	Years Noted
	Q#90: 11 (13.3%) of those reviewed achieved progress in the last year. An Additional 38 (45.8%) had some more limited areas of progress. Q#118: 33 JCMs (39.8%) were found to have experienced physical regression in the past year. Q#119: 19 JCMs (22.9%) experienced behavioral regression in the past year. Q#120: Of the JCMs wo were found to have regression of either type, 24 of the JCM's teams (64.9%) addressed this regression.	2011 - present
B. Individual Service Plan (ISP)		
#7.	14 (16.9%) of the ISPs were found to contain current and accurate information. (Q# 65) (Scored as "Yes")	2004 - present
#8.	Issues identified by specific sections of the ISP indicate increased improvements with almost all sections. (Visions show expectations of growth: 63.9% (Q# 66.); Outcomes address the person's major needs: 53% (Q# 76); Action Steps are implemented at a frequency that enables the person to learn new skills: 22.9% (Q# 70); Teaching and Support Strategies are sufficient to ensure consistent implementation of the services planned: 28.9% (Q# 77.); Integrate recommendations and/or objectives/strategies of ancillary providers (e.g., therapists, behavior consultants): 28.9% (Q# 78.) (Scored as "Yes")	2004 – present
#9.	39% of those reviewed in 2019 received supports and services adequate to meet the person's needs, which is a steady increase from 2018 which was 30% and "0" found in 2017. (Q#87b in 2019 Q#94b in 2018 and Q#36 in 2017). In 2016, 11 (12%) people were and in 2015, 26% of those reviewed were found to have a program at the level of intensity adequate to meet the person's needs. (Scored as "Yes")	2004 – present
#10.	Of the 83 people whose ISPs were reviewed and scored, 1.2% (1) was found to be adequate to meet the individuals' needs. (Q# 85). Per the Community Monitor's historical reports, none were found to be adequate in 2018 and 2017 and only 12% were found to be adequate in 2016. It should be noted that 73.5% (61) were scored as "many," indicating many indicators met, but not all.	2004 - present
#11.	3.7% (3) of the ISPs reviewed were being fully or consistently implemented. (Q# 87a) It should be noted that 62.2% (51) were scored as "many," indicating many indicators met, but not all.	2004 – present
C. Case Management		
#12.	68 of 83 (82%) class members reviewed had case managers who knew them well. (Q#24) (Scored as "Yes")	2010 - present
#13.	(17 JCMs) 20.5% of the case manager's record contained documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP (Q# 29.) (Scored as "Yes")	2009 – present
#14.	20 (24.1%) of JCM had case managers who were providing them with the supports and services they need. (Q# 30) (29% in 2018, 26% in 2017; 42% in 2016) (Scored as "Yes")	2009 – present
#15.	33 (42.8%) of JCM's teams convened meetings as needed due to changed circumstances and/or needs (Q# 115). 37 (46%) on 2018; 36 (73%) in 2017. (Scored as "Yes")	2016 - present
D. Residential Services and Day Services		
#16.	71 (85.5%) residential staff and 72 (88.9%) day staff know the JCM well. (Q#39; 31) (Scored as "Yes")	2004 – present
#17.	68 (98.6%) of the JCMs reviewed were seen to get along with their residential staff (14 CND) (Q#112) (Scored as "Yes") 58 (96.7%) were seen to get along with their day/employment staff. (2 N/A; 21 CND) (Q#111) (Scored as "Yes")	2019
#18.	51 (61.4%) of JCMs were integrated into the community. (Q#163) (Scored as "Yes")	2004 – present
#19.	54 (65.9%) of JCMs were viewed as "safe". (Q#103) (Scored as "Yes")	2019
#20.	39 (75%) (31 CND) have the opportunity to make informed choices. (Q#94) (Scored as "Yes") 70 (84.3%) of JCMs reviewed have daily choices/appropriate autonomy over his/her life. (Q#106) (Scored as "Yes")	2004 – present

#	CHART#1: 2019 FINDINGS	Years Noted
E. Employment Services		
#21.	26 (42.6%) of JCMs were found to have teams who assessed their vocational interests, abilities and needs. (Q#126) (Scored as "Yes")	2004 – present
#22.	27 (51.9%) of JCMs were found to have been provided with information about the range of employment opportunities and how to access those options. (Q#134) (Scored as "Yes")	2019
#23.	28 (53.8%) of JCMs reviewed had teams who addressed how to overcome barriers, if any, to employment. (Q#136) (Scored as "Yes")	2017 - present
#24.	30 (60%) of JCMs reviewed Guardians received information regarding the range of employment options available to the individual. (Q#135) (Scored as "Yes")	2019
#25	9 (17.3%) of JCMs reviewed were engaged in Supported Employment (31 NA). (Q#142) (Scored as "Yes")	2004 to present
#26	27 (50.9%) of the JCMs reviewed have been offered an opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities (30 NA). (Q#130) (Scored as "Yes")	2004 to present
F. Equipment and Technology		
#27.	52 (69.3%) of the JCMs reviewed have all of the equipment needed. (Q#153) (8 N/A) (Scored as "Yes")	2004 – present
#28.	45 (71.4%) of the JCMs reviewed have received all of the technology needed. (Q.#154) (20 N/A) (Scored as "Yes")	2004 – present
#29.	63 (86.3%) of the JCMs reviewed have equipment and technology in good repair. (Q#156) (1 CND; 9 N/A) (Scored as "Yes")	2004 – present
#30.	52 (71.2%) of the JCMs reviewed have equipment/technology available in all appropriate environments. (Q#157) (1 CND; 9 N/A) (Scored as "Yes")	2004 – present
#31	47 (61.8%) of the JCMs reviewed received all communication assessments and services. (Q#158) (7 NA) (Scored as "Yes")	2004 to present
#32.	63 (87.5%) of the JCMs reviewed have staff who know how to help them use their equipment appropriately. (Q#155) (1 CND; 10 N/A) (Scored as "Yes")	2004 – present
G. Rights		
#33.	77 (92.8%) of JCMs have their cultural preferences accommodated. (Q#107) (Scored as "Yes")	2019
#34.	49 (59%) of JCMs are protected from abuse, neglect and exploitation. (Q#101) (Scored as "Yes")	2004 – present
#35.	40 (71.4%) of JCMs have all incidents of suspected abuse, neglect and exploitation reported and investigated. (Q#102) (Scored as "Yes")	2019
#36.	32 (38.6%) of JCMs are treated with dignity and respect. (Q# 108) (Scored as "Yes")	2004 – present
#37.	64 (77.1%) of JCMs team members interviewed were trained or knowledgeable on how to report abuse, neglect and exploitation. (Q#96) (Scored as "Yes")	2004 – present

C. 2019 Systemic Recommendations

After DHI review and analysis of the 2019 IQR data and in consultation with DDSD, DHI purposes the following systemic recommendations for DDSD's consideration:

#	2019 RECOMMENDATIONS
A. Health	
#1.	DDSD should utilize information from the Jackson Class Member 11a nurse visits to inform providers of issues related to the health and safety of Jackson Class Members and ensure prompt remediation and corrective action is taken as necessary. DDSD should compile this data and analyze it on a monthly basis to inform regional directors of problematic or systemic issues Statewide and within each respective region. DDSD should utilize contract management actions for repeat substandard performance by providers identified.
B. Individual Services Plan (ISP)	
#2.	DDSD should utilize all available QMB (compliance and IQR) data regarding lack of consistent ISP Implementation and take action with non-compliant providers utilizing contract management.
C. Use of DHI Data (QMB Compliance; QMB IQR; IMB)	
#3.	On receipt of IQR Individual Findings Letters, Regional PowerPoints and Data reports, QMB Reports of Findings and IMB Substantiated Cases, DDSD should review the data collectively to obtain knowledge of individual and provider issues to analyze whether systemic interventions, targeted provider technical assistance / contract management or other interventions are necessary and appropriate. DDSD may consider creating a tracking system to identify any data that informed targeted interventions and whether DDSD interventions were successful in remediating the issues for individual and the provider as a whole.

A. There are people and stories behind these numbers

The Individual Quality Review, evaluates the services and supports provided to individual Jackson Class Members (JCMs). The individual, regional and statewide reports provide information regarding the findings from each of those reviews. Behind every number, trend, analysis there is a story about a Jackson Class Member. A person who, like all of us, has a history, preferences, strengths interests, good days and bad.

Every class member is supported by their Interdisciplinary Team (IDT) which includes the individual's guardian, case manager, residential and day service staff and, based on their individual needs the team my include, nurses, therapists (Physical, Occupational and Speech/Language) and Behavioral Support Consultants.

When Team members are asked what they attribute a given story of success to, they inevitably say consistency and persistence. Consistency in staff, in general or consistency and persistence of a particular staff person with whom the class member has a trusting relationship. They may also mention consistency in routine or persistence in offering new and expanded opportunities in spite of initial reluctance on the part of the class member. All of these stories are to be recognized and applauded.

With the positive and successful stories. there are also stories and examples of lack of follow through, lack of awareness and lack of timely and effective action which puts class members quality of life and health and safety at risk. Within this report, **"*The story behind the numbers*"** provides personal illustrations of what happens when a part of or the system does not work as intended.

B. A Profile of JCMs Demographics and Services Received

As of June 30, 2020, there were 233 Jackson Class Members receiving supports and services throughout New Mexico. Understanding the diagnostic and age profile of class members is important to understanding the urgency required to provide diligent and effective healthcare management. In 2018, the Community Monitor completed a thorough review of diagnoses for all Class Members and published a chart listing the noted diagnoses in the 2018 Statewide Report. Please refer to the DHI / IQR website: https://www.nmhealth.org/about/dhi/cbp/qmb/iqr/ for complete information.

The age range of Jackson Class Members is from 36 to 97 with the average age being 61.1. The following chart profiles age and service distribution of class members across the state.

Chart #2: Profile of JCM Demographics and Services

Gender		
Females	93	40%
Males	140	60%

Ethnicity		
Hispanic	105	45%
Caucasian	86	37%
Native American	29	12.4%
Black / African American	12	5.2%
Asian	1	.4%

Type of Residential Program		
Supported Living	186	80.2%
Family Living	31	13.4%
Independent Living	3	1.3%
Customized In-Home Supports	0	0%
Mi Via – In Home Supports	9	4%
ICF/IDD	3	1.3%

Class Members per Region		
Metro	141	61%
Northeast	21	9%
Northwest	15	6%
Southeast	25	11%
Southwest	31	13%

Age		
30-39	3	1%
40-49	27	12%
50-59	92	40%
60-69	72	31%
70-79	32	14%
80+	5	2%
Average Age:	61.1	
Youngest JCM: 36	Oldest JCM: 97	

Type of Day Program		
Adult Habilitation	142	61%
Community Access	6	3%
Supported Employment	4	2%
Adult Habilitation and Supported Employment	26	11%
Adult Habilitation and Community Access	8	3%
Community Access and Supported Employment	2	1%
Customized Community Supports	27	12%
Community Integrated Employment Services	1	.4%
Direct Services (Mi Via)	9	4%
ICF / IDD	3	1.3%
None	3	1.3%

A. Background for the 2019 Report

During the 2019 Individual Quality Review (IQR), services and supports were reviewed for eighty-seven (87) individuals who are Jackson Class Members (JCMs). The findings from those individual JCMs will be reviewed in this report. During the course of the 2019 IQR surveyors conducted hundreds of interviews and observations and reviewed thousands of documents. During this transition year from the Community Monitor to the DHI / QMB / IQR team the Community Monitor and IQR Supervisor conducted summation meetings with representatives of each regional office to review each finding for clarity, accuracy and finalizing of the findings. The individual data has been aggregated, analyzed, which results in the formation of this report.

For the purposes of understanding the details of this report, it is important to note the difference between findings and issues. Findings relate directly to the number of findings identified for each individual being reviewed. A summary of findings is issued after every review for each person in the review. Within a given finding there can be more than one issue addressed. For example, Question #52 asks, "Has the individual received all age and gender appropriate health screenings and immunizations in accordance with National Best Practice and/or as recommended by his/her PCP or other healthcare professionals?" The finding might be: "There was no evidence that Person A has been tested for colorectal cancer, received his flu short or been tested for Hep C." [1] While there is ONE finding there are THREE issues in this finding that Person A and his team and his physician are asked to consider to determine if they are appropriate for him.

B. Most Frequently Identified Findings by Category

In the 2019 Individual Quality Review, statewide, there were a total of 1577 Findings made. The chart below shows what categories they fall into.

Chart #3: Number of Findings by Category

Team Process/DSS, 62
Right / Other (SERO), 5
Adaptive Equipment, 61
Behavior, 35
Planning/Services, 411
Growth/Quality of Life/ Rights, 115
Meaningful Day / Employment, 32
CM/Guardian, 125
Health/Assessments, 731

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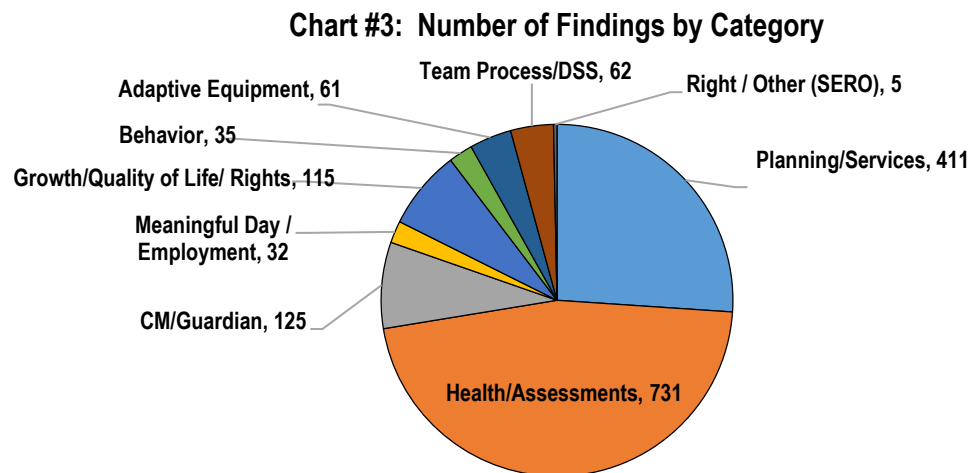
[1] Issues are identified through use of the healthfinder.gov website which indicate required screenings and immunizations based on age and gender.

For the past eight years, the areas which have the most identified deficiencies/findings are in Health/Assessments and Adequacy of Planning/Individual Support Plan (ISP). It should be noted that findings related to planning decreased in 2018 when compared to both 2016 and 2017. Health and Assessments findings in 2019 are at an average of 8.8 per person which is up from 7.63 in 2018. Both health and planning related areas will be explored in greater detail in this report.

The following chart identifies the categories used in the IQR process. This enables a quick review of trends over the course of a six-year period, which can be used as a means to identify areas of improvement, areas of inconsistent results and areas of continued increases.

Chart #4: Number of Findings by Topic Category, 6-Year Totals With Average Number of Findings per Class Member Reviewed							
Category area **Number in sample**	**2013** **103**	**2014** **101**	**2015** **99**	**2016** **93**	**2017** **65**	**2018** **87**	**2019** **83**
Adequacy of Planning/ISP (2019 Planning/Services)	411 Avg: 3.99	439 Avg: 4.25	461 Avg: 4.66	576 Avg: 6.19	607 Avg: 9.34	420 Avg: 4.82	411 Avg: 4.95
Health/Assessments	321 Avg: 3.15	437 Avg: 4.33	414 Avg: 4.18	313 Avg: 3.66	356 Avg: 5.48	664 Avg: 7.63	731 Avg: 8.8
Case Management and Guardianship	188 Avg: 1.83	198 Avg:1.96	166 Avg: 1.68	149 Avg: 1.60	85 Avg: 1.31	127 Avg: 1.46	125 Avg: 1.5
Direct Care Services / Team Process (2019 Team Process/DSS)	151 Avg: 1.47	137 Avg: 1.36	152 Avg:1.54	131 Avg: 1.41	38 Avg: .58	93 Avg: 1.07	62 Avg: .75
Expectation of Growth/Quality of Life/Meaningful Day	84 Avg: .82	107 Avg: 1.06	106 Avg: 1.07	95 Avg: 1.02	146 Avg: 2.25	176 Avg: 2.02	
Meaningful Day / Employment							32 Avg: .39
Growth/Quality of Life/ Rights							115 Avg: 1.4
Behavior	Not Aggregated	Not Aggregated	63 Avg: .64	43 Avg: .46	24 Avg: .37	35 Avg:.40	35 Avg: .42
Adaptive Equipment	62 Avg: .60	70 Avg: .69	50 Avg: .51	46 Avg: .49	60 Avg: .92	80 Avg:.92	61 Avg: .74
Right / Other (SERO)							5 Avg: .06

A. Basic Components of Health Care Management

The previous Community Monitor provided the following narrative regarding Healthcare Management and DHI has included it in this report as it serves as a helpful explanation of the system.

Healthcare management involves deliberately organizing individual care activities and communicating information with all involved. This means that the person's needs are known and communicated, to all of the right people, and that this information is used to provide safe, appropriate, and effective care.[2] Basic components of health care management needed to safely and effectively manage the individual's healthcare include:

Assessments	Accurate Health Record (eChat)	Monitoring & Oversight	Effective Implementation	Take Effective Action	Needs Met Reduced Risk of Harm
▪ Knows strengths & needs. ▪ Knows rec's/orders.	▪ Acting by recording accurate information timely.	▪ Acting by regular monitoring, oversight ▪ Acting by communication with others of findings.	▪ Acting by following recommendations/orders; ▪ Acting by evaluating effectiveness;	▪ Acting by ID ineffective interventions timely; ▪ Acting by altering ineffective interventions timely. ▪ Acting by sustaining effective practice.	

Healthcare management is everyone's responsibility. At a high level, what is being probed as part of the Individual Quality Review is whether the providers/team knew and whether the providers/team acted based on that knowledge. In basic terms, Team members have a duty to thoroughly know the person and his/her changing circumstances and then to act with reasonable care to, at the very least, prevent harm and, hopefully, to enable the person to flourish. It is through this lens of did we know and did we act that the reader is encouraged to examine the implications of the findings throughout this report but most urgently with respect to health-related findings.

This section focuses, primarily, on information gathered through the IQR at the individual and provider (day and residential) levels. Case Management, individual planning, therapy, employment and other important contributors to overall wellness are addressed later in this report.

The IQR explores multiple aspects with respect to the class member's health and resulting health care management which begins with what providers, teams and the system know about the individual. As with all of us, a fact-based understanding of how the person is doing and what his/her needs are begins with *assessments.* Assessment results and recommendations need to be ***documented accurately and timely*** in the person's ***health record*** so that others have the same information. In

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[2] Modified from the United States Department of Health and Human Services, Agency for Healthcare Research and Quality, Care Coordination, Quality Improvement project, http://www.ahrq.gov/research/findings/evidence-based-reports/caregaptp.html

turn, *monitoring and oversight* needs to occur to ensure timely, consistent and *effective implementation of recommendations/orders* and to ensure that any *change in condition is identified quickly*. Briefly, people should *take informed action*, as needed, in a *timely, effective way to prevent harm*.

B. Do Class Members Have Needed Assessments/Screenings?

In order to meet the individual's needs and reduce risk of harm, one must know what the individual's health-related needs are as identified by assessments/screenings. Assessments, in this case, refer to both DD Waiver required assessments as well as assessments, tests or screenings that are recommended by the individual's Primary Care Physician (PCP), clinical specialists and other non- clinical specialists. The second consideration is whether the assessments provide information that can be used by the Team for planning purposes. Assessments need to provide information that will guide the Team as they work to support the individual and as they develop a comprehensive plan to help the person learn, develop a skill, achieve an outcome, address a medical or behavioral issue. For some individuals, maintaining current skills and level of health may be appropriate depending on the individual's personal circumstances (e.g., having been diagnosed with a degenerative disease or in hospice). Finally, the IQR asks whether or not recommendations made as a part of an assessment were used/acted upon by the team. See below for IQR questions related to this area:

Assessments

Question #52:   Has the individual received all age and gender appropriate health screenings and immunizations in accordance with National Best Practice and/or as recommended by his/her PCP or other healthcare professionals? '17IQR#18a; '18IQR#64
Question #58:   Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18; '18IQR#65
Question #59:   Are the assessments adequate for planning? CPRQ59; '17IQR#4f; '18IQR#66
Question #60:   Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5; '18IQR#67
Question #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; '19IQR#68

Chart #5: Are Assessments Acquired and Adequate?

Question	%Yes	%Many	%Needs Imp.	%No
Q#52. Received appropriate health screenings and immunizations?	22.9%	56.6%	18.1%	2.4%
Q#58. Did the team arrange for / obtained needed assessments?	41.0%	51.8%	7.2%	0.0%
Q#59. Are the assessments adequate for planning?	8.4%	78.3%	13.3%	0.0%
Q#60. Were the recommendations from assessments used in planning?	33.7%	51.8%	13.3%	1.2%
Q#61. Has a DCF been completed if rec's are not followed? (30 NA)	45.3%	18.8%	17.0%	18.9%
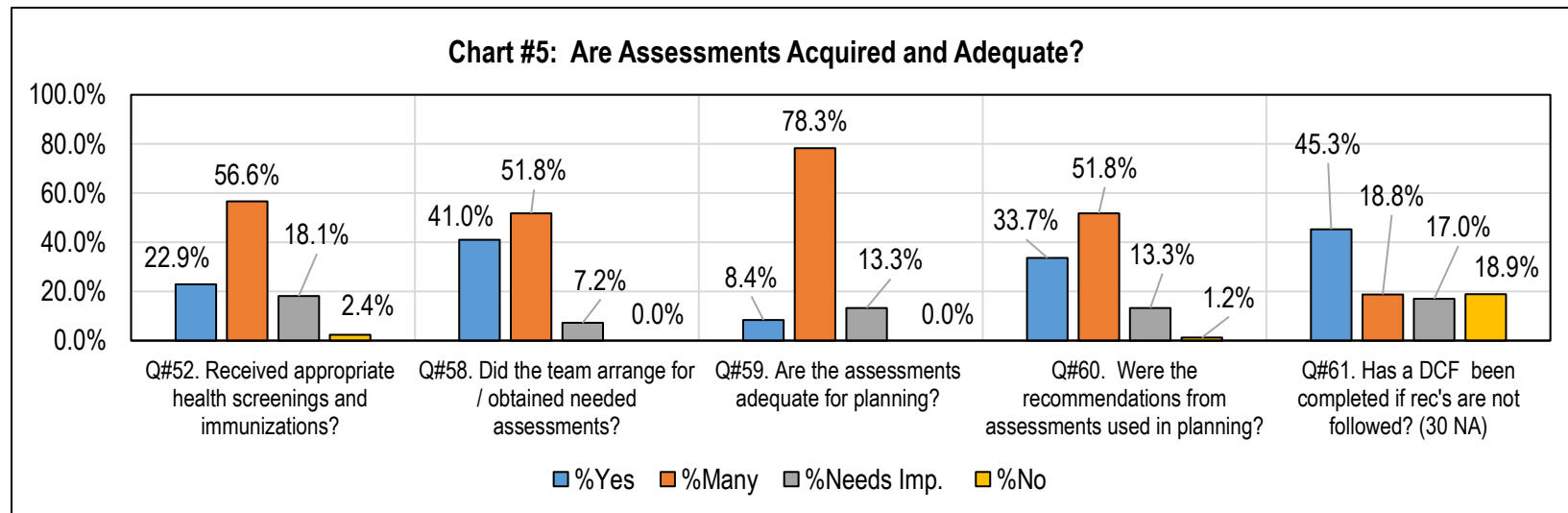
The IQR process asks questions seeking information related to assessments. When there are comparable questions from the CPR and the IQR 'yes' scores, they have been identified for comparison.

Although there continues to be increasing improvement since 2017, acquiring needed assessments or their alternatives continues to be an issue as the following chart illustrates. The steady increase from 2018, which was at 21% to 2019 for 41% of JCMs reviewed receiving needed, relevant assessments this small increase is an areas which needs to continue being monitored and improved by the Department. The following chart relates to IQR Q# 58: Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18; '18IQR#65.

Chart #6: Historic Look at Obtaining Needed Assessments. 2014 to 2019
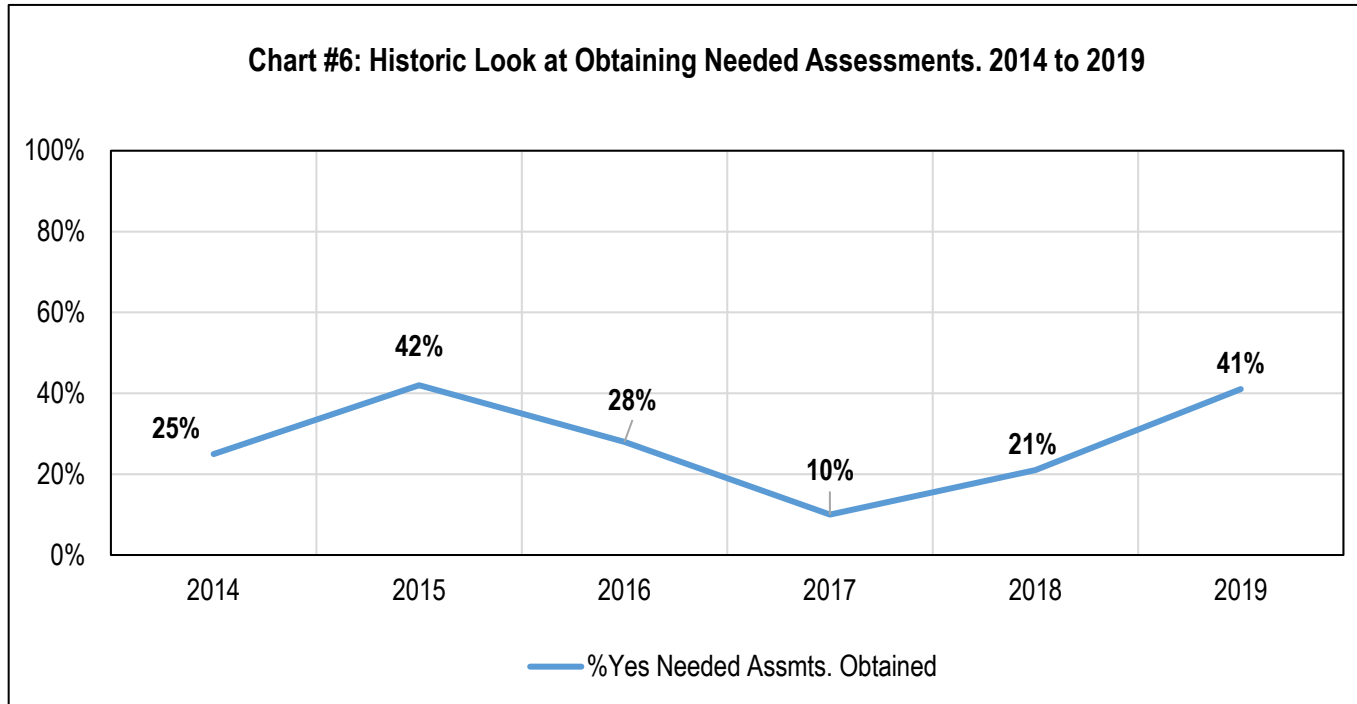
C. Are Class Members' Health Needs Known and Addressed?

The IQR asks questions that specifically relate to whether the team (knew) discussed the person's health-related issues and whether those needs were adequately addressed. As Chart #7 below shows, from 2011 to 2017, there has been a decline in evidence verifying that team members know the person's health related needs, however in 2018 and 2019 this area there is a steady increase. With regards to health needs being addressed, there was a consistent decline from 2011 – 2015, 2016 – 2017 increased slightly and in 2018 there was another decline. In 2019, the percentage increased to 10.8%.

Question #49.   Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21; '18IQR#53
Question #57.   Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19; '18IQR#62

Chart #7: Health Needs Known and Addressed: 2011 to 2019
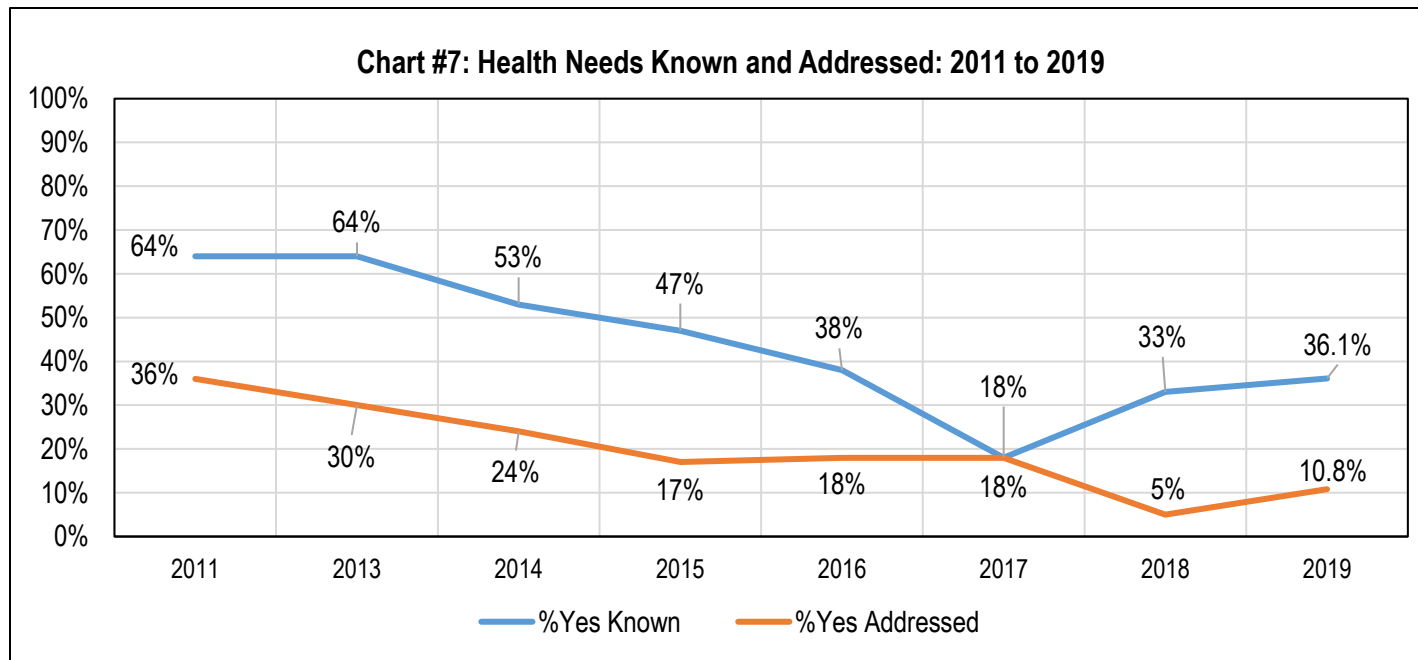
The Story Behind the Numbers: Person #7

- Individual is a 57-year-old "fashionista" who likes to pick out her own clothes and enjoys having her hair and nails done.
- Individual knows how to communicate her needs and with yes/no questions from her support staff, she makes it clear what she wants.
- Individual's team is encouraging when it comes to choice making and communication and they honor her choices. She occasionally volunteers in her community with Meals on Wheels and Desert Harvest. She has a slapstick sense of humor and is a caring person. She enjoys watching romance movies and does not like scary movies. Her staff report her favorite TV shows are "The Golden Girls," "That 70's Show," and "other chick flicks." She has a large adaptive remote in her room that she can use to watch her TV and DVD movies. It has been reported recently that her favorite movie is "50 Shades of Grey."
- Individual occasionally attends church and enjoys attending social gatherings after church. If she is not able to attend services, she will watch the service at home on TV.
- Individual prefers one on one interaction over crowds and will let staff know when she is ready to leave a social event.
- Individual enjoys being outside and exposure to natural lighting, values her privacy and time away from others/groups and knows how to self-regulate emotions in a variety of ways.
- Enjoys going to male reviews and concerts. Although there are some community integration opportunities for the individual, they are infrequent and limited.
- Individuals has had several hospitalizations in the past year for Bowel and GI issues. From June to December 2018, the individual had 6 visits to ER, 3 of which resulted in admission. From January 2019 to present the individual has had 5 visits to urgent care or ER and 3 of those visits have resulted in hospitalization.
- Due to concerns about behavior and health, the individual was evaluated by TEASC and the team received several recommendations. One of those recommendations was to change from a G-tube to a G-J tube. The GI was unsuccessful with attempted G-J tube placement due to the individual's unique body shape. A second recommendation was to consider a referral to General Surgery for potential gall bladder removal. There was no documentation provided during this review for that referral.
- The individual also sees other specialists routinely and has some diagnoses from providers that are not included in the eCHAT.
- It is noted that team members continue to report that the individual is experiencing pain with current pain medication but there was no evidence of exploration of alternative pain management strategies provided for this review.
- Individual's therapists and team have reported that progress on therapy goals and outcomes can be challenging due to health issues and the individuals' team is diligently working to manage health needs, however, there are some inconsistencies in plans and how essential tracking is documented. The team is encouraged to ensure the individual's health and safety by reviewing Health Care Plans and Bowel Management Protocol to ensure consistent tacking expectations.

D. Are Health Records Accurate and Completed as Needed?

The previous Community Monitor provided the following narrative regarding Heath records and DHI has included it in this report as it serves as a helpful explanation of the system. DHI has also included additionally from the 2018 DDW Standards.

One important way for teams and physicians / specialists to protect the individual's health, ensure quality of care and the accuracy of treatment is to have accurate and comprehensive health records. Health records provide a means of communication about preventative health services, history of examinations, diagnoses, planning and treatment of the individual. The information contained in the person's health record is critical for all providers involved including any subsequent new providers/specialists who assume responsibility for identified health needs of the person.

As mentioned above, one of the first steps in knowing the person and having an accurate picture of his/her health status begins with assessments. Based on the outcome of those assessments/screens individual Health Care Plans (HCPs) and Medical Emergency Response Plans (MERPS) may then be developed. Health Care Plans which are required versus those which should be considered are to be noted in the record as are medication administration records and tracking documents to verify that implementation is occurring as intended and/or body functions are occurring safely (e.g., bowel movements, weight stabilization, blood pressure). These health-related records are intended to give guidance to direct support personnel in the day-to-day care of the individual. Team members have a duty to know these documents and to act with reasonable care in a way which results in early identification, prevention and/or effective and timely treatment. As important as these plans and documents are to the health and safety of the individual, wide spread conflicting and inconsistent information continues to exist within and between them. Such inaccuracies or omissions can put the individual in serious jeopardy and can leave agency personnel confused and conflicted as to what actually should be or has been done.

When considering 'health records' there are a number of documents that make up that record. A few of the most frequently relied upon are listed below along with findings regarding their accuracy, timely availability and use.

The *Health Care Plan (HCP)* is a document required to be developed by a licensed nurse that address all the areas identified as required in the most current e-CHAT summary report which is indicated by "R" in the HCP column. At the nurse's sole discretion, based on prudent nursing practice, HCPs may be combined where clinically appropriate. The nurse should use nursing judgment to determine whether to also include HCPs for any of the areas indicated by "C" on the e-CHAT summary report. The nurse may also create other HCPs plans that the nurse determines are warranted. The HCP identifies the individual's health care needs, measurable health related goals, and specific activities to be implemented by licensed nurses, direct support personnel, caregivers or other members of the Interdisciplinary Team (IDT) to address identified health care needs and goals. Health Care Plans addressing constipation/bladder and risk of falls are two examples of common HCP.

A *Medical Emergency Response Plan (MERP)* is a required document developed by the agency nurse) for all conditions marked with an "R" in the e-CHAT summary report. The agency nurse should use her/his clinical judgment and input from the Interdisciplinary Team (IDT) to determine whether shown as "C" in the e-CHAT summary report or other conditions also warrant a MERP. This document provides guidance to direct support personnel when an individual has one or more conditions or illnesses that present a likely potential to become a life-threatening situation. Each Medical Emergency Response Plan (MERP) addresses a single condition/illness.

The *Electronic Comprehensive Health Assessment Tool* (eCHAT) is an in-depth health evaluation of an individual completed by a licensed nurse. The nurse must see the person face-to-face to complete the nursing assessment.[3] When completing the e-CHAT, the nurse is required to review and update the electronic record and consider the diagnoses, medications, treatments, and overall status of the person. The e-CHAT must be completed within the required timeline: a) at least 14 calendar

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[3] NM DD Waiver Standards, Chapter 13. Nursing Services

days but no more than 45 calendar days prior to the annual ISP meeting; b) within three business days of a significant change of health status (change of condition); and c)upon return from any out of home placement (OOHP) including hospitalization, long term care, rehab/sub-acute admission or incarceration. The e-CHAT also calculates the overall acuity level and publishes a summary with healthcare plans and / or medical emergency response plans may be required or considered for the Individual. These plans must be reviewed and revised annually at minimum and whenever needed to reflect changes in condition and treatment. An eCHAT is required for people receiving Family Living, Supported Living, Intensive Medical Living Services (IMLS) or Customized Community Supports Group (CCS-Group). All other DD Waiver recipients may obtain an e-CHAT if needed or desired by adding ANS hours for assessment and consultation to their budget. The acuity level influences how often the individual is to be seen by a nurse and how often nursing assessments/reports are to be done.

As indicated by Chart #8 for the 83 DDW JCMs reviewed 15.7% had an eCHAT which was updated timely and 71.1% were scored as many, indicating many indicators were met.

Chart #8: Is the eCHAT Updated Timely?

Q#50. Was the eChat updated timely?

■%Yes ■% %Many ■% Needs Impv. ■%No
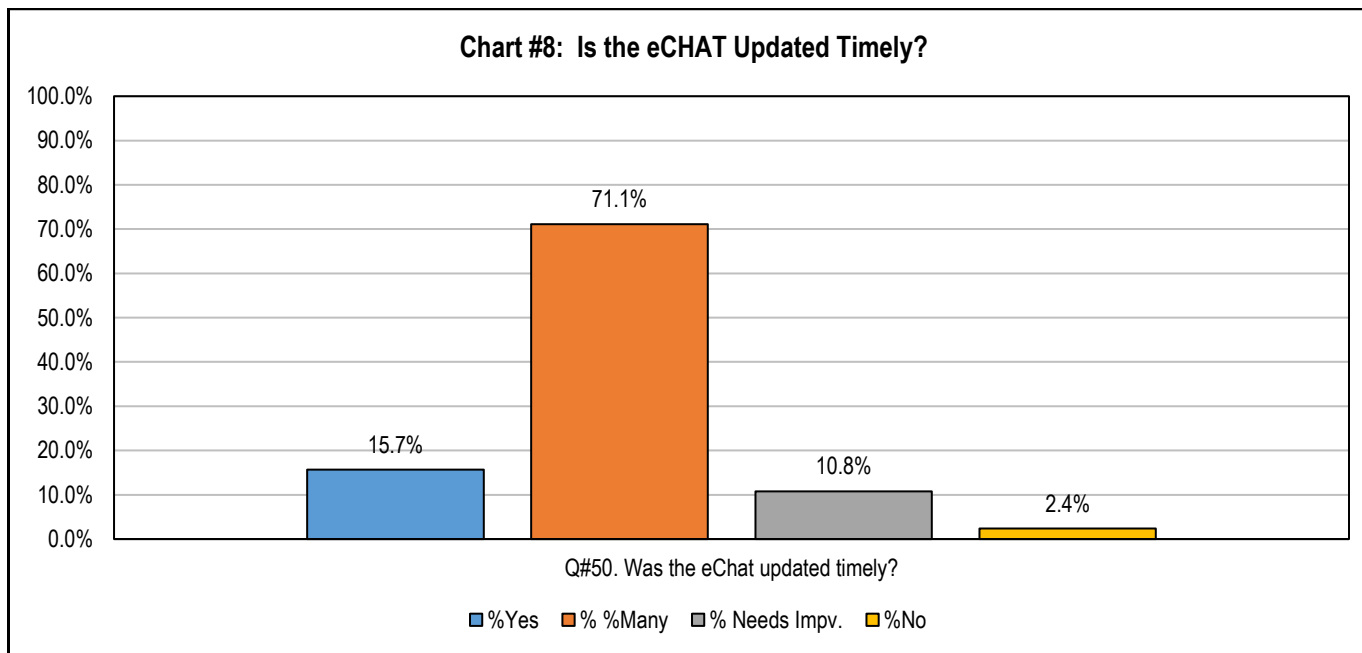
A Comprehensive Aspiration Risk Management Plan (CARMP) is required for people with high or moderate aspiration risk. This risk is assessed by nurses using the DDSD Aspiration Risk Screening Tool (ARST). After the ARST is completed, the CARMP is developed and presented to the person and guardian. At that time, the CARMP may be accepted; all or part may be edited; or the CARMP may be entirely deferred by using the Decision Consultation Process (DCP). Individuals identified with high aspiration risk may have symptoms such as: been hospitalized during the past 2 years for aspiration pneumonia; received outpatient treatment for aspiration pneumonia during the past 12 months; rumination more than 1 x a week; moderate to severe dysphagia coupled with one or more issues such as chronic lung disease, immunosuppression, uncontrolled GERD, rumination or vomiting (weekly). Individuals at moderate aspiration risk have symptoms such as moderate to severe dysphagia *without* chronic lung disease, immunosuppression, uncontrolled GERD, rumination or vomiting along and other identified issues. Aspiration is one of the leading causes of death in individuals with intellectual and developmental disabilities (I/DD). As a result, this plan must be current, accurate and implemented. The Department has spent a great deal of time developing the Aspiration Risk Screening Tool, the Comprehensive Aspiration Risk Management Plan, Nursing Collaborative Aspiration Risk Assessment Tool and Standards addressing Aspiration.

Chart #9: Is the CARMP Accurate and Implemented?

Q#55. Is the CARMP consistent with recommendations in other health care documents? (9 NA)

- 28.4% (%Yes)
- 41.8% (% %Many)
- 28.4% (% Needs Impv.)
- 1.4% (%No)

Q#56. Is the CARMP consistently implemented as intended? (1 CND; 9 NA)

- 57.5% (%Yes)
- 32.9% (% %Many)
- 8.2% (% Needs Impv.)
- 1.4% (%No)

Legend: ■ %Yes   ■ % %Many   ■ % Needs Impv.   ■ %No
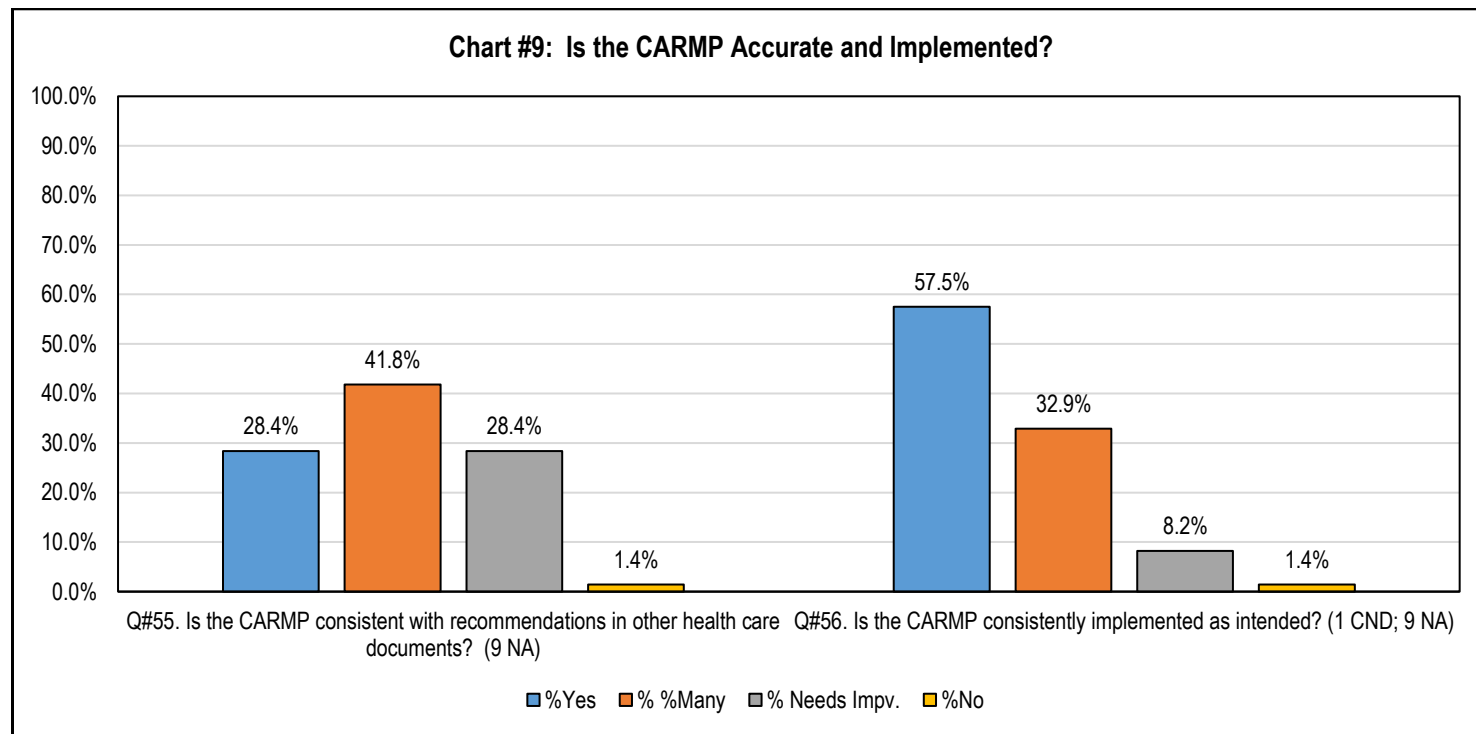
Chart #10: Issues Identified Related to the Accuracy of Health Records: Below is a historical view of issues identified, in 2019 this information can be found below with greater specificity and details. Please see Charts #15, 73, 74

Chart #10: Issues Identified Related to the Accuracy of Health Records				
Issue	**Year**	**# of JCM**	**%**	**# of Issues**
Plans, Documents Not accurate, or Contain Inconsistent Information	2018	**79 of 87**	**91%**	**750**
	2017	56 of 65	86%	253
	2016	57 of 93	61%	128
Assessments: Late, Inaccurate, or Missing	**2018**	**60 of 87**	**69%**	**159**
	2017	42 of 65	65%	85
	2016	19 of 93	20%	29
Tracking Not Done or is Inaccurate	2018	**31 of 87**	**36%**	**239**
	2017	14 of 65	22%	23
	2016	7 of 93	8%	9
Medication Administration Record/Issues	2018	**38 of 87**	**44%**	**221**
	2017	18 of 65	28%	56
	2016	16 of 93	17%	23

E. Is Health Care Monitoring and Oversight Taking Place as Needed?

Health Care oversight and monitoring is a critical function of agency nurses. Others also carry responsibility for implementing, detecting, reporting and acting as well. This section specifically focuses on nurse responsibilities and adequacy of nursing services.

Monitoring & Oversight

Nurses play a pivotal role in supporting individuals receiving services, their guardians, Direct Support Personnel (DSPs), case managers, supervisors and many others within the DD Waiver system and also serve as a key link with the larger Health Care system. DD Waiver Nurses identify and support the person's preferences regarding health decisions; support health awareness, management of medications and health conditions; assess, plan, monitor and manage health related issues; provide education, and share information among the IDT including DSP in a variety of settings.[4]

Nurses are to respond proactively to chronic and acute health changes and concerns, facilitating access to appropriate healthcare services. This involves communication and coordination both within and beyond the DD Waiver system and typically includes contact and collaboration with the person, guardian and IDT members, which include: Primary Care Practitioners (physicians, nurse practitioners or physician assistants), specialty practitioners, Dentists and the Medicaid Managed Care Organization (MCO) Care Coordinators.[5]

It is the expectation that healthcare services and support to class members improves beyond current experience, some of which is highlighted next.

Answers to the following questions asked by the IQR help understanding the nursing oversight and coordination areas for class members.

Question #54.   Are nursing services provided as needed by the individual? 17IQR#20; '18IQR#59
Question #57.   Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19; '18IQR#62
Question #57a.   Are assessment recommendations followed up on in a timely way?
Question #57b.   Were needed equipment/communication devices delivered timely?
Question #57c.   Were medical specialist appointments attended timely?
Question #57d.   Were changes in personal condition, if any, responded to timely?
Question #57e.   Were Health Care Plans available, accurate and consistently implemented?

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[4] Taken from Chapter 13. Nursing Services, page 157.
[5] Ibid.

Chart #11: Nursing Oversight and Services

Chart showing percentages for %Yes, %Many, %Needs Imp., %No across questions:

- Q#54. Nursing services provided as needed? — %Yes 12.0%, %Many 49.4%, %Needs Imp. 38.6%, %No 0.0%
- Q#57. Are the person's health supports/needs being adequately addressed? — %Yes 10.8%, %Many 83.1%, %Needs Imp. 6.0%, %No 0.0%
- Q#57a Are assessment rec. followed up on in a timely way? — %Yes 37.3%, %Many 53.0%, %Needs Imp. 9.6%, %No 0.0%
- Q#57b Were needed equipt/comm devices delivered timely? (NA 9) — %Yes 67.6%, %Many 24.3%, %Needs Imp. 6.8%, %No 1.4%
- Q#57c Were medical specialist appts attended timely? — %Yes 57.8%, %Many 32.5%, %Needs Imp. 6.0%, %No 3.6%
- Q#57d Were changes in personal condition, if any, responded to timely? (NA 7) — %Yes 73.7%, %Many 22.4%, %Needs Imp. 3.9%, %No 0.0%
- Q#57e Were HCP available, accurate and consistently implemented? (NA 3) — %Yes 26.2%, %Many 43.8%, %Needs Imp. 28.7%, %No 1.2%

Legend: ■ %Yes ■ %Many ■ %Needs Imp. ■ %No

The Story Behind the Numbers: Person #60

- Individual is a 72-year-old women who was born in the Spring of 47'. The individual had 8 siblings one of them being a twin brother. Individual is the only living member of the family but has a niece that comes to visit during the holidays but otherwise has limited contact.

- Individual was raised Catholic and continues to practice the Catholic Religion and traditions. Individual is Bilingual in Spanish and English its reported from staff individual speaks both fluently.

- When the individual goes out in the community for long periods of time, individual utilizes a transport wheelchair due to some right knee pain and uses oxygen due to a medical diagnosis of Chronic obstructive pulmonary disease (COPD) and respiratory failure.

- Individual's favorite thing to do is puzzles and will do puzzles from 30 pieces up to 500 pieces.

- Individual currently has Occupational therapy services, Behavior consultant services and well as a Speech and language pathologist on the team.

- During the 2019 record review, the following was noted about Nursing oversight:
  a) Agency nurse stated individual is not an aspiration risk, however, the person is a high risk according to the past ARST from previous provider. A current ARST was not provided by the new provider, however. all IDT interviewed knew the individual was high risk and articulated this during interviews.
  b) According to the provider nurse, the individual does not receive OT, PT, and SLP services, and would like them. As noted above, currently the individual does have OT, BSC and SLP and the team is currently adding PT.
  c) The provider nurse articulated they did not know what to do in case the individual needed advanced medical/ end of life directions.
  d) Provider nurse stated to call CYFD or the police in case of filing an ANE report with IMB.
  e) Provider nurse stated individual does not have a Nutritionist and she "does it herself", however it was noted in the record that the individual is seen annually by the Nutritionist.
  f) Provider nurse stated individual is only on O2 at night, however the CARMP states O is on 2L of O2 during the day and 3L at night

F. Are Individuals' Health Needs Addressed as Needed?

One of the most critical role of providers and individual team members is taking informed, timely and effective action. Knowing is the essential first step and acting on that information timely is a must. Recommendations and orders from clinical specialists – or anyone else – they are to be implemented unless there is an informed reason why not which is discussed and documented timely, using the Decision Consultation Process. The DCP is used when a person or his/her guardian/healthcare decision maker has concerns, needs more information about health-related issues, or has decided not to follow all or part of an order, recommendation, or suggestion. It should be noted, per DDW standards, "Health decisions are the sole domain of waiver participants, their guardians or healthcare decision makers. Participants and their healthcare decision makers can confidently make decisions that are compatible with their personal and cultural values. Provider Agencies are required to support the informed decision making of waiver participants by supporting access to medical consultation, information, and other available resources." In order to assess this, the IQR asks this question as well as others listed throughout this report:

Effective Implementation

> Question #51: Are all of the individual's needed medical treatments, including routine, scheduled, and chronic needs, timely received? 17IQR#19; '18IQR#55 & 56

Another area explored as a part of the IQR review is receipt of medication as ordered or prescribed by a physician. The IQR team review the individual class members medication storage and administration, to ensure medications are assisted with and / or administered as ordered. While there are multiple sources that can be used to guide expectations regarding the assistance and / or administration of medication, the DDW requirements indicate that a current Medication Administration Record (MAR) must be maintained in all settings where medications or treatments are delivered and they must include:
a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed;
b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all self-selected herbal or vitamin therapy;
c. Documentation of all time limited or discontinued medications or treatments;

d. The initials of the individual administering or assisting with the medication delivery and a signature page or electronic record that designates the full name corresponding to the initials;
e. Documentation of refused, missed, or held medications or treatments;
f. Documentation of any allergic reaction that occurred due to medication or treatments; and
g. For PRN medications or treatments:
   i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period;
   ii. clear documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment, unless the DSP is a Family Living Provider related by affinity of consanguinity; and
   iii. documentation of the effectiveness of the PRN medication or treatment.

As stated above, all medications ordered and received by an individual are reviewed. That includes a review of:
   ✓ medications identified for each person in Therap/eCHAT;
   ✓ medications listed on the Medication Administration Record in both day and residential environments;
   ✓ the actual medication on-site in day and residential;
   ✓ the instructions on the medication container / bubble pack as compared to the physician's order; and
   ✓ instructions and delivery identified on the MAR.

In order to determine if medications are given as ordered the IQR asks: Question #53. Does the individual receive medication as prescribed? 17IQR#19e; '18IQR#57. Although there was improvement regarding Q#51 in 2019, these numbers continue to reflect practices that need to be improved as they have a potential for harm to the class members. Please see the chart below for specifics:

Chart #12: Do JCMs Receive Treatment and Medication as Ordered?

Q#51. Are all of the individual's needed medical treatments, including routine, scheduled, and chronic needs, timely received?
- %Yes: 35.0%
- %Many: 56.6%
- %Needs Imp.: 8.4%
- %No: 0.0%

Q#53. Are medications received as prescribed?
- %Yes: 33.8%
- %Many: 30.1%
- %Needs Imp.: 36.1%
- %No: 0.0%

Legend: ■ %Yes   ■ %Many   ■ %Needs Imp.   ■ %No
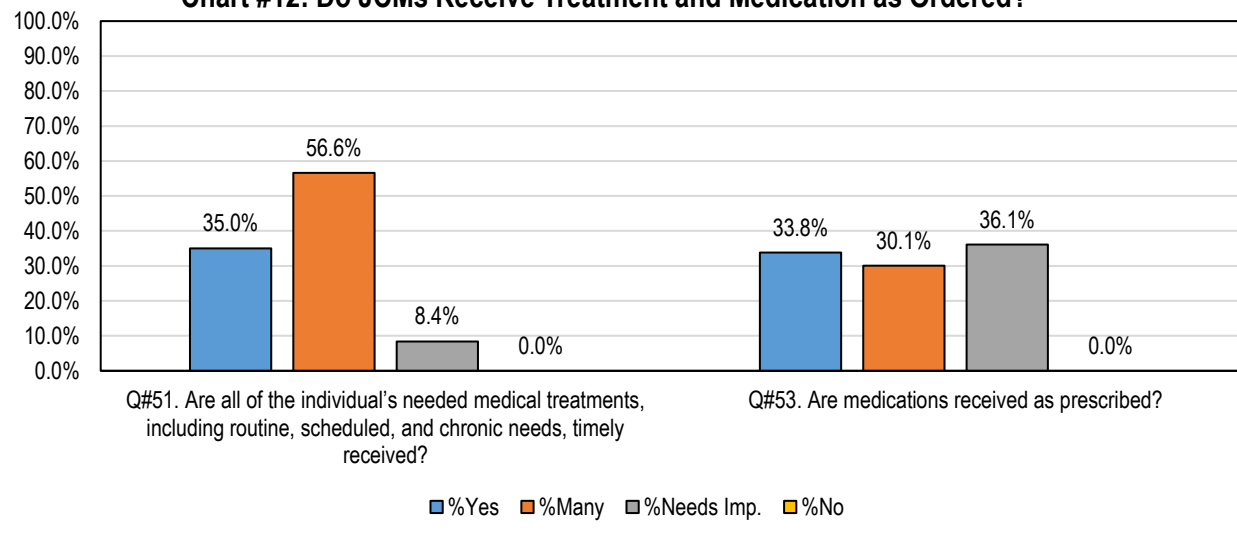
As the following chart illustrates, *in 2019 that number increased to 10.8%*. IQR Question #57 asks, "Are the person's health supports/needs being adequately addressed?"[6]

Chart #13: Are the Person's Health Supports/Needs Being Adequately Addressed?: 2014 to 2019

Year	2014	2015	2016	2017	2018	2019
%Yes	24.0%	17.0%	18.0%	23.0%	5.0%	10.8%

—— %Yes
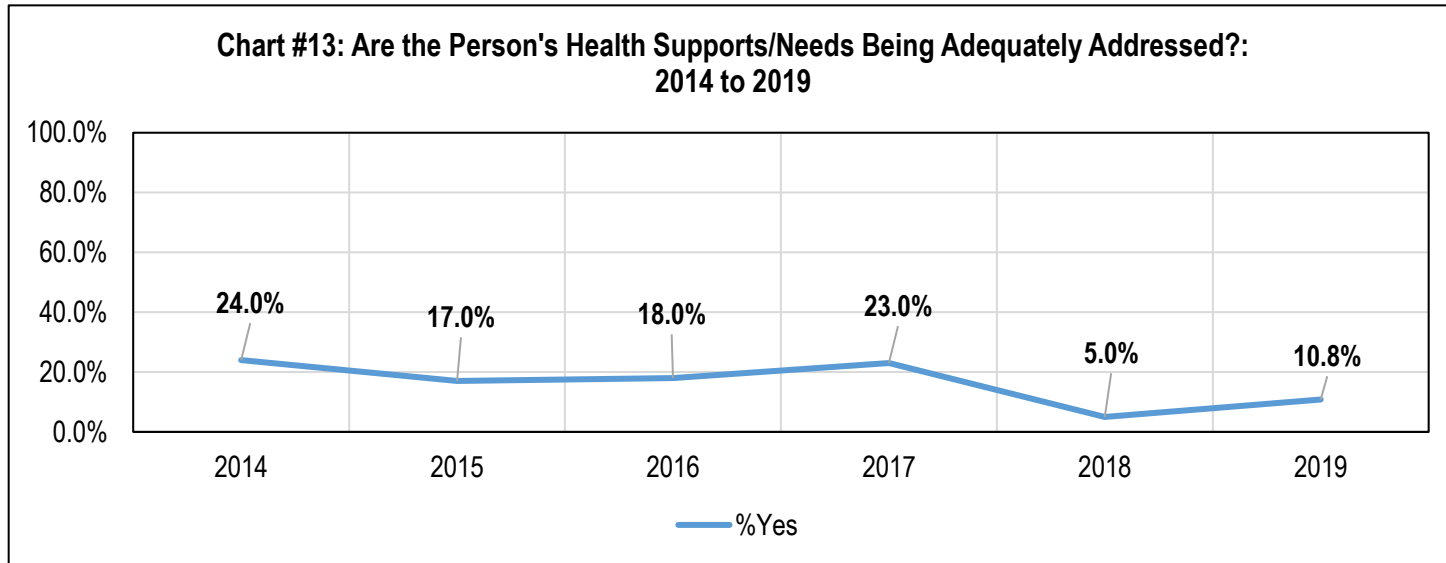
[6] Related CPR Question #53.

The chart below highlights some issues which have been repeatedly identified as risks to class members' health. For example, in 2017, the IQR found that 47 of the 65 people reviewed (72%) had issues with not receiving recommended medical appointments or evaluations. In 2018, that number increased to 87%.

Chart #14: Issues Resulting from Lack of Overall Healthcare Management, Nursing Oversight and Follow up: Below is a historical view of issues identified, in 2019 this information can be found below with greater specificity and details. Charts #15, 71, 72, 74, 75, 76.

Chart #14: Issues Resulting from Lack of Overall Healthcare Management, Nursing Oversight and Follow up				
Issue	**Year**	**# of Class Members Affected**	**%**	**# of Issues**
Not following up on recommended medical appointments or evaluations;	**2018**	**76 of 87**	**87%**	**293**
	2017	*47 of 65*	*72%*	*157*
	2016	*52 of 93*	*56%*	*98*
Nurse Uninformed/Giving Incorrect Information	**2018**	**3 of 87**	**3%**	**6**
	2017	*13 of 65*	*20%*	*18*
	2016	*6 of 93*	*6%*	*6*
Lack of Adequate Nursing Oversight	**2018**	**30 of 87**	**34%**	**157**
	2017	*30 of 65*	*46%*	*130*
	2016	*19 of 93*	*20%*	*26*
Needed Therapies were Missing	2018	5 of 87	6%	16
	2017	*11 of 65*	*17%*	*16*
	2016	*5 of 93*	*5%*	*6*
Needed Medication Not Received/Available	**2018**	**8 of 87**	**9%**	**20**
	2017	*5 of 65*	*8%*	*8*
	2016	*9 of 93*	*10%*	*9*
CARMP not being followed	2018	7 of 87	8%	7
	2017	*4 of 65*	*6%*	*7*
	2016	*4 of 93*	*4%*	*4*

In an effort to assist the DDSD in focusing their improvement efforts, IQR information is available and provided to DDSD by issue, by provider, by region and Statewide. This information should be reviewed and used to make improvements to protect individuals from potential harm. Taking medication administration as an example, the following summarizes the most frequently identified issues and providers with the highest number of identified issues. Chart #15 enables an even closer examination of medication issues by provider. It also enables DDSD to identify and recognize providers that did not have issues related to the medication administration issues. All of this information has been and continues to be available via regional reports and findings letters. Using this and other available data, DDSD could provide technical assistance and cooperatively craft effective and sustainable solutions.

Most Frequently Identified Issues:
#1.   MAR/ Medication/ Dr. Order do not match (167 issues identified)
#2.   Meds not administered as required (54 issues identified)
#3.   Med delivery instructions unclear (52 issues identified

This type of examination and prioritization should happen for all of the health-related issues identified in this report with ensuing timely and effective interventions which result in improved practice on the part of providers and outcomes for class members.

Chart #15: Number Issues with Medication Records and Administration, by Residential Agency

Agency	MAAT incorrect/ inconsistent	MAR Charting errors	Meds not administered as required	MAR/ Medication/ Dr. Order do not match	Med delivery instructions unclear	Medication not available (Rx or PRN)	Med found in home but not on MAR	Meds purpose not listed	Expired meds found in med box/home	Totals
A Better Way (1)	0	0	0	0	0	0	0	0	0	0
Adelante (9)	2	0	1	9	7	0	0	0	0	19
ADID Care (1)	0	0	0	0	0	1	1	0	0	2
Adv. Comm. (1)	1	0	0	4	0	0	0	0	0	5
Alegria (1)	0	0	0	0	0	0	0	0	0	0
Alianza (1)	0	0	0	0	0	0	0	0	0	0
Alta Mira (1)	0	0	0	6	0	0	0	0	0	6
ARCA (5)	1	0	0	4	1	0	2	1	0	9
Aspire (2)	0	2	1	9	1	0	0	0	0	13
At Home Advocacy (1)	0	0	0	2	0	0	0	0	0	2
At Home Advocacy Mi Via (1)	0	0	0	0	0	0	0	0	0	0
Benchmark (2)	0	0	25	9	0	0	0	0	0	34
Bright Horizons (2)	0	0	0	1	1	0	1	1	0	4
CARC (1)	0	0	0	0	0	0	0	0	0	0
CDD (1)	0	0	0	1	0	0	0	0	0	1

Agency	MAAT incorrect/ inconsistent	MAR Charting errors	Meds not administered as required	MAR/ Medication/ Dr. Order do not match	Med delivery instructions unclear	Medication not available (Rx or PRN)	Med found in home but not on MAR	Meds purpose not listed	Expired meds found in med box/home	Totals
Community Options METRO (1)	0	0	0	0	0	0	0	0	0	**0**
Community Options NE (1)	0	0	0	0	0	0	0	0	0	**0**
Community Options SW (1)	0	0	0	4	0	0	0	0	0	**4**
Dungarvin METRO (4)	0	2	0	2	1	0	0	1	0	**6**
Dungarvin NW (3)	0	0	5	1	0	0	1	0	0	**7**
ENMRSH (2)	0	0	0	1	0	0	0	0	0	**1**
Ensuenos (1)	0	0	0	3	0	0	0	0	0	**3**
ESEM (1)	0	0	0	3	0	0	0	0	0	**3**
Expressions of Life (2)	0	0	0	0	0	0	0	0	0	**0**
Independeent Contractor Mi Via (1)	0	0	0	0	0	0	0	0	0	**0**
La Vida (1)	0	0	0	0	0	0	0	0	0	**0**
LEL (1)	3	0	9	0	0	0	0	0	0	**12**
LEADERS (2)	0	0	0	0	0	0	0	0	0	**0**
Lessons of Life (3)	0	0	1	13	0	0	1	0	0	**15**
Life Mission (1)	1	0	0	0	0	0	0	0	0	**1**
LLCP (8)	2	0	1	25	25	0	2	0	0	**55**
Mandys Farm (1)	0	0	0	0	0	0	0	0	0	**0**
Nezzy Care (1)	0	1	0	3	0	0	0	0	0	**4**
NNMQC Mi Via (2)	0	0	0	0	0	0	0	0	0	**0**
Onyx (1)	0	1	0	1	1	0	0	0	0	**3**
Optihealth (1)	0	0	6	6	1	0	0	0	0	**7**
PRS (1)	0	0	0	0	0	0	0	0	0	**0**
R-Way (1)	0	0	1	1	0	0	0	0	0	**2**
Ramah Care (3)	0	0	4	10	0	0	0	0	1	**15**
The New Beginnings (3)	1	1	0	11	2	0	0	0	0	**15**
TLC (1)	0	0	0	1	9	0	0	0	0	**10**
Tobosa (3)	3	0	0	2	3	0	2	0	0	**10**
Tresco (4)	0	1	0	18	0	0	4	0	4	**23**
Tugland (2)	0	0	0	17	0	0	0	0	0	**17**

Agency	MAAT incorrect/ inconsistent	MAR Charting errors	Meds not administered as required	MAR/ Medication/ Dr. Order do not match	Med delivery instructions unclear	Medication not available (Rx or PRN)	Med found in home but not on MAR	Meds purpose not listed	Expired meds found in med box/home	Totals
Totals	14	8	54	167	52	1	14	3	5	308

G. Is Effective Action Being Taken to Protect Class Members?

Take Effective Action

Repeat Findings are another way to evaluate the effectiveness of a remediation intervention. Reviewing findings over time enables the Department to see if an intervention resulted in the desired outcome and if the problem or issue was and remained "fixed". The IQR not only identifies individual issues in a given review year, in this case 2019, but also notes if the finding has been identified for that same class member in previous years. For example, if an individual had a recommendation for a Dexa scan since 2017 but no action had been taken to obtain the exam, it would be considered a repeat finding. When a given issue is identified as a finding, the intent is that the agency will remediate the issue for both the class member reviewed and for anyone else with a similar issue within their agency. Based on continued data this is frequently not the case as evidenced by the number of "repeat findings" identified each year in the IQR review.

With the intent of shifting the responsibility of remediation for identified findings, DDSD and DHI agreed that DHI would only create findings and leave the crafting of recommendations up to the individual providers. This fosters more personal ownership on the part of the provider to detail how they plan to remediate findings. It is the hopes of the DHI/QMB/IQR that with more provider involvement, the provider would take the initiative to create changes that are long standing and creates a difference in the life of the class members reducing the number of repeat findings,

This Report has a summary of the number of repeat findings by agency from 2014 to 2018 in Appendix E. In addition, each of the individual 2019 Regional Data Reports contains more detail, by residential and case management agency. The following charts identifies the areas which were found to have the most repeat findings by Residential agency and Case Management agency.

Chart #16: Repeat Findings by Topic and Residential Provider

Area / Provider	AE/AC	Behavior	Case Manager/ Guardian	Growth/ Quality of Life / Rights	Health/ Assessments	Meaningful Day/ Supp. Empl	Planning and Services	Team Process/ DSS	Total
A Better Way (1)	0	0	0	0	0	0	0	0	**0**
Adelante (9)	0	0	4	6	8	0	9	1	**28**
ADID Care (1)	0	0	1	0	0	0	1	0	**2**
Adv. Communications (1)	0	2	1	1	1	0	2	0	**7**
Alegria (1)	0	0	0	1	0	0	0	0	**1**
Alianza (1)	0	0	0	0	0	0	1	0	**1**

Area / Provider	AE/AC	Behavior	Case Manager/ Guardian	Growth/ Quality of Life / Rights	Health/ Assessments	Meaningful Day/ Supp. Empl	Planning and Services	Team Process/ DSS	Total
Alta Mira (1)	0	0	1	0	0	0	1	0	**2**
ARCA (5)	1	0	2	0	6	1	7	0	**17**
Aspire (2)	1	0	2	0	2	0	4	0	**9**
At Home Advocacy (1)	0	0	1	1	2	1	2	0	**7**
At Home Advocacy Mi Via (1)	1	0	0	0	2	0	0	0	**3**
Benchmark (2)	0	0	3	0	12	0	8	0	**23**
Bright Horizons (2)	0	0	2	0	1	0	8	0	**11**
CARC (1)	0	2	1	1	6	0	2	0	**12**
CDD (1)	0	0	1	0	2	1	2	0	**6**
Community Options METRO (1)	1	0	0	1	2	1	1	0	**6**
Community Options NE (1)	0	2	2	0	5	0	2	0	**11**
Community Options SW (1)	0	0	1	0	5	0	1	0	**7**
Dungarvin METRO (4)	1	2	2	0	2	0	11	1	**19**
Dungarvin NW (3)	1	0	3	2	6	0	8	1	**21**
ENMRSH (2)	0	0	2	0	4	0	1	0	**7**
Ensuenos (1)	1	0	0	0	3	0	1	0	**5**
ESEM (1)	0	1	1	1	3	1	1	0	**8**
Expressions of Life (2)	1	0	0	0	2	0	2	0	**5**
Independent Contractor Mi Via (1)	0	0	0	0	0	0	0	0	**0**
La Vida (1)	0	0	1	0	0	0	1	0	**2**
LEL (1)	0	0	1	0	4	0	1	0	**6**
LEADERS (2)	0	0	1	0	7	0	3	0	**11**
Lessons of Life (3)	0	0	1	1	3	0	3	0	**8**
Life Mission (1)	0	0	1	0	1	0	0	0	**2**

Area / Provider	AE/AC	Behavior	Case Manager/ Guardian	Growth/ Quality of Life / Rights	Health/ Assessments	Meaningful Day/ Supp. Empl	Planning and Services	Team Process/ DSS	Total
LLCP (8)	1	0	4	1	11	0	7	2	**26**
Mandy's Farm (1)	0	0	0	1	7	0	4	0	**12**
Nezzy Care (1)	1	0	0	0	2	0	3	0	**6**
NNMQC Mi Via (2)	0	0	0	0	1	0	0	0	**1**
Onyx (1)	0	0	0	0	1	0	3	0	**4**
OptiHealth (1)	0	0	1	1	2	0	3	0	**7**
PRS (1)	0	0	1	0	3	0	1	0	**5**
R-Way (1)	1	0	1	0	4	0	2	0	**8**
Ramah Care (3)	0	0	4	0	7	2	8	0	**21**
The New Beginnings (3)	0	0	2	0	7	1	4	0	**14**
TLC (1)	0	0	0	0	1	0	1	0	**2**
Tobosa (3)	2	1	0	0	6	0	5	0	**14**
Tresco (4)	0	0	3	2	5	0	7	1	**18**
Tugland (2)	1	0	2	3	9	0	9	1	**25**
TOTAL	**14**	**10**	**53**	**23**	**155**	**8**	**140**	**7**	**410**

Chart #17: Repeat Findings by Area and Case Management Agency

Area / Provider	AE/AC	Behavior	Case Manager/ Guardian	Growth/ Quality of Life / Rights	Health/ Assessments	Meaningful Day/ Supp. Empl	Planning and Services	Team Process/ DSS	Total
A New Vision	0	0	4	6	11	0	8	0	29
A Step Above	0	0	5	1	2	1	6	1	16
A Step Above NW (1)	0	0	1	0	1	0	4	0	6
Amigo	0	0	0	0	3	0	1	0	4
Carino	0	0	3	1	5	0	3	0	12
Consumer Direct (Mi Via 1)	1	0	0	0	2	0	0	0	3
DDSD (1)	0	2	1	1	6	0	2	0	12
Excel NW (3)	1	0	4	3	12	1	10	1	32
Heart of NM (1)	1	0	0	0	2	0	3		6
J & J (9)	3	1	5	0	19	0	13	0	41
Mi Via (2, Los Amigos and Visions)	0	0	0	0	0	0	0	0	0
NERO/Easter Seals (ICF/IDD - 1)	0	1	1	1	3	1	1	0	8
NMQCM	0	0	3	1	5	1	13	0	23
Peak	1	0	4	2	11	1	15	0	34
Peak NW (2)	1	0	2	2	5	0	7	0	17
Peak SW (2)	0	0	1	0	4	0	2	0	7
Rio Puerco (2)	0	0	2	0	4	1	4	1	12
Self-Directed Choices (Mi Via - 1)	0	0	0	0	0	0	0	0	0
SCCM (5)	0	0	3	1	6	0	8	0	18
Unidas	3	2	3	1	17	1	19	3	49
Unidas NE (1)	1	0	0	0	3	0	1	0	5
Unidas SW (2)	0	0	2	2	6	0	2	1	13
Unique Opportunities	1	2	2	1	4	0	4	0	14

Area / Provider	AE/AC	Behavior	Case Manager/ Guardian	Growth/ Quality of Life / Rights	Health/ Assessments	Meaningful Day/ Supp. Empl	Planning and Services	Team Process/ DSS	Total
Visions (5)	1	2	7	0	24	1	14	0	49
TOTAL	14	10	53	23	155	8	140	7	410

H. Results of Ineffective Health Care Coordination/Management: JCMs Found with Immediate and Special Needs Issues Identified for Those with Immediate and/or Special Needs

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

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

The following Chart shows the number of active JCMs, the number of individuals included in the sample by year and of those reviewed, the number who were identified with Immediate and/or Special Findings. As the following Chart illustrates, 2017 showed an increase (62%) in percentage of the sample who were identified with Immediate and/or Special Needs. *This increased trend has continued in 2018 and 2019, which may be attributed to the aging class.*

59 of the 87 were identified as having Immediate and/or Special Needs. *(Note: Includes 5 Mi Via reviewed in 2019)* A closer break down follows:
- 38 individuals were identified to have Immediate Needs, 80 different Immediate Findings were identified for these 38 people.
- 17 of the individuals with Immediate Needs were found to also have Special Needs identified.
- 41 individuals were identified with Special Attention Needs, 71 different findings were identified for these 41 people.

JCMs At Risk of Harm

Chart #18: Unduplicated Count of JCMs with Immediate and/or Special Findings			
Year	Active JCMs	Sample Size	# JCM (% of Sample)
2019	233	87	59 (67.8%)
2018	256	87	55 (63%)
2017	262	65	40 (62%)
2016	269	93	18 (19%)
2015	283	99	33 (33%)
2014	295	97	24 (25%)

Chart #18: <u>Unduplicated</u> Count of JCMs with Immediate and/or Special Findings			
Year	Active JCMs	Sample Size	# JCM (% of Sample)
2013	309	103	29 (28%)
2011	317	110	32 (29%)
2010	330	107	30 (28%)

A comparison of the numbers of individuals identified with Immediate and/or Special Needs since 2008 follows. The trend line for the number of Immediate and Special Needs findings continues to go up.

**Chart #19: Class Members with
Immediate/Special Needs, 2008 to 2018**
Note: this is # of JCMs only, NOT # of findings

Year	Special	Immediate
2019	42	40
2018	38	30
2017	25	19
2016	13	4
2015	28	11
2014	14	12
2013	21	11
2011	23	11
2010	16	15
2009	28	16
2008	14	7
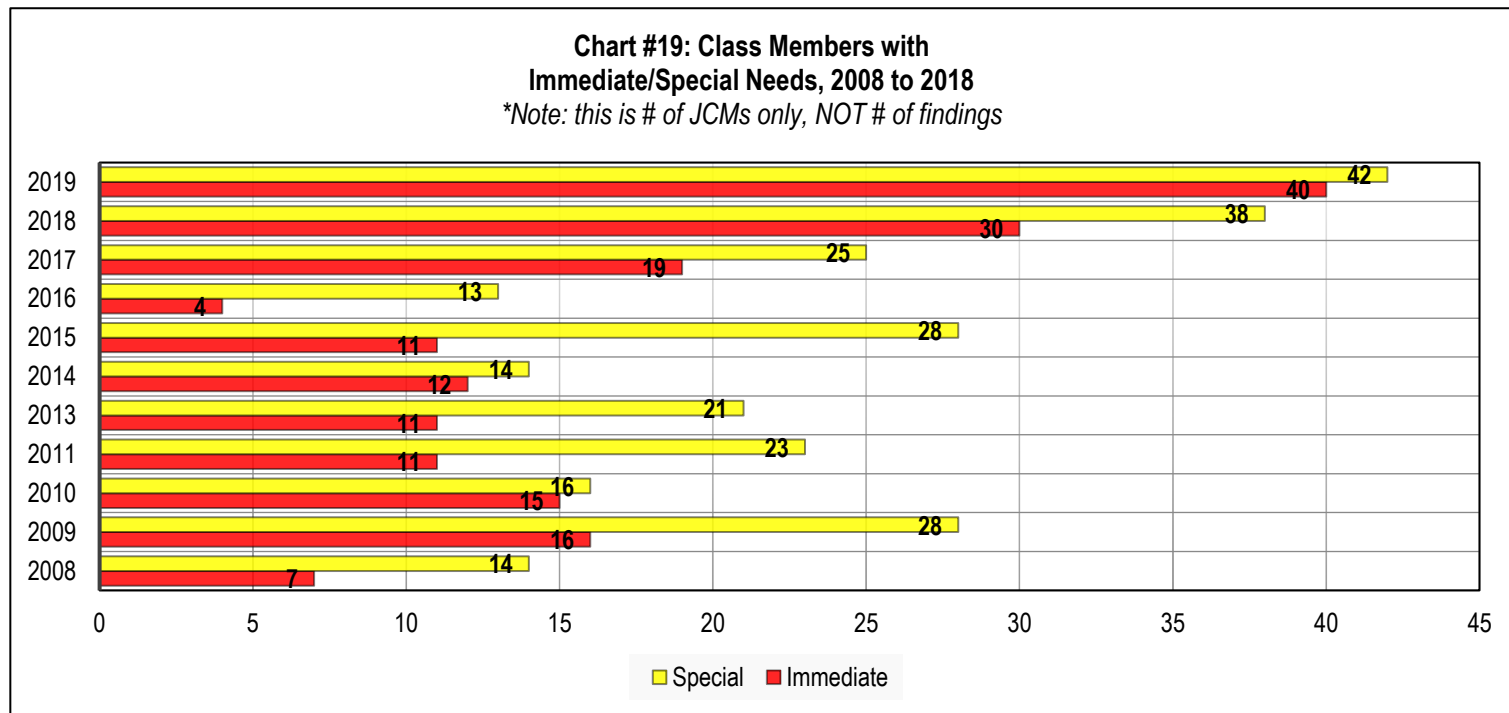
In order for the regions to have a better understanding of Immediate and Special findings, the following breakout may be helpful. As these numbers illustrate, Metro has the largest increase from 2017 to 2019. In 2019 NW Region had its first Immediate needs identified, breaking its four consecutive years of no Immediate needs.

Chart #20: JCMs with Immediate and Special Findings 2014 to 2018 YTD by Region

Region	2015 Immd	Size	Sample	2016 Immd	SP	Sample Size	2017 Immd	Size	Sample Size	2018 Immd	SP	Sample Size	2019 Immd	SP	Sample Size
Metro	10 (20%)	16 (32%)	50	2 (4%)	9 (18%)	49	9 (35%)	9 (35%)	26	17 (35%)	20 (42%)	48	22 (46%)	23 (48%)	48
SW	0	3 20%	14	1 (7%)	2 (14%)	13	3 (30%)	7 (70%)	10	3 (30%)	3 (30%)	10	3 (30%)	5 (50%)	10
SE	1 (9%)	2 (20%)	11	0	1 (10%)	10	1 (10%)	5 (50%)	10	5 50%	3 (30%)	10	5 (50%)	3 (30%)	10
NW	0	3 (30%)	10	0	0	9	0	3 (30%)	9	0	4 (40%)	9	5 (56%)	3 (33%)	9
NE	0	3 (23%)	13	1 (9%)	1 (9%)	11	4 (44%)	3 (30%)	9	5 (50%)	5 (50%)	10	5 (50%)	8 (80%)	10
Total	11 (11%)	27 (27%)	98	4 (5%)	13 (16%)	82	17 (27%)	27 (42%)	64	30 (34%)	35 (40%)	87	40 (48.2%)	42 (51%)	87

In addition to looking at data by region, information can also be identified by provider and by topic area. This information was provided in more detail to the regions following each of their reviews. This information should be used to help the regions prioritize agencies who need technical assistance/remediation and also identify specific priority issues upon which to focus, such as Health Related Oversight, in an effort to use resources wisely.

Chart #21: Immediate and Special Identified Issues by Person, Topic Area and Region
(Details regarding each finding have been provided in previous regional reports)

Yellow highlighting identifies the topic area along with the number of findings in that area (e.g., Health Related Oversight) and of that number, how many were Immediate and Special issues

Immediate/Special Identified Individual Issues – 2019 IQR						
Reg	CM	Res	Day	Immd	Spec	IR
Health Oversight Issues / Assessment Issues (53 findings; 2 Immediate with IR; 24 Immediate; 27 Special)						
M1	A Step Above	ADID Care	ADID Care		X	
M2	Carino	Life Mission	LifeRoots	X		
M2	A New Vision	Adelante	Adelante		X	
M2	Unique Opportunities.	Advantage Communications	Advantage Communications		X	

	Immediate/Special Identified Individual Issues – 2019 IQR					
Reg	CM	Res	Day	Immd	Spec	IR
M2	Unique Opportunities.	Advantage Communications	Advantage Communications		X	
M2	Unidas	ARCA	Expressions Unlimited	X		
M2	Peak	ARCA	ARCA		X	
M2	Unidas	LLCP	LLCP		X	
M2	NMQCM	Bright Horizons	CFC		X	
M2	NCQCM	Bright Horizons	CFC		X	
M3	Unidas	LLCP	LLCP/Adelante		X	
M3	A New Vision	LLCP	LLCP		X	
M3	Carino	The New Beginnings	Cornucopia	X		
M3	Carino	LLCP	LLCP	X		
M3	Peak	OptiHealth	OptiHealth	X		
M3	Unidas	Mandy's Farm	Mandy's Farm	X		
M3	A New Vision	LEL	Alta Mira	X		
M3	Carino	LLCP	LLCP	X		
M3	A New Vision	LEL	Alta Mira	X		
M3	Peak	TLC	Bright Horizons		X	
M3	Unique Opportunities	The New Beginnings	Share Your Care	X		
M3	Unique Opportunities	The New Beginnings	Share Your Care	X		
NE	NERO	ESEM	ESEM	X		
NE	NERO	ESEM	ESEM	X		
NE	NERO	ESEM	ESEM		X	
NE	Los Amigos	NNMQC	NNMQC		X	
NE	Visions	Community Options	Community Options	X		
NE	Visions	Benchmark	Benchmark	X		
NE	Visions	Benchmark	Benchmark	X		X
NE	Visions	Benchmark	Benchmark	X		
NE	Visions	Benchmark	Benchmark	X		
NE	Visions	Benchmark	Benchmark	X		
NE	Visions	Benchmark	Benchmark	X		
NE	Visions	Benchmark	Benchmark		X	

Reg	CM	Res	Day	Immd	Spec	IR
**Immediate/Special Identified Individual Issues – 2019 IQR**						
NE	Visions	Benchmark	Benchmark		X	
NE	Visions	Benchmark	Benchmark		X	
NE	Visions	NNMQC	NNMQC		X	
NE	Visions	R-Way	Phame		X	
NE	Unidas	EnSuenos	EnSuenos	X		
NE	Unidas	EnSuenos	EnSuenos		X	
NE	Unidas	EnSuenos	EnSuenos		X	
NE	Unidas	EnSuenos	EnSuenos		X	
NW	PEAK	Dungarvin	Dungarvin	X		X
NW	Rio Puerco	Ramah Care	Ramah Care	X		
NW	Excel	Tungland	Tungland	X		
SE	J&J	Leaders	Leaders	X		
SE	SERO	CARC	CARC	X		
SE	J&J	Tobosa	Tobosa		X	
SW	Unidas	Tresco	Tresco		X	
SW	SCCM	Tresco	Tresco		X	
SW	SCCM	Tresco	Tresco		X	
SW	SCCM	Tresco	Tresco		X	
SW	Heart of NM	Nezzy Care	Nezzy Care		X	
Aspiration / CARMP Issues (28 findings; 1 Immediate with IR; 18 Immediate; 9 Special)						
M1	NMQCM	Adelante	Adelante	X		
M1	A Step Above	Adelante	Adelante	X		
M1	Unique Oppor.	Adelante	Adelante	X		
M1	A Step Above	Alta Mira	Active Solutions	X		
M1	A Step Above	Alta Mira	Active Solutions	X		
M2	Unidas	LLCP	LLCP		X	
M2	Peak	Arca	Arca	X		
M2	NMQCM	Bright Horizons	CFC		X	
M3	A New Vision	LLCP	LLCP	X		
M3	Carino	The New Beginnings	Cornucopia	X		

Immediate/Special Identified Individual Issues – 2019 IQR						
Reg	**CM**	**Res**	**Day**	**Immd**	**Spec**	**IR**
M3	Carino	The New Beginnings	Cornucopia	X		
M3	Peak	OptiHealth	OptiHealth	X		
M3	Unidas	LLCP	LLCP		X	
M3	A New Vision	LEL	Alta Mira	X		
M3	A New Vision	LEL	Alta Mira	X		
M3	Unidas Joanne Lente	Expressions of Life	LLCP		X	
M3	A Step Above	The New Beginnings	The New Beginnings	X		
M3	Unique Opportunities	The New Beginnings	Share Your Care	X		
NW	Excel	Tungland	Tungland	X		
NW	PEAK	Dungarvin	Dungarvin	X		X
NW	PEAK	Dungarvin	Dungarvin	X		
NW	Rio Puerco	Ramah Care	Ramah Care	X		
SE	SERO	CARC	CARC		X	
SE	J&J	Tobosa	Tobosa	X		
SW	Unidas	Tresco	Tresco		X	
SW	SCCM	Lessons of Life	Lessons of Life		X	
SW	SCCM	Tresco	Tresco		X	
SW	Heart of NM	Nezzy Care	Nezzy Care		X	
ISP / Planning / Service Issues (1 findings; 0 Immediate; 1 Special)						
NE	Visions	NNMQC	NNMQC		X	
Team Process Issues (3 findings; 2 Immediate; 1 Special)						
NE	Visions	Community Options	Community Options	X		
NE	Visions	Community Options	Community Options	X		
NE	Visions	Community Options	Community Options		X	
Medication / Side Effects (13 findings; 6 Immediate; 7 Special)						
M1	A Step Above	Adelante	Adelante		X	
M1	Amigo	Arca	None	X		
M1	Amigo	Arca	None		X	
M1	A Step Above	ADID Care	ADID Care		X	
M1	Peak	Adelante	Adelante		X	
M1	A New Vision	Adelante	Adelante	X		

Immediate/Special Identified Individual Issues – 2019 IQR						
Reg	CM	Res	Day	Immd	Spec	IR
M2	Peak	Dungarvin	Dungarvin	X		
M2	A New Vision	LLCP	None	X		
M3	Unidas	LLCP	LLCP/Adelante		X	
M3	Carino	The New Beginnings	Cornucopia	X		
M3	Carino	The New Beginnings	Cornucopia		X	
M3	Unique Opportunities	The New Beginnings	Share Your Care	X		
SW	SCCM	Lessons of Life	Lessons of Life		X	
HCP / MERPs / eCHAT discrepancies (10 findings; 7 Immediate; 3 Special)						
M2	NMQCM	Bright Horizons	CFC		X	
M3	A New Vision	LEL	Alta Mira		X	
M3	Unidas	LLCP	LLCP/Adelante	X		
M3	A New Vision	LLCP	LLCP	X		
M3	Carino	The New Beginnings	Cornucopia	X		
M3	Unidas	Mandy's Farm	Mandy's Farm	X		
M3	A New Vision	LEL	Alta Mira		X	
M3	Unidas	Mandy's Farm	Mandy's Farm	X		
M3	Unidas	Dungarvin	Dungarvin	X		
M3	A New Vision	LEL	Alta Mira	X		
Equipment Issues (10 findings; 2 Immediate with IR; 3 Immediate; 5 Special)						
M1	Unique Oppor.	Adelante	Adelante	X		
M1	Peak	Adelante	Adelante		X	
M2	Carino	Life Mission	LifeRoots		X	
M2	Unidas	Dungarvin	Share Your Care		X	
M2	Peak	Arca	Arca	X		X
M2	Peak	Arca	Arca	X		X
M2	NMQCM	Bright Horizons	CFC		X	
M3	Unidas	LLCP	LLCP/Adelante	X		
NW	Excel	Tungland	Tungland		X	
SW	SCCM	Tresco	Tresco	X		
Restriction / HRC Issues (1 findings; 1 Immediate; 0 Special)						
SW	Unidas	Tresco	Tresco	X		

Immediate/Special Identified Individual Issues – 2019 IQR						
Reg	CM	Res	Day	Immd	Spec	IR
Symptoms / Issues not being followed up (10 findings; 4 Immediate; 6 Special)						
M1	NMQCM	Adelante	Adelante		X	
M1	Peak	Adelante	Adelante		X	
M1	A New Vision	Adelante	Adelante		X	
M2	Peak	ARCA	ARCA	X		
M2	Unidas	Dungarvin	Share Your Care		X	
M3	Unidas	Dungarvin	Dungarvin	X		
M3	Unique Opportunities	The New Beginnings	Share Your Care	X		
SE	J&J	Leaders	Leaders		X	
SE	J&J	Leaders	Leaders		X	
SE	J&J	Tobosa	Tobosa	X		
Other / Safety / Lack of Adequate Staff (7 findings; 2 Immediate; 5 Special)						
M1	Peak	Adelante	Adelante		X	
M3	A Step Above	The New Beginnings	The New Beginnings		X	
M3	Unidas	LLCP	LLCP/Adelante		X	
M3	Unidas	LLCP	LLCP/Adelante	X		
M3	Unidas	Dungarvin	Dungarvin	X		
M3	A New Vision	LEL	Alta Mira		X	
M3	A Step Above	The New Beginnings	The New Beginnings		X	
Other (7 findings; 1 Immediate; 6 Special)						
NW	Rio Puerco	Ramah Care	Ramah Care		X	
NW	A Step Above	Ramah Care	Empowerment		X	
NW	Excel	Ramah Care	Ramah Care	X		
SE	SERO	CARC	CARC		X	
SE	SERO	CARC	CARC		X	
SE	SERO	CARC	CARC		X	
SW	Unidas	Tresco	Tresco		X	
Missing / Gap Therapy (1 findings; 0 Immediate; 1 Special)						
SE	SERO	CARC	CARC		X	
Not following orders / recommendations (7 findings; 7 Immediate; 0 Special)						

Immediate/Special Identified Individual Issues – 2019 IQR						
Reg	CM	Res	Day	Immd	Spec	IR
M1	A New Vision	Adelante	Adelante	X		
M3	Unidas	LLCP	LLCP/Adelante	X		
M3	Carino	The New Beginnings	Cornucopia	X		
M3	A Step Above	The New Beginnings	The New Beginnings	X		
SE	SERO	CARC	CARC	X		
SE	J&J	Leaders	None	X		
SE	J&J	Tobosa	Tobosa	X		
Case Management Safeguards / Monitoring not Adequate (2 findings; 1 Immediate; 1 Special)						
M3	Unidas	Mandy's Farm	Mandy's Farm		X	
M3	Unidas	LLCP	LLCP/Adelante	X		
DNR issues (1 findings; 0 Immediate; 1 Special)						
M1	A New Vision	Adelante	Adelante		X	

Health Care Management, Nursing Oversight and effective interventions contribute to the issues identified throughout this report including inaccurate/conflicting information in medical records, orders not being followed, recommended tests/follow up not occurring as ordered and more. Examples of issues identified for individual Jackson Class Members have been identified throughout this report. The following summarizes the number of identified issues that relate to a specific category of findings.

Health Oversight Issues / Assessment Issues (53)
- Nursing Assessments/Service Information Missing and/or Inaccurate
- Nursing not providing oversight of healthcare tracking
- Nurse not visiting at required frequency
- Bowel tracking/HCP issues
- Issues with weight loss
- Inconsistent / Incomplete / Conflicting Plans / unclear diagnosis
- Lack of team communication / team meeting for significant event
- Missing required ensure supplement for a week
- Nursing Staff have not provided oversight
- Staff not following plans / Staff knowledge
- Unreported Incident

Aspiration/CARMP Issues (28)
- Nursing not monitoring as required
- CARMP is not followed/Inconsistent
- Issues were observed with implementation

- Staff Not Trained on CARMP
- CARMP contains inconsistencies/inaccurate/not current
- Lack of follow-up
- Lack of implementation

ISP / Planning / Service Issue (1)
- Inconsistent information about therapies

Team Process Issues (3)
- Team not meeting as required for regression
- Therapy recommendations not followed up
- Lack of follow-up

Medication / Side Effect (13)
- Medication Allergy not Identified
- Medication orders/MAR do not match
- Medication has applicable warning

- Medication issues not followed
- MARs inconsistent / inconsistent with diagnosis/MAR not current
- Medication listed on MAR, Individual allergic to medication
- Medication not available in residence

HCP / MER / eCHAT Discrepancies (10)
- Not available / inadequate / inaccurate
- Not person specific

Equipment Issues (10)
- Equipment not working / not in good repair
- Equipment not available
- Equipment not being used as required
- Untimely replacement of equipment
- Lack of follow-up by team
- HRC not review

Symptoms / Issues not being followed up (10)
- No follow-up with team meetings
- No documentation of nurse notification for issues
- Lack of documentation of symptoms
- Lack of adequate services to address health issue
- Lack of team cohesion / no team action taken by team as needed.

Other / Safe / Lack of Adequate Staff (7)
- Lack of adequate staffing
- Lack of safe and available transportation

- Lack of adequate training
- Lack of guardian involvement

Other (7)
- Inconsistent DNR information
- Documents not provided for review as required
- Lack of reporting to DHI / staff unaware of reporting
- Lack of appropriate safeguards related to behaviors

Missing/Gap in Therapy (1)
- Lack of coordinating appropriate therapies

Not following orders/recommendations (7)
- Follow-up appointments and/or lab work were not completed
- Lack of preventive screens
- Lack of follow-up on appointments

Case Management issues (2)
- No IDT meeting as required
- Lack of required safeguards

Do Not Resuscitate issues (1)
- Staff not aware DNR Exists

Restrictions / HRC Issue (1)
- Restrictions not reviewed as required

Chart #22: Number of Immediate and/or Special Findings Identified by Residential/Day Agency									
RESIDENTIAL (87) = number in review	**# Immd Findings**	**# Special Findings**	**IR Filed**	**Avg # I/S/IR Findings**	**DAY Agency** (94) = number in review *Some Individuals had more than 1 day service*	**# Immd Findings**	**# Special Findings**	**IR Filed**	**Avg # I/S/IR Findings**
Agencies with 10 or more People in the Sample									
					Adelante (13)	6	10	0	1.23
					LLCP (10)	10	7	0	1.7
Agencies with 6 to 9 People in the Sample									
Adelante (9)	6	10	0	1.23					
Dungarvin Metro & NW (7)	9	4	2	2.14					
LLCP (8)	10	7	0	2.12					
Agencies with 4 to 5 People in the Sample									
ARCA (5)	6	2	2	2	Dungarvin Metro & NW (5)	9	4	2	3
Tresco (4)	3	6	0	2.25	Tresco (4)	3	6	0	2.25
Agencies with 2 to 3 People in the Sample									
Aspire SE (2)	0	0	0	0	A Better Way (2)	0	0	0	0
Benchmark NE (2)	6	2	1	4.5	Adv. Comm. (2)	0	2	0	1
Bright Horizons (2)	0	5	0	2.5	ARCA (2)	6	2	2	5
Community Options – Metro, NE, SW (3)	3	1	0	1.33	Aspire SE (2)	0	0	0	0
ENMRSH (2)	0	0	0	0	Benchmark NE (2)	6	2	1	4.5
Expressions of Life (2)	0	1	0	.5	Bright Horizons (2)	0	5	0	2.5
Leaders (2)	2	2	0	2	CFC (2)	0	5	0	2.5
Lessons of Life (3)	0	2	0	.66	Community Options – Metro, NE, SW (3)	3	1	0	1.33
NNMQC Mi Via (2)	0	3	0	1.5	Cornucopia (2)	6	1	0	3.5
Ramah Care (3)	3	2	0	1.66	ENMRSH (2)	0	0	0	0
The New Beginnings (3)	12	4	0	5.33	Lessons of Life (3)	0	2	0	.66
Tobosa (3)	3	1	0	1.33	LifeROOTS (2)	1	1	0	1
Tungland (2)	2	1	0	1.5	Mandy's Farm (3)	3	1	0	1.33
					NNMQC Mi Via (2)	0	3	0	1.5
					Ramah Care (2)	3	2	0	2.5
					Share Your Care (3)	5	2	0	2.33
					The New Beginnings (3)	12	4	0	5.33

					Tobosa (3)	3	1	0	1.33
					Tungland (2)	2	1	0	1.5
Agencies with 1 person in the Sample									
A Better Way (1)	0	0	0	0	Active Solutions (1)	2	0	0	2
ADID Care (1)	0	2	0	2	ADID Care (1)	0	2	0	2
Adv. Comm. (1)	0	2	0	2	Alianza (1)	0	0	0	0
Algeria (1)	0	0	0	0	Alta Mira (1)	2	0	0	2
Alianza (1)	0	0	0	0	At Home Advocacy Mi Via (1)	0	0	0	0
Alta Mira (1)	2	0	0	2	CARC (1)	2	5	0	7
At Home Advocacy (1)	0	0	0	0	CDD (1)	0	0	0	0
At Home Advocacy Mi Via (1)	0	0	0	0	Easter Seals El Mirador (1)	2	1	0	3
CARC (1)	2	5	0	7	Empowerment (1)	0	1	0	1
CDD (1)	0	0	0	0	Ensuenos Y Los Angelitos (1)	1	3	0	4
Easter Seals El Mirador (1)	2	1	0	3	Expressions Unlimited (1)	1	0	0	1
Ensuenos Y Los Angelitos (1)	1	3	0	4	Leaders (1)	2	2	0	4
Independent Contractor Mi Via / Mi Via NE(1)	0	0	0	0	Mi Via NE (1)	0	0	0	0
La Vida (1)	0	0	0	0	Nezzy Care (1)	0	3	0	3
LEL (1)	5	3	0	8	Onyx (1)	0	0	0	0
Life Mission (1)	0	1	0	1	Optihealth (1)	2	0	0	2
Mandy's Farm (1)	3	1	0	4	Phame (1)	0	1	0	1
Nezzy Care (1)	0	3	0	3	PRS (1)	0	0	0	0
Onyx (1)	0	0	0	0					
Optihealth (1)	2	0	0	2					
PRS (1)	0	0	0	0					
R-Way (1)	0	1	0	1					
TLC (1)	0	1	0	1					

| Chart #23: Number of Immediate and/or Special Findings Identified by CM Agency				
CM Agency (87) = number in review	Immd Findings	Special Findings	IR Filed	Avg # I/S/IR Findings
CM Agencies with 9 or more people in the Sample				
J&J (9)	5	3	0	.88
Peak – Metro (11)	10	6	4	1.81
Unidas Metro (13)	13	16	0	2.23
CM Agencies with 6 to 8 people in the Sample				
A New Vision (8)	3	5	0	1
A Step Above – Metro (8)	10	8	0	2.25
Visions (5 DDW / 1 Mi Via)	9	7	0	2.6
CM Agencies with 4 to 5 people in the Sample				
Carino (5)	9	2	0	2.2
NMQCM (5)	1	6	0	1.4
SCCM – SW (5)	2	5	0	1.4
Unique Opp – Metro (4)	7	2	0	2.25
CM Agencies with 2 to 3 people in the Sample				
Amigo (2)	1	1	0	1
Excel NW (3)	3	1	0	1.33
Rio Puerco – NW (2)	2	1	0	1.5
CM Agencies with 1 person in the Sample				
Consumer Direct -Mi Via (1)	0	0	0	0
Heart of NM (1)	0	3	0	3
Los Amigos Mi Via (1)	0	1	0	1
NERO/ESEM (1)	2	1	0	3
Self-Directed Mi Via (1)	0	0	0	0
SERO (1)	2	5	0	7

I. Prevalent Causes of Hospitalization

In addition to looking at what people know, what information is contained in the record, what action has been taken and health related outcomes, other facts inform our understanding of overall class member health status and receipt of prompt care. This section examines the most frequently identified health issues based on the Out of Home Placement Report.

For 2019, numbers listed below reflect those Out of Home Placement Reports received after last year's cutoff date (March 31, 2019 through June 30, 2020) a period of fifteen months. Primary causes of hospitalization are described in the chart that follows. Dehydration and urinary tract infections once again accounted for the highest number of hospitalizations, followed by aspiration pneumonia and Sepsis. Bowel-related issues as a contributing cause of hospitalizations (obstructions, impactions, constipation, ileus and volvulus) are down significantly from their high of 2017.

When reviewing this data, be aware that class members often experienced more than one of the tracked diagnoses during a single out of home placement. When sepsis is diagnosed, for example, there was almost always an underlying infectious process, such as pneumonia or urinary tract infection. Dehydration was often associated with constipation and/or bowel obstruction.

Chart #24: Monthly Average of Primary Causes of Hospitalization by Reporting Period
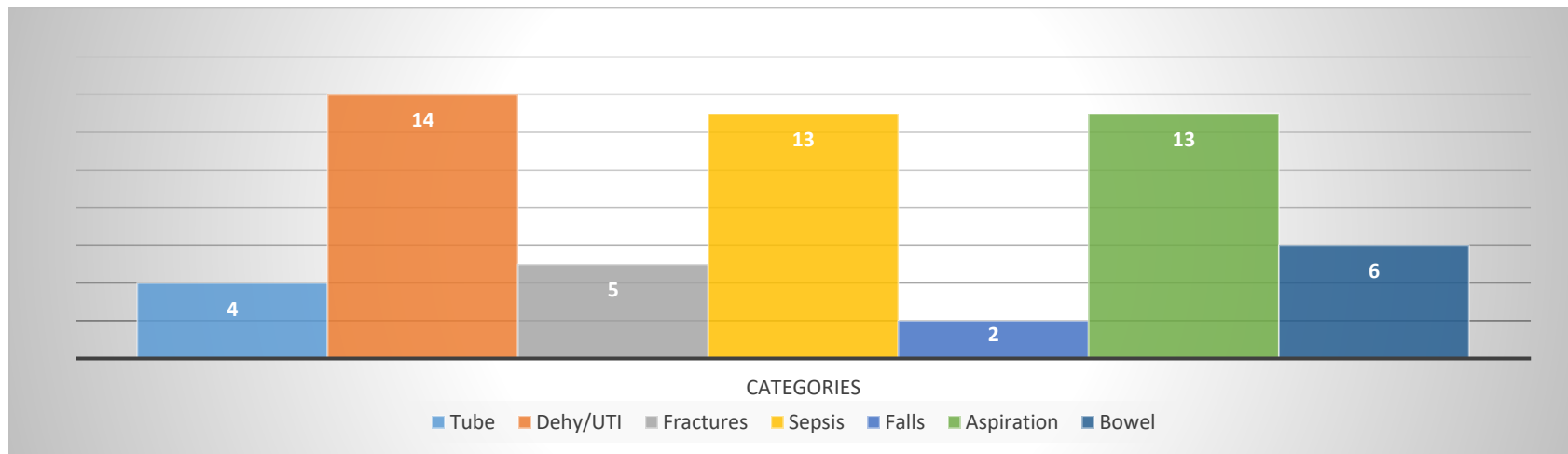
Explanation of the conditions tracked in the chart above:

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

Bowel: individuals hospitalized and diagnosed with bowel obstructions/impactions, and conditions of intestinal paralysis (ileus) and twisting (volvulus) that commonly lead to obstruction, if not detected and treated promptly.

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

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

Fractures: individuals hospitalized and diagnosed with broken bones.

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

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

The following three charts examine the type and prevalence of pneumonia as a contributing factor in out of home placements. Chart #25 identifies the number of pneumonia diagnoses associated with hospital stays by classification. Chart #26 displays the monthly average of out of home placements with pneumonia of any type identified. Chart #27 looks at the number of class members who experienced out of home placements related to aspiration pneumonia, including those class member deaths where aspiration pneumonia is a suspected cause.[7] When these data are examined together, there are several aspects of class members' experience with pneumonia that can be examined. It should be noted in 2019, there were no deaths for any individuals who had a diagnosis of Aspiration Pneumonia per the DDSD Out of Home Placement report data.

Chart #25: Pneumonia Diagnosis Contributing to Hospitalization

Year	Aspiration	Community Acquired	Unspecified
2019	13	4	6
2018	23	9	14
2017	12	6	21
2016	21	4	22
2015	5	1	20
2014	11	6	15
2013	9	1	15
2012	7	2	12
2011	8	2	20
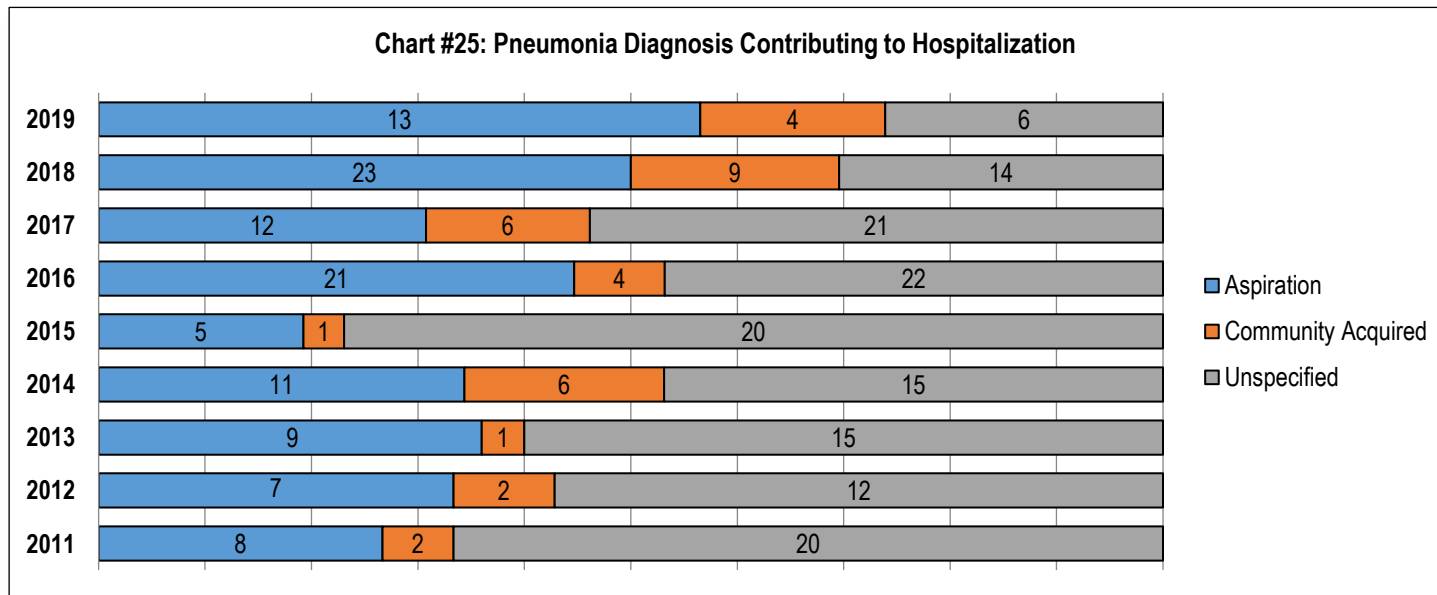
Chart #26: Monthly Average of Reported Pneumonia Diagnoses 2010 to June 2020

Year	Value
2011	2.33
2012	1.58
2013	1.92
2014	2.67
2015	2.16
2016	3.92
2017	3
2018	3.07
2019	1.6
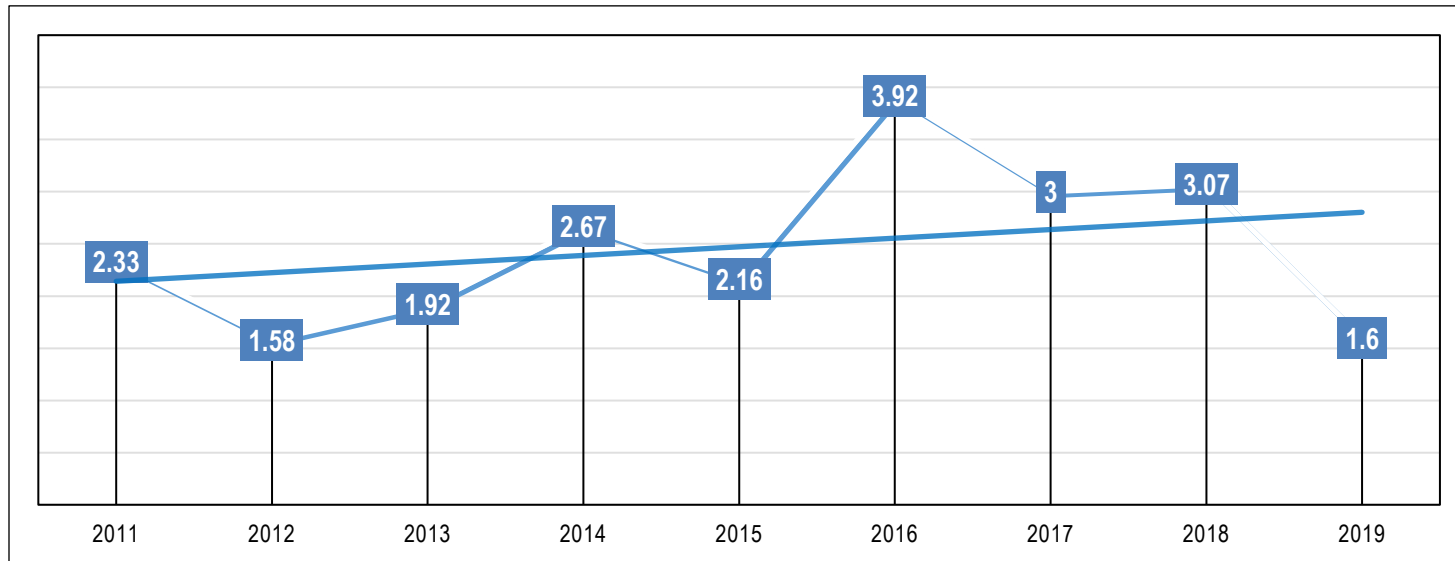
Chart #27: Hospitalizations and Deaths Attributed to Aspiration Pneumonia 2010 to June 2020										
( ) = Number of times to hospital	2011	2012	2013	2014	2015	2016	2017	2018	2019	Total
# of Persons who died who had a diagnosis of Aspiration Pneumonia	2	0	2	3	1	2	0	1	0	11
# of Persons hospitalized with a diagnosis of Aspiration Pneumonia	8 (8x)	7 (10x)	9 (10x)	11	5	17 (21x)	10 (12x)	18 (22x)	10	95
Total	**10**	**7**	**11**	**14**	**4**	**19**	**10**	**21**	**10**	**106**

J. Readmissions

When a person is discharged from the hospital, and then readmitted within 30 days for the same problem or a related problem, this is identified as a readmission. Readmissions are measured nationwide as an indication of quality of care, based upon the presumption that rates of readmission are related to discharges which occur too early, incorrect diagnosis, and/or provision of treatment that is not effective. The risk of hospital readmission is heightened among persons with intellectual disability who have compromised communication skills due to their inability to report symptoms, which designation applies to a large majority of Jackson Class Members,. A total of 174 of the 962 (17%) Out of Home Placement records received since 2010 are readmissions. This is the fifth year readmissions have been examined. During 2015 and 2016, the overall percentage of readmissions held steady at 15%. It increased to 17% in 2017 due to a significant increase in readmissions that year pushing the overall number higher. Nineteen percent (19%) of the 127 admissions for the current reporting period were readmissions. The average since 2010 is 18%, meaning 82% did not result in a readmission.

Chart #28: Nine Year Readmission Rate by Region (2010 to June 2020)		
Region	Readmissions/Total Admissions	Eight Year % of Total by Region
Metro	95/524	18%
Northeast	22/101	22%
Northwest	19/90	21%
Southeast	13/100	13%
Southwest	25/147	17%
TOTAL	**174/962**	**18%**

Chart #29: Percentage of Hospital Readmissions per Reporting Period by Region

Legend: ■2010 ■2011 ■2012 ■2013 ■2014 ■2015 ■2016 ■2017 ■2018 ■2019

METRO: 12.50%, 8%, 0%, 7%, 18%, 20%, 18%, 33%, 18%, 18%

NORTHEAST: 9%, 28%, 22%, 0%, 0%, 22%, 12.5%, 50%, 25%, 22%

NORTHWEST: 33%, 0%, 17%, 0%, 20%, 50%, 0%, 7%, 30%, 21%

SOUTHEAST: 17%, 10%, 11%, 11%, 9%, 38%, 11%, 0%, 17%, 13%

SOUTHWEST: 17%, 33%, 18%, 7%, 18%, 19%, 8%, 13%, 18%, 17%
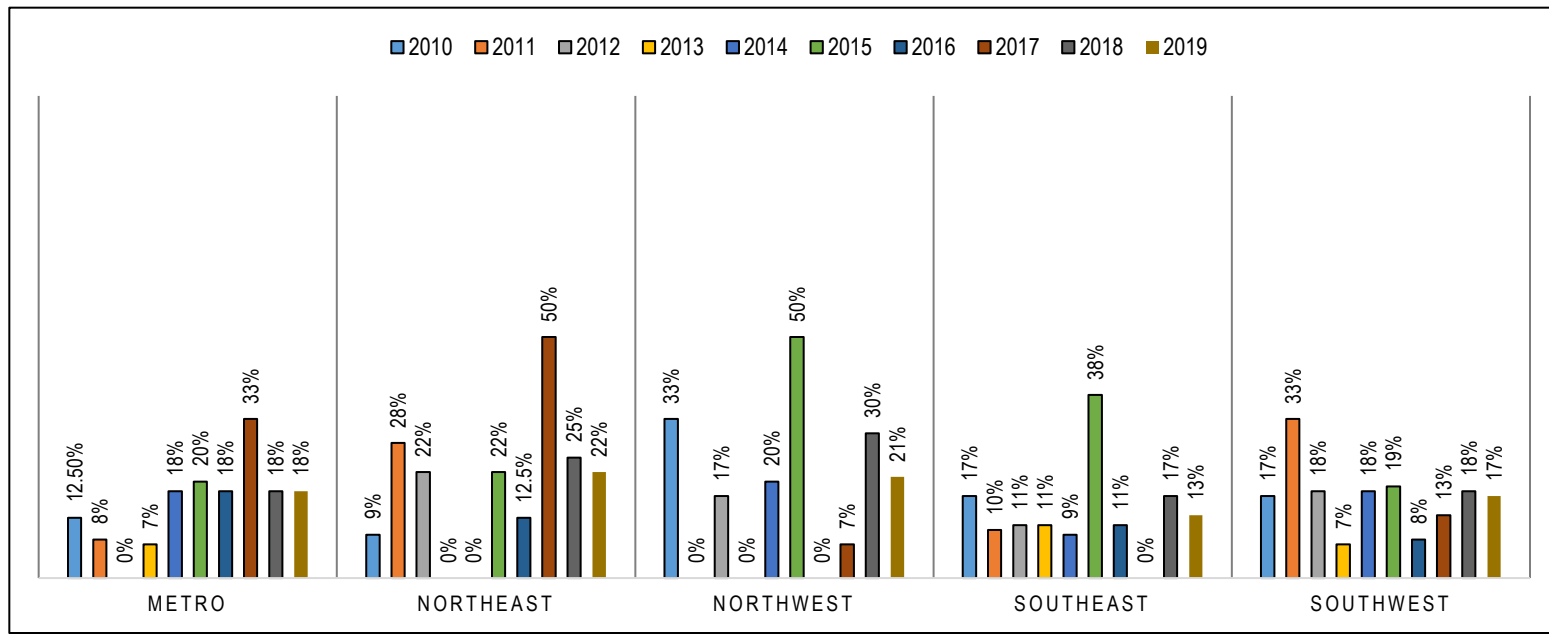
For the 2019 reporting period, a class member who was hospitalized had about a one in four chance of returning (or a 3 in 4 chance of not returning) to the hospital within 30 days of his or her discharge (25%). It is not always clear why a class member is sent back to the hospital so soon after discharge, but in most instances, Out of Home Records currently contain notes that directly or indirectly identify the cause.

- Most commonly, the class member has not sufficiently recovered from the illness that led to the first hospital stay. In one Metro example, an individual was hospitalized three times over a three-month period, each admission with a diagnosis related to problems with pneumonia. In one NW example, the individual tested positive for COVID-19 and discharged home. Upon arrival at the home, the individual was screened and their temperature was still elevated and was consequently sent back to the hospital.
- Occasionally, the underlying condition for the class member's illness is not identified during the first hospitalization.
- At times, individuals who experienced hospital admissions or readmissions are suffering ongoing issues such as bowel impaction and constipation related to their underlying conditions.

K. Hospice

Information regarding hospice is taken from Out of Home Placement Reports, to the extent that information is provided. In a few instances, information on hospice admission came from other sources, such as Comprehensive Health Assessments.

Out of 962 Out of Home Placement Reports which have been filed since 2010, there were reports of 48 class members being referred for hospice. Several of these class members have been referred for hospice services more than once. The availability of Hospice services to Class Members provides an avenue for them to receive comfort care in their final days, and to spend their last hours at home or in a facility dedicated to Hospice care rather than in an acute care hospital setting. The benefit goes beyond members of the Jackson Class to also provide comfort to their family and loved ones.

Of the Class Members who received Hospice referrals during the course of an Out of Home Placement, 35 have died. Some class members are referred repeatedly to Hospice for discrete medical events, sometimes separated by months or years.

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

Individuals, family members and teams would benefit from training related to End of Life Decision making which in part, is currently offered by the UNM Continuum of Care.
- o   Criteria for Hospice Care vs. Palliative Care;
- o   What is the role of the individual's team in effectively coordinating care with hospice;
- o   Expectations of these services . . . what can and can't happen in each in terms of treatment;
- o   What are the expectations for coordination of care between the hospice and provider nurse;
- o   Reporting expectations from Hospice and from Palliative Care providers to the DD Waiver provider and vice versa.
- o   What options exist for Teams to examine a recommendation for Hospice/Palliative Care; and
- o   What options Teams have if they disagree with a recommendation for Hospice/Palliative Care.

Chart #30 Statewide Hospice Referral from Hospitals by Reporting Period
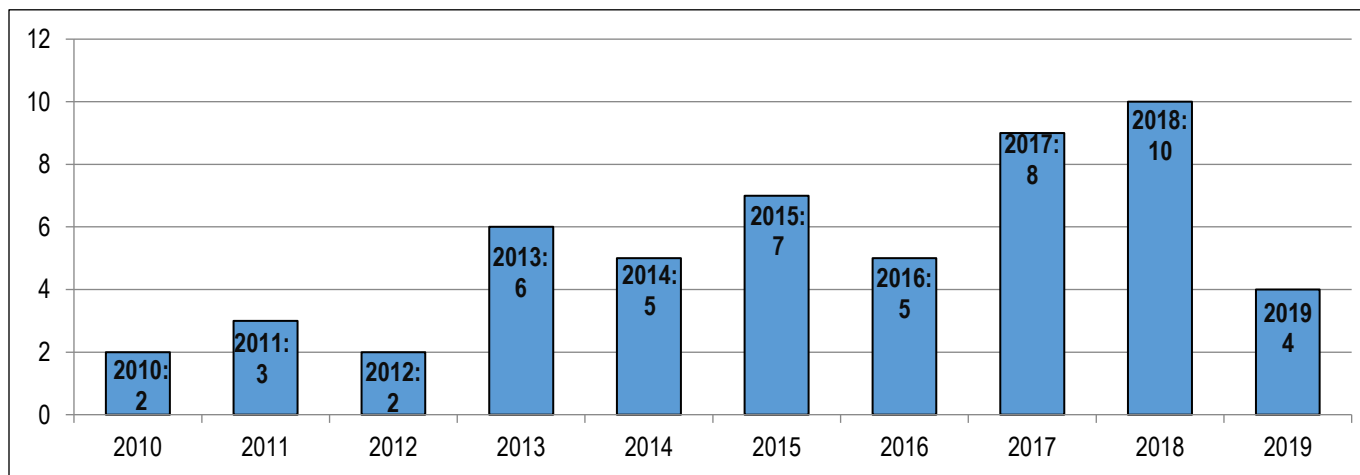
L. Class Member Deaths

Fifteen class members have died during the 2019 reporting period. In 2016 thirteen (13) class members died, in 2017 twelve (12) class members died and in 2018 twelve additional individuals passed away.. The chart below outlines the death of these class members:

Chart #31: Demographic Information for People Who Died 2016 – June 30, 2020

Unclear = Unclear based on available data through the OOH Placement Reports

Demographic	2016	2017	2018 – March 2019	April 2019 – June 2020
Men	9	10	9	8
Women	4	2	3	7
Age Range/Av. Age	43-83 64 years 8 months	37-77 59 years, 9 months	47-72 58 years	52-84 64 years, 2 months
# Receiving Hospice	6	3	5	10
Hospice Diagnosis	1. Congestive Heart Failure; 2. Unclear 3. Heart Attack 4. Renal Failure & CHF 5. Cardio-Pulmonary Failure & Seizures 6. Unclear	1. Aspiration, then? 2. Renal Failure; 3. Failure to Thrive?	1. Renal failure, bilateral airspace disease 2. Mass in stomach, likely cancerous 3. Pneumonia 4. Aspiration pneumonia 5. Breast cancer	1- Abdomen Pain 1- Bowel obstruction 1- Bronchitis, UTI, aspiration pneumonia 4- Pneumonia 1- Upper Gastrointestinal Bleeding (UGB), Nausea, Vomiting, Decrease oral intake, Ascites (abdomen fluid), Status post paracentesis (Greater than 2 litters fluid removal) 2- Unknown[6]
Average # of days in Hospice	326.5 days 1@ 1 day; 1@ 2 days; 1 @ 43 days; 1 @ 264 days; 1 @ 331 days; 1 @ 1318 days	514.33 days 1@ 31 days; 1@35 days; 1 @ 1477 days [8]	34.4 days 1@ 10 days; 1@ 3 days; 1@ 4 days; 1@ 26 days; 1@ 119 days	96.1 Days 1@ 702 days; 3@ 2 days; 1@ 4 days; 1@ 10 days; 1@ 12 days; 1@ 39 days; 1@ 92 days; 1 died in transit
Guardians	2 Arc; 1 Brother/Mother; 1 FLP; 2 Mother; 2 Niece; 2 Quality of Life; 2 Sister; 1 UNIDAS	2 Arc; 1 Agave; 1 Quality of Life; 1 Father; 2 Mother; 1 Aunt; 2 Brother; 1 Niece; 1 Cousin	4: Arc, 1: Brother, 3: parents, 4: sisters	3: ARC, 1 Quality of Life, 1: Cousin, 2: Mother, 1: Non-Family, 5: Sister, 1: Sister-in-law, 1: Family (nonspecific)

Demographic	2016	2017	2018 – March 2019	April 2019 – June 2020
Regions	5: Metro 4: NE 2: NW 2: SE	7: Metro 2: NE 1: NW 2: SE	9: Metro 2: SE 1: SW	7: Metro 3: NE 3: NW 2: SW
Providers	1: Advantage Communication 3: ARCA 1: AWS 1: CARC 1: ESEM 1: Expressions of Life 1: HDFS 2: Mi Via 1: Ramah Care 1: Tungland	1: A Better Way 1: Adelante 1: Advantage Communications 2: Arca 1: AWS 1: Bright Horizons 1: CDD 2: Dungarvin 2: Mi Via 1: Tresco	2: Adelante 2: Arca 3: Bright Horizons 1: Expressions of Life 1: HDFS 1: Private Pay 1: Tobosa 1: Tresco	1: ARCA 1: AWS/Benchmark 2: Bright Horizons 2: Dungarvin New Mexico, Inc. 1: Expressions of Life 1: Lessons of Life, LLC 1: Los Lunas Community Programs 1: Mis Amigos 1: Ramah Care Services 1: Silver Lining Services, LLC 1: The New Beginnings 1: Tresco, Inc. 1: Unknown
Case Management	1: A New Vision 1: A Step Above 1: Amigo 1: Excel 2: J&J 2: Mi Via 1: NMQCM 1: Unique Opportunities 1: Unidas 2: Visions	2: Carino 1: Excel 1: Mi Via 1: NMBHI 1: NMQCM 2: Peak 3: Unidas 1: Visions	1: A New Vision 2: A Step Above 2: J&J 3: Peak 1: Private Pay 1: SCCM 2: Unidas	4: A Step Above Case Management, 2: Carino Case Management, 1: Los Amigos Bilingual Services, LLC, 2: Peak Developmental Services, Inc., 1: Rio Puerco Case Management, LLC, 1: Self-Directed Choices, LLC, 1: Sun Country Case Management, 1: Unidas Case Management, 2: Visions Case Management

A. Individual Planning Context

The Center for Medicaid and Medicare Services requires a person-centered service plan for every person receiving Home and Community Based Services, therefore each individual has an Individual Service Plan (ISP) which is a person-centered plan which outlines the services and supports the class member shall be provided by providers the individual has selected through the freedom of choice process. This document shall identify what the person's background/experiences have been as well as to identify strengths, needs, challenges and interests. Based on this information, the person, with support from his/her team, details in the ISP what the individual wants to do/accomplish (Vision / Desired Outcomes), Once this is established, then each Desired Outcome requires an Action Plan. The Action Plan addresses individual strengths and capabilities in reaching Desired Outcomes. After the ISP meeting, IDT members conduct a task analysis and assessments necessary to create effective Teaching and Support Strategies (TSS) and WDSI to support those Action Plans that require this extra detail. All TSS and WDSI should support the person in achieving his/her Vision. During the Individual Quality Review several areas related to the class member's Individual Service Plan (ISP) are examined and include:

An examination of the *process of developing* the ISP including …
> Confirming that the individual was offered the *assistance needed* to participate in the development of his/her plan.
> Verifying that the *individual's interests and preferences* were *respected and incorporated* into the Plan.
> Seeking evidence that *those who know the person best help develop his/her Plan.*
> Noting if the team *obtained adequate and timely assessments* in areas most likely to lead to the person's greater independence.

An examination of the *Plan content* including…
> Ensuring that recommendations from *assessments are incorporated* or explaining why not.
> Verifying that the ISP contains *current* and *accurate* information.
> Confirming that the ISP contains *sufficient guidance* to achieving the person's vision, outcomes and action steps.
> Examining the overall *adequacy* of the ISP to ensure it *addresses* and *meets the person's needs*.

An examination *of Plan implementation* which includes…
> Asking team member's knowledge of the person and his/her plan.
> Gathering evidence that the plan has been *implemented* as intended and *at a frequency* that enables the person to *gain new or maintain existing skills*;
> Verifying that the *person is making progress* and, if not, that the *team addresses identified barriers*.

The number of findings related to the inadequacy of the ISPs steadily *increased* until 2018 when the number of findings significantly <u>decreased</u>. There was a slight increase in 2019.
> In 2014, 101 people had 439 findings; the average number of findings per person was 4.35;
> In 2015,   99 people had 461 findings; the average number of findings per person was 4.66;
> In 2016,   93 people had 576 findings; the average number of findings per person was 6.19;
> In 2017,   65 people had 607 findings; the average number of findings per person was 9.34;

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[9] Class Members receiving services through an Intermediate Care Facility for people with Intellectual and Developmental Disabilities (ICF/IDD) have a plan called an Individual Habilitation Plan (IHP). People receiving services through Mi Via call their plans Service and Support Plans (SSP). For the purposes of this report, all individual plans will be referred to as ISPs.

In 2018,   87 people had 420 findings; the average number of findings person was 4.83.
In 2019,   83 people had 411 findings; the average number of findings person was 4.95.

B. Was the Person Provided with Assistance to Participate in the Planning Process?

The 2018 DD Waiver Standards[10] and New Mexico Administrative code (§ 7.26.5), outlines expectations regarding the development and content of the ISP. With respect to process and preparation for the development of the ISP, DDSD continues to require Case Managers to meet with the person and guardian prior to the ISP meeting. The CM reviews current assessment information, prepares for the meeting, creates a plan with the person to facilitate or co-facilitate the meeting if desired, discusses the budget, reviews the current SFOC forms, and facilitates greater informed participation in ISP development by the person. The intended outcome is to ensure that the individual's thoughts and ideas are known and drive the development and ultimate content of the plan.

In the past there has been evidence of assistance so the person can come to ISP meetings and participate as a team member in the ISP planning process. As evidenced by the chart below, from 2010 to 2019 the average "yes" answer to the individual having received assistance to participate in his/her plan was 74%.

Chart #32: I Received Needed Assistance to Participate in the Planning Process
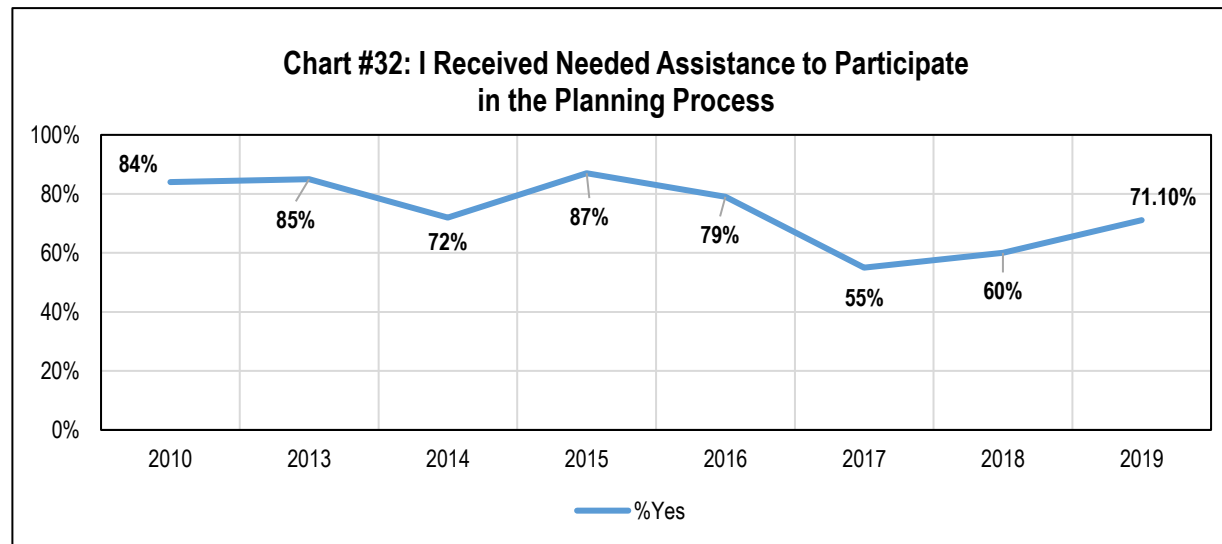
In 2017 the speculation was that the drop in the score might be explained, in part, because the questions in the 2017 IQR was more specific about what "assistance and support" is expected and provided in an effort to enable the person to be meaningfully involved in his/her Plan development. However, the 2018 protocol, in question #100 and the 2019 protocol, in question #92, returns to the original question asked by the CPR, specifically, "Was the person provided the assistance and support needed to participate meaningfully in the planning process?"

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[10] Which went into effect March 1, 2018.

C. Do Team Members Know Me Well and Believe I Can Learn and Gain Skills?

In order for adequate and informed planning to occur, team members need to know the strengths, preferences and challenges which face those whom they support. As the information below shows, many of those who work with the person know him/her well. IQR has also identified areas in need of slight improvement.

Answers to the following related questions were probed and the answers reflected in the following chart.

Question #24. Does the case manager "know" the person?
Question #31. Does the [day] direct staff "know" the person?
Question #39. Does the residential direct services staff "know" the person?
Question #91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d; '18IQR#99

Chart #33: Do Team Members Know Me and Believe I Can Learn?
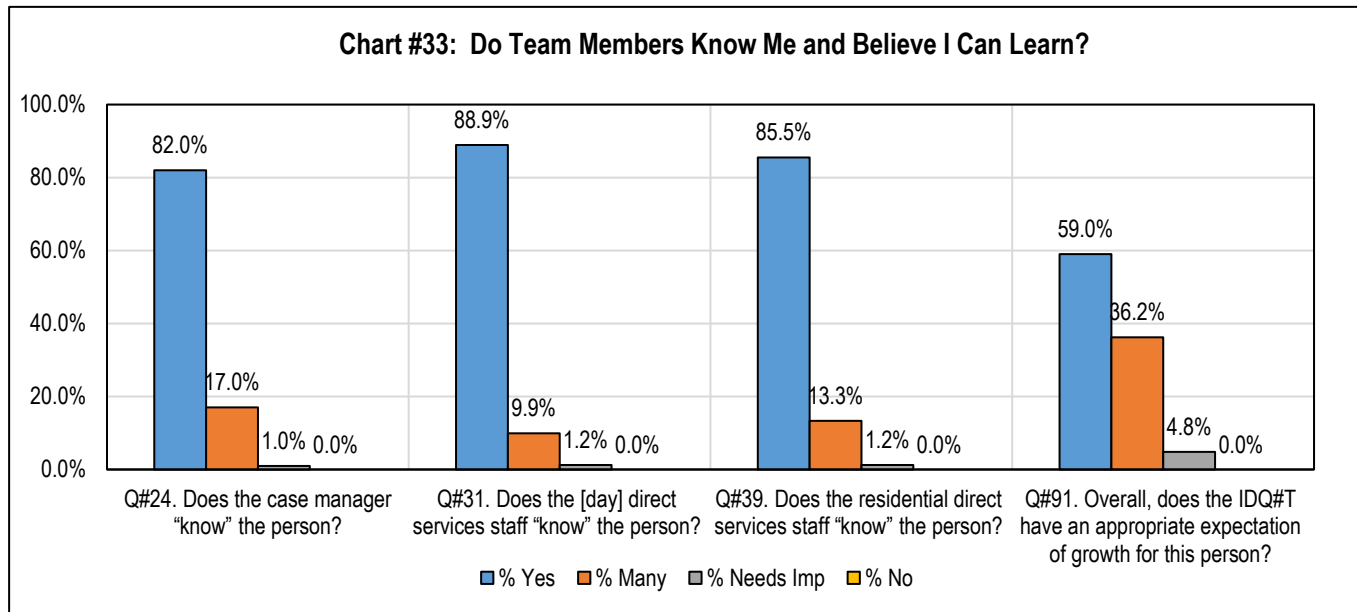
D. Do Those Who Know the Person Best Have Input Into the Plan?

Another challenge is the engagement of Direct Support Personnel, who know the person best, in developing the plan. A key component of that includes enabling Direct Support Personnel to attend the annual ISP meeting. Some providers have developed a 'pre-ISP form' intended to gather Direct Support Personnel feedback in advance of the ISP development meeting in the event the DSP may not be able to attend physically and to ensure input from all DSP working with the individual. In the 2018 DDW Standard revisions DDSD incorporated that the CM documents how remote participation occurs when IDT members are not present at the annual ISP meeting. Questions asked to determine this include:

Question #32: Does the [day] direct service staff have input into the person's ISP? CPRQ36; '18IQR#34

Question #63:   Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3; '18IQR#70
Question #40:   Does the [residential] direct service staff have input into the person's ISP? CPRQ45; '18IQR#43
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? CPRQ63; '17IQR#3d; '18IQR#71
Question #116:   Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117; '18IQR#125

Chart #34: Did Those Who Know Me Best Help Develop My Plan?

Question	%Yes	%Many	%Needs Imp.	%No
Q#32. Does the [day] staff have input into the person's ISP? (2 not scored)	67.9%	28.4%	1.2%	2.5%
Q#40. Does the [residential] staff have input into the person's ISP?	78.4%	9.6%	1.2%	10.8%
Q#63. Was the ISP developed by an appropriately constituted IDT?	53.0%	43.4%	2.4%	1.2%
Q#64. For team members not present at the IDT meeting, is there evidence of their participation in the dev. of the ISP? (28 NA)	41.8%	36.4%	14.5%	7.3%
Q#116. Is there adequate communication among team members between meetings to ensure the program can be/is being implemented?	69.9%	19.3%	10.8%	0.0%

E. Developing the ISP Based on Timely and Adequate Assessments.

Assessments are important tools to help identify a person's strengths, interests, possible desired Outcomes and to direct providers toward implementing strategies which assist the individual in meeting their desired Outcomes. The 2018 DD Waiver Standards continue to require provider agencies contributing to annual ISP development by providing *assessment updates* at least 14 days prior to the ISP development meeting to ensure that the ISP addresses the person's assessed needs and personal goals, either through DD Waiver services or other means.[11]   *Assessments* are to be completed at least 14 days in advance of the annual ISP Development Meeting so that teams have current, measurable information to guide them in the development of the individual's plan. Assessments completed by day and residential providers as well as

[11] 2018 NM DD Waiver Standards, Chapter 6. Individual Service Plan

needed specialists such as nurses, physical therapists (PT), speech and language pathologists (SLP), occupational therapists (OT), behavior support consultants (BSC), registered dietitians (RD) can provide invaluable information to assure adequate and informed planning which, in turn, enables individuals to be safe and grow their interests and abilities in a way that best assists them in attaining desired outcomes identified in the ISP.

Acquiring assessments timely is, obviously, essential if teams are to engage in informed planning. Equally important is the content or adequacy of the assessment. When exploring the 'adequacy' of programmatic/therapeutic assessments surveyors are guided to look for things such as:

- ✓ Does the assessment describe how the person is doing in each area?
- ✓ Does the assessment describe the person's strengths in each area?
- ✓ Does the assessment outline recommendations on what new skills the person might learn and how to the Team can help consistent with my preferences? It would be most beneficial if those conducting assessments need to give specific recommendations which directly relate to the identified goals and objectives.)

While what is looked for remains the same, the specific questions related to timeliness and adequacy in the 2019 protocol include:

Question #50:   Was the eChat updated timely? '17IQR#18g; '18IQR#54
Question #59.   Are the assessments adequate for planning? CPRQ59;'17IQR#4f; '18IQR#66

Chart #35: Are Assessments Adequate and Provided Timely?
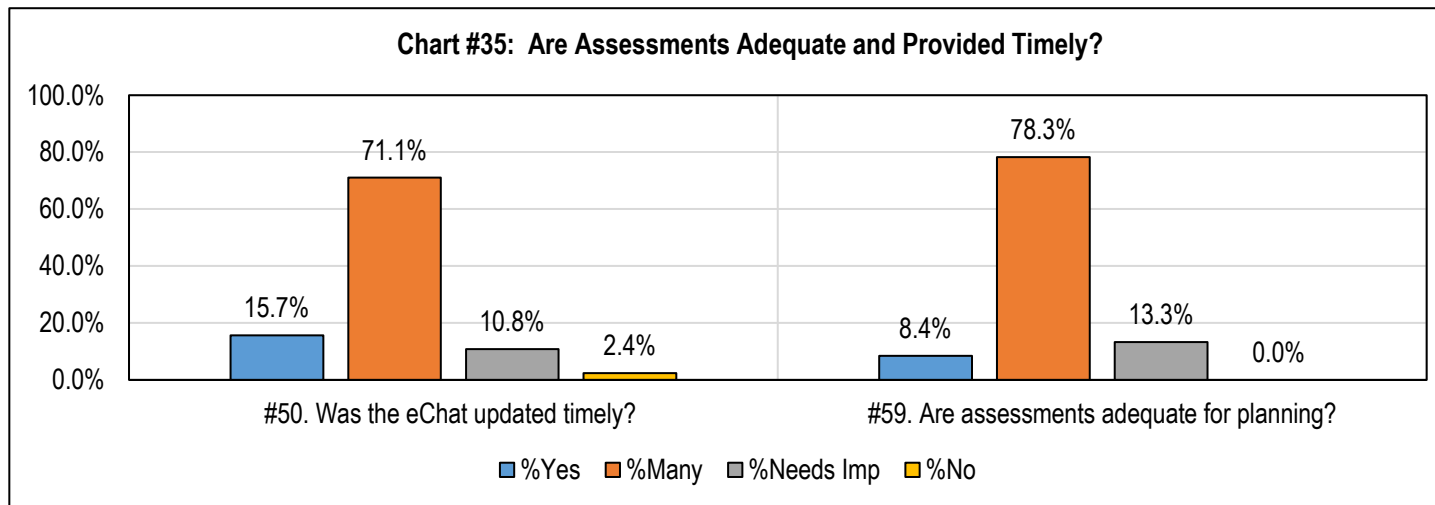
 In order to know the effectiveness of an intervention, it is critical to know where the individual started, or their 'baseline'. For example, if the Outcome dress themselves one day without assistance one needs to know what their current abilities are at the time of the initial assessment (e.g., the baseline) so there is a point from which to measure progress.

As is demonstrated above, only 13.3% of the class members were found to need improvement regarding the adequacy of their assessments for ISP planning.

F. Use of Assessment Recommendation, Decision Justification and Decision Consultation Forms

With 13.3% of class members needing improvement regarding the adequacy of assessments for ISP planning, the examination of the use of assessments to guide formation of ISP recommendations begins here.

It is important to note that the Individual and their Team may choose not to implement or follow some recommendations. It might be that specific recommendation has been tried before and found to be ineffective. A Guardian may find the recommendation too intrusive and reject the approach. Teams may reject recommendations. If they do, they are to fill out one of two forms.

> **The Decision Consultation Form[12]**: If orders from licensed healthcare providers are not going to be followed, a Decision Consultation Form is to be filled out. The agency nurse is to contact the ordering practitioner within three business days if the order cannot be implemented due to the person or guardian refusal or if there are other issues delaying implementation of the order. The DCF should contain documentation of the circumstances and rational for this decision and notice should be given to the ordering practitioner no later than the next business day.

> **The Team Justification Form[13]:** If an individual receives a recommendation from a professional or clinician (non-health related) with which they, their guardian and/or the Team disagree, they can use the Decision Justification Form to document their justification for not implementing the recommendation. The Team Justification form documents the discussion and subsequent decision to implement, modify or not implement.

The two questions regarding use of recommendations in planning include:

Question #60:   Were recommendations from assessments used in Planning? CPRQ60; '17IQR#5; '18IQR#67
Question #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; '19IQR#68

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[12] 2018 DD Waiver Standards, Chapter 3 and Chapter 13.
[13] Ibid

Chart #36: Are Recommendations Used or Has a DCF been Completed?

Q#60. Were Recommendations used in Planning?
- %Yes: 33.7%
- %Most: 51.8%
- %Needs Imp: 13.3%
- %No: 1.2%

Q#61. For health related rec's, has a DCF been completed? (30 NA)
- %Yes: 45.3%
- %Most: 18.8%
- %Needs Imp: 17.0%
- %No: 18.9%

Legend: ■ %Yes ■ %Most ■ %Needs Imp ■ %No
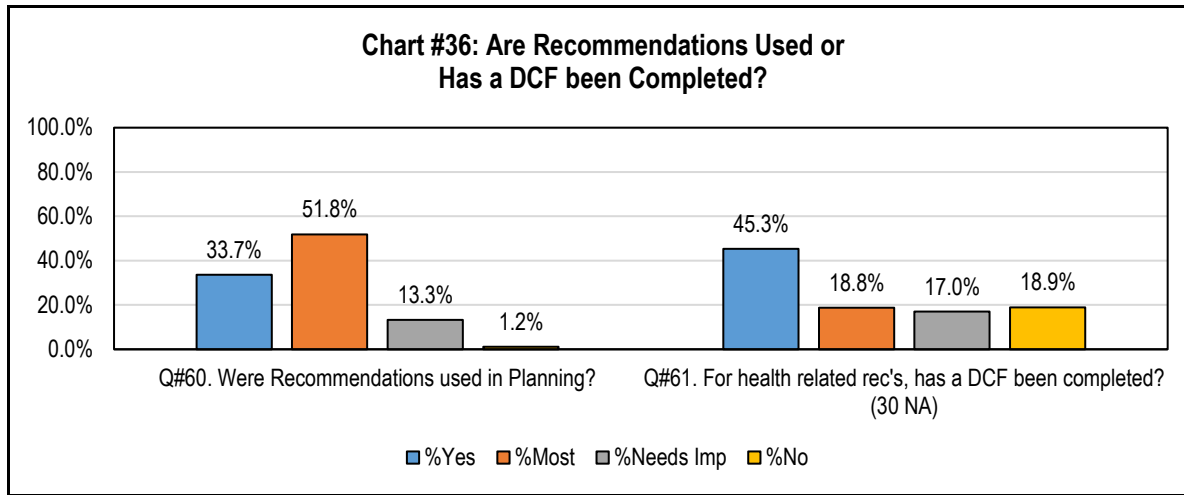
The following Chart illustrates the 2018 and 2019 upward trend of incorporating recommendations from assessments into the person's ISP.

Chart #37: Does the ISP Incorporate Recommendations from Assessments?

Year	%Yes
2011	43%
2013	37%
2014	40%
2015	31%
2016	27%
2017	23%
2018	24%
2019	33.70%
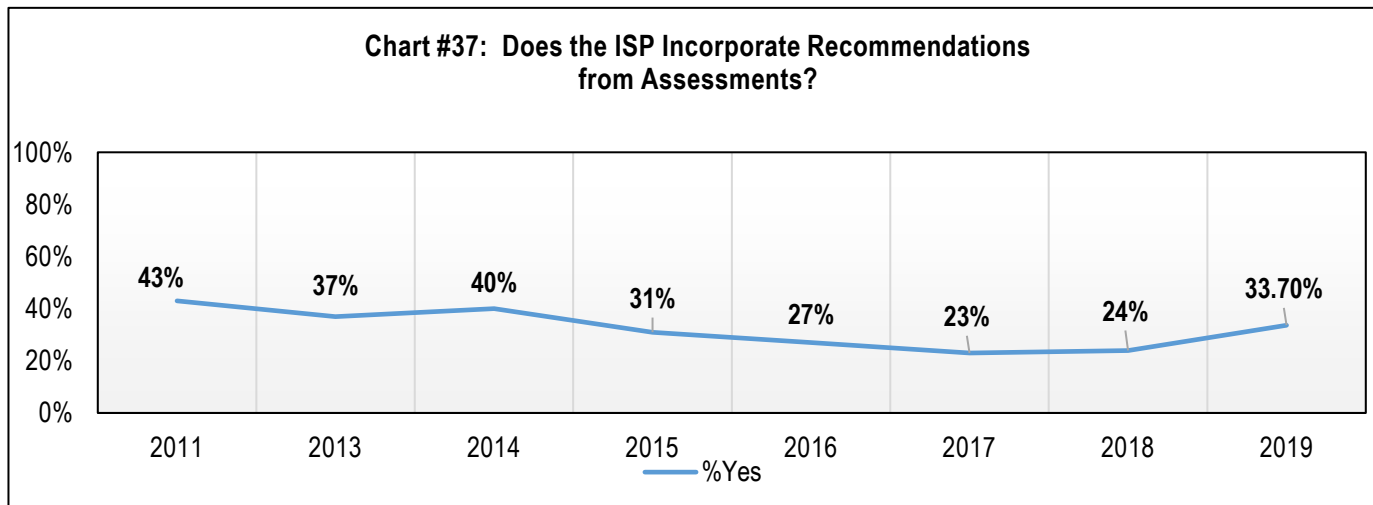
G. Is the ISP Adequate to Meet the Person's Needs?

The adequacy of the person's ISP is reviewed through multiple perspectives which were identified. The following Chart summarizes, the issues with the adequacy of the ISP, please note this is utilizing a perfect score of "Yes" (1.20%). In 2019, 73.5% of class members had many components present for an adequate ISP..

Question #85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7; '18IQR#92

Chart #38: Is the ISPAdequate to Meet The Person's Needs: 2011 to 2019

Year	%Yes
2013	13%
2014	11%
2015	11%
2016	12%
2017	0%
2018	0%
2019	1.20%
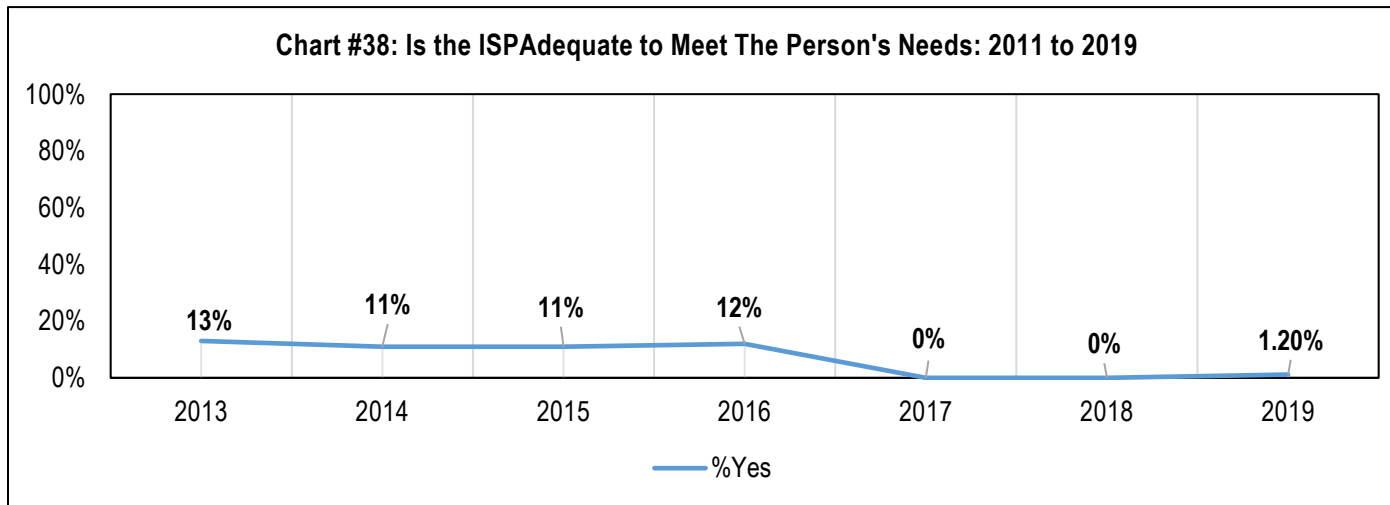
Some of the IQR Questions which explore areas of the ISP which influence the findings of adequacy include:

Question #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; '18IQR#168

Question #78.   Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m; '18IQR#85

Question #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; '18IQR#83; '19IQR wording changed

Question #75.   Overall, are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d; '18IQR#82

Question #160.   Does the person have an ISP that contains a complete Vision Section that is based on a long-term view? CPRQ142 '17IQR#7a; '18IQR#169

Question #85.   Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7; '18IQR#92

Chart #39: Is My Plan Adequate to Meet My Needs

Chart data:

Question	%Yes	%Many	%Needs Imp	%No
#159. Does the person have an ISP that addresses …	89.2%	10.8%	0.0%	0.0%
#78. ..ancillary providers integrated into the ISP?	28.9%	33.7%	21.7%	15.7%
#76. ISP outcomes and related action plans and TSS address the person's major needs	53.0%	36.1%	6.0%	4.9%
#75. ISP outcomes related to achieving the person's long-term vision?	74.7%	15.7%	6.0%	3.6%
#160. Has ISP that contains a complete Vision Section…	60.3%	28.9%	10.8%	0.0%
#85. Overall, is the ISP adequate to meet the person's needs?	1.2%	73.5%	25.3%	0.0%

H. Is the ISP Consistently Implemented?

Inconsistent implementation of the ISP is an issue that has been identified by the IQR and QMB compliance side. This has been reported to the DDSQI and actions items were developed and underway prior to the COVID-19 PHE.

Additionally, it is assumed that when a JCM funded by the Waiver has a required Outcome, its accomplishment will represent an improvement or positive experience from what currently exists. Otherwise, the purpose of the Outcome becomes unclear. If the person is already doing or has accomplished the identified Outcome there may be obvious value in continuing the activity (e.g. continued reinforcement for a recently learned skill/activity).. This issue is understood by the DDSD DDW Program Manager and ISP strategic plan and task force has been initiated.

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

**Chart #40: Lack of Consistent ISP Implementation:
2011 to 2019**

A line chart titled "Chart #40: Lack of Consistent ISP Implementation: 2011 to 2019" showing "% Yes" values by year:
- 2011: 49.0%
- 2013: 40.0%
- 2014: 54.0%
- 2015: 30.0%
- 2016: 31.0%
- 2017: 3.0%
- 2018: 5.0%
- 2019: 3.7%
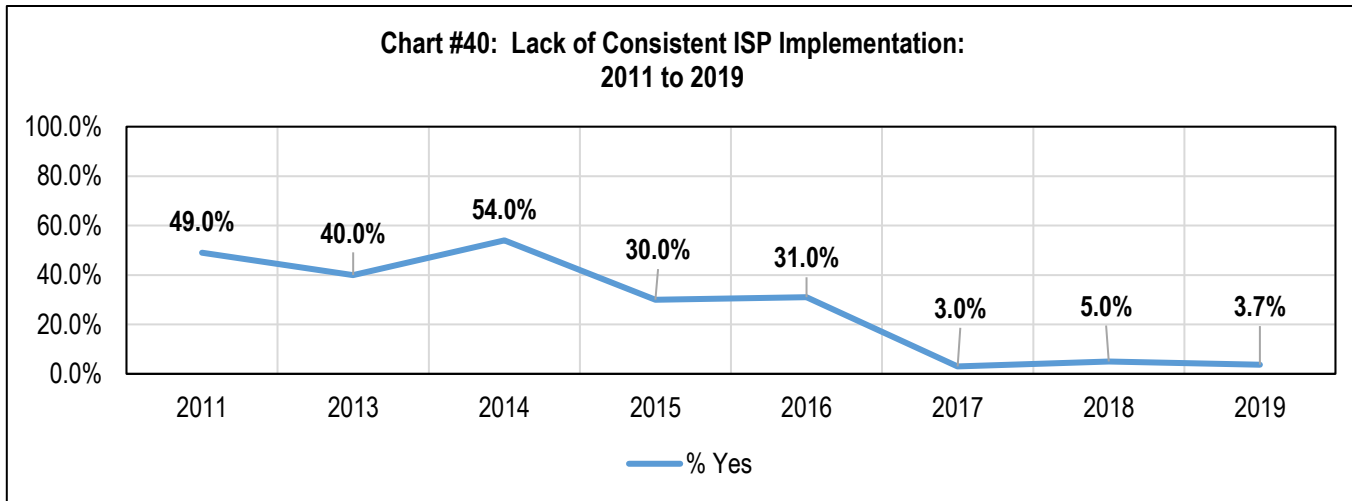
An often cited and long-standing reason given for not being able to verify that the ISP is being consistently implemented is the lack of measurable data being kept by the residential and/or day provider. Another frequently identified issue is either not implementing the ISP Action Steps at all, or when the person repeatedly refuses to participate or repeatedly shows no progress, the team does not take timely action to modify the interventions or to change the Action Step or Outcome. There are other cases where the Outcome from previous years continues to be implemented in spite of new ones having been agreed to by the team. All of these examples speak to lack of monitoring on the part of the provider to ensure that staff are implementing and recording implementation consistent with directions in the ISP. It also speaks to the Case Manager not identifying that the ISP isn't being implemented and not 'acting' to report the lack of implementation in an effort to remediate the issue timely.

Surveyors read and gather information from hundreds of documents and data sources. They ask many questions of the individual, guardian, therapists, nurses, consultants, residential and day staff along with the case manager in an effort to comprehensively gather information which relates to all aspects of the individual's life including knowledge and implementation of the ISP. Some of the contributing factors to being unable to verify the consistent implementation of the ISP follow.

Question #86/87a.	Is measurable data kept which verifies the consistent implementation of each of my action steps?
Question #68	Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a; '18IQR75
Question #71.	If the person is not successful in achieving actions steps, has the team tried to determine why, and change their approach if needed? '17IQR#12d; '18IQR#78
Question #161.	Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a; '18IQR#170

Chart #41: ISP Is Consistently Implemented

	#86/87a. ISP Imp Consistently	#68.Measurable Data Verifies Imp. Of Action Steps	#71.Team Acted if Not Successful (17 NA)	#161. Person Receive Services in ISP
%Yes	4.9%	18.1%	27.3%	83.1%
%Many	61.4%	34.9%	25.8%	15.7%
%Needs Imp	30.0%	37.4%	21.2%	1.2%
%No	3.7%	9.6%	25.7%	0.0%

■%Yes ■%Many ■%Needs Imp ■%No
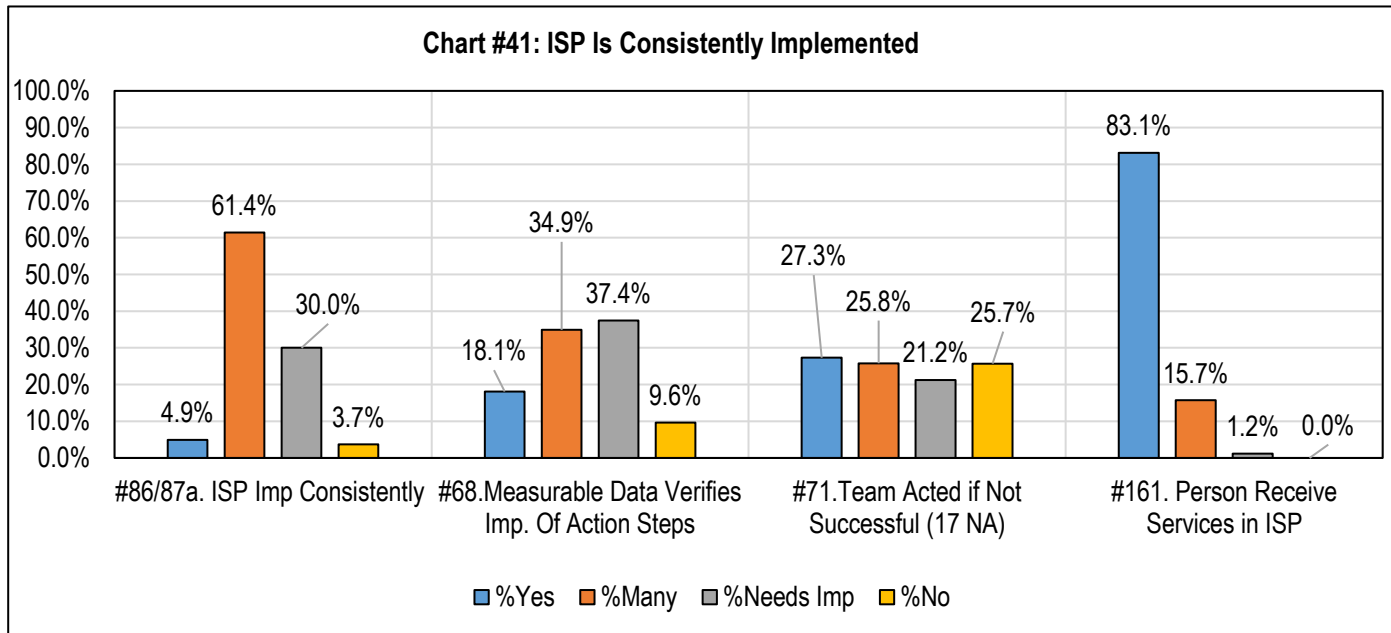
I. Has the Person Made Progress?

Providers are expected to measure progress individuals are making toward desired outcomes specified in the ISP. ISP activities may include adaptive skill development, adult educational supports, citizenship skills, communication, social skills, self-advocacy, informed choice, community integration and relationship building.
Outcomes from a service such as Customized Community Supports might include an enhanced capacity for self-determination, development of social networks that allow the individual to experience valued social roles while contributing to his or her community and establishing lasting community connections.

Therapists are required to monitor the progress of an individual toward the achievement of therapeutic goals and objectives including those that relate to specific visions and desired outcomes in the ISP. Therapists are also required to monitor the implementation of Written Direct Support Instructions (WDSI)[14] to determine the need for additional training, effectiveness and readiness for fading down or out. Therapists are required to monitor the effectiveness of their skilled therapy interventions and any Assistive Technology (AT) or Personal Support Technology (PST) devices related to that therapist's scope of practice to ensure devices are available, functioning properly and are effective in the settings of intended use.[15]

In order to determine the level of progress an individual is making, the following questions are probed.

> Question #79.   Has the person made measurable progress in therapy this year? '17IQR#13a; '18IQR#86

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[14] 2018 NM DD Waiver Standards, Chapter 6..
[15] 2018 NM DD Waiver Standards, Chapter 12. Professional and Clinical Services

Question #73.   Has the person made measurable progress on actions steps during this past year?'17IQR#13b; '18IQR#80
Question #90.   Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13; '18IQR#98 (This question relates to more than just progress on the ISP Outcomes, it enables the reviewer to highlight progress that has occurred as a result of any support formal or informal.)

Chart #42: Has the Person Made Progress?

Response	#79. Has the person made measurable progress in therapy this year?	#73. Has the person made measurable progress on actions steps during this past year? (2 NA)	#90. Based on all of the evidence, has the person achieved progress in the past year?
%Yes	8.6%	12.0%	13.3%
%Many	43.2%	28.9%	45.8%
%Needs Imp	42.0%	33.7%	38.6%
%No	6.2%	25.4%	2.3%
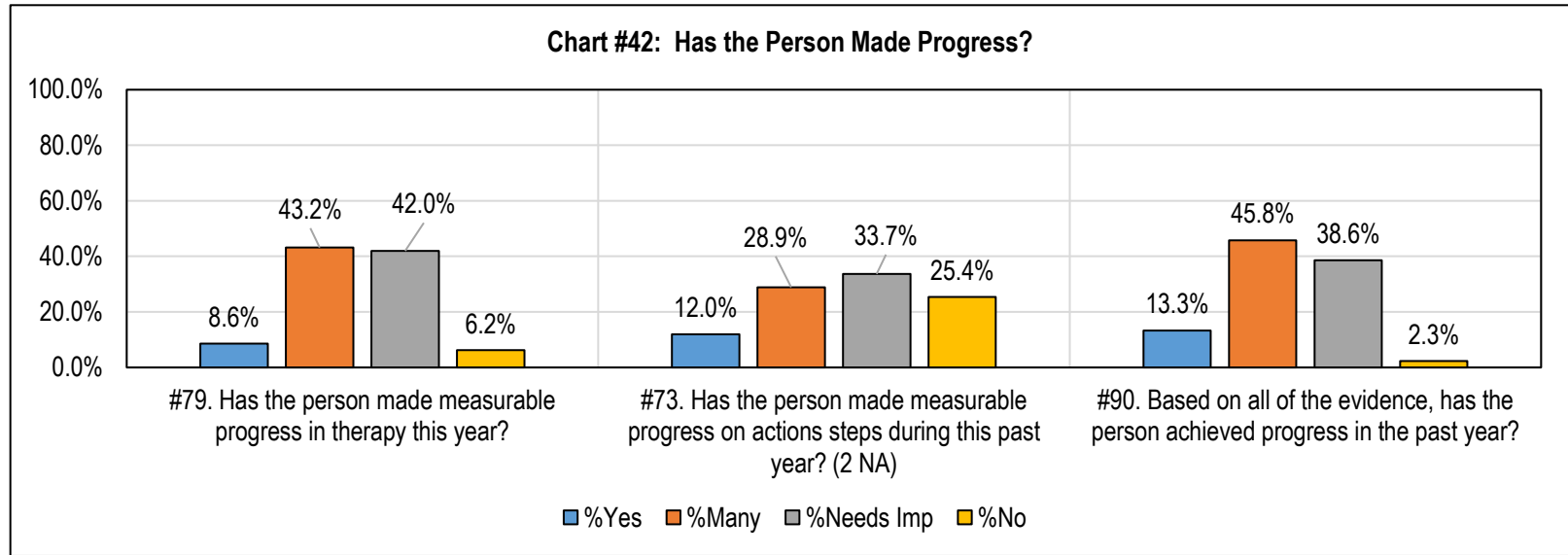
Team members are asked by surveyors about any progress they have noted outside the ISP and many can identify examples of progress.

J. Has the Person Experienced Functional and/or Behavioral Regressed, if so, Has the Regression Been Addressed?

When addressing functional regression, the IQR investigates whether or not an individual has lost an acquired function. For example, if an individual used to be able to walk unassisted but now requires a walker or wheelchair, that person has lost function. Loss of function could be due to a number of physical issues which, if addressed, can stop the regression and/or return the person to their original functional ability. What is critical to know is what is causing the regression and when it started.

Addressing behavioral regression requires the same level of awareness and urgency to act and regression of any type should serve as an alert and result in a close examination to determine the cause. For example, if I have suddenly starting hitting myself or engaging in other self-injurious behaviors, the IDT should examine the root cause of this new behavior.

Some of the IQR Questions which ask this area include:

Question #118.   Is there evidence or documentation of *physical regression* in the last year? CPRQ119 '17IQR#14a; '18IQR#127
Question #119.   Is there evidence or documentation of *behavioral or* **functional regression** in the last year? CPRQ120; '17IQR14c; '18IQR#128
Question #120.   If #118 OR #119 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; '18IQR#129

In terms of numbers of class members affected:

33   individuals were identified as having physical regression in the last year;
50   did not experience regression. (Q# 118).
19   individuals had evidence of behavioral regression in the last year;
64   individuals did not experience behavioral regression. (Q# 119)

Of those individuals experiencing physical and/or behavioral regression 64.9% of those had teams who were addressing the regression.

It is noteworthy and to be celebrated that the majority of class members experiencing functional and/or behavioral regression have had their teams take action to slow or reduce the regression. However, for the 35.1% (13 JCMs) who experienced functional and/or behavioral regression whose Teams have not addressed the regression, this is an area needing improvement.

Chart #43: Addressing Functional and/or Behavioral Regression
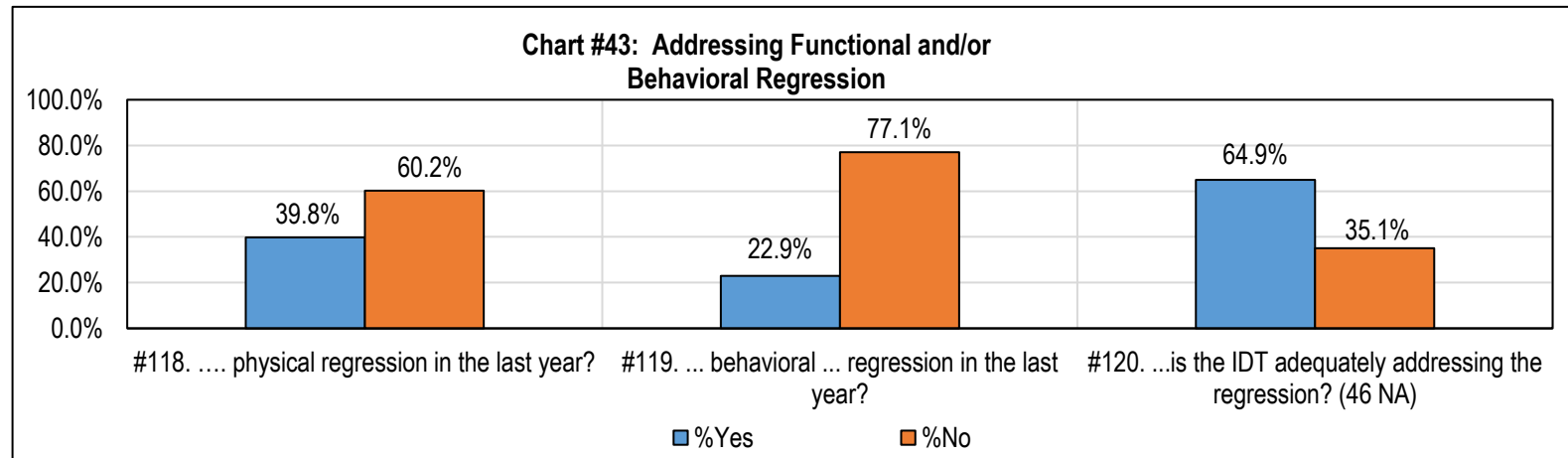
When put into historical context, you can see that when individuals are experiencing functional and/or behavioral regression, in 2019 64.9% of the time the regression is being addressed. Improvement continues to be needed.

Chart #44: Addressing Functional, Behavioral Regression
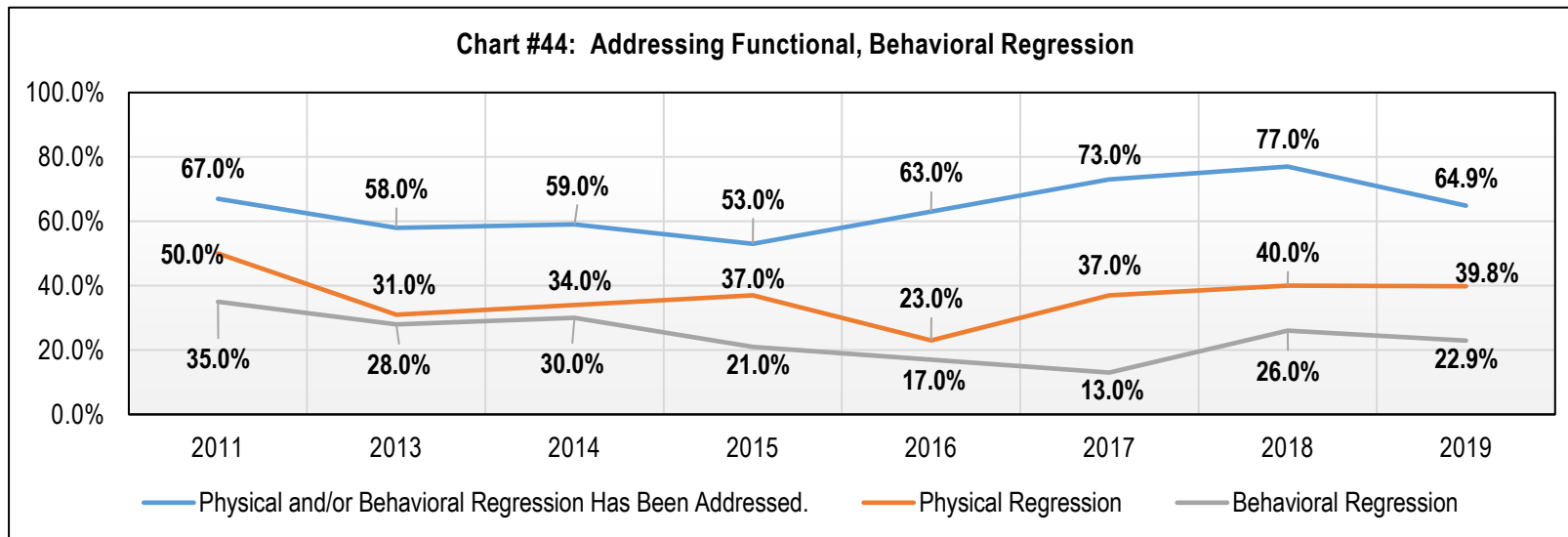
K. **Are Communication and Behavioral Expression and Needs Known?**

The ability to communicate and be understood is an essential life skill which impacts on our wellbeing emotionally, economically and socially. Almost all Jackson Class Members have both receptive as well as expressive communication challenges. In addition to challenges in translating messages from others, many JCM's have compounding disabilities which directly affect communication including lack of oral speech, hearing limitations, body positioning which results in being overlooked and visual impairments. Many JCM's use communication devices instead of or as a complement to verbal communication. For others English is not their first language, consequently, it is essential that care givers use the person's primary form of communication.

When an individual's verbal communication skills are limited, all of us must rely on the person's non-verbal communication. The good news is that the majority of communication which takes place by all of us is non-verbal. This is true of Class Members as well so being 'tuned into' their facial expressions, voice patterns, gestures, body language, breathing, eye contact, blood pressure, changes in behavioral patterns and habits…is essential.

In order to understand the best way to communicate with an individual, communication assessments are essential. New Mexico has speech and language pathologists (SLPs) in many areas of the state so acquiring assessments and needed equipment and services is frequently possible.

Knowing the person's Behavioral Support Plan and being adequately trained to carry out that Support Plan involves a great deal of "reading" the person's behavior as a form of communication and responding accordingly.

The IQR looks at communication and behavioral issues from multiple perspectives. First, are the individual's needs known? In order for someone to be able to socially participate and communicate, their strengths and challenges need to be known (assessments). The IQR asks:

Question #158.   Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b; '18IQR#167
Question #147.   Have behavioral assessments been completed? CPRQ133; '18IQR#156

Chart #45: Did the Person Receive Needed Assessments?
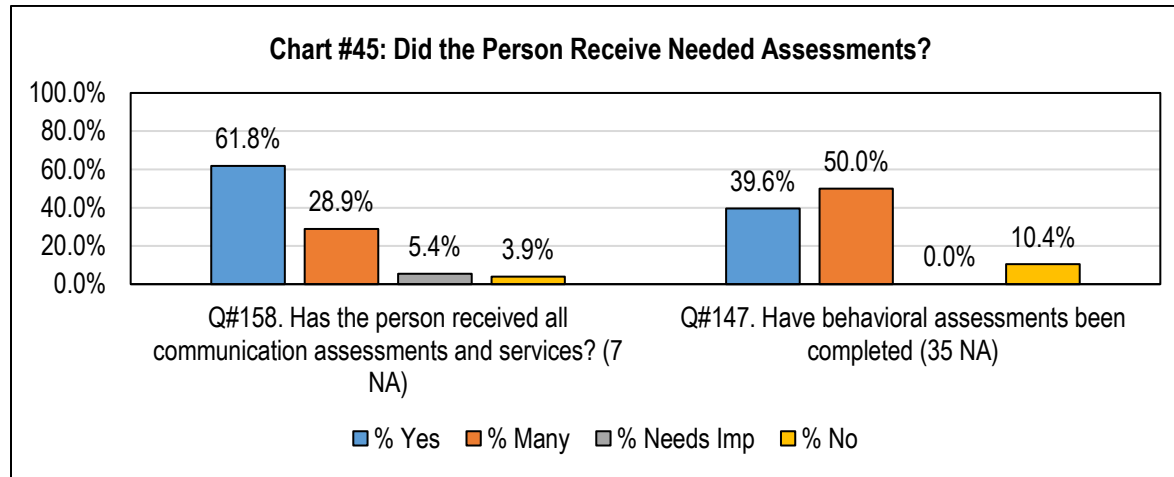
Once the person's strengths and needs are known it is important for them to receive the equipment/devices they need timely, that those who support them know how to use that equipment/device and that the device is functionally appropriate to that person and operates as intended.

For people with structural/physical challenges that means being positioned properly. In order to foster respect and social equality, many people with I/DD must have behavioral supports and/or the equipment and other devices to enable them to 'be present' and 'communicate' and 'be engaged with'.

The IQR asks these issues from multiple perspectives. Second, does the person have the equipment/devices needed? Do staff knowhow to use the equipment/device and is the equipment/device functional. As seen below, the adaptive equipment, usage and maintenance scores, scored very well in 2019. The following questions are used to determine this need.

Question #153: Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b; '18IQR#162
Question #154: Has the person received all assistive technology needed? CPRQ139; '17IQR#25c; '18IQR#163
Question #155: Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f; '18IQR#164
Question #156: Is the person's equipment and technology in good repair?'17IQR#25d; '18IQR#165

Chart #46: Is Needed Equipment Present, Staff Know how to Use and Equipment in Good Repair?

	Q#153:Has the person received all adaptive equipment? (8 NA)	Q#154: Has the person received assistive technology needed (20 NA)	Q#155: Do staff know how to help the person use equip? (1CND; 10 NA)	Q#156: Is the equipment in good repair? (1 CND; 9 NA)
%Yes	69.3%	71.4%	87.5%	86.3%
%Many	28.0%	20.6%	6.9%	9.6%
%Needs Imp	2.7%	6.3%	5.6%	4.1%
%No	0.0%	1.7%	0.0%	0.0%
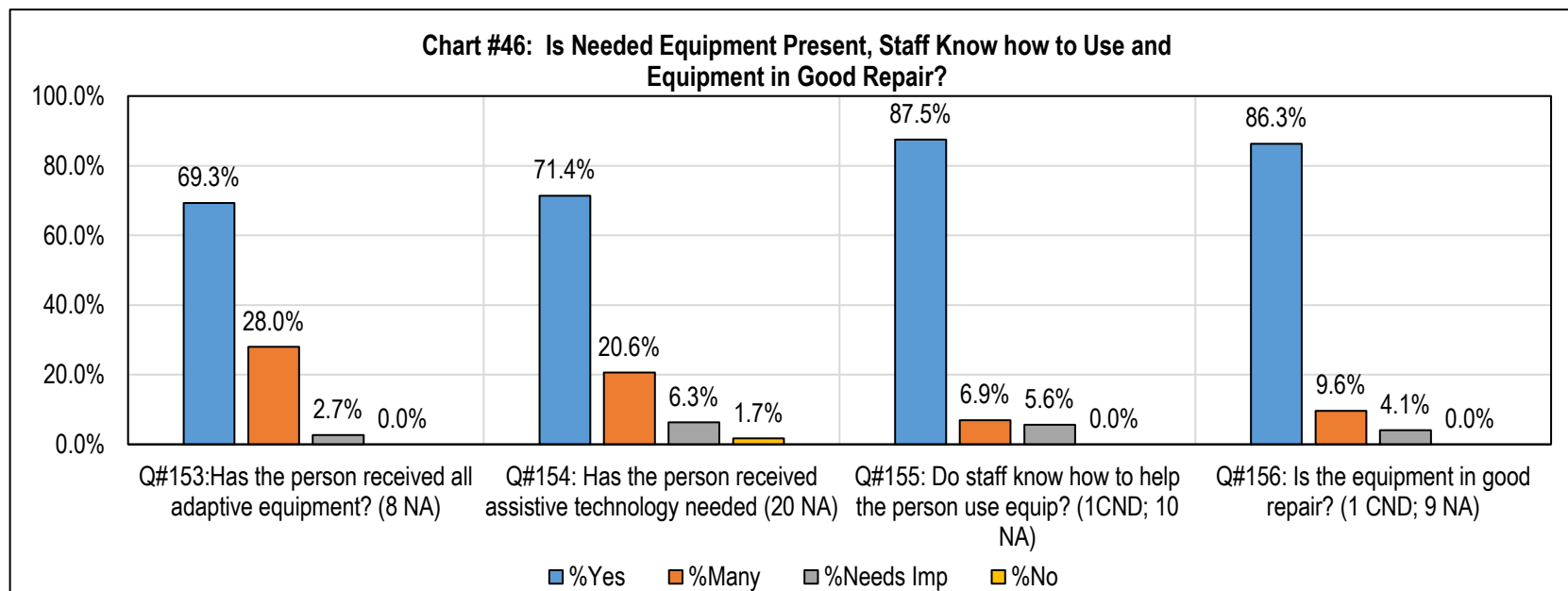
For people with mental health and/or behavioral challenges, it is critical that needed Positive Behavioral Support Plans (PBSPs) which identify the person's strengths, challenges and his/her engagement with their environment which enables as well as prevents their integration and socialization be well known by those who support them. As the following chart shows, many class members who need PBSPs have them and have staff who have been trained on those plans. Please refer to the chart below for specifics:

Question #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; '18IQR#157
Question #149.   Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d; '18IQR#158
Question #150.   If needed, does the person have a Behavior Crisis Intervention Plan that meets the person's needs? CPRQ 73a; '17IQR#5h; '18IQR#159

Chart #47: Does the Person have the Plans Needed?
Are Staff Trained on those Plans?

	#148. Person has a PBSP... that meets the person's needs? (35 NA)	#149. Staff trained on the Positive Behavior Support Plan? (35 NA)	#150. Person has BCIP...that meets the person's needs? (60 NA)
%Yes	75.0%	70.8%	56.5%
%Many	10.4%	10.4%	17.4%
%Needs Imp.	6.2%	10.4%	21.7%
%No	8.4%	8.4%	4.4%
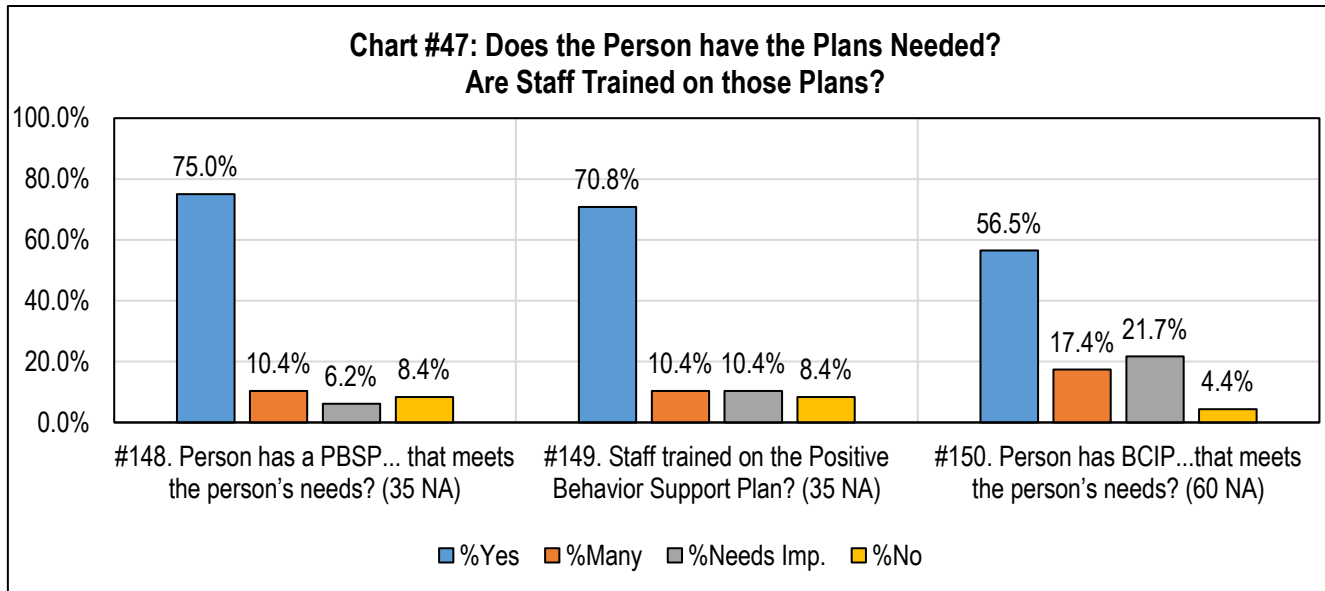
The next set of questions looks at whether or not the person actually receives services consistent with his/her needs and if those services are integrated into the ISP. The IQR asks:

Question #78:   Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m; '18IQR#85 (This focuses on therapies and Behavior Support Consultants recommendations.)

Question #151:   Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i; '18IQR#160

Question #152:   Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d; '18IQR#161

Chart #48: Does the Person Receive Needed Services?
Are Recommendations Integrated into the ISP?

Q#78. Are the rec's and/or strategies of ancillary providers integrated into the ISP?
- %Yes: 28.9%
- %Many: 33.7%
- %Needs Imp: 21.7%
- %No: 15.7%

Q#151. Does the Person receive behavioral services consisten with needs? (35 NA)
- %Yes: 52.1%
- %Many: 71.2%
- %Needs Imp: 8.3%
- %No: 8.4%

Q#152. Are behavior support services integrated into the ISP? (35 NA)
- %Yes: 43.8%
- %Many: 31.2%
- %Needs Imp: 12.5%
- %No: 12.5%

Legend: ■%Yes ■%Many ■%Needs Imp ■%No
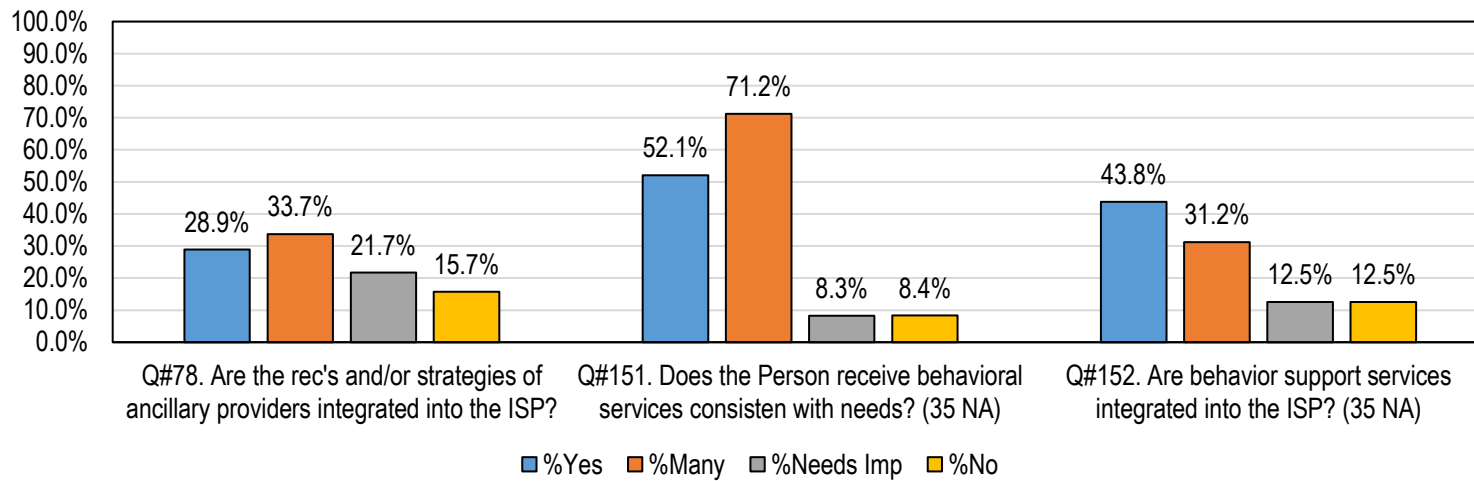
A. Case Management Essential Elements

Case Management services are person-centered and intended to support people to pursue their desired life outcomes while gaining independence and access to needed services and supports. The essential elements of Case Management include activities related to advocacy, assessment, planning, linking, and monitoring. DD Waiver CMs also play an important role in allocation, annual medical and financial recertification, record keeping, and budget approvals. CMs must maintain a current and thorough working knowledge of the DD Service Standards and community resources. In addition to paid supports, Case Management services also emphasize and promote the use of natural and generic supports to address a person's assessed needs. The accomplishment of these essential elements depends on case managers taking informed and timely action with and on behalf of the individual.

The need for advocacy on behalf of class members is woven through each of the case manager's essential elements including, in part: maintaining eligibility; the facilitation and development of the ISP; coordination of and communication with team members; monitoring to ensure that services and supports needed by the individual are received timely and as intended; reporting when there are issues which need attention; and, following up to ensure continuity and effectiveness of services.

In order to understand the challenges facing case management the findings throughout this entire report need to be considered.

B. Case Managers: Knowing the Individual

A requirement of DDSD is that the Case manager *knows the individual and is trained at a awareness, knowledge and skilled level, dependent on each specific need of the individual they serve.* The IQR Question #24 asks, "Does the case manager know the person? In 2018 IQR the score was 88% and in 2019 82% scored a perfect score of yes, while only 1% needed improvement. When answering this question, surveyors look to see if the Case Manager knows and has described the person's preferences, needs and circumstances; including information describing the individual's personality, likes, dislikes; the individual's general routine; activities; things in the individual's life; significant events that occurred or are occurring which have an impact on the individual; and, what s/he is doing or would like to do. Surveyors also look for a description of strengths, positive attributes, things to build on, such as communication method; work ethic; skills the JCM possesses; willingness to try things; willingness to participate in activities; etc.

In Q# 27 CMs scored 43.4% which is considered a perfect score for knowing, however, 47% were aware of many of the persons health related needs. This score may be reflective of missing one or more diagnoses, HCPs, MERPs, etc. Please refer the chart below for specifics.

Chart #49: Does the CM Know and have Expectations of Growth for the Person?

A bar chart showing three questions with percentages:

Q#28. Does the CM have an appropriate expectation of growth for this person?
- %Yes: 89.2%
- %Many: 10.8%
- %Needs Imp: 0.0%
- %No: 0.0%

Q#27. Was the CM able to describe the person's health related needs?
- %Yes: 43.4%
- %Many: 47.0%
- %Needs Imp: 9.6%
- %No: 0.0%

Q#24. Does the CM know the person?
- %Yes: 82.0%
- %Many: 17.0%
- %Needs Imp: 1.0%
- %No: 0.0%

Legend: ■ %Yes ■ %Many ■ %Needs Imp ■ %No
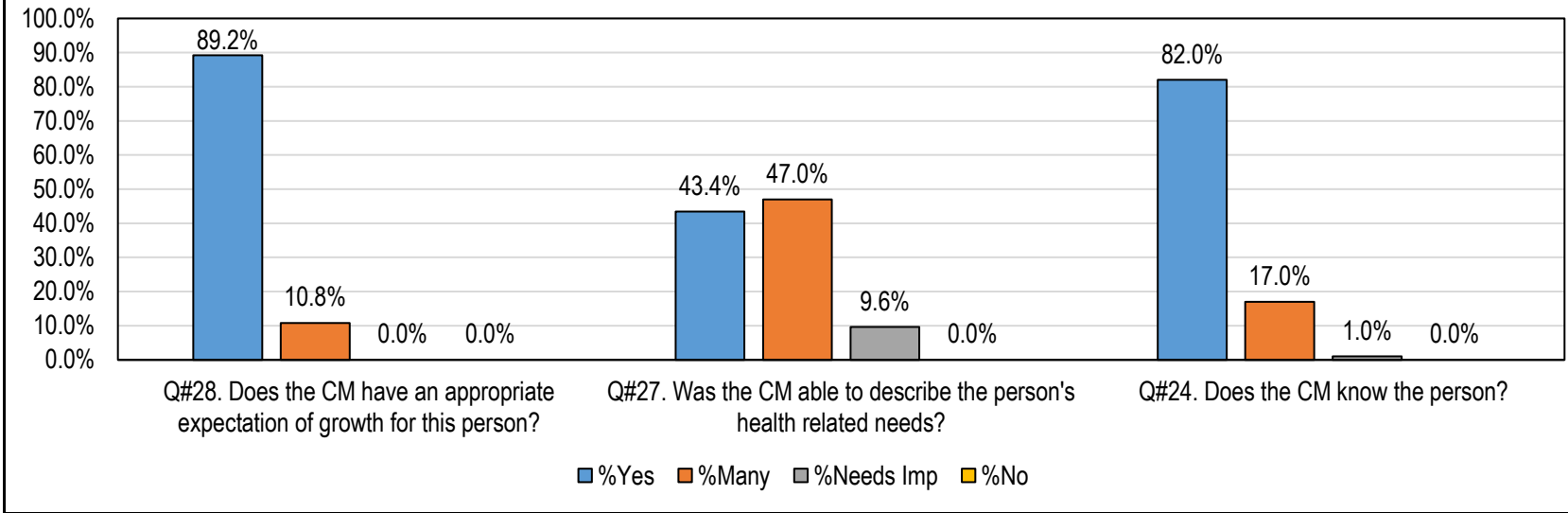
The Case Manager (CM) is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. The CM is required to conduct two face-to-face contacts per month for JCMs, one of which must occur at a location in which the person spends the majority of the day (i.e., place of employment, habilitation program), and the other contact must occur at the person's residence. No more than one IDT Meeting per quarter may count as a face-to-face contact living in the community.

When surveyor make a note regarding visits it is typically because either the case manager conducted both site visits on the same day and/or the case manager is noted to be frequently visiting the home or day program at close to the same time of day each month.

C. Case Management: Specific Areas

The IQR asks many related to case management *access and ISP Development*. The CM is required to meet with the person receiving services and their guardian prior to the ISP development meeting to review current assessment information, prepare for the meeting, create a plan with the person to facilitate or co-facilitate the meeting if desired, discuss the budget, review the current Freedom of Choice (SFOC) forms and facilitate greater informed participation in ISP development by the person.

Chart #50: Is the CM available?
Was the person provided assistnce to participate in planning?
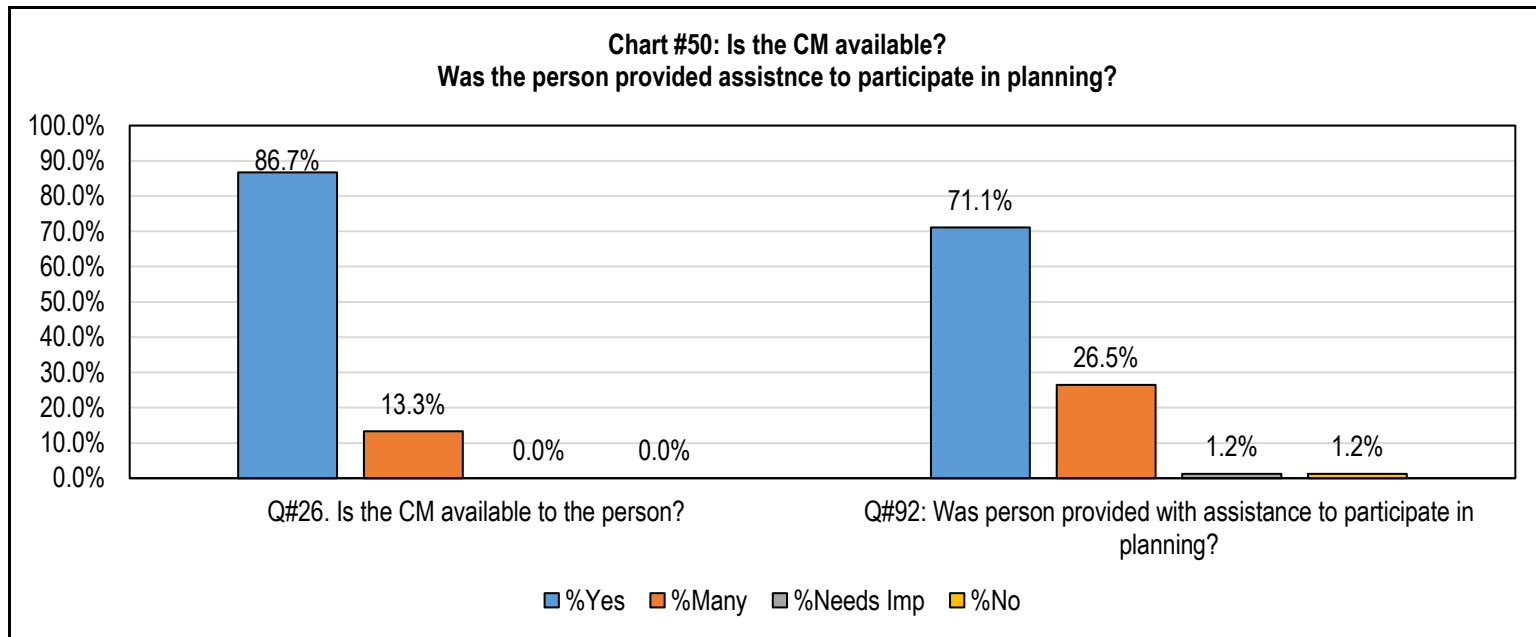
The IQR also focuses on ISP implementation which requires, routine monitoring by the provider and the Case Manager.

The ISP focuses on the supports and services individuals receive. Case managers play a key role in monitoring and documenting evidence of the implementation of the ISP to ensure services are provided as required. Knowing whether or not the person is making progress towards desired outcomes is a requirement of Case Managers and is to be evaluated as part of their twice monthly visits.

As noted earlier in this report, challenges related to the ISP is lack of consistent ISP implementation. While one of the case manager's primary responsibilities is monitoring to ensure that the ISP is initially implemented as agreed, the case manager also carries responsibility to routinely verify and document that the ISP continues to be implemented as intended and if not, to take action by notifying the provider. If that is not successful, then seeking assistance from the Regional Office through the Regional Office Request for Assistance (RORA) is expected to be initiated. Related IQR Questions include:

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 I SP? CPRQ32; '17IQR#16b; '18IQR#30
Question #30.   Does the case manager provide case management services at the level needed by this person? CPRQ33; '17IQR#16c; '18IQR#31

The findings show that over 80% (scored yes and many) are monitoring services and documenting as needed.

Chart #51: Does the CM Provide Services as Needed?
Does CM Record Contain Documentation of Monitoring?

	Q#29. Does the record contain documentation that the CM is monitoring services delivery?	Q#30. Are CM services delivered at the level needed?
%Yes	20.5%	24.1%
%Many	61.4%	62.7%
%Needs Imp	18.1%	13.3%
%No	0.0%	0.0%
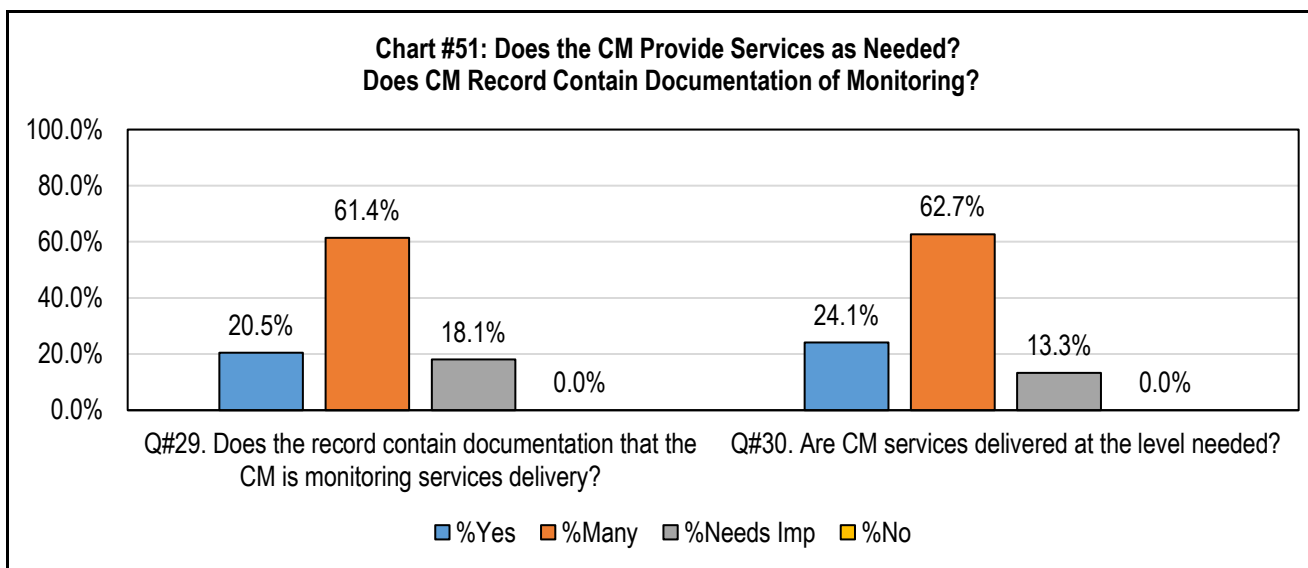
The site visit form that the case manager was required to fill out during the 2019 IQR asks the case manager, at each visit, to verify whether outcomes are being implemented per the ISP based on a review of: outcomes and data collection sheets; Teaching and Support Strategies; and talk with the individual and staff. On January 1, 2019, DDSD initiated the use of the site visit form being required in to be completed in Therap which contains an extensive monitoring review of the person's needs and supports.

Advocacy and protection from harm are the responsibility of everyone. Case Managers function, as another level of safeguard for the individual in addition to the individuals entire IDT. If case managers do not monitor (see) and act (report) timely, the systems' protections and effective provision of supports and services begins to break down. Scores to these questions, by Case Management Agency, follow.

Question #92.   Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b; '18IQR#100
Question #24.   Does the case manager "know" the person? CPRQ26; '17IQR#8c
Question #26.   Is the case manager available to the person? CPRQ29; '17IQR#16a; '18IQR#27
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? CPRQ32; '17IQR#16b; '18IQR#30
Question #30.   Does the case manager provide case management services at the level needed by this person? CPRQ33; '17IQR#16c; '18IQR#31

Chart #52: Scores by Case Management Agency

CM Agency	# in sample	Q# 92	Q# 24	Q#26	Q# 29	Q# 30
A New Vision	8	62.5% Yes (5) 25% Many (2) 12.5% No (1)	87.5% Yes (7) 12.5% Many (1)	87.5% Yes (7) 12.5% Many (1)	12.5% Yes (1) 62.5% Many (5) 25% Needs Impv (2)	0% Yes 75% Many (6) 25% Needs Impv (2)
A Step Above	8	62.5% Yes (5) 25% Many (2) 12.5% Needs Impv (1)	100% Yes (8)	75% Yes (6) 25% Many (2)	25% Yes (2) 25% Many (2) 50% Needs Impv (4)	0% Yes 62.5% Many (5) 37.5% Needs Impv (3)
Amigo	2	100% Yes (2)	100% Yes (2)	100% Yes (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)
Carino	5	100% Yes (5)	100% Yes (5)	100% Yes (5)	0% Yes 80% Many (4) 20% Needs Impv (1)	40% Yes (2) 60% Many (3)
DDSD	1	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Easter Seals El Mirador	1	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Excel	3	33.3% Yes (1) 66.7% Many (2)	33.3% Yes (1) 66.7% Many (2)	66.7% Yes (2) 33.3% Many (1)	33.3% Yes (1) 66.7% Many (2)	0% Yes 100% Many (3)
Heart of NM	1	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)
J&J	9	66.7% Yes (6) 33.3% Many (3)	88.9% Yes (8) 11.1% Many (1)	88.9% Yes (8) 11.1% Many (1)	22.2% Yes (2) 55.6% Many (5) 22.2% Needs Impv (2)	11.1% Yes (1) 66.7% Many (6) 22.2% Needs Impv (2)
NMQCM	5	80% Yes (4) 20% Many (1)	80% Yes (4) 20% Many (1)	80% Yes (4) 20% Many (1)	40% Yes (2) 60% Many (3)	40% Yes (2) 60% Many (3)
Peak	11	81.8% Yes (9) 18.2% Many (2)	72.7% Yes (8) 27.3% Many (3)	100% Yes (11)	9.1% Yes (1) 90.9% Many (10)	36.4% Yes (4) 63.6% Many (7)
Rio Puerco	2	50% Yes (1) 50% Many (1)	100% Yes (2)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
SCCM	5	100% Yes (5)	80% Yes (4) 20% Needs Impv (1)	100% Yes (5)	40% Yes (2) 60% Many (3)	40% Yes (2) 60% Many (3)
Unidas	13	61.5% Yes (8) 38.5% Many (5)	84.6% Yes (11) 15.4% Many (2)	92.3% Yes (12) 7.7% Many (1)	23.1% Yes (3) 53.8% Many (7)	53.8% Yes (7) 30.8% Many (4) 15.4% Needs Impv (2)

CM Agency	# in sample	Q# 92	Q# 24	Q#26	Q# 29	Q# 30
					23.1% Needs Impv (3)	
Unique Opportunities	4	75% Yes (3) 25% Many (1)	75% Yes (3) 25% Many (1)	100% Yes (4)	25% Yes (1) 25% Many (1) 50% Needs Impv (2)	25% Yes (1) 75% Many (3)
Visions	5	60% Yes (3) 40% Many (2)	40% Yes (2) 60% Many (3)	40% Yes (2) 60% Many (3)	0% Yes 100% Many (5)	0% Yes 60% Many (3) 40% Needs Impv (2)

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

Chart #53: Case Management Scoring by Number of People in the Sample

CM Agency	# in sample	Q# 92 (%/# Yes)	Q# 24 (%/# Yes)	Q# 26 (%/# Yes)	Q# 29 (%/# Yes)	Q# 30 (%/# Yes)	# of 100%	# 75% to 99%	# 51% to 74%	# 50% or below
Agencies with 8 or more individuals in the sample										
A New Vision	8	62.5% Yes (5)	87.5% Yes (7)	87.5% Yes (7)	12.5% Yes (1)	0% Yes	0	2	1	2
A Step Above	8	62.5% Yes (5)	100% Yes (8)	75% Yes (6)	25% Yes (2)	0% Yes	1	1	1	1
J & J	9	66.7% Yes (6)	88.9% Yes (8)	88.9% Yes (8)	22.2% Yes (2)	11.1% Yes (1)	0	2	1	1
Peak	11	81.8% Yes (9)	72.7% Yes (8)	100% Yes (11)	9.1% Yes (1)	36.4% Yes (4)	1	1	1	1
Unidas	13	61.5% Yes (8)	84.6% Yes (2)	92.3% Yes (12)	23.1% Yes (3)	53.8% Yes (7)	0	2	2	1
Agencies with 3-5 individuals in the sample										
Carino	5	100% Yes (5)	100% Yes (5)	100% Yes (5)	0% Yes	40% Yes (2)	3	0	0	2
Excel	3	33.3% Yes (1)	33.3% Yes (1)	66.7% Yes (2)	33.3% Yes (1)	0% Yes	0	0	1	4
NMQCM	5	80% Yes (4)	80% Yes (4)	80% Yes (4)	40% Yes (2)	40% Yes (2)	0	2	0	2
SCCM	5	100% Yes (5)	80% Yes (4)	100% Yes (5)	40% Yes (2)	40% Yes (2)	2	1	0	2

CM Agency	# in sample	Q# 92 (%/# Yes)	Q# 24 (%/# Yes)	Q# 26 (%/# Yes)	Q# 29 (%/# Yes)	Q# 30 (%/# Yes)	# of 100%	# 75% to 99%	# 51% to 74%	# 50% or below
Unique Opportunity	4	75% Yes (3)	75% Yes (3)	100% Yes (4)	25% Yes (1)	25% Yes (1)	1	2	0	2
Visions	5	60% Yes (3)	40% Yes (2)	40% Yes (2)	0% Yes	0% Yes	0	0	1	4
Agencies with 1-2 individuals in the sample										
Amigo	2	100% Yes (2)	100% Yes (2)	100% Yes (2)	0% Yes	0% Yes	3	0	0	2
DDSD	1	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	5	0	0	0
Easter Seals El Mirador	1	0% Yes	100% Yes (1)	0% Yes	0% Yes	0% Yes	1	0	0	4
Heart of NM	1	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes	4	0	0	1
Rio Puerco	2	50% Yes (1)	100% Yes (2)	100% Yes (2)	0% Yes	0% Yes	2	0	0	3

A. Jackson Class Members Receiving Residential and Day Services

Living Care Arrangements (LCA) are available to adults age 18 and older and are based on individual preferences, needs, and clinical justification for the requested service. All people have the right to choose where they live. Provider Agencies must facilitate individual choice and ensure that any LCA is chosen by the person and is integrated in, and supports full access to the community. Provider Agencies must assure that each residence is clean, safe, and comfortable, and each residence accommodates individual daily living, social and leisure activities. There are four models of service:

    1. Supported Living,
    2. Family Living, and
    3. Intensive Medical Living Services (IMLS).[16]
    4. Customized In-Home Supports

As the following chart shows, 186, or %, of the 245 233 active Jackson Class Members[17] are receiving *Supported Living* supports. Supported Living is designed to address assessed needs and lead to the accomplishment of individually identified outcomes.[18]

There are 31 JCMs (13.4%) receiving *Family Living* supports Family Living is intended for people who are assessed to need residential habilitation to ensure health and safety while providing the opportunity to live in a typical family setting. Family Living is intended to increase and promote independence and to provide the skills necessary to prepare people to live on their own in a non-residential setting. Family Living is designed to address assessed needs and individually identified outcomes. Services and supports are furnished by a natural or host family member, or companion, who meets requirements and is approved to provide Family Living. Family Living is provided in the person's home or the home of the Family Living provider. The Provider Agency is responsible for substitute care coverage for the primary caregiver when he/she is sick or taking time off as needed. People receiving Family Living are required to live in the same residence as the paid DSP.

Likewise, 142 JCMs (61%) receive *Adult Habilitation (AH) and 27 (12%) Customized Community Supports (CCS)* In 2018 AH transitioned to the service od CCS. .

Chart #54: Type of Residential and Day Services Received by JCMs

Residential Service Type	# JCM	% of JCM	Day Service Type	# JCM	% of JCM
Supported Living	186	80.2%	Adult Habilitation	142	61%
Family Living	31	13.4%	Community Access	6	3%
Independent Living	3	1.3%	Supported Employment	4	2%
Direct Services (Mi Via)	9	4%	Adult Habilitation and Supported Employment	26	11%
ICF/IDD	3	1.3%	Adult Habilitation and Community Access	8	3%

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[16] 2018 NM DD Waiver Standards, Chapter 10

	Community Access and Supported Employment	2	1%
	Customized Community Supports	27	12%
	Community Integrated Employment Services	1	.4%
	Direct Services (Mi Via)	12	4%
	ICF/IDD	3	1.3%
	None	3	1.3%

B. Do Direct Support Personnel Know the Person Well?

As the historical chart which follows points out, both residential and day staff have a history of demonstrating that they know the persons whom they support well. Please see chart below:

Question #39.   Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b; '18IQR#42 (left bar for each year)
Question #31: Does the Day/Employment staff "know" the person? CPRQ35; '17IQR#8a; '18IQR#33 (right bar for each year)

Chart #55: Staff Know Me Well

Year	%Yes Res	%Yes Day/Emp
2011	97.0%	95.0%
2013	97.0%	92.0%
2014	98.0%	96.0%
2015	92.0%	87.0%
2016	96.0%	97.0%
2017	89.0%	83.0%
2018	95.0%	95.0%
2019	85.5%	88.9%
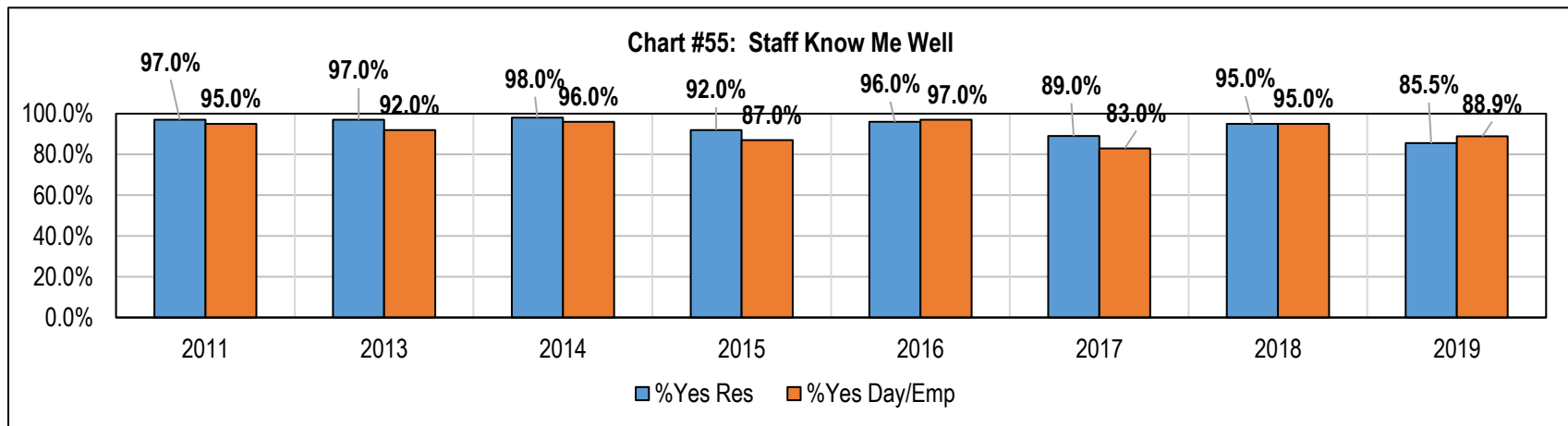
C. Do Those who Know the JCM Best Have Input into the Person's Plan? (See ISP Section)

D. Are Residential and Day Assessments and Teaching and Support Strategies Adequate?

As discussed in the ISP Assessments Section, assessments are important tools to help identify a person's strengths, interests, desires and to identify ways to assist the individual in meeting their desired Outcomes. However, assessments and evaluations are not a substitute for input from the individual concerning what is meaningful to them and how they perceive their own strengths and weaknesses. For provider agencies contributing to annual ISP development, assessment updates must be provided

at least 14 days prior to the ISP development meeting to ensure that the ISP addresses the person's assessed needs and personal goals, either through DD Waiver services or other means.[19]

After the ISP development meeting, each agency providing services for the individual is responsible for developing ***Teaching and Supports Strategies (T&SS)*** and ***Written Direct Support Instructions (WDSI)***[20] to support Action Plans developed as part of the ISP. WDSIs are developed by therapists as a complement to the T&SS.[21] Please refer to the question below asked by the IQR and the chart for a visual representation of the scores:

Question #77.   Overall, are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i; '18IQR#84

Chart #56: Are Residential and Day Assessments/T&SS Adequate?

- %Yes: 28.9%
- %Many: 39.8%
- %Needs Imp: 25.3%
- %No: 6.0%

Q#77. Overall, are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned?

■%Yes   ■%Many   ■%Needs Imp   ■%No

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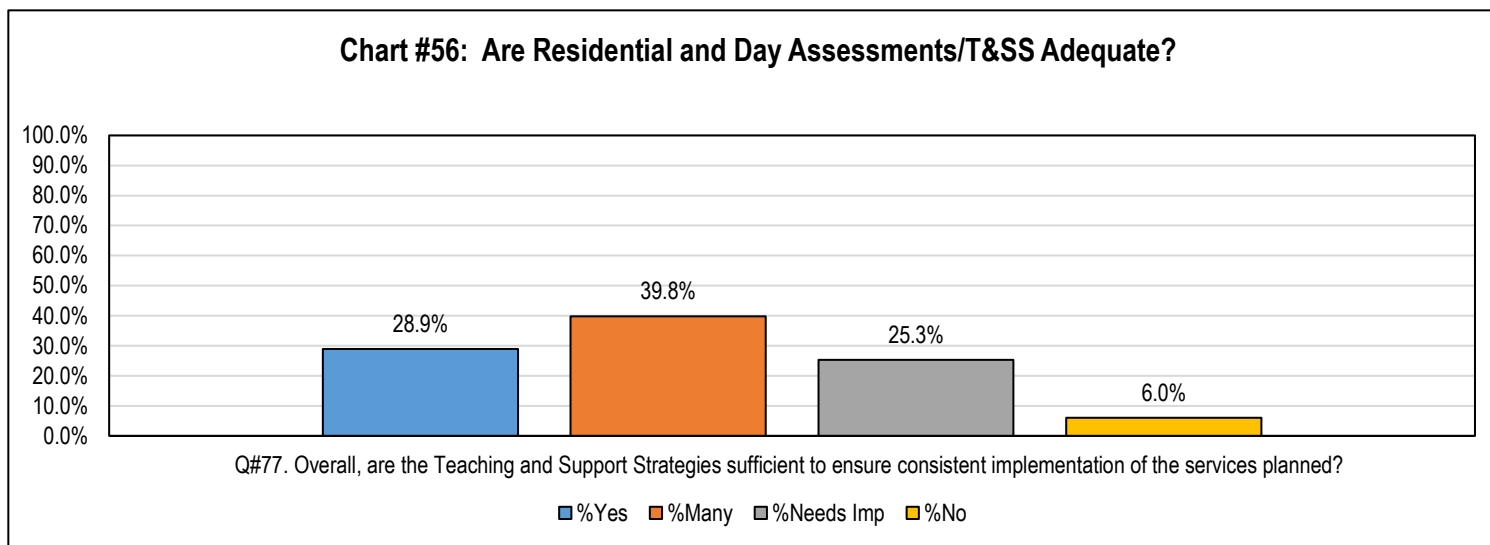
[19] 2018 NM DD Waiver Standards, Chapter 6.

[20] Therapists develop strategies to support activities of daily life through development of WDSIs addressing a variety of topics including health and safety needs. The WDSIs are utilized by Direct Support Personnel during routine activities, and by IDT-members to create T&SS that further integrate therapy strategies into implementation of the ISP. 2018 NM DD Waiver Standards, Chapter 12. Professional and Clinical Services

Chart #57: Comfort At Home and Day

	%Yes	%Many	%Needs Imp.	%No
Q#111. Person get along with their day/empl staff? (21 CND; 2 NA)	96.7%	1.7%	0.0%	1.7%
Q#112. Person get along with their res staff? (14 CND)	98.6%	1.4%	0.0%	0.0%
Q#94. … have the opportunity to make informed choices? (31 CND)	75.0%	21.2%	3.8%	0.0%
Q#94a. About where and with whom to live? 44 CND)	82.1%	10.3%	5.1%	2.5%
Q#94b. About where and with whom to work/spend his/her day? (35 CND)	87.5%	8.3%	4.2%	0.0%
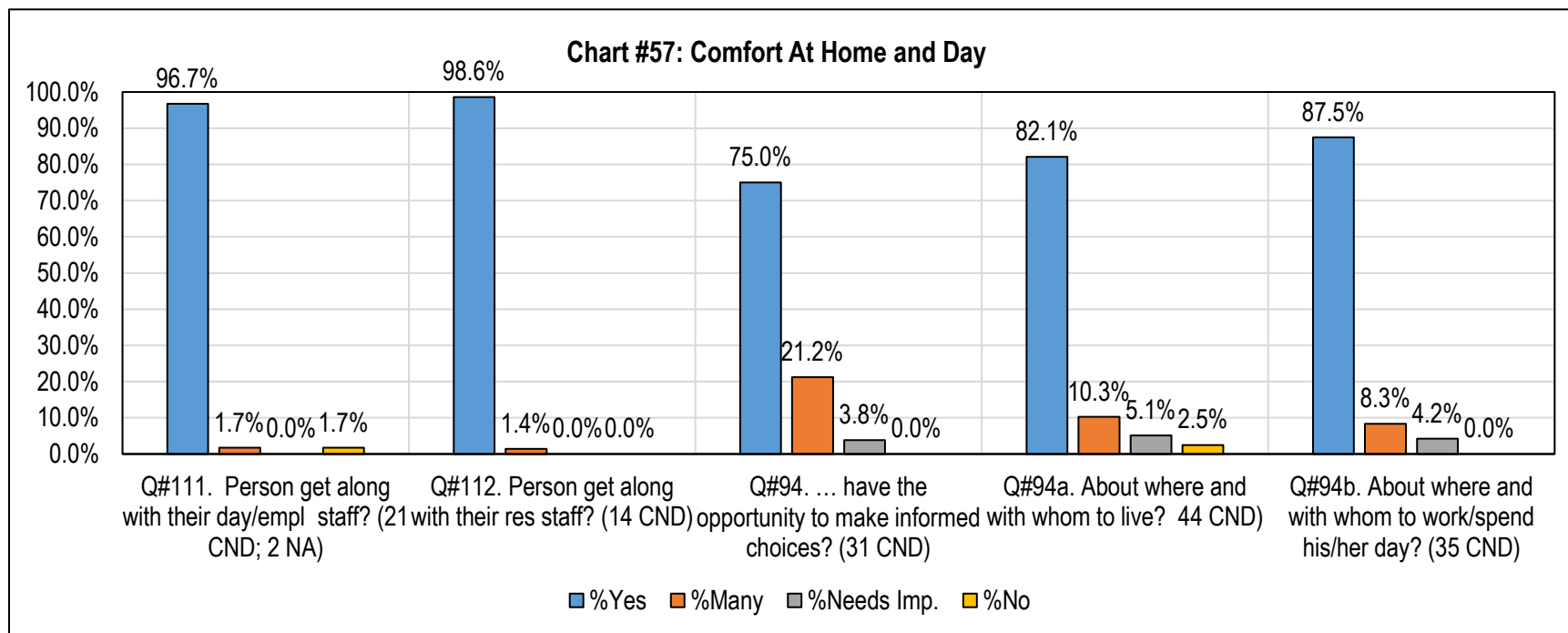
E. Do JCMs Feel Comfortable Where They Live and Work?

In addition to learning new skills, maintaining/expanding relationships and experiences through the ISP, the IQR asks regarding the individual's level of choice and comfort as it relates to home and day services. Please refer to the question below asked by the IQR and the chart for a visual representation of the scores:

Question #111.   Does the person get along with their day program/employment provider staff? CPRQ111; '18IQR#120
Question #112.   Does the person get along with their residential provider staff? CPRQ112; '18IQR#121
Question #94.   Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30; '18IQR#102
Question #94a.   About where and with whom to live? CPRQ89; '17IQR#23c; '18IQR#102a
Question #94b.   About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d; '18IQR#102b
Question #109.   Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e; '18IQR#118
Question #35.   Was the [day] direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?
Question #44.   Did the direct service staff have training on how to report abuse, neglect and exploitation? CPRQ51; '18IQR#49; '19IQR question modified

Chart #58: Comfort At Home and Day (cont'd)

Q#109: Does the person have food/drink available ...? (6 CND) — %Yes 96.1%, %Many 2.6%, %Needs Imp. 1.3%, %No 0.0%

Q#35: [Day] staff able to describe his/her responsibilities in providing daily care/supports...? (2 not scored) — %Yes 54.3%, %Many 42.0%, %Needs Imp. 3.7%, %No 0.0%

Q#44: [Res] staff able to describe his/her responsibilities in providing daily care/supports...? — %Yes 56.6%, %Many 37.4%, %Needs Imp. 6.0%, %No 0.0%

Legend: ■ %Yes ■ %Many ■ %Needs Imp. ■ %No

F. Are Residential and Day Sites Safe?

Question #38.   Does the person's day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43; '18IQR#41

Question #42.   Is the residence safe for individuals (void of hazards)? CPRQ47; '18IQR#45

Chart #59: Safety At Home and During the Day

Q#38. Day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? (17 CND; 2 not scored)
- %Yes: 87.5%
- %Many: 6.25%
- %Needs Imp.: 6.25%
- %No: 0.0%

Q#42. Is the residence safe for individuals (void of hazards)? (9 CND)
- %Yes: 86.5%
- %Many: 10.8%
- %Needs Imp.: 2.7%
- %No: 0.0%

Legend: %Yes %Many %Needs Imp. %No
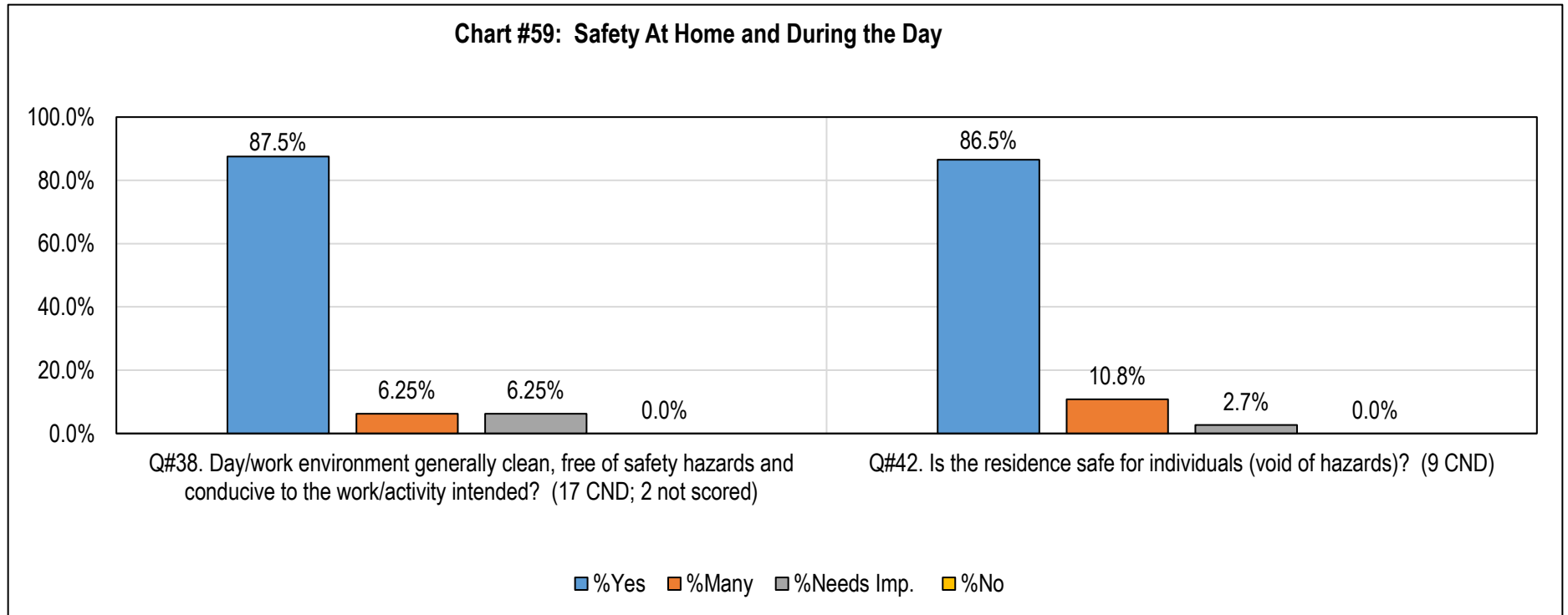
G. Are Team Members Consistently Following Up on Their Responsibilities?

Question #113 inquiries about whether team members are following up on their responsibilities which includes: implementing the ISP, identifying and acting on changes in personal circumstances, ensuring appointments are kept, enabling individuals to use recommended equipment and assistive technology, getting them to work timely, etc. As seen below in 2019 18.1% scored a perfect score of "yes", however, 59% scored "many" indicating that many indicators were met. The relevant IQR question is:

Question #113.   Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10; '18IQR#122

Chart #60: 2011 to 2019 Team Following Up On Their Responsibilities
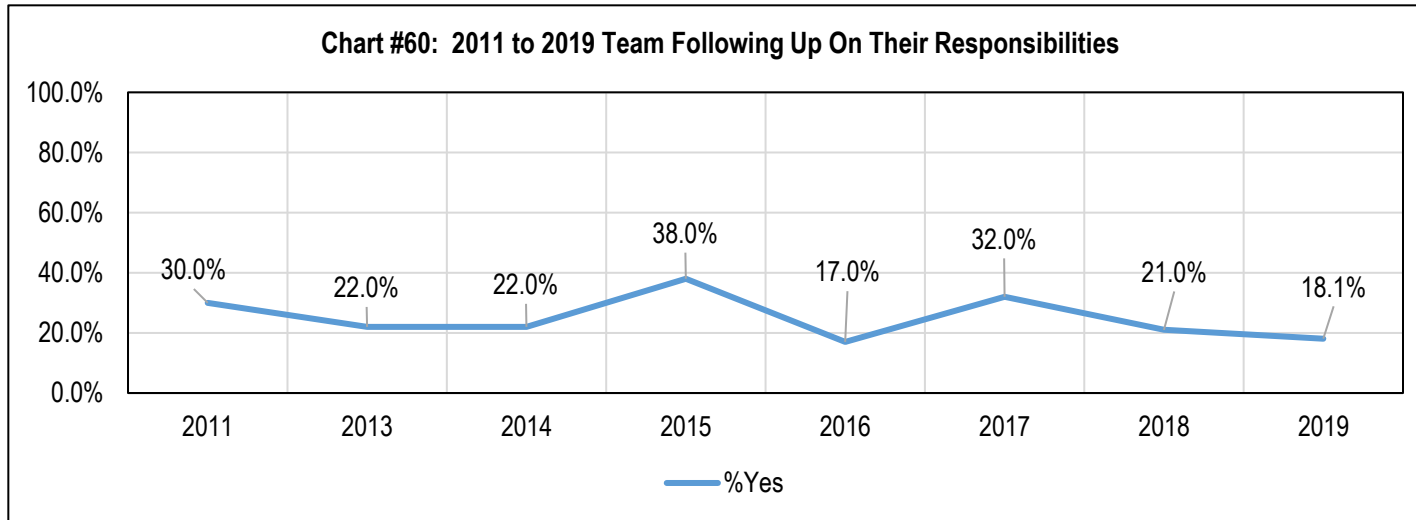
H. Are JCMs Integrated and Experiencing Meaningful Community Engagement?

Looking at class members experiences in the community include questions such as:

Routinely making choices about:
Question #94a. About where and with whom to live? CPRQ89;'17IQR#23c; '18IQR#102a
Question #94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d; '18IQR#102b
Question #94c. About where and with whom to socialize/spend leisure time? CPRQ91; '18IQR#102c

Chart #61: Are People Making Choices?

- Q#94a. Did the person choose where and with whom to live? (44 CND): %Yes 82.1%, %Many 10.3%, %Needs Imp 5.1%, %No 2.5%
- Q#94b. Did the person choose where and with whom to work/spend the day? (35 CND): %Yes 87.5%, %Many 8.3%, %Needs Imp 4.2%, %No 0.0%
- Q#94c. Did the person choose where and with whom to socialize/spend leisure time? (33 CND): %Yes 86.0%, %Many 8.0%, %Needs Imp 6.0%, %No 0.0%

■ %Yes ■ %Many □ %Needs Imp □ %No
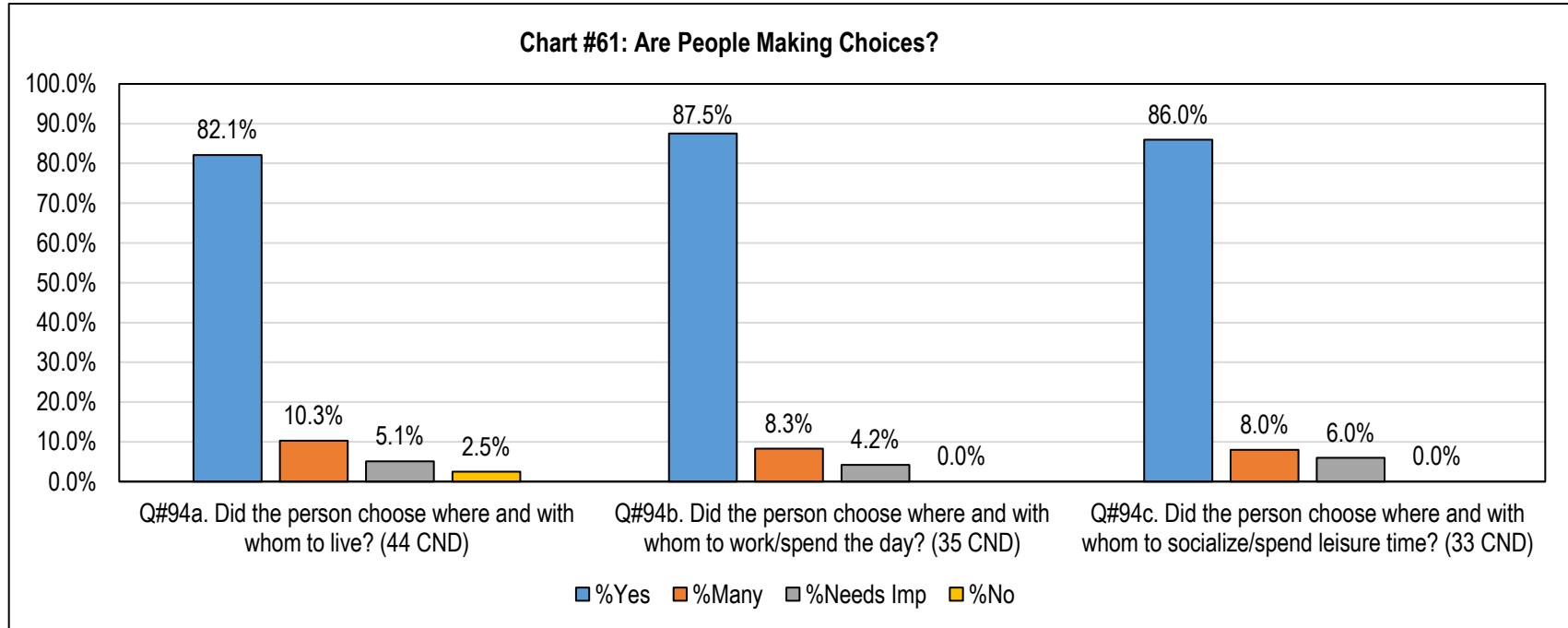
Having abilities, needs and preferences known and respected.

Question #107.   Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e; '18IQR#116
Question #108.   Is the person treated with dignity and respect? CPRQ103; '17IQR#34c; '18IQR#117

Chart #62: Is the Person Respected?
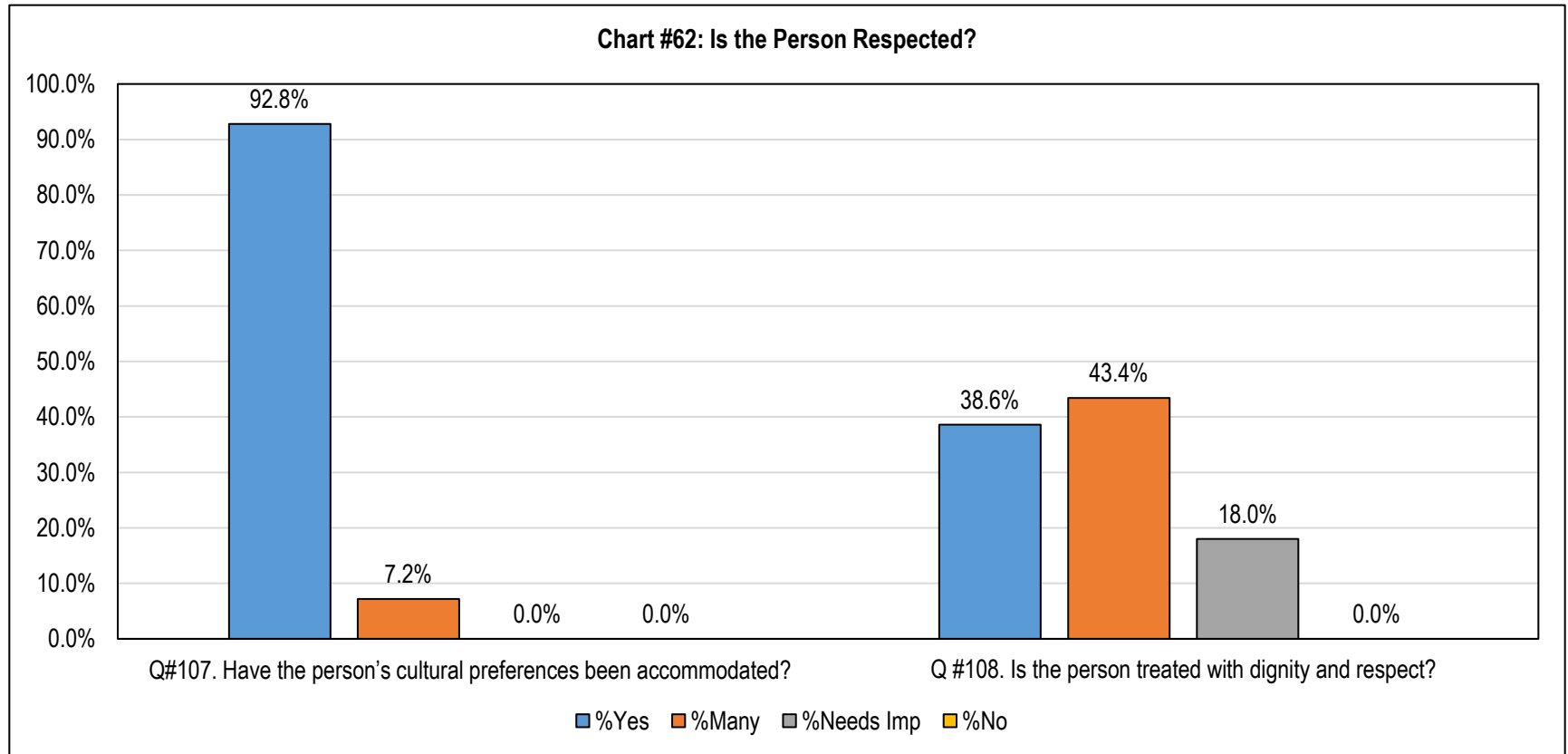
Being integrated into their community

Question #162:   Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f; '18IQR#171

Question #163.   Is the person integrated into the community? CPRQ145; '17IQR#29g; '18IQR#172

Chart #63: Is the Person Integrated and Using Generic Services?
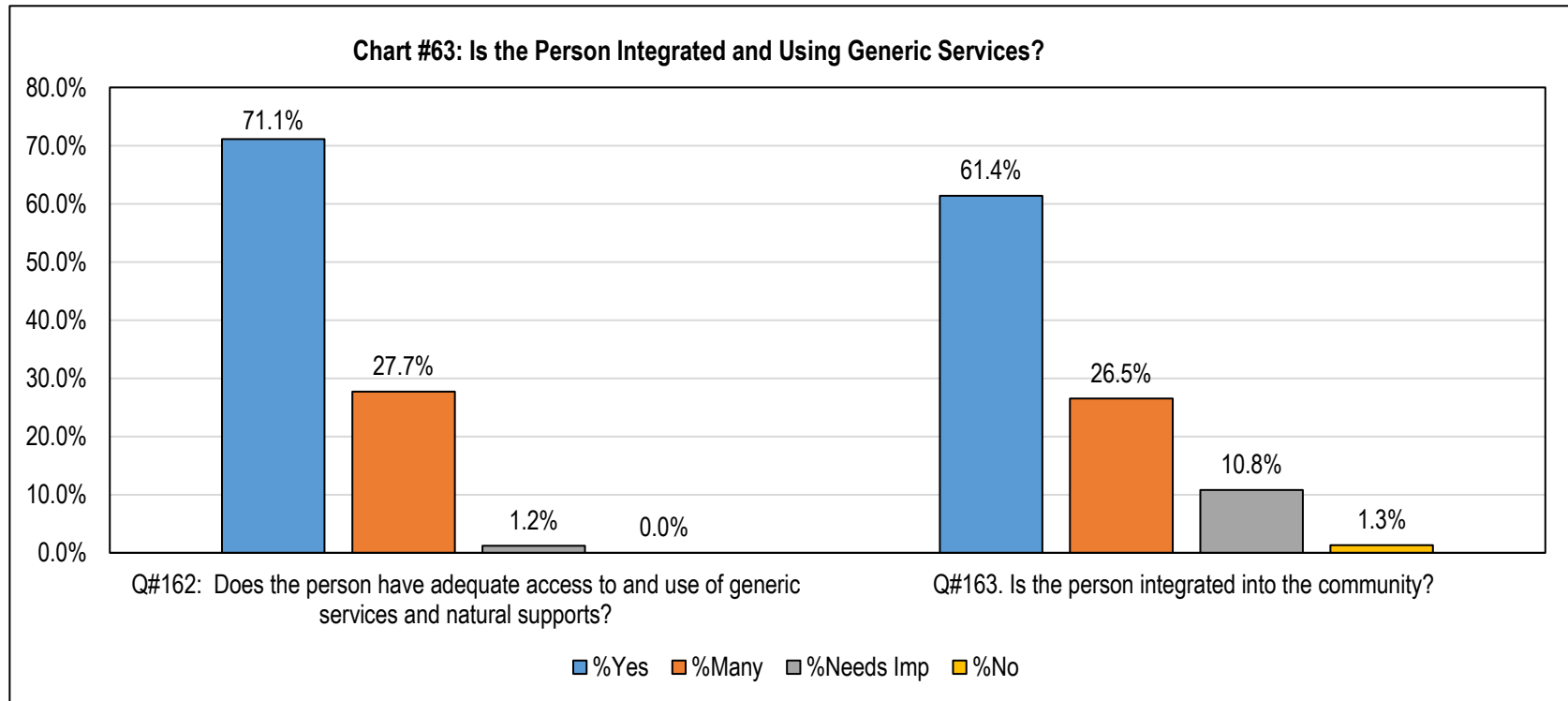
The DDSD adopted an Employment First Policy in 2016 to establish procedures for supporting working age adults to have access to valued employment opportunities as the preferred service in New Mexico. Access to competitive integrated employment enables the person to engage in community life, control personal resources, increase self-sufficiency and receive services in the community. When engaging in person-centered planning, team members must first look to community and natural supports to assist people to attain their employment goals and Desired Outcomes. As such, supported employment activities are a planning priority for all working age adults. 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 an informed decision about employment while others may have a rich and varied employment history and can make an informed choice based on that history.[22]

A. Components of Informed Choice: Assessment

The expectation is that the Team will work together to determine and provide opportunities for activities that support making an informed choice about employment and clearly document the person's decision-making process in the ISP.[23]
Per the 2018 DD Wavier Standards, The Person-Centered Assessment (PCA) is the process teams are expected to use. Provider Agencies must adhere to the following requirements related to a PCA and Career Development Plan:

a. A person-centered assessment should contain, at a minimum: information about the person's background and status;
b. the person's strengths and interests;
c. Conditions for success to integrate into the community, including conditions for job success (for those who are working or wish to work); and
d. Support needs for the individual.

Considering vocational interests, abilities and skills is optional for those who are not working and have not expressed a wish to work. If you are working or wish to work then conditions for job success can and should be explored. In recent years, DDSD embarked on a "Informed Choice Project" to foster trail work opportunities and training providers on how to engage in informed choice discussions. As we consider the aging status of the class members and note many IQR questions scored as not applicable (NA) there may be further analysis needed regarding employment services for class members.

The IQR asks the following questions regarding the support class members receive in assessing and determining their interests in work:

Question #125.   Does (Name) have a current Person Centered Assessment? '18IQR#134
Question #126.   Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a; '18IQR#135
Question #127.   Did the individual participate personally in the Person Centered Assessment? '18IQR#136
Question #128.   Did the Guardian participate in the Person Centered Assessment? '18IQR#137

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[22] 2018 NM DD Waiver, Chapter 11

Chart #64: Have the Person's Vocational Interests, Abilities and Needs been Assessed?

Chart #64: Have the Person's Vocational Interests, Abilities and Needs been Assessed?

Question	%Yes	%Many	%Needs Imp.	%No
Q#125. The person has a current PCA? (4 NA)	44.3%	41.7%	12.7%	1.3%
Q#126. Did this assessment address vocational interests, abilities and needs? (22 NA)	42.6%	26.2%	4.9%	26.2%
Q#127. Did the person participate in the PCA? (4 NA)	67.1%	0.0%	0.0%	32.9%
Q#128. Did the Guardian participate in the PCA? (1 NA)	48.8%	0.0%	0.0%	51.2%
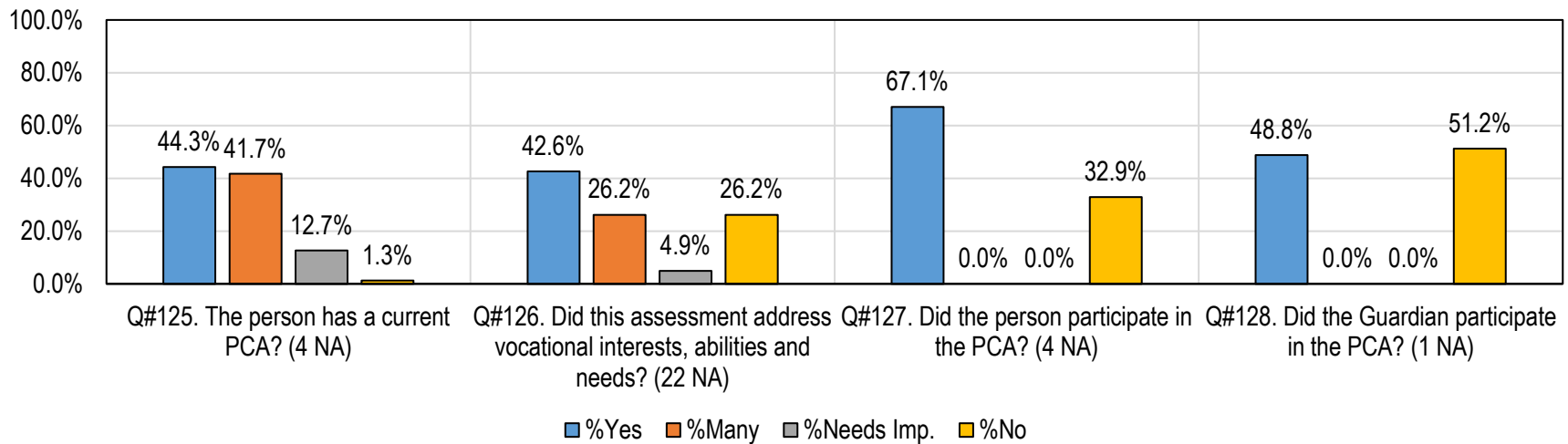
B. Components of Informed Choice: Experience

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 IDT members and nonpaid supports who empower the person to make informed choices.

Informed choice generally includes the following activities:

    a.   assessing the person's interests, abilities and needs;

    b.   discussing with the person/guardian what was learned through assessment;

    c.   providing information about different options and resources available to the person in a way that is understandable by the person;

    d.   providing opportunities for trial and error; and

    e.   considering potential impact on the person's life, health and safety and creating strategies to address any related issues that may arise.

Individuals, family members, guardians, natural supports, and paid Provider Agencies have a responsibility to support people with I/DD to make informed choices and to encourage them to speak up about their lives without feeling intimidated.

IQR questions which help inform us with respect to information and experience offered to class members include:

Question #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; '18IQR#139

Question #132.   If #130 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs? '18IQR#141

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? '18IQR#142

Chart #65: Has the Individual been given Real Work Experience?
Has the Guardian been given Information?
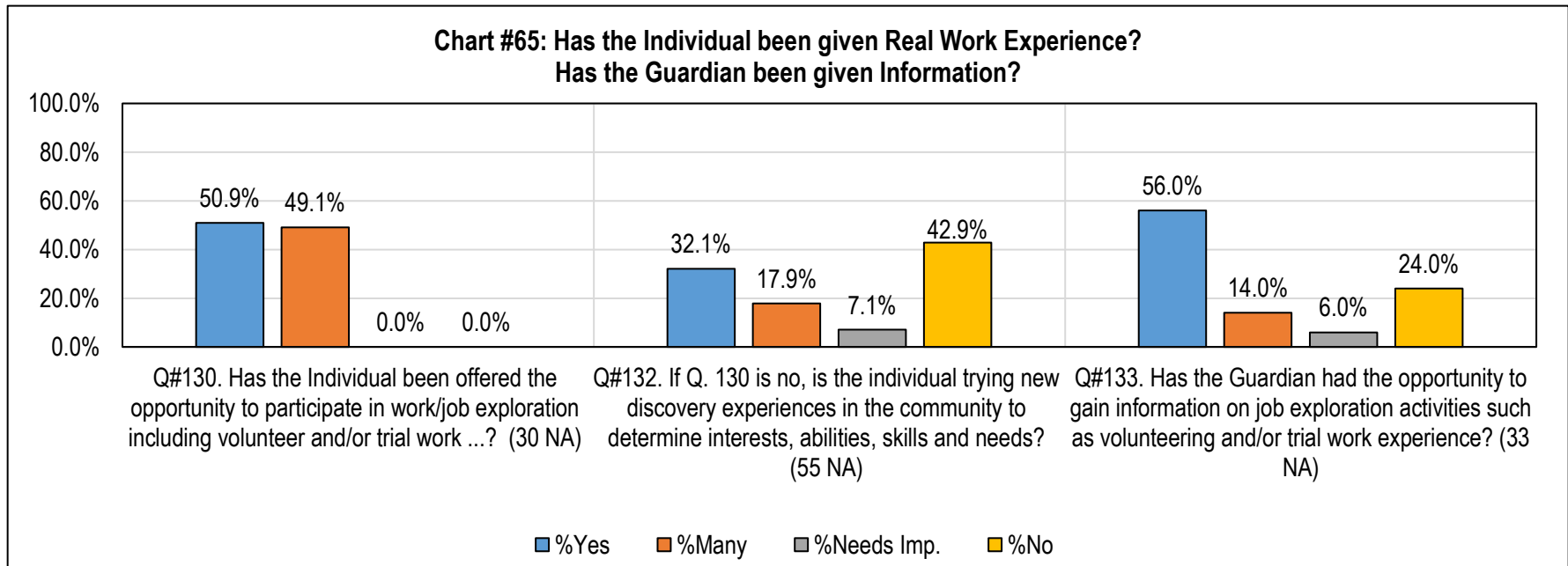
C. Components of Informed Choice: Employment Barriers

The 2019 IQR the following questions were asked to assess barriers for :

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 ... '17IQR#27b; '18IQR#145

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 ...? '18IQR#146

Question #140.   Does the Guardian support him/her working? '18IQR#149

Chart #66: Barriers to Employment
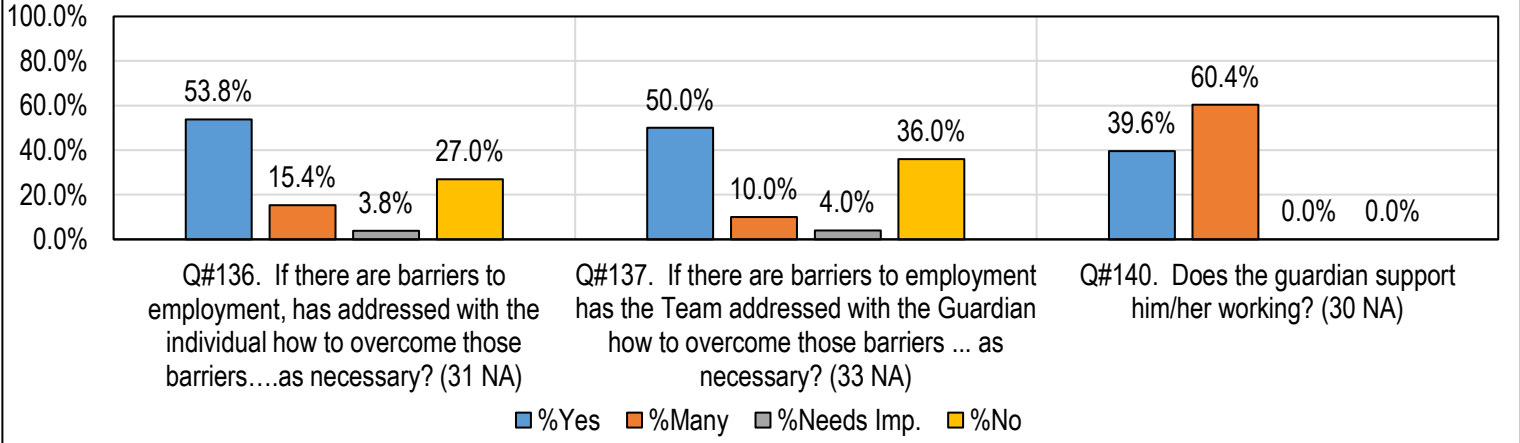
	Q#136. If there are barriers to employment, has addressed with the individual how to overcome those barriers....as necessary? (31 NA)	Q#137. If there are barriers to employment has the Team addressed with the Guardian how to overcome those barriers ... as necessary? (33 NA)	Q#140. Does the guardian support him/her working? (30 NA)
%Yes	53.8%	50.0%	39.6%
%Many	15.4%	10.0%	60.4%
%Needs Imp.	3.8%	4.0%	0.0%
%No	27.0%	36.0%	0.0%

■%Yes ■%Many ■%Needs Imp. ■%No

The previous Community Monitor provided the following narrative regarding Rights and Protection and DHI has included it in this report as it serves as an important reminder of individuals rights.

The 2018 NM DD Waiver Standards, The Medicaid Home and Community-Based Services (HCBS) Consumer Rights and Freedoms offers a good introduction to this section. The HCBS Consumer Rights and Freedoms are summarized below in total and applicable portions are reproduced in relevant sections which follow.

"As a person with an intellectual and/or developmental disability (I/DD), and a person receiving services, I have the same basic legal, civil, and human rights and responsibilities as everyone else. My rights should never be limited or restricted unnecessarily; without due process and the ability to challenge the decision, even if I have a guardian. All my rights should be honored through any assistance, support, and services I receive.

Some Examples of My Rights Include:
- *Get paid competitive wages to work in an inclusive setting*
- *Contribute to my community*
- *Access services in the community the same way people who don't receive services do*
- *Full inclusion in community and cultural life*
- *Have access to education and information in a way I can understand*
- *Choose where I live based on what I can afford*
- *Choose who I live with*
- *Lock my doors and home, and choose those who may come in*
- *Access common places in my home*
- *Exercise tenant rights in accordance with state law*
- *Accessibility wherever I go*
- *Choose to be alone and my privacy respected*
- *Privacy and confidentiality*
- *Access to all my personal information (financial, medical, programmatic, behavioral, legal)*
- *Receive information to make informed decisions regarding my health care.*
- *Choose supports that I need and want*

- *Choose from all available service Provider Agencies*
- *Independence*
- *Choose/develop my own schedule*
- *Go out at any time*
- *Develop my own person-centered plan of support*
- *Be treated with dignity and respect*
- *Control my money*
- *Be free from coercion, restraint, seclusion and retaliation*
- *Have visitors at my home at any time*
- *Choose when/what to eat, and have access to food at any time*
- *Choose my clothing*
- *Be part of a family or start one*
- *Live with my partner or get married*
- *Form loving relationships, either platonic or sexual, with whomever I choose*
- *Be free from abuse, neglect, exploitation*
- *Have access to advocacy supports and resources*
- *Participate in any discussion about restricting my right*
- *Vote*
- *Exercise religion or belief of my choice*

Any restriction or modification to these rights:
- *Must demonstrate informed consent by me.*
- *Must have an assurance that interventions and supports will cause no harm to me.*

- *Must be the result of a documented health and safety issue.*
- *Must be reflected in the person-centered plan.*

- *Must have documented less intrusive supports that were attempted prior to the modification/restriction.*
- *Will be communicated to me, in a way I can understand.*

- *Requires regular review to measure and assess effectiveness of restriction/modification.*
- *Requires a fade-out plan for the restriction/modification.*

A. Class Members Are Addressed with Respectful Language and Have Opportunity for Privacy

IQR Questions which address these rights include:

Question #94 a-c. Does the person have the opportunity to make informed choices? *(See Chart #56)*
      a. About where and with whom to live?
      b. About where and with whom to work/spend his/her day?
      c. About where and with whom to socialize/spend leisure time?
Question #110.   Does the person have sufficient personal money?
Question #95:   Does the evidence support that providers do not prevent the person from pursuing relationships ? CPRQ92; '17IQR#31f; '18IQR#103; '19IQR wording changed

Chart #67. Respect, Privacy and Money Access

Category	Q#95. Is it true that providers do not prevent the person from pursuing personal relationships?	Q#110. Does the person have sufficient personal money?
%Yes	94.0%	89.2%
%Many	6.0%	8.4%
%Needs Imp.	0.0%	2.4%
%No	0.0%	0.0%
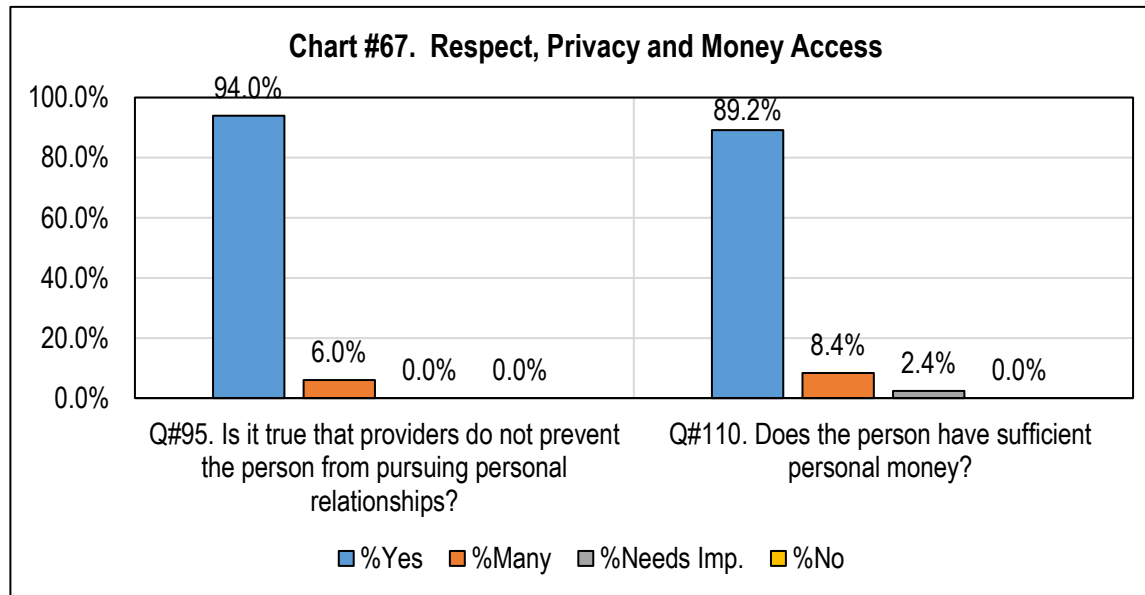
B. Restrictions, Restraints and Reviews

Question #98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h; '18IQR#107
Question #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; '18IQR#108
Question #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; '18IQR#109

Chart #68: Restrictions and Restraints

Chart data:

Q#98. Does the individual have restrictions that should be reviewed by a Human Rights Committee?
- %Yes: 65.1%
- %Many: 0.0%
- %Needs Imp.: 0.0%
- %No: 34.9%

Q#99. ...restrictions that should be reviewed by HRC ...have been... (29 NA)
- %Yes: 63.0%
- %Many: 13.0%
- %Needs Imp.: 9.3%
- %No: 14.7%

Q#100. ...restrictions that should be reviewed by HRC ..have plan to... reduce or eliminate these restrictions? (32 NA)
- %Yes: 33.3%
- %Many: 19.6%
- %Needs Imp.: 9.8%
- %No: 37.3%
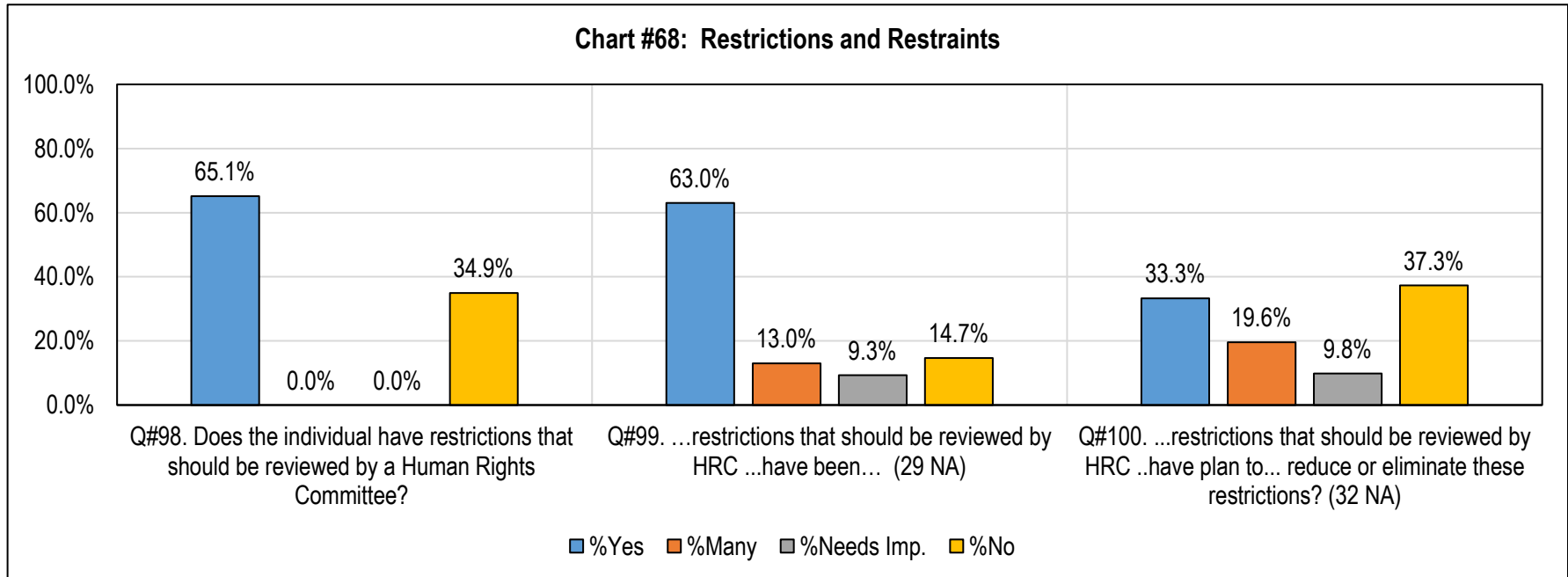
C. Being Treated with Dignity and Respect.

Question #108.   Is the person treated with dignity and respect? CPRQ103; '17IQR#34c; '18IQR#117

Being treated with dignity and respect is a question that has been part of the CPR Protocol since 1993. In 2019 38.6% of the sample scored "yes" and additional 43.4% scored as having many indicators met. Therefore the 18% (15) of the individuals in the sample should be reviewed, and given the support from DDSD to improve in this critical area.

Chart #69: I am Treated with Dignity and Respect

#108. Is the person treated with dignity and respect?
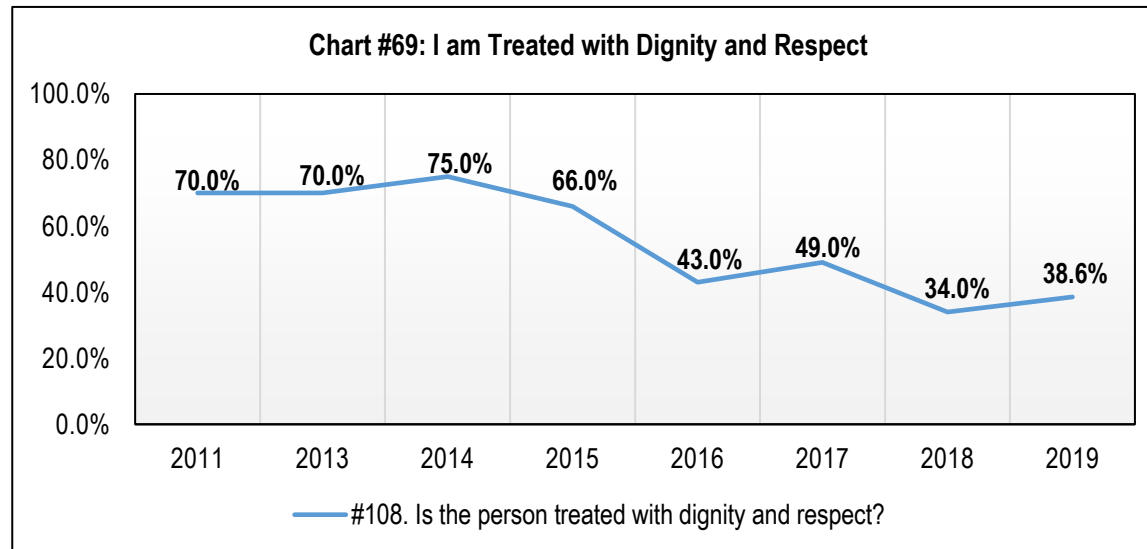
D. Abuse, Neglect and Exploitation (ANE).

An Incident Management System (IMS) is a critical part of an agency's practice to ensure swift and appropriate response to any allegations or substantiated findings related to abuse, neglect, and exploitation (ANE), suspicious injury, environmental hazard, or death. All DD Waiver Provider Agencies shall establish and maintain an IMS, which emphasizes the principles of prevention and staff involvement. A comprehensive IMS for DD Waiver Provider Agencies involves training, monitoring, cooperation with DOH-DHI, reporting and continuous risk management activities.

┌─────────────────────────────────┐
│ **Some of My Rights Include:** │
│   │
│ ✓ Being free from abuse, neglect,│
│   and exploitation.   │
└─────────────────────────────────┘

The IQR asks the following questions related to ANE: :

Question #96.   Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a; '18IQR#105
Question #102.   Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b; '18IQR#111
Question #101.   Is the person protected from abuse, neglect and exploitation? '17IQR#35; '18IQR#110

Chart #70: Abuse, Neglect and Exploitation

	%Yes	%Many	%Needs Imp.	%No
Q#96. Overall, were all team members interviewed trained or knowledgeable on how to report ANE?	77.1%	21.7%	1.2%	0.0%
Q#102. Have all incidents of suspected ANE been reported and investigated?	71.4%	12.5%	12.5%	3.6%
Q#101. Is the person protected from ANE?	59.0%	18.1%	19.3%	3.6%
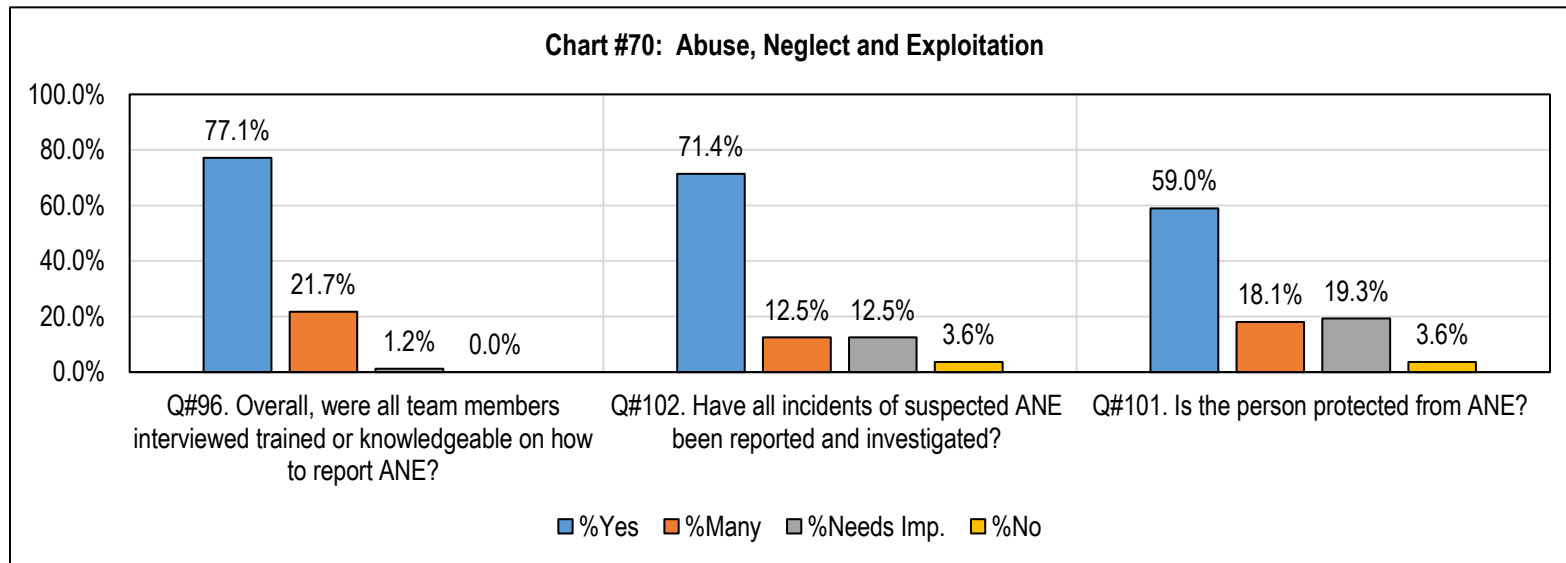
X. GOOD NEWS: OVERALL CONSISTENT AND IMPROVING AREAS

The 2019 Individual Quality Review in many areas reflect positive findings identified throughout the State of New Mexico After each regional review the IQR team distributes a PowerPoint and aggregate data report (see DHI website for reports), which outlines reginal specific data both positive results and areas in need of improvement. Below are examples of positive and encouraging news found overall, Statewide during review cycle:

A. Statewide

Assessments:
- Overall, class members in the 2019 IQR sample have "many" indicators met related to the adequacy of their assessments for use in planning (Q#59: 8.4% scored yes; 78.3% scored many, which is equivalent to "many indicators being met, but not all").

- In 2019, the vast majority had teams who arranged for or obtained needed assessments for individual class members (Q#58: 41% yes; 51.8% many)

Health Records / Nursing Oversite:
- In 2019, the eCHAT was updated timely in all instances for 15.7% of the sample and 71.1% of the sample had many indicators met.

- In 2019, 35% of class members had all of their medical treatments, including routine, scheduled and chronic needs addressed. 56.6% of class members had many indicators met.

- In 2019, changes in personal conditions were responded to timely 73.7% if the time and people's health supports / needs were a adequately addressed 10.8% if the time and 83.1% most of time.

- In 2019, per the DDSD OOHP report there were no individual class member deaths related to a diagnosis of aspiration pneumonia, additionally the monthly average of reported pneumonia diagnoses decreased (see chart #26)

Individual Service Plan:
- In 2019, 71.1% of individuals received the needed assistance to participate in their planning process, which was an 11% increase from last year (2018).

- See chart #33 for positive data regarding team members knowing the person and believing they can learn

- In 2019, recommendations from ALL assessments were incorporated into the ISP, 33.7% of the time, which was a 9.7% increase from 2018.

- In 2019, 89.2% of individuals had an ISP that addressed lived, work/learn, fun, and health outcomes that correlate with the person desires and capabilities in accordance with DOH regulations.

- In 2019, 74.7% of individuals had ISP outcomes related to achieving the persons long term vision.

Adaptive Equipment:
- Refer to Chart #46 for needed equipment for usage, staff knowledge and good repair.

Case Management:
- In 2019, 89.2% case managers had an appropriate expectation of growth for the person and 82% of case managers knew the person well.

- In 2019, 86.7% of case managers were available to the individual, with 13.3% meeting most of the indicator and 0% needing improvement in this area.

Residential and Day:
- Refer to chart #55 for historical positive scores of staff knowing the person.

- Refer to Chart #57 and 59 for positive and encouraging scores related to comfort and safety at home and day

- Refer to Chart $#61 for positive scores related to people to making their own choices.

- In 2019, 92.8% of ALL individuals cultural preferences have been accommodated; 7.2% many and 0% needing improvement.,

Rights:
- Refer to Chart #67 for good news regarding respect, privacy and money access.

The Individual Quality Review identified 731 health related findings for the 83 DD Waiver individuals reviewed. Please refer to Charts #15, 16, 17, 71, 72, 73, 74 and 75 for detailed health data by provider.

APPENDIX B: TRANSITION OF THE IQR TO DOH/DHI

DOH/DHI IQR Surveyors Have Been Hired, Trained and Approved by the Community Monitor

In April 2019, the Jackson Parties entered into the Jackson Settlement Agreement which outlined the process for the Community Monitor to fully transition the IQR to DHI by June 30, 2020. DHI and the Community Monitor worked diligently to ensure DHI had the internal capacity and knowledge to be able to conduct the review in a substantially similar manner as the Community Monitor has for the last 15 years. Five (5) DHI-IQR Surveyors completed the training process as outlined in the 2018 Statewide Report and were jointly approved by the Community Monitor and IQR Supervisor as IQR Surveyors by June 30, 2020, thus making DHI compliant with their obligations in the Jackson Settlement Agreement and ensuring the IQR process continues to ensure a quality review of services is conducted on a sample of Jackson Class Members every year.

The previous Community Monitor, Lyn Rucker, remains contracted with the Department in the role of technical advisor for support to DHI to ensure a successful, first independent review cycle. The process below outlines the training structure that remains intact as DHI brings on additional or new Surveyors:

DOH Employee Orientation

DHI-IQR Core Competency

High Risk Indicators

Mentoring
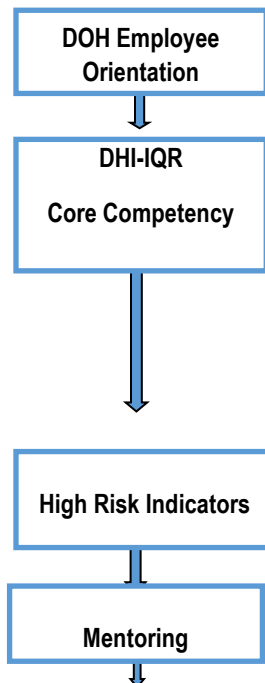
Phase #1: DHI/DDSD New Employee Orientation: This includes internal DOH and DHI orientation, as well, State Personnel Office (SPO) and Developmental Disabilities Supports Division (DDSD) required trainings on, for example, the DD Waiver Standards, program and service provision, and visits to the field, etc.

Phase #2: DHI-IQR Team Core Competency: 3-day Training-Overview of IQR Process, Surveyor's Guide, demonstrated competency in using WebEx, SCOMMs, navigation of protocol sections, knowing when to send what and to whom, including deadlines. Review of all 7 protocol sections, where to record information, learning how and why information is relevant to the review, relevance and analysis of documents. This multi-day training includes a detailed walk through each section of the protocol so Surveyors understand what is being sought, where information is to be recorded, how the process works, timelines which are to be met and other specific deliverables. Tips from experienced Surveyors are shared. Practice time is integrated throughout and demonstrated competency is expected in finding information in the files and entering detailed information in the protocol. Pre- and Post-Tests are administered to demonstrated applied learning.

Phase #3: DHI-IQR Team High Risk Indicators: In addition to taking the DS Required Indications of Illness and Injury training, Surveyors must pass the High-Risk Indicators test. This test provides information and then a test to determine the level of understanding of the Surveyor on the following 'high risk' topics: Aspiration/ Choking; Constipation/Bowel Obstruction; Dehydration; GERD; Seizures and Something's Not Right/Change in Condition.

Phase #4: DHI-IQR Supervisor and Mentors: The Trainee/Surveyor begins by being mentored by an approved and experienced Surveyor. Experienced Surveyors serve as mentor(s) throughout the entire review process. During the initial stages of this process,

the Mentor functions as the Surveyor so the Trainee/Surveyor can 'shadow'/observe initially and later complete identified sections of the protocol. As the Trainee/Surveyor gains experience, protocol sections are exchanged with the Mentor who provides guidance and feedback on the content to ensure accuracy and inter-rater reliability.

Mentoring during Independent Reviews

⬇

Surveyor and Supervisor Evaluations

Phase #5: DHI-IQR Surveyor Independent Reviews: The Trainee/Surveyor conducts Review(s) as lead. The experienced mentor 'shadows' the Trainee/Surveyor at every stage of a full review. The training of the Trainee/Surveyor may be stopped at any point.

Phase #6: DHI-IQR Surveyor and Supervisor Evaluations: The Trainee/Surveyor completes a self-evaluation and the IQR Supervisor also completes an evaluation with input from the mentor and Case Judge. After at least two reviews where the Surveyor serves as lead, the Surveyor may become "approved" or further mentoring in specified areas may be identified or the training may be stopped.

Throughout the process identified above, additional mentoring/training may be required and provided through additional reviews until such time as the Surveyor is approved or training and further reviews by that specific Trainee/Surveyor is halted.

<u>**Review Process:**</u>
The review <u>process</u> changed somewhat this year due to the COVID-19 Pandemic, as "on-site" in person visits were not allowed per the New Mexico Public Health Orders. The IQR team understood the importance of "getting our eyes on" individual Jackson Class Members, therefore, the IQR Team conducted Zoom or video "on-site" visits when providers had the capacity to do so.

The long-standing IQR process remains intact with a few changes which include phasing out the Community Monitor, as the review is now overseen by DHI. Additionally, in 2019, DHI and DDSD, in collaboration with the Community Monitor, agreed that DHI will only create findings and leave the crafting of recommendations up to DDSD and their individual providers. This fosters more personal responsibility on the part of the provider to detail how they plan to remediate findings.

The steps below outline the review process as it currently stands:

Public Availability of the IQR Protocol and Guidance: The IQR Protocol is published on the DOH-DHI-IQR website and available to anyone, including those providers and others who will be reviewed, to read or take guidance from as they prepare for the IQR. The protocol includes the bulk of the questions to be asked and notes which identify what the Surveyor is looking for. Thus, the live review can be identified as "~~an~~ open book" where there should be no surprises.

Setting the Yearly Calendar: DHI and DDSD collaborate on establishing the calendar that it is published at the beginning of the review year. The calendar is published on the DOH-DHI-IQR website so individuals, families, providers, case managers, and other stakeholders are able to have easy access to the information.

Selecting the Sample: The names of individuals to be reviewed are provided to the appropriate region at least 45 days in advance of the review start date by the DHI-IQR Supervisor.

Review Weeks

Week #1: File is reviewed by Surveyor.

Week #2: Phone interviews are conducted by the Surveyor with those working with the individual including the Case Manager, Guardian, related therapists, nurse and Behavior Support Consultant. For individuals receiving supports through Mi Via, phone interviews are conducted with the Consultant, Guardian and any other ancillary supports he/she may receive (e.g., therapists, nurses).

Week #3: On-site Review is conducted and includes interview/observation of supports and services offered to the individual being reviewed during the day and in their home. While visiting the home and day locations, the environment is observed, medications reviewed, and recommended equipment sought out. The onsite review also includes interviews with direct support personnel who know the person best including employment, if appropriate, day and residential staff. As indicated above during the COVID-19 PHE the IQR Team is conducting Zoom or video "on-site" visits.

Recording Evidence and Findings: The individual's IQR protocol serves as the container for accumulated evidence. Based on the evidence collected through file review, interviews and observations, individual findings are developed first by the Surveyor.

Reviews to Ensure Accuracy: The evidence and findings go through multiple reviews to ensure clarity and accuracy.

Review #1:   Based on documented evidence accumulated by the Surveyor, findings are developed and written down;

Review #2:   The Case Judge reads the entire file, reviews the summary of evidence accumulated and summarized in the protocol which includes summary of all interviews and on-site observations. The Case Judge then reviews the protocol content and the findings with the Surveyor. Discrepancies, errors, omissions are reconciled, and questions answered between the Surveyor and Case Judge.

Review #3:   The Surveyor summarizes his/her findings with the IQR Supervisor. Discrepancies and omissions are reconciled, and questions answered.

Review #4:   Regional Status Summary. The IQR Supervisor reviews all of the findings with representatives of the Regional Office, DHI and DDSD. Discrepancies, errors and omissions are reconciled, and questions answered. After summation, the IQR Supervisor makes appropriate changes to the findings and protocol scores.

Review #5:   DDSD representatives review all the findings with each individual's Team which consists of the individual and Guardian, if available, the Case Manager, Day, Employment and Residential provider representatives and related therapists, nurses and behavioral support consultants. Teams are invited to identify discrepancies, errors and questions.

Review #6:   Once the accumulated regional findings are summarized in the Regional Power Point completed by DHI-IQR, that summary is sent to the Region for Final review and comment. After this review, the final regional report is issued to all of the parties.

Review #7:   A detailed report is then developed by DHI-IQR and sent to the Region/State which identifies information by provider and by case management agency to enable the region/state to prioritize issues and providers who may need technical assistance/remediation. This report is shared with all of the parties with an invitation to forward further questions.

Follow Up:

Ten calendar days following the Regional Status Summary, DDSD assumes responsibility for following up with individual Teams and providers on the Findings. Based on that information, 30-60-90 Day Reports on the recommended corrective action(s) are compiled by DDSD. These reports continue at 30-day intervals up to a maximum of 180 days after the Regional Status Summary or until the action plan has been fully implemented. This Finding follow-up is typically the responsibility of the local provider where a practice deficit had been observed. The DDSD reports the collective follow up of providers.

Corrective action timeline requirements for class members who have been identified as having immediate and/or special needs that put them at risk for significant harm begins immediately upon notification to the Regional Office.

APPENDIX C: IMMEDIATE AND SPECIAL NEEDS BY ISSUE AND REGION
Available by Request: Contains individually identifiable information
Those authorized to receive a copy and who would like one should contact the IQR Supervisor 505-231-9047or lundy.tvedt@state.nm.us

APPENDIX D: NUMBER OF ISSUES IDENTIFIED FOR PEOPLE WITH IMMEDIATE AND/OR SPECIAL NEEDS
BY RESIDENTIAL PROVIDER AND CASE MANAGEMENT AGENCY
(Refer to Chart #22 & 23)

Note: If the number of Repeat Findings/Recommendations goes up or down it cannot automatically be seen as "improvement" or "decline" for that agency as there are instances of multiple reviews and changes in agencies by JCMs. However, this does provide information that can be used by the Regions to determine 'why' repeat finding/recommendations have been identified. The challenge is to "fix" an issue in a sustainable way for all people in that agency, not just "close" it for one person.

CM # Repeats by CPR (# in 2018 Sample)	2018	2017	2016	2015	2014	2013
				N/A =Agency not reviewed that year		
A New Vision (3)	14	2	22	14	12	10
A Step Above (9)	40	22	15	15	22	12
Agave	N/A	N/A	N/A	0	N/A	N/A
Amigo (4)	17	3	7	4	9	11
Blue Sky	N/A	N/A	N/A	N/A	N/A	3
Carino (6)	17	13	15	10	23	7
DDSD (1)	2	13	4	2	3	8
Excel (6)	26	10	20	10	12	15
Friends Forever	N/A	N/A	N/A	N/A	N/A	3
J&J (7)	29	52	25	27	24	43
Keetoni	N/A	N/A	N/A	N/A	N/A	3
Mi Via (5)	5	0	1	0	0	N/A
NMBHI	N/A	7	7	4	5	5
NMQCM (2)	10	10	13	19	3	12
Peak (8)	38	33	33	26	22	21
PRMC	N/A	N/A	N/A	N/A	7	3
Purple Cow	N/A	N/A	N/A	N/A	N/A	N/A
Rio Puerco (1)	5	10	8	1	5	N/A
SCCM (8)	28	41	20	39	25	13
Unidas (18)	73	39	58	61	50	29
Unique Opportunities (2)	4	3	4	13	6	2
Visions (6)	34	20	23	15	47	18
TOTAL	342	278	275	260	275	218

RESIDENTIAL # Repeats by CPR (# in 2018 Sample)	2018	2017	2016	2015	2014	2013
	N/A =Agency not reviewed that year					
A Better Way	N/A	N/A	3	0	N/A	N/A
Ability First (1)	6	N/A	N/A	5	N/A	N/A
Achievements	N/A	N/A	N/A	N/A	N/A	N/A
Active Solutions	N/A	N/A	N/A	1	3	N/A
Adelante (9)	27	41	36	20	28	12
Advantage Communications (1)	N/A	3	7	10	3	2
Advocacy Partners	N/A	N/A	6	N/A	N/A	N/A
Alegria (1)	4	N/A	N/A	9	N/A	5
Alianza	N/A	N/A	3	N/A	1	1
Alta Mira	N/A	N/A	0	N/A	N/A	N/A
ARCA (7)	27	6	13	18	17	4
Aspire (1)	2	14	2	9	N/A	N/A
At Home Advocacy (1)	3	1	7	2	4	2
AWS/Benchmark (2)	14	8	16	9	29	10
Better Together	N/A	0	N/A	N/A	N/A	N/A
Bright Horizons (2)	4	12	1	10	1	5
CARC (1)	2	8	N/A	0	3	0
Casa Alegre	N/A	N/A	N/A	N/A	3	1
CDD (1)	9	N/A	3	1	N/A	4
Community Options (3)	14	11	4	5	10	7
Cornucopia (1)	7	N/A	1	0	N/A	N/A
Door of Opportunity	N/A	N/A	N/A	N/A	N/A	1
DSI	N/A	N/A	N/A	N/A	12	12
Dungarvin (7)	34	12	23	16	11	8
ELADC (Ensuenos) (1)	4	7	5	3	1	1
ENMRSH (2)	0	17	8	4	5	3
ESEM	N/A	5	5	3	6	5
Esperanza	N/A	N/A	N/A	N/A	N/A	7
Expressions of Life (3)	12	2	11	5	5	6
Expressions Unlimited	N/A	N/A	2	N/A	N/A	3
Family Options (1)	7	N/A	4	N/A	5	1
HDFS/Better Together	N/A	4	5	5	10	15
Leaders (1)	5	8	2	5	1	10
Lessons of Life (3)	17	3	8	3	7	1
Life Missions	N/A	N/A	6	N/A	N/A	N/A
LifeQuest	N/A	N/A	N/A	N/A	N/A	N/A
LLCP (7)	34	10	20	26	28	19
Maxcare (2)	5	N/A	N/A	N/A	2	N/A
Meaningful Lives	N/A	N/A	N/A	0	N/A	N/A
Mi Via (5)	5	0	1	0	0	N/A
New Pathways	N/A	N/A	1	N/A	N/A	1
Nezzy Care (2)	15	N/A	4	N/A	N/A	6
NNMQC (1)	1	N/A	1	1	7	5
Onyx	N/A	N/A	7	N/A	N/A	0
Opportunity Center	N/A	N/A	3	N/A	N/A	N/A
Optihealth (2)	9	3	1	0	5	1
PRS (1)	3	4	2	8	8	5
Ramah Care (1)	3	9	3	4	2	3
R-Way (1)	0	1	N/A	4	4	0
Safe Harbor	N/A	N/A	N/A	N/A	N/A	N/A
Santa Lucia	N/A	6	N/A	N/A	N/A	N/A
Silver Linings	N/A	N/A	N/A	2	3	N/A
Su Vida (1)	3	N/A	5	4	N/A	2
Supporting Hands	N/A	N/A	N/A	N/A	N/A	3
The New Beginnings (4)	21	20	3	12	11	7
TLC (1)	4	N/A	N/A	1	2	2
Tobosa (3)	15	13	7	7	5	15
Tresco (4)	11	36	25	39	27	7
Tungland (3)	15	4	11	5	6	9
ZEE	N/A	N/A	N/A	N/A	N/A	5
TOTAL	342	65	275	260	275	218

Chart #71: Number of Issues with Individual Screen/Assessment by Residential Agency

Agency	Annual Physical not accurate/ complete	AIMS/TD Screen needed	Vision: Not Current/ Missing/ Inaccurate	Audiology: Not Current/ Missing/ Inaccurate	Dental: Assessment missing/ needed	Dental/oral hygiene poor/ undetermined	Various labs missing	F/up with specialist not done	Statin discussion needed	X-Ray, MRI, Ultrasound, other exam not done	CIA incomplete /incorrect	Recommended Swallow study not done	Totals
A Better Way (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Adelante (9)	0	0	1	2	0	0	0	0	1	2	0	0	6
ADID Care (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Adv. Comm. (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Alegria (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Alianza (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Alta Mira (1)	0	0	0	1	1	0	0	0	0	0	0	0	2
ARCA (5)	0	1	2	0	1	0	3	0	0	0	0	0	7
Aspire (2)	0	0	0	0	0	0	0	0	0	0	0	0	0
At Home Advocacy (1)	0	1	0	0	0	0	0	0	0	0	0	0	1
At Home Advocacy Mi Via (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Benchmark (2)	0	0	0	1	0	0	0	0	0	1	0	0	2
Bright Horizons (2)	0	0	0	0	0	0	0	0	0	0	0	1	1
CARC (1)	0	0	1	0	0	1	0	0	0	0	0	0	2
CDD (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Options METRO (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Options NE (1)	0	1	2	2	1	0	0	2	0	0	0	0	8
Community Options SW (1)	0	0	1	1	0	0	0	0	0	0	0	0	2
Dungarvin METRO (4)	0	0	0	0	2	0	1	0	0	3	0	0	6

Agency	Annual Physical not accurate/ complete	AIMS/TD Screen needed	Vision: Not Current/ Missing/ Inaccurate	Audiology: Not Current/ Missing/ Inaccurate	Dental: Assessment missing/ needed	Dental/oral hygiene poor/ undetermined	Various labs missing	F/up with specialist not done	Statin discussion needed	X-Ray, MRI, Ultrasound, other exam not done	CIA incomplete /incorrect	Recommended Swallow study not done	Totals
Dungarvin NW (3)	0	0	0	1	0	0	0	0	0	0	0	0	1
ENMRSH (2)	0	0	0	0	0	0	0	0	0	0	0	0	0
Ensuenos (1)	0	0	0	0	1	0	0	0	0	0	0	0	1
ESEM (1)	0	0	0	1	0	0	0	1	0	0	0	0	2
Expressions of Life (2)	0	0	0	1	0	0	1	0	0	0	0	0	2
Independent Contractor Mi Via (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
La Vida (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
LEL (1)	0	2	0	1	2	0	0	0	0	0	0	0	5
LEADERS (2)	0	0	0	0	0	0	0	0	0	2	0	0	2
Lessons of Life (3)	0	0	0	0	1	0	0	2	0	0	0	0	3
Life Mission (1)	0	1	0	0	0	0	0	0	0	0	0	0	1
LLCP (8)	0	1	0	1	0	0	1	0	0	0	0	0	3
Mandys Farm (1)	0	0	0	0	0	0	1	0	0	0	0	0	1
Nezzy Care (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
NNMQC Mi Via (2)	0	2	0	0	0	0	0	0	0	0	0	0	2
Onyx (1)	0	0	0	1	0	0	0	0	0	0	0	0	1
Optihealth (1)	0	0	1	1	0	0	0	0	0	0	0	0	2
PRS (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
R-Way (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Ramah Care (3)	0	1	0	4	1	0	0	0	0	0	0	0	6
The New Beginnings (3)	2	1	0	0	3	0	3	0	0	0	0	0	9
TLC (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Tobosa (3)	0	0	0	1	0	0	0	0	0	2	0	1	4
Tresco (4)	0	0	0	0	0	0	0	0	0	0	0	0	0
Tugland (2)	0	1	1	1	1	0	0	1	0	0	0	0	5
Totals	**2**	**12**	**9**	**20**	**14**	**1**	**10**	**6**	**1**	**10**	**0**	**2**	**87**

Chart #72: Number Issues with Standard Assessment/Screen/Vaccination Recommended by Healthfinder.org, by Residential Agency

Agency	Bone Density/ Dexa: Not Current/ Missing/ Inaccurate	Hep B/ Hep C vaccine not done	Shingles vaccine not done	Pneumonia vaccine not done	Colon cancer screen not done	TDap not done	HIV Testing not done	Flu vaccine not done	Pap smear /well woman exam not done	Mammogram/ Breast exam not done	Totals
A Better Way (1)	0	0	0	0	0	0	0	0	0	0	0
Adelante (9)	2	8	6	0	2	2	0	0	0	1	13
ADID Care (1)	0	1	0	0	0	0	0	0	0	0	1
Adv. Comm. (1)	1	1	1	0	1	1	0	0	0	0	5
Alegria (1)	0	1	0	0	0	0	1	0	0	0	2
Alianza (1)	0	1	1	0	1	1	0	0	0	0	4
Alta Mira (1)	1	1	1	0	1	0	0	1	0	0	5
ARCA (5)	1	3	1	0	2	0	0	0	0	0	7
Aspire (2)	0	1	1	0	0	1	0	0	0	0	3
At Home Advocacy (1)	0	0	0	0	0	1	1	0	0	0	2
At Home Advocacy Mi Via (1)	1	1	1	0	0	1	0	0	1	1	6
Benchmark (2)	1	2	0	0	0	0	2	0	0	0	5
Bright Horizons (2)	1	0	1	0	1	1	0	0	1	0	5
CARC (1)	1	1	0	0	1	0	0	0	1	0	4
CDD (1)	0	1	1	0	0	0	1	0	0	0	3
Community Options METRO (1)	0	0	0	0	0	0	0	0	0	0	0
Community Options NE (1)	1	0	0	1	0	0	0	0	0	0	2
Community Options SW (1)	1	1	0	0	0	0	1	0	0	0	3
Dungarvin METRO (4)	0	2	1	0	2	1	1	0	0	0	7
Dungarvin NW (3)	1	2	1	0	0	0	1	0	1	0	6
ENMRSH (2)	1	1	1	0	1	0	0	1	0	0	5
Ensuenos (1)	0	0	1	1	0	0	0	0	0	0	2

Agency	Bone Density/ Dexa: Not Current/ Missing/ Inaccurate	Hep B/ Hep C vaccine not done	Shingles vaccine not done	Pneumonia vaccine not done	Colon cancer screen not done	TDap not done	HIV Testing not done	Flu vaccine not done	Pap smear /well woman exam not done	Mammogram/ Breast exam not done	Totals
ESEM (1)	0	0	0	0	0	0	0	0	0	0	0
Expressions of Life (2)	0	2	1	0	0	1	0	1	0	0	5
Independeent Contractor Mi Via (1)	0	1	0	0	0	2	0	0	0	0	3
La Vida (1)	0	0	0	0	0	0	0	0	0	0	0
LEL (1)	1	1	1	1	1	1	0	0	0	0	6
LEADERS (2)	0	0	1	0	2	1	0	2	2	2	10
Lessons of Life (3)	0	2	1	0	0	1	1	0	0	0	5
Life Mission (1)	0	0	0	0	0	0	0	0	0	0	0
LLCP (8)	1	3	1	0	2	0	1	0	0	1	9
Mandys Farm (1)	1	1	1	0	1	0	0	0	1	1	6
Nezzy Care (1)	0	1	0	0	0	0	0	0	0	0	1
NNMQC Mi Via (2)	0	1	1	0	0	0	0	0	1	0	3
Onyx (1)	0	0	0	0	0	0	0	0	0	0	0
Optihealth (1)	0	1	1	0	0	2	1	0	1	1	7
PRS (1)	0	0	0	0	0	0	0	0	1	0	1
R-Way (1)	0	1	0	0	0	0	0	0	1	0	2
Ramah Care (3)	0	4	2	0	0	1	1	0	0	0	8
The New Beginnings (3)	1	1	2	0	0	2	0	1	0	0	7
TLC (1)	0	0	0	0	0	1	0	1	0	0	2
Tobosa (3)	0	0	1	0	2	1	0	1	0	0	5
Tresco (4)	0	0	0	0	0	0	0	0	0	0	0
Tugland (2)	0	2	2	0	0	1	2	0	0	0	7
Totals	17	49	33	3	20	23	14	8	11	7	177

Chart #73: Issues Identified in Relation to Individuals' Tracking needs, by Residential Agency

Residential Agency	Bowel/ Bladder Tracking Issues	Weight not tracked	O2 Tracking not done	Vomiting tracking not done	Fluid tracking issues	Psychiatric Symptom tracking not done	Vitals tracking not consistent /incomplete	Seizure tracking not consistent	Repositioning not completed	Glucose tracking inconsistent	Totals
A Better Way (1)	0	0	0	0	0	0	0	0	0	0	0
Adelante (9)	5	9	0	0	1	0	0	1	0	1	17
ADID Care (1)	1	0	0	0	0	0	0	0	0	0	1
Adv. Comm. (1)	0	0	0	0	0	0	0	0	0	0	0
Alegria (1)	0	0	0	0	0	0	0	0	0	0	0
Alianza (1)	0	0	0	0	0	1	0	0	0	0	1
Alta Mira (1)	0	0	0	0	0	0	0	0	0	0	0
ARCA (5)	0	0	0	2	1	0	1	0	0	0	4
Aspire (2)	0	0	0	0	0	0	0	0	0	0	0
At Home Advocacy (1)	1	0	0	0	0	0	0	0	0	0	1
At Home Advocacy Mi Via (1)	0	0	0	0	0	0	0	0	0	0	0
Benchmark (2)	15	0	0	0	5	0	0	0	0	0	20
Bright Horizons (2)	1	0	0	0	0	0	0	0	0	0	1
CARC (1)	0	0	0	0	0	0	0	0	0	0	0
CDD (1)	0	0	0	0	0	0	0	0	0	0	0
Community Options METRO (1)	0	0	0	0	0	0	0	0	0	0	0
Community Options NE (1)	0	0	0	0	0	0	0	0	0	0	0
Community Options SW (1)	1	0	0	0	0	0	0	0	0	0	1
Dungarvin METRO (4)	1	13	0	0	1	0	0	6	1	0	22
Dungarvin NW (3)	0	0	0	0	0	0	0	0	0	0	0
ENMRSH (2)	0	0	0	0	0	0	0	0	0	0	0
Ensuenos (1)	0	0	0	0	13	0	0	0	0	0	13
ESEM (1)	3	0	0	0	11	0	0	0	0	0	14
Expressions of Life (2)	0	1	0	0	0	0	0	0	0	0	1
Independent Contractor Mi Via (1)	0	0	0	0	0	0	0	0	0	0	0
La Vida (1)	0	0	0	0	0	0	0	0	0	0	0
LEL (1)	1	1	0	0	0	0	3	0	0	0	5
LEADERS (2)	1	0	0	0	0	0	0	0	0	0	1

Residential Agency	Bowel/ Bladder Tracking Issues	Weight not tracked	O2 Tracking not done	Vomiting tracking not done	Fluid tracking issues	Psychiatric Symptom tracking not done	Vitals tracking not consistent /incomplete	Seizure tracking not consistent	Repositioning not completed	Glucose tracking inconsistent	Totals
Lessons of Life (3)	1	0	0	0	0	0	1	0	0	0	**2**
Life Mission (1)	0	0	0	0	0	0	0	0	0	0	**0**
LLCP (8)	14	2	0	0	0	0	1	0	0	0	**17**
Mandys Farm (1)	0	1	0	0	0	0	0	0	0	0	**1**
Nezzy Care (1)	0	0	0	0	0	0	0	0	0	0	**0**
NNMQC Mi Via (2)	0	0	0	0	0	0	0	0	0	0	**0**
Onyx (1)	0	0	0	0	0	0	0	0	0	0	**0**
Optihealth (1)	1	4	0	0	1	0	0	0	0	0	**6**
PRS (1)	0	0	0	0	0	0	0	0	0	0	**0**
R-Way (1)	0	0	0	0	0	0	0	0	0	0	**0**
Ramah Care (3)	15	2	0	0	8	0	0	0	0	0	**25**
The New Beginnings (3)	0	0	0	0	0	0	0	0	0	0	**0**
TLC (1)	0	0	0	0	0	0	0	0	0	0	**0**
Tobosa (3)	3	0	0	0	1	0	0	0	0	0	**4**
Tresco (4)	2	2	0	0	0	0	2	0	0	0	**6**
Tungland (2)	4	2	0	0	2	0	1	0	0	0	**9**
Totals	**70**	**37**	**0**	**2**	**44**	**0**	**9**	**7**	**1**	**0**	**172**

Chart #74: Issues Identified in Relation to eCHAT, HCPs, MERPs, ARST and CARMPs, by Residential Agency

Residential Agency	MERPs/HCPs Not found/not specific/incorrect	eCHAT incorrect/ incomplete	MTP/CARMP not implemented correctly	CARMP inaccurate/ incomplete/not current	Inconsistency between HCP/CARMP/MERP/eCHAT	ARST contains conflicting info	Totals
A Better Way (1)	0	2	0	0	0	0	**2**
Adelante (9)	31	17	5	23	3	0	**79**
ADID Care (1)	1	2	0	0	0	0	**3**
Adv. Comm. (1)	0	9	0	0	0	0	**9**
Alegria (1)	2	1	0	1	0	0	**4**
Alianza (1)	0	0	0	0	0	0	**0**
Alta Mira (1)	5	2	2	4	1	0	**14**
ARCA (5)	30	5	3	2	2	0	**42**
Aspire (2)	0	2	0	0	2	0	**4**
At Home Advocacy (1)	11	2	0	0	1	0	**14**
At Home Advocacy Mi Via (1)	0	0	0	0	0	0	**0**
Benchmark (2)	0	2	2	2	4	0	**10**
Bright Horizons (2)	5	8	3	0	0	0	**16**
CARC (1)	0	0	0	1	0	0	**1**
CDD (1)	0	1	0	0	0	0	**1**
Community Options METRO (1)	0	1	0	0	0	0	**1**
Community Options NE (1)	0	3	3	1	0	0	**7**
Community Options SW (1)	0	0	0	3	2	0	**5**
Dungarvin METRO (4)	19	9	0	5	0	0	**33**
Dungarvin NW (3)	0	5	0	2	4	0	**11**
ENMRSH (2)	0	0	0	0	0	0	**0**
Ensuenos (1)	0	1	0	2	1	0	**4**
ESEM (1)	0	3	0	0	0	0	**3**
Expressions of Life (2)	6	1	0	4	0	0	**11**
Independent Contractor Mi Via (1)	0	0	0	0	0	0	**0**
La Vida (1)	0	0	0	0	0	0	**0**
LEL (1)	42	4	0	10	2	0	**58**

Residential Agency	MERPs/HCPs Not found/not specific/incorrect	eCHAT incorrect/ incomplete	MTP/CARMP not implemented correctly	CARMP inaccurate/ incomplete/not current	Inconsistency between HCP/CARMP/MERP/eCHAT	ARST contains conflicting info	Totals
LEADERS (2)	0	10	0	2	0	0	**10**
Lessons of Life (3)	0	2	0	11	0	0	**13**
Life Mission (1)	0	3	0	0	0	0	**3**
LLCP (8)	25	18	0	11	1	0	**55**
Mandys Farm (1)	12	10	0	0	3	0	**25**
Nezzy Care (1)	0	1	0	0	0	0	**1**
NNMQC Mi Via (2)	0	1	1	0	0	0	**2**
Onyx (1)	1	0	1	1	0	0	**3**
Optihealth (1)	4	0	0	1	0	0	**5**
PRS (1)	0	0	0	0	12	0	**12**
R-Way (1)	0	0	0	1	0	1	**2**
Ramah Care (3)	0	5	0	6	8	0	**19**
The New Beginnings (3)	21	7	0	6	2	0	**36**
TLC (1)	0	0	0	0	0	0	**0**
Tobosa (3)	0	14	0	4	1	0	**19**
Tresco (4)	0	9	1	9	10	0	**29**
Tungland (2)	0	8	0	9	7	0	**24**
Totals	**215**	**168**	**21**	**119**	**66**	**1**	**590**

Chart #75: Type of Nursing Related Issues Identified by Residential Agency

Residential Agency	Annual/ Quarterly/ Monthly report not timely or missing	Nurse report not accurate/missing information	Nurse not monitoring as required	Nurse not familiar with health needs during interview	Nurse not at IDT Meeting as required	Nursing not providing info to team/ PCP as needed	Totals
A Better Way (1)	0	2	0	0	0	0	**2**
Adelante (9)	3	5	0	1	0	2	**11**
ADID Care (1)	0	3	0	0	0	0	**3**
Adv. Comm. (1)	0	1	0	0	0	0	**1**
Alegria (1)	0	0	0	0	0	0	**0**
Alianza (1)	0	0	0	0	0	0	**0**
Alta Mira (1)	0	0	0	0	0	0	**0**
ARCA (5)	1	1	0	0	0	0	**2**
Aspire (2)	2	4	1	0	0	0	**7**
At Home Advocacy (1)	4	0	1	0	0	0	**5**
At Home Advocacy Mi Via (1)	0	0	0	0	0	0	**0**
Benchmark (2)	4	21	5	0	0	0	**30**
Bright Horizons (2)	1	2	3	1	0	1	**8**
CARC (1)	0	0	0	0	0	0	**0**
CDD (1)	0	0	0	0	0	0	**0**
Community Options METRO (1)	0	0	0	0	0	0	**0**
Community Options NE (1)	1	7	0	0	0	0	**8**
Community Options SW (1)	0	0	1	0	0	1	**2**
Dungarvin METRO (4)	1	8	1	3	3	0	**16**
Dungarvin NW (3)	6	6	0	1	0	0	**13**
ENMRSH (2)	0	0	0	0	0	0	**0**
Ensuenos (1)	0	1	1	0	0	0	**2**
ESEM (1)	0	5	2	0	0	0	**7**
Expressions of Life (2)	4	7	0	0	0	0	**11**
Independent Contractor Mi Via (1)	0	0	0	0	0	0	**0**
La Vida (1)	5	0	0	0	0	0	**5**

Residential Agency	Annual/ Quarterly/ Monthly report not timely or missing	Nurse report not accurate/missing information	Nurse not monitoring as required	Nurse not familiar with health needs during interview	Nurse not at IDT Meeting as required	Nursing not providing info to team/ PCP as needed	Totals
LEL (1)	10	2	1	8	1	0	22
LEADERS (2)	8	2	4	2	0	0	16
Lessons of Life (3)	4	3	1	1	0	1	10
Life Mission (1)	3	0	2	0	0	0	5
LLCP (8)	18	5	7	2	0	4	36
Mandys Farm (1)	1	1	8	1	3	0	14
Nezzy Care (1)	1	0	0	0	0	0	1
NNMQC Mi Via (2)	0	0	0	0	0	0	0
Onyx (1)	0	0	0	0	0	0	0
Optihealth (1)	0	0	4	0	0	0	4
PRS (1)	1	0	0	0	0	0	1
R-Way (1)	3	18	0	0	0	0	21
Ramah Care (3)	2	0	0	0	0	5	7
The New Beginnings (3)	9	10	3	0	0	0	22
TLC (1)	4	0	0	0	0	0	4
Tobosa (3)	24	4	3	0	0	4	35
Tresco (4)	7	33	5	1	0	0	46
Tungland (2)	3	7	1	1	1	0	13
Totals	**130**	**158**	**54**	**22**	**8**	**18**	**390**

Chart #76: Issues Found with Therapies, Behavior Support and Nutrition, by Residential Agency

Residential Agency	Evaluation/Report does not identify baseline/ measure progress				Evaluation/Report not provided for review /missing/untimely				Report (Annual/Semi) inaccurate/inadequate			Nutrition Reports late Missing /Inaccurate	Totals
	PT	OT	SLP	BSC	PT	OT	SLP	BSC	PT	OT	BSC		
A Better Way (1)	0	0	0	2	0	0	0	1	0	0	0	0	3
Adelante (9)	5	9	13	0	2	3	2	1	0	0	0	5	40
ADID Care (1)	2	1	1	0	0	0	0	0	0	0	1	0	5
Adv. Comm. (1)	0	0	0	0	1	1	0	0	0	0	0	0	2
Alegria (1)	0	0	0	1	0	0	0	0	0	0	1	1	3
Alianza (1)	1	0	2	0	1	0	0	0	0	0	0	0	4
Alta Mira (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
ARCA (5)	0	0	1	0	0	1	0	0	0	0	0	1	3
Aspire (2)	1	1	3	1	0	0	1	1	1	2	2	0	13
At Home Advocacy (1)	0	0	0	0	0	1	1	0	0	0	0	0	2
At Home Advocacy Mi Via (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Benchmark (2)	2	0	0	0	2	0	0	0	0	0	0	7	11
Bright Horizons (2)	2	1	3	2	0	0	1	2	0	0	1	2	14
CARC (1)	0	0	0	0	0	0	2	1	0	0	0	0	3
CDD (1)	1	0	0	0	1	0	0	0	0	0	0	1	3
Community Options METRO (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Options NE (1)	0	0	0	0	0	0	0	0	0	0	0	1	1
Community Options SW (1)	0	0	2	1	0	0	0	0	0	0	1	0	4
Dungarvin METRO (4)	6	2	3	1	0	0	1	1	0	0	2	4	20
Dungarvin NW (3)	2	4	2	0	0	0	0	0	0	0	0	6	14
ENMRSH (2)	1	1	0	0	0	2	0	1	0	1	0	1	7
Ensuenos (1)	0	0	0	0	0	0	0	0	0	0	0	0	0
ESEM (1)	0	0	0	0	1	0	0	0	0	0	0	8	9
Expressions of Life (2)	0	0	0	1	0	0	0	1	0	0	0	0	2
Independent Contractor Mi Via (1)	0	0	0	0	1	0	0	0	0	0	0	1	2
La Vida (1)	0	0	0	0	0	0	0	0	0	0	0	1	1

Residential Agency	Evaluation/Report does not identify baseline/ measure progress				Evaluation/Report not provided for review /missing/untimely				Report (Annual/Semi) inaccurate/inadequate			Nutrition Reports late Missing /Inaccurate	Totals
	PT	OT	SLP	BSC	PT	OT	SLP	BSC	PT	OT	BSC		
LEL (1)	0	0	0	1	0	1	0	1	0	0	1	1	5
LEADERS (2)	1	0	1	1	1	0	1	0	0	0	0	0	5
Lessons of Life (3)	0	0	1	0	0	1	3	0	0	0	2	21	28
Life Mission (1)	0	0	1	0	1	0	0	0	0	0	0	1	3
LLCP (8)	9	13	6	0	2	1	1	1	0	0	3	8	44
Mandys Farm (1)	0	0	0	0	2	0	0	2	0	0	1	4	9
Nezzy Care (1)	0	0	0	0	0	0	1	1	0	0	0	2	4
NNMQC Mi Via (2)	0	0	0	0	1	0	0	0	0	0	0	0	1
Onyx (1)	5	6	5	0	0	0	0	0	0	0	0	3	19
Optihealth (1)	2	1	2	1	0	0	0	0	0	0	1	1	8
PRS (1)	0	0	0	0	0	0	0	1	0	0	0	1	2
R-Way (1)	0	0	0	0	1	0	0	0	0	0	0	0	1
Ramah Care (3)	4	2	0	1	1	3	0	0	0	0	0	11	23
The New Beginnings (3)	1	4	1	0	1	1	1	0	0	0	1	4	14
TLC (1)	0	0	1	0	0	0	0	1	0	0	0	1	3
Tobosa (3)	1	1	4	1	0	3	3	1	6	0	4	4	28
Tresco (4)	0	0	0	1	0	1	2	2	0	2	1	3	12
Tungland (2)	7	6	2	0	1	1	2	1	0	0	0	9	29
Totals	53	52	54	15	21	20	22	20	7	5	22	113	404

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
CASE MANAGEMENT						
24. Does the case manager "know" the person? CPRQ26; '17IQR#8c	93% Yes (90) 6% Partial (6) 1% No (1)	95% Yes (91) 5% Partial (5)	88% Yes (79) 11% Partial (10) 1% No (1)	79% Yes (49) 19% Many (12) 2% Need Impv (1)	88% Yes (72) 9% Many (7) 4% Needs Impv (3)	82% Yes (68) 17% Many (14) 1% Needs Impv (1)
25. Does the case manager understand his/her role/job? CPRQ27 '17IQR#16	48% Yes (47) 52% Partial (50)	56% Yes (54) 44% Partial (42)	56% Yes (50) 44% Partial (40)	3% Yes (2) 55% Many (34) 42% Need Impv (26)	33% Yes (27) 45% Many (37) 22% Needs Impv (18)	25% Yes (21) 57% Many (47) 18% Needs Impv (15)
Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person? CPRQ28; '18IQR#26; '19IQR question removed	79% Yes (77) 21% Partial (20)	86% Yes (83) 14% Partial (13)	82% Yes (74) 18% Partial (16)		76% Yes (62) 17% Many (14) 7% Needs Impv (6)	
26. Is the case manager available to the person? CPRQ29;'17IQR#16a; '18IQR#27	80% Yes (78) 20% Partial (19)	82% Yes (79) 18% Partial (17)	78% Yes (70) 22% Partial (20)	74% Yes (45) 13% Many (8) 13% Need Impv (8) (1 N/A)	72% Yes (59) 26% Many (21) 2% Needs Impv (2)	86.7% Yes (72) 13.3% Many (11)
27. Was the case manager able to describe the person's health related needs? CPRQ30; '18IQR#28	63% Yes (61) 37% Partial (36)	66% Yes (63) 34% Partial (33)	78% Yes (70) 22% Partial (20)		63% Yes (52) 27% Many (22) 10% Needs Impv (8)	43.4% Yes (36) 47% Many (39) 9.6% Needs Impv (8)
28. Does the case manager have an appropriate expectation of growth for this person? CPRQ31; '18IQR29	51% Yes (49) 48% Partial (47) 1% No (1)	57% Yes (55) 39% Partial (37) 4% No (4)	67% Yes (60) 31% Partial (28) 2% No (2)		76% Yes (62) 20% Many (16) 4% Needs Impv (3) 1% No (1)	89.2% Yes (74) 10.8% Many (9)
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; '18IQR#30	30% Yes (29) 69% Partial (67) 1% No (1)	33% Yes (32) 65% Partial (62) 2% No (2)	21% Yes (19) 79% Partial (71)	5% Yes (3) 29% Man (18) 485 Need Impv (30) 18% No (11)	23% Yes (19) 38% Many (31) 39% Needs Impv (32)	20.5% Yes (17) 61.4% Many (51) 18.1% Needs Impv (15)
30. Does the case manager provide case management services at the level needed by this person? CPRQ33; '17IQR#16c; '18IQR#31	39% Yes (38) 60% Partial (58) 1% No (1)	44% Yes (42) 55% Partial (53) 1% No (1)	42% Yes (38) 57% Partial (51) 1% No (1)	26% Yes (16) 34% Many (21) 40% Need Impv (25)	29% Yes (24) 48% Many (39) 23% Needs Impv (19)	24.1% Yes (20) 62.7% Many (52) 13.3% Needs Impv (11)
Does the case manager receive the type and level of support needed to do his/her job? CPRQ34; '18IQR#32; '19IQR question removed	87% Yes (84) 13% Partial (13)	88% Yes (84) 13% Partial (12)	86% Yes (77) 14% Partial (13)		76% Yes (62) 21% Many (17) 4% Needs Impv (3)	

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
EMPLOYMENT AND DAY						
31. Does the direct services staff "know" the person? CPRQ35; '17IQR#8a; '18IQR#33	96% Yes (91) 4% Partial (4) (2 not scored)	87% Yes (82) 13% Partial (12) (2 not scored)	97% Yes (84) 3% Partial (3) (3 not scored)	83% Yes (50) 10% Many (6) 7% Need Impv (4) (2 N/A)	95% Yes (75) 4% Many (3) 1% Needs Impv (1) (3 not scored)	88.9% Yes (72) 9.9% Many (8) 1.2% Needs Impv (1)
32. Does the direct service staff have input into the person's ISP? CPRQ36; '18IQR#34	69% Yes (64) 29% Partial (27) 2% No (2) (4 not scored)	84% Yes (79) 14% Partial (13) 2% No (2) (2 not scored)	80% Yes (70) 18% Partial (16) 1% No (1) (3 not scored)		72% Yes (57) 16% Many (13) 8% Needs Impv (6) 4% No (3) (3 not scored)	67.9% Yes (55) 28.4% Many (23) 1.2% Needs Impv (1) 2.5% No (2) (2 not scored)
33. Did the direct service staff receive training on implementing this person's ISP? CPRQ37; '18IR#35	80% Yes (75) 20% Partial (19) (3 not scored)	83% Yes (78) 16% Partial (15) 1% No (1) (2 not scored)	90% Yes (78) 10% Partial (9). (3 not scored)		75% Yes (59) 18% Many (14) 8% Needs Impv (6) (3 not scored)	54.3% Yes (44) 35.8% Many (29) 9.9% Needs Impv (8) (2 not scored)
34. Was the direct service staff able to describe this person's health-related needs? CPRQ38; '18IQR#36	61% Yes (58) 39% Partial (37) (2 not scored)	48% Yes (45) 51% Partial (48) 1% No (1) (2 not scored)	76% Yes (66) 24% Partial (21) (3 not scored)		54% Yes (43) 30% Many (24) 14% Needs Impv (11) 1% No (1) (3 not scored)	45.6% Yes (37) 34.6% Many (28) 19.8% Needs Impv (16) (2 not scored)
35. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39; '18IQR#37	78% Yes (74) 22% Partial (21) (2 not scored)	72% Yes (68) 28% Partial (26) (2 not scored)	90% Yes (78) 10% Partial (9) (3 not scored)		66% Yes (52) 28% Many (22) 6% Needs Impv (5) (3 not scored)	54.3% Yes (44) 42% Many (34) 3.7% Needs Impv (3) (2 not scored)
35a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a; '18IQR#37a	86% Yes (82) 14% Partial (13) (2 not scored)	95% Yes (89) 5% Partial (5) (2 not scored)	95% Yes (83) 5% Partial (4) (3 not scored)		89% Yes (70) 10% Many (8) 1% No (1) (3 not scored)	87.7% Yes (71) 8.6% Many (7) 3.7% Needs Impv (3) (2 not scored)
35b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ39b; '18IQR#37b	86% Yes (81) 13% Partial (12) 1% No (1) (3 not scored)	76% Yes (71) 23% Partial (22) 1% No (1) (2 not scored)	91% Yes (79) 9% Partial (8) (3 not scored)		68% Yes (54) 18% Many (14) 14% Needs Impv (11) (3 not scored)	56.8% Yes (46) 34.6% Many (28) 8.6% Needs Impv (7) (2 not scored)
Did the direct service staff have training in the ISP process? CPRQ40; '18IQR#38; '19IQR question removed	66% Yes (61) 32% Partial (30) 2% No (2) (4 not scored)	74% Yes (70) 22% Partial (21) 3% No (3) (2 not scored)	79% Yes (69) 21% Partial (18) (3 not scored)		65% Yes (51) 16% Many (13) 13% Needs Impv (10) 6% No (5) (3 not scored)	

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
36. Did the direct service staff have training on how to report abuse, neglect and exploitation? CPRQ41; '18IQR#39; '19 question modified	80% Yes (76) 20% Partial (19) (2 not scored)	79% Yes (74) 20% Partial (19) 1% No (1) (2 not scored)	76% Yes (66) 24% Partial (21) (3 not scored)		87% Yes (69) 11% Many (9) 1% No (1) (3 not scored)	93.8% Yes (76) 2.5% Many (2) 1.2% Needs Impv (1) 2.5% No (2) (2 not scored)
37. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42; '18IQR#40	63% Yes (60) 35% Partial (33) 2% No (2) (2 not scored)	74% Yes (70) 21% Partial (20) 4% No (4) (2 not scored)	71% Yes (62) 26% Partial (23) 2% No (2) (3 not scored)		76% Yes (60) 16% Many (13) 5% Needs Impv (4) 3% No (2) (3 not scored)	73.8% Yes (59) 16.2% Many (13) 6.2% Needs Impv (5) 3.8% No (3) (1 CND) (2 not scored)
38. Does the person's day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43; '18IQR#41	92% Yes (87) 8% Partial (8) (2 not scored)	95% Yes (89) 5% Partial (5) (2 not scored)	94% Yes (78) 6% Partial (5) (4 CND) (3 not scored)		92% Yes (73) 8% Many (6) (3 not scored)	87.5% Yes (56) 6.25% Many (4) 6.25% Needs Impv (4) (17 CND) (2 not scored)
RESIDENTIAL						
39. Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b; '18IQR#42	98% Yes (95) 2% Partial (2)	92% Yes (88) 8% Partial (8)	96% Yes (86) 4% Partial (4)	89% Yes (54) 3% Many (2) 8% Need Impv (5) (1 CND)	95% Yes (78) 2% Many (2) 2% Needs Impv (2)	85.5% Yes (71) 13.3% Many (11) 1.2% Needs Impv (1)
40. Does the direct service staff have input into the person's ISP? CPRQ45; '18IQR#43	74% Yes (71) 24% Partial (23) 2% No (2) (1 not scored)	89% Yes (85) 10% Partial (10) 1% No (1)	84% Yes (76) 16% Partial (14)		79% Yes (65) 11% Many (9) 5% Needs Impv (4) 5% No (4)	78.4% Yes (65) 9.6% Many (8) 1.2% Needs Impv (1) 10.8% No (9)
41. Did the direct service staff receive training on implementing this person's ISP? CPRQ46; '18IQR#44	88% Yes (84) 13% Partial (12) (1 not scored)	89% Yes (85) 11% Partial (11)	91% Yes (82) 8% Partial (7) 1% No (1)		79% Yes (65) 16% Many (13) 5% Needs Impv (4)	57.8% Yes (48) 32.5% Many (27) 9.7% Needs Impv (8)
42. Is the residence safe for individuals (void of hazards)? CPRQ47; '18IQR#45	93% Yes (90) 7% No (7)	99% Yes (95) 1% No (1)	89% Yes (80) 11% No (10)		87% Yes (71) 10% Many (8) 4% Needs Impv (3)	86.5% Yes (64) 10.8% Many (8) 2.7% Needs Impv (2) (9 CND)
43. Was the residential direct service staff able to describe this person's health-related needs? CPRQ48; '18IQR#46	58% Yes (56) 41% Partial (40) 1% No (1)	60% Yes (58) 39% Partial (37) 1% No (1)	79% Yes (71) 21% Partial (19)		59% Yes (48) 35% Many (29) 6% Needs Impv (5)	44.6% Yes (37) 44.6% Many (37) 10.8% Needs Impv (9)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
44. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49; '18IQR#47	81% Yes (79) 19% Partial (18)	84% Yes (81) 16% Partial (15)	88% Yes (79) 12% Partial (11)		73% Yes (60) 26% Many (21) 1% Needs Impv (1)	56.6% Yes (47) 37.4% Many (31) 6% Needs Improv (5)
44a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ49a; '18IQR#47a	94% Yes (90) 6% Partial (6) (1 not scored)	96% Yes (92) 4% Partial (4)	99% Yes (89) 1% Partial (1)		94% Yes (77) 6% Many (5)	81.9% Yes (68) 14.5% Many (12) 2.4% Needs Impv (2) 1.2% No (1)
44b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ49b; '18IQR#47b	83% Yes (80) 16% Partial (15) 1% No (1) (1 not scored)	86% Yes (83) 14% Partial (13)	87% Yes (78) 12% Partial (11) 1% No (1)		72% Yes (59) 26% Many (21) 1% Needs Impv (1) 1% No (1)	59% Yes (49) 32.5% Many (27) 7.3% Needs Impv (6) 1.2% No (1)
Did the residential direct service staff have training in the ISP process? CPRQ50; '19IQR question removed	72% Yes (68) 25% Partial (24) 3% No (3) (2 not scored)	79% Yes (76) 17% Partial (16) 4% No (4)	79% Yes (71) 19% Partial (17) 2% No (2)		63% Yes (52) 21% Many (17) 9% Needs Impv (7) 7% No (6)	
45. Did the direct service staff have training on how to report abuse, neglect and exploitation? CPRQ51; '18IQR#49; '19IQR question modified	87% Yes (84) 13% Partial (13)	78% Yes (75) 21% Partial (20) 1% No (1)	80% Yes (72) 20% Partial (18)		96% Yes (79) 1% Many (1) 1% Needs Impv (1) 1% No (1)	92.8% Yes (77) 3.6% Many (3) 3.6% No (3)
46. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52; '18IQR#50	60% Yes (58) 36% Partial (35) 4% No (4)	66% Yes (63) 31% Partial (30) 3% No (3)	80% Yes (72) 18% Partial (16) 2% No (2)		77% Yes (63) 16% Many (13) 4% Needs Impv (3) 4% No (3)	81.7% Yes (67) 9.8% Many (8) 6.1% Needs Impv (5) 2.4% No (2) (1 CND)
47. Does the person's residential environment offer a minimal level of quality of life? CPRQ53; '18IQR#51	86% Yes (83) 13% Partial (13) 1% No (1)	88% Yes (84) 13% Partial (12)	88% Yes (79) 12% Partial (11)		82% Yes (67) 15% Many (12) 4% Needs Impv (3)	80.6% Yes (58) 15.3% Many (11) 4.1% Needs Impv (3) (11 CND)
HEALTH						
48. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b; '18IQR#52	31% Yes (30) 69% Partial (67)	33% Yes (31) 67% Partial (64) (1 not scored)	59% Yes (53) 41% Partial (37)	66% Yes (41) 24% Many (15) 8% Need Impv (5) 2% No (1)	33% Yes (27) 60% Many (49) 7% Needs Impv (6)	24.1% Yes (20) 63.9% Many (53) 12% Needs Impv (10)
49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21; '18IQR#53	53% Yes (51) 47% Partial (46)	47% Yes (45) 53% Partial (50) (1 not scored)	38% Yes (34) 62% Partial (56)	18% Yes (11) 66% Many (41) 16% Need Impv (10)	33% Yes (27) 44% Many (36) 23% Needs Impv (19)	36.1% Yes (30) 45.8% Many (38) 18.1% Needs Impv (15)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
50. Was the eChat updated timely? '17IQR#18g; '18IQR#54				40% Yes (25) 27% Many (17) 29% Need Impv (18) 3% No (2)	48% Yes (39) 20% Many (16) 23% Needs Impv (19) 10% No (8)	15.7% Yes (13) 71.1% Many (59) 10.8% Needs Impv (9) 2.4% No (2)
50a. Is the eCHAT updated timely with the ISP and after changes in condition? '19IQR question expanded						63.9% Yes (53) 16.9% Many (14) 13.2% Needs Impv (11) 6% No (5)
50b. Is the eCHAT complete? '19IQR question expanded						33.8% Yes (28) 55.4% Many (46) 9.6% Needs Impv (8) 1.2% No (1)
50c. Is the eCHAT accurate? '19IQR question expanded						34.9% Yes (29) 42.2% Many (35) 19.3% Needs Impv (16) 3.6% No (3)
51. Are all of the individual's needed medical treatments, including routine, scheduled, and chronic needs, timely received? 17IQR#19; '18IQR#55 & 56				23% Yes (14) 48% Many (30) 29% Need Impv (18)	30% Yes (25) 50% Many (41) 17% Needs Impv (14) 2% No (2)	35% Yes (29) 56.6% Many (47) 8.4% Needs Impv (7)
Does the individual receive routine/scheduled medical treatment? 17IQR#19a; '18IQR#55 & 56; '19IQR#51				61% Yes (37) 20% Many (12) 18% Need Impv (11) 2% No (1) (1 CND)	51% Yes (42) 34% Many (28) 15% Needs Impv (12)	
52: Has the individual received all age and gender appropriate health screenings and immunizations in accordance with National Best Practice and/or as recommended by his/her PCP or other healthcare professionals? '17IQR#18a; '18IQR#64				29% Yes (18) 42% Many (26) 23% Need Impv (14) 6% No (4)	24% Yes (20) 56% Many (46) 16% Many (13) 4% No (3)	22.9% Yes (19) 56.6% Many (47) 18.1% Needs Impv (15) 2.4% No (2)
53. Does the individual receive medication as prescribed? 17IQR#19e; '18IQR#57				70% Yes 42) 8% Many (5) 20% Need Impv (12) 2% No (1)	48% Yes (39) 30% Many (25) 21% Needs Impv (17) 1% No (1)	33.8% Yes (28) 30.1% Many (25) 36.1% Needs Impv (30)
54. Are nursing services provided as needed by the individual? 17IQR#20; '18IQR#59				8% Yes (5) 47% Many (29) 45% Need Impv (28	29% Yes (24) 35% Many (29) 33% Needs Impv (27) 2% No (2)	12% Yes (10) 49.4% Many (41) 38.6% Needs Impv (32)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
55. Is the CARMP consistent with recommendations in other health care documents? '17IQR#21f; '18IQR#60; '19IQR question modified				71% Yes (37) 6% Many (3) 21% Needs Imp (11) 2% No (1) (7 N/A, 3 CND)	38% Yes (27) 43% Many (31) 14% Need Impv (10) 6% No (4) (10 N/A)	28.4% Yes (21) 41.8% Many (31) 28.4% Needs Impv (21) 1.4% No (1) (9 N/A)
56. Is the CARMP consistently implemented as intended? '18IQR#61					61% Yes (43) 26% Many (18) 11% Needs Impv (8) 1% No (1) (10 N/A, 2 CND)	57.5% Yes (42) 32.9% Many (24) 8.2% Needs Impv (6) 1.4% No (1) (9 N/A) (1 CND)
57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19; '18IQR#62	24% Yes (23) 76% Partial (74)	17% Yes (16) 80% Partial (76) 3% No (3) (1 not scored)	18% Yes (16) 82% Partial (74)		61% Yes (43) 26% Many (18) 11% Needs Impv (8) 1% No (1) (10 N/A, 2 CND)	10.8% Yes (9) 83.2% Many (69) 6% Needs Impv (5)
57a: Are assessment recommendations followed up on in a timely way?						37.4% Yes (31) 53% Many (44) 9.6% Needs Imprv (8)
57b: Were needed equipment/communication devices delivered timely?						67.6% Yes (50) 24.3% Many (18) 6.8% Needs Imprv (5) 1.4% No (1) (9 N/A)
57c: Were medical specialist appointments attended timely?						57.8% Yes (48) 32.5% Many (27) 6% Needs Impv (5) 3.6% No (3)
57d: Were changes in personal condition, if any, responded to timely?						73.8% Yes (56) 22.4% Many (17) 3.9% Needs Impv (3) (7 N/A)
57e: Were Health Care Plans available, accurate and consistently implemented?						26.2% Yes (21) 43.8% Many (35) 28.7% Needs Impv (23) 1.2% No (1) (3 N/A)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
Does my nurse provide oversight of health needs (i.e. weight records, vitals, lab reports, PRN medication use, seizure records) in order to ensure accuracy, identify and respond to new issues? '17IQR#20b; '18IQR#58; '19IQR question removed				31% Yes (19) 18% Many (11) 50% Need Impv (31) 2% No (1)	17% Yes (14) 35% Many (29) 45% Needs Impv (37) 2% No (2)	
ASSESSMENTS						
58. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18; '19IQR#65	25% Yes (24) 74% Partial (72) 1% No (1)	42% Yes(40) 57% Partial (54) 1% No (1) (1 not scored)	28% Yes (25) 72% Partial (65)	10% Yes (6) 56% Many (35) 34% Need Impv (21)	21% Yes (17) 66% Many (54) 12% Needs Impv (10) 1% No (1)	41% Yes (34) 51.8% Many (43) 7.2% Needs Impv (6)
59. Are the assessments adequate for planning? CPRQ59; '17IQR#4f; '18IQR#66	41% Yes (40) 57% Partial (55) 2% No (2)	29% Yes(28) 68% Partial (65) 2% No (2) (1 not scored)	14% Yes (13) 84% Partial (76) 1% No (1)	13% Yes (8) 58% Many (36) 29% Need Impv (18)	12% Yes (10) 49% Many (40) 38% Needs Impv (31) 1% No (1)	8.4% Yes (7) 78.3% Many (65) 13.3% Needs Impv (11)
59a: Were assessments provided timely?						10.8% Yes (9) 71.1% Many (59) 18.1% Needs Impv (15)
59b: Did assessments contain accurate information? '19IQR question						21.7% Yes (18) 66.3% Many (55) 12% Needs Impv (10)
59c: Did assessments contain information adequate to guide planning?						9.6% Yes (8) 63.9% Many (53) 25.3% Needs Impv (21) 1.2% No (1)
59d: Did assessments contain recommendations?						47% Yes (39) 42.2% Many (35) 9.6% Needs Impv (8) 1.2% No (1)
60. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5; '18IQR#67	40% Yes (39) 57% Partial (55) 3% No (3)	31% Yes (29) 61% Partial (58) 8% No (8) (1 not scored)	27% Yes (24) 69% Partial (62) 4% No (4)	23% Yes (14) 44% Many (27) 34% Need Impv (21)	24% Yes (20) 41% Many (34) 23% Needs Impv (19) 11% No (9)	33.7% Yes (28) 51.8% Many (43) 13.3% Needs Impv (11) 1.2% No (1)
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; '19IQR#68				31% Yes (11) 11% Many (4) 23% Need Impv (8) 34% No (12) (27 N/A)	38% Yes (19) 16% Many (8) 12% Needs Impv (6) 34% No (17) (32 N/A)	45.3% Yes (24) 18.8% Many (10) 17% Needs Impv (9) 18.9% No (10) (30 N/A)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES						
62. Is there a document called an Individual Service Plan (ISP) that was developed within the past year? CPRQ61; '17IQR#9; '18IQR#69	100% Yes (97)	100% Yes (95) (1 not scored)	100% Yes (90)	87% Yes (53) 8% Many (5) 5% Need Impv (3) (1 N/A)	100% Yes (82)	100% Yes (83)
63. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3; '18IQR#70	44% Yes (43) 56% Partial (54)	56% Yes (53) 44% Partial (42) (1 not scored)	54% Yes (48) 45% Partial (40) 1% No (1) (1 N/A)	39% Yes (24) 37% Many (23) 24% Need Impv (15)	40% Yes (33) 50% Many (41) 9% Needs Impv (7) 1% No (1)	53% Yes (44) 43.4% Many (36) 2.4% Needs Impv (2) 1.2% No (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; '18IQR#71	36% Yes (28) 56% Partial (44) 8% No (6) (19 N/A)	45% Yes (34) 32% Partial (30) 12% No (11) (20 N/A) (1 not scored)	41% Yes (28) 47% Partial (32) 12% No (8) (22 N/A)	52% Yes (25) 10% Many (5) 19% Need Impv (9) 19% No (9) (14 N/A)	45% Yes (29) 30% Many (19) 13% Needs Impv (8) 13% No (8) (18 N/A)	41.8% Yes (23) 36.4% Many (20) 14.5% Needs Impv (8) 7.3% No (4) (N/A 28)
65. Does my ISP contain current and accurate information? '17IQR#6; '18IQR#72				18% Yes (11) 35% Many (22) 47% Need Impv (29)	22% Yes (18) 49% Many (40) 29% Needs Impv (24)	16.9% Yes (14) 56.6% Many (47) 24.1% Needs Impv (20) 2.4% No (2)
66. Overall, does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b; '18IQR#73	48% Yes (47) 48% Partial (47) 3% No (3)	45% Yes (43) 49% Partial (47) 5% No (5) (1 not scored)	56% Yes (50) 44% Partial (40)	53% Yes (33) 15% Many (9) 31% Needs Impv (19) 2% No (1)	48% Yes (39) 27% Many (22) 21% Needs Impv (17) 5% No (4)	63.9% Yes (53) 22.9% Many (19) 9.6% Needs Impv (8) 3.6% No (3)
67. Overall, does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c; '18IQR#74	61% Yes (59) 36% Partial (35) 3% No (3)	46% Yes (44) 52% Partial (49) 2% No (2) (1 not scored)	52% Yes (47) 46% Partial (41) 2% No (2)	45% Yes (28) 21% Many (13) 29% Need Impv (18) 5% No (3)	57% Yes (47) 17% Many (14) 18% Needs Impv (15) 7% No (6)	67.5% Yes (56) 24.1% Many (20) 8.4% Needs Impv (7)
68. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a; '18IQR75				18% Yes (11) 21% Many (13) 47% Need Impv (29) 15% No (9)	15% Yes (12) 27% Many (22) 39% Needs Impv (32) 20% No (16)	18.1% Yes (15) 34.9% Many (29) 37.4% Needs Impv (31) 9.6% No (8)
69. Does the data kept identify what the person does so a determination regarding progress/lack of progress? '17IQR#12b; '18IQR#76				7% Yes (4) 10% Many (6) 49% Need Impv (30) 34% No (21) (1 N/A)	12% Yes (10) 17% Many (14) 28% Needs Impv (23) 43% No (35)	19.3% Yes (16) 28.9% Many (24) 33.7% Needs Impv (28) 18.1% No (15)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
70. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12cl '18IQR#77				13% Yes (8) 16% Many (10) 45% Need Impv (28) 26% No (16)	9% Yes (7) 26% Many (21) 38% Needs Impv (31) 28% No (23)	22.9% Yes (19) 22.9% Many (19) 34.9% Needs Impv (29) 19.3% No (16)
71. If the person is not successful in achieving actions steps, has the team tried to determine why, and change their approach if needed? '17IQR#12d; '18IQR#78				15% Yes (8) 6% Many (3) 57% Need Impv (30) 23% No (12) (8 N/A, 1 CND)	39% Yes (27) 11% Many (8) 20% Needs Impv (14) 30% No (21) (12 N/A)	27.3% Yes (18) 25.8% Many (17) 21.2% Needs Impv (14) 25.7% No (17) (17 N/A)
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#12e; '18IQR#79				17% Yes (7) 7% Many (3) 48% Need Impv (20) 29% No (12) (18 N/A, 2 CND)	15% Yes (10) 10% Many (7) 22% Needs Impv (15) 53% No (36) (14 N/A)	29% Yes (18) 27.4% Many (17) 21% Needs Impv (13) 22.6% No (14) (21 N/A)
73. Has the person made measurable progress on actions steps during this past year? '17IQR#13b; '18IQR#80				2% Yes (1) 16% Many (10) 60% Need Impv (37) 23% No (14)	6% Yes (5) 23% Many (19) 37% Needs Impv (30) 34% No (28)	12% Yes (10) 28.9% Many (24) 33.7% Needs Impv (28) 25.4% No (21)
74. Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcome(s) have been achieved? CPRQ67; '17IQR#7e; '18IQR#81	43% Yes (42) 57% Partial (55)	38% Yes (36) 58% Partial (55) 4% No (4) (1 not scored)	29% Yes (26) 57% Partial (51) 14% No (13)	31% Yes (19) 8% Many (5) 47% Need Impv (29) 15% No (9)	26% Yes (21) 21% Many (17) 34% Needs Impv (28) 20% No (16)	48.2% Yes (40) 21.7% Many (18) 18.2% Needs Impv (15) 12% No (10)
75. Overall, are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d; '18IQR#82	69% Yes (67) 30% Partial (29) 1% No (1)	69% Yes (66) 28% Partial (27) 2% No (2) (1 not scored)	66% Yes (59) 33% Partial (30) 1% No (1)	45% Yes (28) 11% Many (7) 42% Needs Impv (26) 2% No (1)	77% Yes (63) 12% Many (10) 9% Needs Impv (7) 2% No (2)	74.7% Yes (62) 15.7% Many (13) 6% Needs Impv (5) 3.6% No (3)
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; '18IQR#83; '19IQR wording changed:	60% Yes (58) 36% Partial (35) 4% No (4)	39% Yes (37) 57% Partial (54) 4% No (4) (1 not scored)	53% Yes (48) 42% Partial (38) 4% No (4)	32% Yes (20) 27% Many (17) 39% Need Impv (24) 2% No (1)	55% Yes (45) 26% Many (21) 16% Needs Impv (13) 4% No (3)	53% Yes (44) 36.1% Many (30) 6% Needs Impv (5) 4.9% No (4)
77. Overall, are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i; '18IQR#84	40% Yes (39) 52% Partial (50) 8% No (8)	36% Yes (34) 55% Partial (52) 9% No (8) (1 N/A) (1 not scored)	23% Yes (21) 73% Partial (66) 3% No (3)	15% Yes (9) 25% Many (15) 52% Need Impv (32) 8% No (5) (1 N/A)	22% Yes (18) 26% Many (21) 39% Needs Impv (32) 13% No (11)	28.9% Yes (24) 39.8% Many (33) 25.3% Needs Impv (21) 6% No (5)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
78. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m; '18IQR#85	34% Yes (32) 59% Partial (56) 7% No (7) (2 N/A)	31% Yes (29) 59% Partial (55) 10% No (9) (2 N/A) (1 not scored)	28% Yes (25) 57% Partial (51) 16% No (14)	16% Yes (10) 25% Many (15) 46% Need Impv (28) 13% No (8) (1 N/A)	24% Yes (20) 22% Many (18) 34% Needs Impv (28) 20% No (16)	28.9% Yes (24) 33.7% Many (28) 21.7% Needs Impv (18) 15.7% No (13)
79. Has the person made measurable progress in therapy this year? '17IQR#13a; '18IQR#86				11% Yes (7) 28% Many (17) 54% Need Impv (33) 7% No (4) (1 N/A)	22% Yes (18) 21% Many (17) 41% Needs Impv (34) 16% No (13)	8.6% Yes (7) 43.2% Many (35) 42% Needs Impv (34) 6.2% No (5) (2 N/A)
80. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c; '18IQR#87	78% Yes (74) 21% Partial (20) 1% No (1) (2 N/A)	80% Yes (75) 18% Partial (17) 2% No (2) (1 N/A) (1 not scored)	66% Yes (57) 33% Partial (29) 1% No (1) (3 N/A)	47% Yes (29) 24% Many (15) 27% Need Imp (17) 2% No (1)	54% Yes (44) 27% Many (22) 17% Needs Impv (14) 2% No (2)	39.8% Yes (33) 41% Many (34) 15.7% Needs Impv (13) 3.5% No (3)
81. Does the ISP contain information regarding primary health (medical) care? CPRQ74; '18IQR#88	93% Yes (90) 7% Partial (7)	85% Yes (81) 15% Partial (14) (1 not scored)	89% Yes (80) 11% Partial (10)		84% Yes (69) 12% Many (10) 2% Needs Impv (2) 1% No (1)	79.5% Yes (66) 14.5% Many (12) 6% Needs Impv (5)
81a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a; '18IQR#88a	96% Yes (93) 4% Partial (4)	96% Yes (91) 3% Partial (3) 1% No (1) (1 not scored)	94% Yes (85) 4% Partial (4) 1% No (1)		91% Yes (75) 4% Many (3) 5% No (4)	90.4% Yes (75) 6% Many (5) 1.2% Needs Impv(1) 2.4% No (2)
81b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b; '18IQR#88b	99% Yes (96) 1% Partial (1)	88% Yes (84) 6% Partial (6) 5% No (5) (1 not scored)	90% Yes (81) 9% Partial (8) 1% No (1)		94% Yes (77) 4% Many (3) 1% Needs Impv (1) 1% No (1)	88% Yes (73) 4.8% Many (4) 1.2% Needs Impv (1) 6% No (5)
82. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76; '18IQR#89	92% Yes (89) 8% Partial (8)	88% Yes (84%) 11% Partial (10) 1% No (1) (1 not scored)	91% Yes (82) 8% Partial (7) 1% No (1)		91% Yes (75) 6% Many (5) 2% No (2)	74.7% Yes (62) 13.3% Many (11) 6% Needs Impv (5) 6% No (5)
83. Based on the evidence, is adequate transportation available for the person? CPRQ75; '18IQR#90; '19IQR wording changed:	81% Yes (35) 12% Partial (5) 7% No (3) (54 N/A)	91% Yes (29) 6% Partial (2) 3% No (1) (63 N/A) (1 not scored)	64% Yes (16) 32% Partial (8) 4% No (1) (65 N/A)		71% Yes (58) 17% Many (14) 5% Needs Impv (4) 7% No (6)	92.8% Yes (77) 6% Many (5) 1.2% Needs Impv (1)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
84. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a; '18IQR#91	44% Yes (41) 49% Partial (46) 6% No (6) (4 N/A)	53% Yes (46) 43% Partial (37) 5% No (4) (8 N/A) (1 not scored)	61% Yes (49) 34% Partial (27) 5% No (4) (10 N/A)	38% Yes (23) 26% Many (16) 30% Need Impv (18) 7% No (4) (1 N/A)	37% Yes (30) 39% Many (32) 16% Needs Impv (13) 5% No (4)	40.8% Yes (31) 46.1% Many (35) 9.2% Needs Impv (7) 3.9% No (3) (7 N/A)
85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7; '18IQR#92	11% Yes (11) 89% Partial (86)	11% Yes (10) 89% Partial (85) (1 not scored)	12% Yes (11) 88% Partial (79)	0% Yes 27% Many (17) 73% Need Impv (45)	0% Yes 55% Many (45) 44% Needs Impv (36) 1% No (1)	1.2% Yes (1) 73.5% Many (61) 25.3% Needs Impv (21)
86. Is the ISP being implemented? (If 85 is "3") CPRQ79 '17IQR#12; '18IQR#93	73% Yes (8) 33% Partial (3) (86 N/A)	20% Yes (2) 80% Partial (8) (85 N/A) (1 not scored)	36% Yes (4) 64% Partial (7) (79 N/A)	3% Yes (2) 19% Many (12) 68% Need Impv (42) 10% No (6)	(82 N/A)	100% Yes (1) (82 N/A)
87a. Is the ISP being implemented? (If 85 is "0", "1", or "2") CPRQ80a '17IQR#12; '18IQR#94a	51% Yes (44) 49% Partial (42) (11 N/A)	32% Yes (27) 67% Partial (57) 1% No (1) (10 N/A) (1 not scored)	30% Yes (24) 70% Partial (55) (11 N/A)	3% Yes (2) 19% Many (12) 68% Need Impv (42) 10% No (6)	5% Yes (4) 52% Many (43) 37% Needs Impv (30) 6% No (5)	3.7% Yes (3) 62.2% Many (51) 30.5% Needs Impv (25) 3.6% No (3) (1 N/A)
87b. Are current services adequate to meet the person's needs? (If #85 is "0", "1", or "2") CPRQ80b '17IQR#11; '18IQR#94b	41% Yes (35) 58% Partial (50) 1% No (1) (11 N/A)	29% Yes (25) 69% Partial (59) 1% No (1) (10 N/A) (1 not scored)	14% Yes (11) 86% Partial (68) (11 N/A)	3% Yes (2) 53% Many (33) 44% Need Impv (27)	30% Yes (25) 41% Many (34) 27% Needs Impv (22) 1% No (1)	39% Yes (32) 37.8% Many (31) 23.2% Needs Impv (19) (1 N/A)
88. Overall, was the direct service staff trained on the implementation of this person's ISP? CPRQ81; '18IQR#95	73% Yes (71) 27% Partial (26)	74% Yes (70 26% Partial (25) (1 not scored)	81% Yes (73) 19% Partial (17)		74% Yes (61) 18% Many (15) 7% Needs Impv (6)	47% Yes (39) 43.4% Many (36) 8.4% Needs Impv (7) 1.2% No (1)
89. Overall, were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82; '18IQR#96	69% Yes (67) 31% Partial (30)	66% Yes (63) 34% Partial (32) (1 not scored)	84% Yes (76) 16% Partial (14)		66% Yes (54) 32% Many (26) 2% Needs Impv (2)	48.2% Yes (40) 49.4% Many (41) 2.4% Needs Impv (2)
Overall, do the progress notes or other documentation in the record reflect the status of the outcomes and services of the key life areas stated in the ISP? CPRQ83; '19IQR question removed	25% Yes (24) 74% Yes (72) 1% No (1)	12% Yes (11) 83% Partial (79) 5% No (5) (1 not scored)	8% Yes (7) 88% Partial (79) 4% No (4)		4% Yes (3) 41% Many (34) 39% Needs Impv (32) 16% No (13)	

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
EXPECTATION OF GROWTH, QUALITY OF LIFE AND SATISFACTION						
90. Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13; '18IQR#98	52% Yes (50) 47% Partial (45) 1% No (1) (1 CND)	46% Yes (44) 48% Partial (46) 5% No (5) (1 not scored)	42% Yes (38) 57% Partial (51) 1% No (1)	0% Yes 37% Many (23) 61% Need Impv (38) 2% No (1)	11% Yes (9) 57% Many (47) 28% Needs Impv (23) 4% No (3)	13.3% Yes (11) 45.8% Many (38) 38.6% Needs Impv (32) 2.3% No (2)
91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d; '18IQR#99	30% Yes (29) 69% Partial (67) 1% No (1)	39% Yes (37) 61% Partial (58) (1 not scored)	51% Yes (46) 48% Partial (43) 1% No (1)	63% Yes (39) 23% Many (14) 13% Need Impv (8) 2% No (1)	56% Yes (46) 39% Many (32) 5% Needs Impv (4)	59% Yes (49) 36.2% Many (30) 4.8% Needs Impv (4)
92. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b; '18IQR#100	72% Yes (67) 25% Partial (23) 3% No (3) (4 CND)	87% Yes (80) 13% Partial (12) (3 CND) (1 not scored)	79% Yes (71) 19% Partial (17) 2% No (2)	69% Yes (42) 19% Many (12) 10% Need Impv (6) 2% No (1) (1 CND)	60% Yes (49) 27% Many (22) 10% Needs Impv (8) 4% No (3)	71.1% Yes (59) 26.5% Many (22) 1.2% Needs Impv (1) 1.2% No (1)
93. Is the person offered a range of opportunities for participation in each life area? CPRQ87; '18IQR#101	75% Yes (69) 25% Partial (23) (5 CND)	79% Yes (67) 20% Partial (17) 1% No (1) (10 CND) (1 not scored)	79% Yes (59) 20% Partial (15) 1% No (1) (15 CND)		62% Yes (51) 22% Many (18) 11% Needs Impv (9) 5% No (4)	75.9% Yes (63) 19.3% Many (16) 4.8% Needs Impv (4)
94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30; '18IQR#102	77% Yes (27) 23% Partial (8) (62 CND)	76% Yes(25) 24% Partial (8) (62 CND) (1 not scored)	47% Yes (9) 53% Partial (10) (71 CND)	47% Yes (29) 44% Many (27) 10% Need Impv (6)	71% Yes (25) 20% Many (7) 6% Needs Impv (2) 3% No (1) (47 CND)	75% Yes (39) 21.2% Many (11) 3.8% Needs Impv (2) (31 CND)
94a. About where and with whom to live? CPRQ89; '17IQR#23c; '18IQR#102a	89% Yes (24) 7% Partial (2) 4% No (1) (70 CND)	78% Yes (18) 17% Partial (4) 4% No (1) (72 CND) (1 not scored)	70% Yes (7) 30% Partial (3) (80 CND)	50% Yes (3) 33% Need Impv (2) 17% No (1) (56 CND)	76% Yes (13) 6% Many (1) 6% Needs Impv (1) 12% No (2) (65 CND)	82.1% Yes (32) 10.3% Many (4) 5.1% Needs Impv (2) 2.5% No (1) (44 CND)
94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d; '18IQR#102b	82% Yes (28) 18% Partial (6) (63 CND)	85% Yes (28) 12% Partial (4) 3% No (1) (62 CND) (1 not scored)	50% Yes (8) 50% Partial (8) (74 CND)	85% Yes (17) 5% Many(1) 10% Needs Impv (2) (42 CND)	58% Yes (26) 18% Many (7) 5% Need Impv (2) 8% No (3) (44 CND)	87.5% Yes (42) 8.3% Many (4) 4.2% Needs Impv (2) (35 CND)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
94c. About where and with whom to socialize/spend leisure time? CPRQ91; '18IQR#102c	86% Yes (32) 14% Partial (5) (60 CND)	86% Yes(30) 9% Partial (3) 6% No (2) (60 CND) (1 not scored)	80% Yes (12) 20% Partial (3) (75 CND)		80% Yes (28) 17% Many (6) 3% Needs Impv (1) (47 CND)	86% Yes (43) 8% Many (4) 6% Needs Impv (3) (33 CND)
95. Does the evidence support that providers do not prevent the person from pursuing relationships ? CPRQ92; '17IQR#31f; '18IQR#103; '19IQR wording changed	98% Yes (90) 2% Partial (2) (4 CND)	97% Yes (88) 3% Partial (3) (4 CND) (1 not scored)	99% Yes (88) 1% Partial (1) (1 CND)	92% Yes (34) 8% Need Impv (3) (22 N/A, 3 CND)	95% Yes (78) 2% Many (2) 2% Needs Impv (2)	94% Yes (78) 6% Many (5)
96. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a; '18IQR#105	76% Yes (74) 24% Partial (23)	68% Yes (65) 32% Partial (30) (1 not scored)	66% Yes (59) 34% Partial (31)	55% Yes (34) 21% Many (13) 24% Need Impv (15)	78% Yes (64) 18% Many (15) 4% Needs Impv (3)	77.1% Yes (64) 21.7% Many (18) 1.2% Needs Impv (1)
97. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94; '18IQR#106	92% Yes (85) 8% Partial (7) (5 CND)	90% Yes (83) 8% Partial (7) 2% No (2) (3 CND) (1 not scored)	94% Yes (83) 5% Partial (4) 1% No (1) (2 CND)		91% Yes (75) 4% Many (3) 1% Needs Impv (1) 4% No (3)	86.7% Yes (72) 7.3% Many (6) 3.6% Needs Impv (3) 2.4% No (2)
98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h; '18IQR#107				73% Yes (38) 4% Many (2) 19% Needs Impv (10) 4% No (2) (1 N/A, 9 CND)	74% Yes (61) 26% No (21)	65.1% Yes (54) 34.9% No (29)
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; '18IQR#108				68% Yes (42) 32% No (20)	57% Yes (35) 10% Many (6) 21% Needs Impv (13) 11% No (7) (21 N/A)	63% Yes (34) 13% Many (7) 9.3% Needs Impv (5) 14.7% No (8) (29 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; '18IQR#109				11% Yes (4) 11% Many (4) 23% Need Impv (14) 23% No (14)	22% Yes (13) 12% Many (7) 5% Needs Impv (3) 61% No (36) (23 N/A)	33.3% Yes (17) 19.6% Many (10) 9.8% Needs Impv (5) 37.3% No (19) (32 N/A)
101. Is the person protected from abuse, neglect and exploitation? '17IQR#35; '18IQR#110				44% Yes (27) 34% Many (21) 21% Need Impv (13) (1 N/A)	67% Yes (55) 21% Many (17) 7% Needs Impv (6) 5% No (4)	59% Yes (49) 18.1% Many (15) 19.3% Needs Impv (16) 3.6% No (3)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b; '18IQR#111				67% Yes (33) 14% Many (7) 18% Need Impv (9) (13 N/A)	62% Yes (34) 20% Many (11) 13% Needs Impv (7) 5% No (3) (27 N/A)	71.4% Yes (40) 12.5% Many (7) 12.5% Needs Impv (7) 3.6% No (2) (27 N/A)
103. Is the individual safe? '17IQR#24; '18IQR#112				62% Yes (38) 20% Many (18) 8% Need Impv (5) (1 CND)	78% Yes (64) 13% Many (11) 9% Needs Impv (7)	65.9% Yes (54) 20.7% Many (17) 12.2% Needs Impv (10) 1.2% No (1) (1 CND)
104. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a; '18IQR#113	39% Active (37) 35% Moderate (33) 28% Limited (26) (1 N/A)	32% Active (30) 53% Moderate (50) 12% Limited (11) 3% None (3) (1 N/A) (1 not scored)	33% Active (29) 48% Moderate (48) 19% Limited (17) (2 N/A)	40% Active (25) 31% Moderate (19) 21% Limited (13) 8% None (5)	33% Active (27) 34% Moderate (28) 33% Limited (27)	33.8% Active (27) 45% Moderate (36) 21.2% Limited (17) (3 N/A)
105. If the person is retired, does he/she have opportunities to engage in activities of interest during the day? CPRQ 100; '17IQR#29b; '18IQR#114	91% Yes (21) 4% Partial (1) 4% No (1) (73 N/A, 1 CND)	83% Yes (20) 13% Partial (3) 4% No (1) (69 N/A, 2 CND) (1 not scored)	63% Yes (17) 37 Partial (10) (63 N/A)	53% Yes (8) 27% Many (4) 13% Need Impv (2) 7% No (1) (47 N/A)	61% Yes (20) 24% Many (8) 15% Needs Impv (5) (49 N/A)	78.8% Yes (26) 9.1% Many (3) 12.1% Needs Impv (4) (50 N/A)
106. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30; '18IQR#115	76% Yes (74) 23% Partial (22) 1% No (1)	82% Yes (78) 16% Partial (15) 2% No (2) (1 not scored)	84% Yes (76) 14% Partial (13) 1% No (1)	47% Yes (29) 44% Many (27) 10% Need Impv (6)	85% Yes (70) 7% Many (6) 7% Needs Impv (6)	84.3% Yes (70) 13.3% Many (11) 2.4% Needs Impv (2)
107. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e; '18IQR#116	99% Yes (94) 1% Partial (1) (2 CND)	95% Yes (88) 5% Partial (5) (2 CND) (1 not scored)	96% Yes (85) 4% Partial (4) (1 CND)	86% Yes (51) 10% Many (6) 3% Need Impv (2) (1 N/A, 2 CND)	95% Yes (78) 4% Many (3) 1% Needs Impv (1)	92.8% Yes (77) 7.2% Many (6)
108. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c; '18IQR#117	75% Yes (73) 25% Partial (24)	66% Yes (63) 34% Partial (32) (1 not scored)	43% Yes (39) 57% Partial (51)	49% Yes (30) 20% Many (12) 31% Need Impv (19) (1 N/A)	34% Yes (28) 43% Many (35) 23% Needs Impv (19)	38.6% Yes (32) 43.4% Many (36) 18% Needs Impv (15)
109. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e; '18IQR#118	100% Yes (96) (1 CND)	99% Yes (91) 1% Partial (1) (3 CND) (1 not scored)	100% Yes (90)	98% Yes (59) 2% Need Impv (1) (2 CND)	93% Yes (76) 5% Many (4) 2% Needs Impv (2)	96.1% Yes (74) 2.6% Many (2) 1.3% Needs Impv (1) (6 CND)
110. Does the person have sufficient personal money? CPRQ110 '17IQR#34f; '18IQR#119	88% Yes (84) 13% Partial (12) (1 CND)	91% Yes (85) 9% Partial (8) (2 CND) (1 not scored)	91% Yes (82) 8% Partial (7) 1% No (1)	88% Yes (53) 8% Many (5) 3% Need Impv (2) (2 CND)	94% Yes (77) 5% Many (4) 1% No (1)	89.2% Yes (74) 8.4% Many (7) 2.4% Needs Impv (2)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
111. Does the person get along with their day program/employment provider staff? CPRQ111; '18IQR#120	98% Yes (56) 2% Partial (1) (2 N/A, 38 CND)	100% Yes (57) (1 N/A, 37 CND) (1 not scored)	98% Yes (42) 2% Partial (1) (1 N/A, 46 CND)		100% Yes (66) (1 N/A, 15 CND)	96.6% Yes (58) 1.7% Many (1) 1.7% No (1) (2 N/A) (21 CND)
112. Does the person get along with their residential provider staff? CPRQ112; '18IQR#121	98% Yes (63) 2% Partial (1) (33 CND)	100% Yes (61) (34 CND) (1 not scored)	100% Yes (55) (35 CND)		100% Yes (71) (11 CND)	98.6% Yes (68) 1.4% Many (1) (14 CND)
TEAM PROCESS						
113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10; '18IQR#122	22% Yes (21) 77% Partial (75) 1% No (1)	38% Yes (36) 62% Partial (59) (1 not scored)	17% Yes (15) 83% Partial (75)	32% Yes (20) 53% Many (33) 15% Need Impv (9)	21% Yes (17) 54% Many (44) 26% Needs Impv (21)	18.1% Yes (15) 59% Many (49) 21.7% Needs Impv (18) 1.2% 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; '18IQR#123	63% Yes (24) 26% Partial (10) 11% No (4) (59 N/A)	58% Yes (11) 32% Partial (6) 11% No (2) (76 N/A) (1 not scored)	85% Yes (11) 15% Partial (2) (77 N/A)	57% Yes (8) 43% No (6) (48 N/A)	81% Yes (17) 10% Many (2) 5% Needs Impv (1) 5% No (1) (61 N/A)	43.5% Yes (10) 39.1% Many (9) 8.7% Needs Impv (2) 8.7% No (2) (60 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; '18IQR#124	69% Yes (65) 31% No (29) (2 N/A, 1 CND)	79% Yes (71) 21% No (19) (4 N/A, 1 CND) (1 not scored)	68% Yes (56) 32% No (26) (8 N/A)	73% Yes (36) 10% Many (5) 12% Need Impv (6) 4% No (2) (13 N/A)	46% Yes (37) 41% Many (33) 6% Needs Impv (5) 6% No (5) (2 N/A)	42.8% Yes (33) 37.7% Many (29) 14.3% Needs Impv (11) 5.2% No (4) (6 N/A)
116. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117; '18IQR#125	85% Yes (82) 15% Partial (15)	88% Yes (84) 11% Partial (10) 1% No (1) (1 not scored)	88% Yes (79) 12% Partial (11)		78% Yes (64) 15% Many (12) 7% Needs Impv (6)	69.9% Yes (58) 19.3% Many (16) 10.8% Needs Impv (9)
117. Do you recommend Dispute Resolution for this IDT? CPRQ118; '18IQR#126	7% Yes (7) 93% Partial (90)	1% Yes (1) 99% No (94) (1 not scored)	3% Yes (3) 97% No (87)		2% Yes (2) 98% No (80)	7.2% Yes (6) 92.8% No (77)
118. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#14a; '18IQR#127	34% Yes (33) 66% No (63) (1 CND)	37% Yes (35) 63% No (60) (1 not scored)	23% Yes (21) 77% No (69)	37% Yes (23) 63% No (39)	40% Yes (33) 60% No (49)	39.8% Yes (33) 60.2% No (50)
119. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c; '18IQR#128	30% Yes (28) 70% No (66) (3 CND)	21% Yes (20) 79% No (74) (1 CND) (1 not scored)	17% Yes (15) 83% No (73) (2 CND)	13% Yes (8) 87% No (54)	26% Yes (21) 74% No (61)	22.9% Yes (19) 77.1% No (64)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
120. If #118 OR #119 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; '18IQR#129	59% Yes (27) 33% Partial (15) 9% No (4) (51 N/A)	53% Yes (23) 37% Partial (16) 9% No (4) (51 N/A 1 CND) (1 not scored)	63% Yes (19) 33% Partial (10) 3% No (1) (60 N/A)		77% Yes (30) 23% No (9) (43 N/A)	64.9% Yes (24) 35.1% No (13) (46 N/A)
121. Has the person changed residential/day services in the last year? CPRQ122; '18IQR#130	16% Yes (16) 84% No (81)	9% Yes (9) 91% No (86) (1 not scored)	17% Yes (15) 83% No (75)		21% Yes (17) 79% No (65)	21.7% Yes (18) 78.3% No (65)
122. If #121 is Yes, was the change Planned by the IDT? CPRQ122a; '18IQR#131	71% Yes (12) 29% Partial (5) (80 N/A)	50% Yes (4) 25% Partial (2) 25% No (2) (87 N/A) (1 not scored)	64% Yes (9) 36% Partial (5) (76 N/A)		76% Yes (13) 24% No (4) (65 N/A)	50% Yes (9) 50% No (9) (65 N/A)
123. If #121 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b; '19IQR#132	71% Yes (12) 29% Partial (5) (80 N/A)	89% Yes (8) 11% Partial (1) (86 N/A) (1 not scored)	80% Yes (12) 13% Partial (2) 7% No (1) (75 N/A)		89% Yes (17) 11% No (2) (63 N/A)	83.3% Yes (15) 16.7% No (3) (65 N/A)
124. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person? CPRQ123; '17IQR#7n; '18IQR#133	24% Yes (23) 76% Partial (74)	28% Yes (27) 72% Partial (68) (1 not scored)	22% Yes (20) 78% Partial (70)	3% Yes (2) 34% Many (21) 58% Need Impv (36) 5% No (3)	11% Yes (9) 50% Many (41) 38% Needs Impv (31) 1% No (1)	1.2% Yes (1) 79.5% Many (66) 19.3% Needs Impv (16)
SUPPORTED EMPLOYMENT						
125. Does (Name) have a current Person Centered Assessment? '18IQR#134					11% Yes (9) 16% Many (13) 59% Needs Impv (47) 14% No (11) (2 not scored)	44.3% Yes (35) 41.7% Many (33) 12.7% Needs Impv (10) 1.3% No (1) (4 N/A)
126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a; '18IQR#135	52% Yes (39) 38% No (36) (21 N/A) (1 not scored)	49% Yes (32) 51% No (33) (30 N/A) (1 not scored)	52% Yes (30) 48% No (28) (30 N/A) (2 not scored)	6% Yes (3) 17% Many (9) 32% Need Impv (17) 45% No (24) (9 N/A)	8% Yes (4) 6% Many (3) 29% Needs Impv (14) 56% No (27) (32 N/A, 2 not scored)	42.6% Yes (26) 26.2% Many (16) 4.9% Needs Impv (3) 26.2% No (16) (22 N/A)
127. Did the individual participate personally in the Person Centered Assessment? '18IQR#136					39% Yes (31) 61% No (49) (2 not scored)	67.1% Yes (53) 32.9% No (26) (4 N/A)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
128. Did the Guardian participate in the Person Centered Assessment? '18IQR#137					25% Yes (20) 75% No (60) (2 not scored)	48.8% Yes (40) 51.2% No (42) (1 N/A)
129. Is the individual engaged in the Informed Choice Project? '18IQR#138					10% Yes (8) 90% No (74)	9.9% Yes (8) 90.1% No (73) (2 not scored)
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; '18IQR#139				0% Yes 14% Many (7) 31% Need Impv (16) 66% No (28) (11 N/A)	30% Yes (15) 70% No (35) (30 N/A, 2 not scored)	50.9% Yes (27) 49.1% No (26) (30 N/A)
131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section? '18IQR#140					27% Yes (4) 33% Many (5) 20% Needs Impv (3) 20% No (3) (65 N/A, 2 not scored)	85.2% Yes (23) 3.7% Many (1) 11.1% No (3) (56 N/A)
132. If #130 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs? '18IQR#141					0% Yes 14% Needs Impv (5) 86% No (30) (45 N/A, 2 not scored)	32.1% Yes (9) 17.9% Many (5) 7.1% Needs Impv (2) 42.9% No (12) (55 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? '18IQR#142					16% Yes (8) 6% Many (3) 16% Needs Impv (8) 61% No (30) (31 N/A, 2 not scored)	56% Yes (28) 14% Many (7) 6% Needs Impv (3) 24% No (12) (33 N/A)
134. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c; '18IQR#143				4% Yes (2) 8% Many (4) 43% Needs Impv (23) 45% No (24)	8% Yes (4) 10% Many (5) 15% Needs Impv (7) 67% No (32) (32 N/A, 2 not scored)	51.9% Yes (27) 15.4% Many (8) 3.8% Needs Impv (2) 28.9% No (15) (31 N/A)
135. Has the Guardian received information regarding the range of employment options available for the individual? '18IQR#144					17% Yes (8) 4% Many (2) 25% Needs Impv (12) 54% No (26) (32 N/A, 2 not scored)	60% Yes (30) 14% Many (7) 8% Needs Impv (4) 18% No (9) (33 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; '18IQR#145				6% Yes (3) 16% Many (8) 24% Need Impv (12) 54% No (27) (12 N/A)	15% Yes (7) 6% Many (3) 19% Needs Impv (9) 60% No (29) (32 N/A, 2 not scored)	53.8% Yes (28) 15.4% Many (8) 3.8% Needs Impv (2) 27% No (14) (31 N/A)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
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 ...? '18IQR#146					15% Yes (7) 9% Many (4) 6% Needs Impv (3) 70% No (33) (33 N/A, 2 not scored)	50% Yes (25) 10% Many (5) 4% Needs Impv (2) 36% No (18) (33 N/A)
138. Has the individual participated in work or volunteer activities during the past year? '18IQR#147					20% Yes (10) 14% Many (7) 36% Needs Impv (18) 30% No (15) (30 N/A, 2 not scored)	38.8% Yes (21) 9.3% Many (5) 1.9% Needs Impv (1) 50% No (27) (29 N/A)
139. Has the individual identified what type of work or volunteer activities he/she would like to do? '18IQR#148					25% Yes (13) 8% Many (4) 20% Needs Impv (10) 47% No (24) (29 N/A, 2 not scored)	47.3% Yes (26) 10.9% Many (6) 3.6% Needs Impv (2) 38.2% No (21) (28 N/A)
140. Does the Guardian support him/her working? '18IQR#149					49% Yes (24) 51% No (25) (31 N/A, 2 not scored)	39.6% Yes (21) 60.4% No (32) (30 N/A)
Is (Name) is involved in the DVR Outreach Project? '18IQR#150; '19IQR#141 question deleted					8% Yes (6) 93% No (74) (2 not scored)	
142. Is the individual engaged in Supported Employment? CPRQ129; '18IQR#151	27% Yes (17) 73% No (47) (32 N/A) (1 not scored)	28% Yes (16) 72% No (41) (38 N/A) (1 not scored)	30% Yes (15) 70% No (35) (38 N/A) (2 not scored)		15% Yes (7) 85% No (41) (32 N/A, 2 not scored)	17.3% Yes (9) 82.7% No (43) (31 N/A)
Is the individual Working in accordance with the following: CPRQ 130 '17IQR#28; '18IQR#152; '19IQR#143 question deleted	17% Yes (11) 11% Partial (7) 72% No (46) (32 N/A) (1 not scored)	9% Yes (5) 21% Partial (12) 70% No (40) (38 N/A) (1 not scored)	14% Yes (7) 12% Partial (6) 74% No (37) (38 N/A) (2 not scored)	0% Yes 11% Many (5) 19% Need Impv (9) 71% No (34) (14 N/A)	2% Yes (1) 8% Many (4) 4% Needs Impv (2) 85% No (41) (32 N/A, 2 not scored)	
144. Does the person have a Career Development Plan? CPRQ128 17IQR#26e; '18IQR#153	11% Yes (7) 18% Partial (12) 71% No (46) (31 N/A) (1 not scored)	11% Yes (6) 26% Partial (15) 63% No (36) (38 N/A) (1 not scored)	6% Yes (3) 34% Partial (17) 60% No (30) (38 N/A) (2 not scored)	0% Yes 14% Many (7) 31% Need Impv (16) 66% No (28) (11 N/A)	0% Yes 30% Many (3) 20% Needs Impv (2) 50% No (5) (70 N/A, 2 not scored)	71.4% Yes (10) 14.3% Many (2) 14.3% No (2) (69 N/A)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
BEHAVIOR						
145. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d; '18IQR#154	59% Yes (55) 41% No (39) (3 N/A)	61% Yes (55) 39% No (35) (5 N/A) (1 not scored)	68% Yes (60) 32% No (28) (2 N/A)	55% Yes (34) 45% No (28)	63% Yes (52) 37% No (30)	53% Yes (44) 47% No (39)
146. Does the person need behavior services now? CPRQ132; '17IQR#11e; '18IQR#155	60% Yes (57) 40% No (38) (2 N/A)	56% Yes (50) 44% No (40) (5 N/A) (1 not scored)	66% Yes (59) 34% No (30) (1 N/A)	58% Yes (36) 42% No (26)	68% Yes (56) 32% No (26)	57.8% Yes (48) 42.2% No (35)
147. Have behavioral assessments been completed? CPRQ133; '18IQR#156	71% Yes (41) 26% Partial (15) 3% No (2) (39 N/A)	54% Yes (30) 41% Partial (23) 5% No (3) (39 N/A) (1 not scored)	65% Yes (39) 32% Partial (19) 3% No (2) (30 N/A)		59% Yes (32) 20% Many (11) 11% Needs Impv (6) 9% No (5) (28 N/A)	39.6% Yes (19) 50% Many (24) 10.4% No (5) (35 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; '18IQR#157	76% Yes (44) 19% Partial (11) 5% No (3) (39 N/A)	62% Yes (34) 33% Partial (18) 5% no (3) (40 N/A) (1 not scored)	81% Yes (48) 19% Partial (11) (31 N/A)	76% Yes (26) 12% Many (4) 9% Need Impv (3) 3% No (1) (28 N/A)	83% Yes (43) 8% Many (4) 4% Needs Impv (2) 6% No (3) (30 N/A)	75% Yes (36) 10.4% Many (5) 6.2% Needs Impv (3) 8.4% No (4) (35 N/A)
149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d; '18IQR#158	90% Yes (52) 5% Partial (3) 5% No (3) (39 N/A)	87% Yes (48) 11% Partial (6) 2% No (1) (40 N/A) (1 not scored)	90% Yes (53) 10% Partial (6) (31 N/A)	73% Yes (24) 18% Many (6) 6% Need Impv (2) 3% No (1) (29 N/A)	86% Yes (44) 8% Many (4) 4% Needs Impv (2) 2% No (1) (31 N/A)	70.8% Yes (34) 10.4% Many (5) 10.4% Needs Impv (5) 8.4% No (4) (35 N/A)
150. If needed, does the person have a Behavior Crisis Intervention Plan that meets the person's needs? CPRQ 73a; '17IQR#5h; '18IQR#159	88% Yes (28) 13% Partial (4) (65 N/A)	82% Yes (23) 18% Partial (5) (67 N/A) (1 not scored)	81% Yes (21) 19% Partial (5) (64 N/A)	71% Yes (10) 21% Many (3) 7% Need Impv (1) (48 N/A)	73% Yes (16) 18% Many (4) 9% No (2) (60 N/A)	56.5% Yes (13) 17.4% Many (4) 21.7% Needs Impv (5) 4.4% No (1) (60 N/A)
151. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i; '18IQR#160	78% Yes (45) 19% Partial (11) 3% No (2) (39 N/A)	56% Yes (31) 36% Partial (20) 7% No (4) (40 N/A) (1 not scored)	73% Yes (43) 27% Partial (16) (31 N/A)	53% Yes (20) 29% Many (11) 13% Need Impv (5) 5% No (2) (24 N/A)	67% Yes (36) 19% Many (10) 7% Need Impv (4) 7% No (4) (28 N/A)	52.1% Yes (25) 31.2% Many (15) 8.3% Needs Impv (4) 8.4% No (4) (35 N/A)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
152. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d; '18IQR#161	41% Yes (24) 52% Partial (30) 7% No (4) (39 N/A)	33% Yes (18) 49% Partial (27) 18% No (10) (40 N/A) (1 not scored)	42% Yes (25) 49% Partial (29) 8% No (5) (31 N/A)	48% Yes (16) 9% Many (3) 39% Need Impv (13) 3% No (1) (29 N/A)	47% Yes (25) 17% Many (9) 15% Needs Impv (8) 21% No (11) (29 N/A)	43.8% Yes (21) 31.2% Many (15) 12.5% Needs Impv (6) 12.5% No (6) (35 N/A)
ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION						
153. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b; '18IQR#162	75% Yes (67) 24% Partial (21) 1% No (1) (8 N/A)	72% Yes (61) 27% Partial (23) 1% No (1) (10 N/A) (1 not scored)	72% Yes (55) 28% Partial (21) (14 N/A)	57% Yes (33) 22% Many (13) 21% Need Impv (12) (3 N/A, 1 CND)	60% Yes (46) 29% Many (22) 10% Needs Impv (8) 1% No (1) (5 N/A)	69.3% Yes (52) 28% Many (21) 2.7% Needs Impv (2) (8 N/A)
154. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c; '18IQR#163	68% Yes (48) 31% Partial (22) 1% No (1) (26 N/A)	74% Yes (49) 23% Partial (15) 3% No (2) (29 N/A) (1 not scored)	72% Yes (48) 25% Partial (17) 2% No (2) (23 N/A)	56% Yes (24) 19% Many (8) 21% Need Impv (9) 5% No (2) (18 N/A, 1 CND)	71% Yes (44) 16% many (10) 11% Needs Impv (7) 2% No (1) (20 N/A)	71.4% Yes (45) 20.6% Many (13) 6.3% Needs Impv (4) 1.7% No (1) (20 N/A)
155. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f; '18IQR#164				86% Yes (50) 5% Many (3) 9% Need Impv (5) (1 N/A, 3 CND)	92% Yes (70) 6% Many (5) 1% Needs Impv (1) (6 N/A)	87.5% Yes (63) 6.9% Many (5) 5.6% Needs Impv (4) (10 N/A) (1 CND)
156. Is the person's equipment and technology in good repair?'17IQR#25d; '18IQR#165				71% Yes (42) 17% Many (10) 12% Need Impv (7) (1 N/A, 2 CND)	76% Yes (58) 18% Many (14) 5% Needs Impv (4) (6 N/A)	86.3% Yes (63) 9.6% Many (7) 4.1% Needs Impv (3) (9 N/A) (1 CND)
157. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e; '18IQR#166				61% Yes (36) 22% Many (13) 15% Need Impv (9) 2% No (1) (1 N/A, 2 CND)	66% Yes 51) 27% Many (21) 6% Needs Impv (5) (5 N/A)	71.2% Yes (52) 26% Many (19) 2.8% Needs Impv (2) (9 N/A) (1 CND)
158. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b; '18IQR#167	80% Yes (72) 18% Partial (16) 2% No (2) (12 N/A)	83% Yes (71) 17% Partial (15) (11 N/A)	76% Yes (68) 20% Partial (18) 3% No (3) (6 N/A) (1 not scored)	77% Yes (44) 7% Many (4) 16% Need Impv (9) (5 N/A)	66% Yes (46) 23% Many (16) 10% Needs Impv (7) 1% No (1) (12 N/A)	61.8% Yes (47) 28.9% Many (22) 5.4% Needs Impv (4) 3.9% No (3) (7 N/A)

Question	2014 (sample=97)	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)
INDIVIDUAL SERVICE PLANNING						
159. Does the person have an ISP that addresses live, work/learn, fun/relationships and health/other that correlates with the person's desires and capabilities, in accordance with DOH Regulations? CPRQ141 '17IQR#7o; '18IQR#168	92% Yes (89) 8% Partial (8)	94% Yes (89) 6% Partial (6) (1 not scored)	90% Yes (81) 9% Partial (8) 1% No (1)	82% Yes (51) 8% Many (5) 8% Need Impv (5) 2% No (1)	96% Yes (79) 1% Many (1) 2% Needs Impv (2)	89.2% Yes (74) 10.8% Many (9)
160. Does the person have an ISP that contains a complete Vision Section that is based on a long-term view? CPRQ142 '17IQR#7a; '18IQR#169	55% Yes (53) 44% Partial (43) 1% No (1)	49% Yes (47) 42% Partial (40) 8% No (8) (1 not scored)	58% Yes (52) 42% Partial (38)	53% Yes (33) 21% Many (13) 23% Need Impv (14) 3% No (2)	55% Yes (45) 18% Many (15) 23% Needs Impv (19) 4% No (3)	60.3% Yes (50) 28.9% Many (24) 10.8% Needs Impv (9)
161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a; '18IQR#170	78% Yes (76) 22% Partial (21)	65 % Yes (62) 35% Partial (33) (1 not scored)	68% Yes (61) 32% Partial (29)	47% Yes (29) 27% Many (17) 26% Need Impv (16)	84% Yes (69) 10% Many (8) 6% Needs Impv (5)	83.1% Yes (69) 15.7% Many (13) 1.2% Needs Impv (1)
162. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f; '18IQR#171	80% Yes (78) 19% Partial (18) 1% No (1)	77% Yes (73) 23% Partial (22) (1 not scored)	80% Yes (72) 20% Partial (18)	76% Yes (47) 15% Many (9) 10% Need Impv (6)	63% Yes (52) 23% Many (19) 13% Needs Impv (11)	71.1% Yes (59) 27.7% Many (23) 1.2% Needs Impv (1)
163. Is the person integrated into the community? CPRQ145; '17IQR#29g; '18IQR#172	67% Yes (65) 31% Partial (30) 2% No (2)	58% Yes (55) 38% Partial (36) 4% No (4) (1 not scored)	53% Yes (48) 46% Partial (41) 1% No (1)	25% Yes (15) 21% Many (13) 43% Need Impv (26) 11% No (7)	41% Yes (34) 18% Many (15) 38% Needs Impv (31) 2% No (2)	61.4% Yes (51) 26.5% Many (22) 10.8% Needs Impv (9) 1.3% No (1)
Overall is the ISP adequate to meet the person's needs? CPRQ146; '17IQR#7; '18IQR#173; '19IQR question deleted	11% Yes (11) 89% Partial (86)	11% Yes (10) 89% Partial (85) (1 not scored)	12% Yes (11) 88% Partial (79)	0% Yes 27% Many (17) 73% Need Impv (45)	0% Yes 55% Many (45) 44% Needs Impv (36) 1% No (1)	
164. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36; '18IQR#174	26% Yes (25) 74% Partial (72)	14% Yes 13) 85% Partial (81) 1% No (1) (1 not scored)	12% Yes (11) 88% Partial (79)	0% Yes 44% Many (27) 56% Need Impv (35)	2% Yes (2) 67% Many (55) 30% Needs Impv (25)	8.4% Yes (7) 72.3% Many (60) 19.3% Needs Impv (16)