



Jackson Class Member Demographics – Metro Region

As of May 27, 2020, there were 141 Active Jackson Class Members in the Metro Region. Details regarding individuals are provided in the tables below. There were 10 class members reviewed in the Metro region for the first review of the FY2021 IQR.

Chart #1: Demographics of JCMs in the Metro Region					
AGE		ETHNICITY		GENDER	
30-39	3 (2%)	Black/African American	8 (6%)	Female	57 (40%)
40-49	18 (13%)	Caucasian	56 (40%)	Male	84 (60%)
50-59	52 (37%)	Hispanic	62 (44%)	Other	0 (0%)
60-69	46 (33%)	Native American	15 (11%)		
70-79	19 (13%)	Other	0 (0%)		
80+	3 (2%)				
AVERAGE AGE	60				

COMMUNITY INCLUSION SERVICE	
CCS (I or G)	132 (94%)
CIES	18 (13%)
ICF/IDD	0 (0%)
Mi Via	3 (2%)
N/A	3 (2%)

LIVING CARE ARRANGEMENT SERVICE	
Family Living	28 (20%)
Supported Living	109 (77%)
CIHS	1 (0.7%)
ICF/IDD	0 (0%)
Mi Via	3 (2%)
N/A	0 (0%)

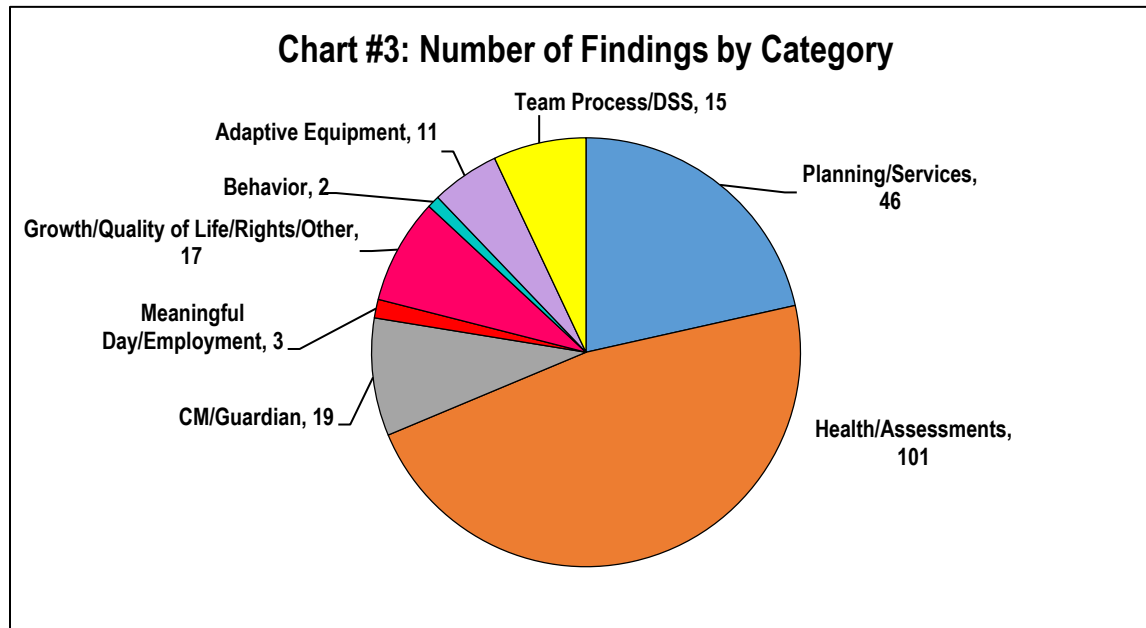
***Some Class Members are in more than one CIES**

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

Case Management	A New Vision (14)	A Step Above (26)	Amigo (10)	Cariño (18)	NMQCM (12)	Peak (13)	Unidas (39)
	Unique Opportunities (5)	PCCS (1)					Mi Via (3)
Residential	A Better Way (1)		Adelante (31)	ADID Care (1)	Advantage Communications (1)	Alegria (2)	Alianza (1)
	Alta Mira (1)	ARCA (13)	At Home Advocacy (3)	Bright Horizons (8)	Community Options (1)	Cornucopia (2)	Dungarvin (8)
	Expressions of Life (5)	Expressions Unlimited (1)	La Vida Felicidad (1)	Life Mission (1)	LLCP (30)	Mandy's Farm (1)	MaxCare (2)
	Onyx (5)	Optihealth (3)	Su Vida (2)	The New Beginnings (11)	TLC (2)	N/A (1)	Mi Via (4)
Day <i>*Note some JCMs have more than one Day provider</i>	A Better Way (4)	Active Solutions (4)	Adelante (43)	ADID Care (1)	Advantage Communications (2)		Alianza (1)
	ARCA (4)	Bright Horizons (4)	CFC (7)	Community Options (1)	Cornucopia (2)	Dungarvin (6)	Expressions Unlimited (2)
	La Vida Felicidad (1)	LifeRoots (5)	LLCP (31)	Mandy's Farm (2)	MaxCare (2)	NONE (3)	Onyx (4)
	OptiHealth (3)	Share Your Care (4)	Su Vida (2)	The New Beginnings (6)			Mi Via (4)

B. Most Frequently Identified Findings by Category

Metro Region Round 1 had a total of 214 Findings. The table below shows into what categories those findings fall.



C. Most Frequently Repeated Findings by Category

IQR Findings include the identification of good and exemplary as well as areas in need of improvement. Findings are developed by the Surveyor, reviewed by a Case Judge, the IQR Supervisor, Regional Office and State DDSD and DHI Staff, the individual and his/her Team to ensure accuracy before they become final. The expectation is that the identified issue will be resolved not only for the individual but, if applicable, for everyone in that agency to whom the finding is relevant.

Of the 214 Findings in the Metro1 Regional Review, there were 63 identified as “repeat findings”. Repeat findings are those which have been identified by the IQR within the last ten years. The category where ‘repeat findings’ are most frequently identified is in the area of Planning and Services and Health/Assessments. The charts below summarize, by agency, the number of repeat findings which were identified by topic area.

In the Charts which follow, the number in parenthesis next to provider name represents the number of JCM in the FY2021 Metro 1 Review.

Chart #4: Repeat Findings by Area and Residential Provider				
Area	Adelante (7)	ARCA (2)	At Home Advocacy (1)	Total
Adaptive Equipment / Augmentative Comm	1	1	0	2
Behavior	0	0	0	0
Case Manager/ Guardian	7	1	2	10
Expectations of Growth/ Quality of Life / Rights	1	1		2
Health/Assessments	25	8	5	38
Meaningful Day / Empl	0	0	0	0
Planning and Services	0	5	3	8
Team Process/DSS	3	0	0	3
TOTAL	37	16	10	63

Chart #5: Repeat Findings by Area and Case Management Agency					
Area	A Step Above (3)	Carino (2)	NMQCM (2)	Unidas (3)	Total
Adaptive Equipment / Augmentative Comm	0	1	0	1	2
Behavior	0	0	0	0	0
Case Manager/ Guardian	2	1	3	4	10
Expectations of Growth/ Quality of Life / Rights	0	1	0	1	2
Health/Assessments	8	10	4	4	26
Meaningful Day / Empl	0	0	0	0	0
Planning and Services	4	5	5	6	20
Team Process/DSS	1	0	2	0	3
TOTAL	15	18	14	16	63

D. Immediate and Special Findings

There were 10 Class Members reviewed in Metro Round 1 as part of the FY2021 IQR. Nine (9) individuals (90% of the sample) were found to have immediate and/or special findings. Four (4) individuals (40% of the sample) were found to have Immediate Needs. Two of these four also had Special Findings. Five (5) additional individuals were found to need Special attention. A total of seven (7) individuals were identified with Special Need (70% of the sample). There were six (6) Immediate findings and fourteen (14) Special findings. Details of the issues of these findings are identified in the table below.

Class Members identified as **“needing immediate attention”** are persons for whom urgent health, safety, environment and/or abuse/neglect/exploitation issues were identified which the team is not successfully and actively in the process of addressing in a timely fashion.

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

Chart #6: Immediate/Special Identified Individual Issues – FY2021 IQR Metro Region Round 1

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	IR	Issue
Case Management/Guardianship							
M1	Carino	Adelante	Adelante		X		Based on interviews with the guardian and Case Manager, the guardian has been trying to surrender guardianship for three years and has not been successful. Per Case Manager interview and review of records, the Case Manager reached out in October 2019 to DDS to obtain the updated “paperwork” for the guardian to fill out; CM stated she has not heard back from DDS since. B’s guardian has not physically attended, nor has he called in, for the last two annual ISP meetings. Per CM interview she mails the guardian the annual materials and he reads, signs, and sends back the needed paperwork. Per guardian interview, he had not seen B in three years, which was to sign papers at the hospital, and prior to that he could not recall the last time he had seen B. The guardian requesting assistance in getting a Corporate guardian is a partial repeat finding of from the 2017 IQR (#26)
M1	Carino	Adelante	Adelante		X		20/21 ISP was not submitted for review or available to DSPs (Requested on initial document request, additional document request, and during interview with CM)
Communication and Adaptive Equipment							
M1	Carino	ARCA	Adelante	X			Based on observation and document review: Residential DSP that showers TM showed surveyor his shower chair and stated a gait belt was used to transfer TM into the chair, but that the chair did not have any type of seat belt. DSP reported TM does well and stays in the chair. However, TM can have a seizure at any time. PT assessments states that TM should have a shower chair with seatbelt and HRC approval for “shower chair with seatbelt” for safety was found in the record.

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	IR	Issue
M1	Carino	ARCA	Adelante	X			<p>Based on document review and interviews TM is suspected of having a seizure in April 2020 which resulted in him tipping over in his wheelchair and breaking his clavicle. The incident was not witnessed by staff. TM tipping his wheelchair during a seizure is something that was reported to have happened in the past as well. TM is still using the 2011 wheelchair, which OT and PT report needs a new cushion and back due to not being supportive enough for TM, however report not being able to measure TM because of COVID-19 restrictions. Per TM's team, he is not eligible for a new wheelchair because of one being received in 2017. The 2017 wheelchair is currently not used because it is reported to not fit TM properly. TM needs a wheelchair that will not tip over when a seizure occurs and that provides proper support and positioning.</p> <p>TM's need to be monitored closely due to risk of injury as evidenced by past injuries is a Repeat Finding from 2008 CPR #6</p>
Health/Wellness/Oversight Issues							
M1	Unidas	Adelante	Adelante	X			D is on a Pain Management program which includes the use of Tramadol. She also has a prescription for Naloxene in case of drug overdose. Based on Res DSP interview, the Res DSP was not aware that D had a prescription for Naloxene. It is unknown if specific training was provided to staff on the use of Naloxene and no MERP was developed to guide staff.
M1	NMQCM	Adelante	Adelante		X		<p>Based on review of documentation in the record, food texture is not listed consistently in the CARMP 1/9/20 and the eCHAT 12/19/19.</p> <p>a. ECHAT lists, "Chopped Mechanical soft", "Mechanical chopped diet, no larger than nickel size" and Regular/thin liquids.</p> <p>b. CARMP states diet order is "Diabetic, No caffeine, No spicy food due to reflux". Diet texture (p.2, 3) "Pureed pudding texture", "Minced ...1/8 inch similar in size to sesame seeds", "Ground...or diced into 1/4 inch pieces similar in size to rice...very moist and cohesive" "Chopped...1/2" pieces similar in size to uncooked macaroni... very moist pea sized or smaller..." Liquids: thin, or nectar, "DB has had carbonated drinks in the past. Please double check with nursing and nutritionist if still appropriate."</p>
M1	A Step Above	At Home Advocacy	Mandy's Farm		X		Based on record review, the Nutrition Annual 2/7/2020 Diet order states, "chopped to nickel size pieces", however, CARMP 3/12/2020 Diet Texture states, "size of a quarter" and "if food type is tough (steak, chicken, pork chop, etc.) cut into...size of nickel". Inconsistencies with the CARMP is a Partial Repeat Finding from CPR 2014 (#4) and CPR 2017 (Special)
M1	A Step Above	Adelante	CFC		X		<p>Based on interview with Supported Living Nurse, the following is noted regarding nursing supports and monitoring:</p> <p>a. Residential nurse indicated that she was unwilling/unable to obtain routine health screening results from providers as part of the primary healthcare record (e.g., bone density, bloodwork, x-rays, pap, mammogram, colorectal, etc.) in order to plan appropriately for JD's healthcare needs.</p> <p>b. When asked during interview about an Aspirin allergy noted on PCP documents, nurse stated "...It is not my job to discuss that with the PCP. He can note things however he'd like." JD had a GI bleed and should not take Aspirin. The eCHAT and other nursing documents do not reflect that JD should not have Aspirin.</p> <p>Lack of nursing documentation to discourage use of Aspirin due to GI bleed is a repeat finding from CPR 2012 #4.</p>
M1	Carino	ARCA	Adelante		X		Based on the interview with the Residential DSP:

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	IR	Issue
							<p>a) DSP reported TM has no HCPs or MERPs beyond the CARMP. TM has HCPs for Skin Integrity, Constipation, Falls/Injury/Pain, Seizure/VNS and MERPs for Aspiration, Constipation, Fall/Injuries, and Seizure/VNS</p> <p>b) DSP was not aware of any possible side effects of TM's medications.</p> <p>c) DSP was not aware TM was diagnosed with constipation two weeks prior during an ER visit on 7/17/2020. Only dehydration was mentioned.</p> <p>d) DSP identified TM's diet as "Bite size, enough so it's not a choking hazard." Per CARMP 4/18/2020 provided for review, TM's food is to be cut to dime size and moistened with sauces and gravy.</p> <p>Staff not knowing diet order is a Repeat Finding from 2008 CPR #4 & a Partial Repeat Finding from 2013 CPR #2</p> <p>Staff not identifying HCPs/MERPs is a Partial Repeat Finding from 2008 CPR #5.</p>
M1	Carino	ARCA	Adelante		X		Based on observation and document review: TM's lunch was not prepared in accordance with the 4/18/2020 CARMP. TM's food is to be cut to dime size and moistened with sauces and gravy per the CARMP. TM's lunch that was observed appeared to have been cut into pieces that were larger than dime sized, and no sauce/gravy was observed or reported to be on the food. While aspiration issues were not reported for the review period, aspiration issues could arise very quickly if the proper diet order is not followed. Repeat Finding from 2008 CPR #4
M1	Unidas	ARCA	ARCA; Share Your Care		X		<p>Based on record review, the following is noted about healthcare tracking:</p> <p>a) Nutrition Annual recommends monthly weight checks. Weight not recorded for 8/2019, 4/2020, or 5/20. It is not clear how nutritionist has weight information in 5/2020 as it is not in the record and nurse stated during interviewing that weights have not been taken/recorded since the COVID-19 Public Health Order began.</p> <p>b) ARCA Nursing Annual Health Care Report 12/24/19 states in comments RCS's weight has been stable. The Height/Weight Table indicates he has lost 20 lbs. in 9 months. (Decrease from 102.0 on 3/22/19 to 82.0 on 12/19/19- 20% decrease in weight)</p>
M1	Carino	Adelante	Adelante		X		Based on document review, observations and interviews the following was noted regarding CST's bed positioning. CST's PT stated that the hospital bed was to be elevated to 30 degrees and left unplugged. DSP during virtual onsite observation was noted to use the bed while plugged in. DSP stated the PT had provided training on determination of Head of Bed elevation. DSP used her hand as a measuring tool to determine elevation which is not a standard of measure.
M1	Carino	Adelante	Adelante		X		<p>Based on review of the current CARMP 5/28/20, the following was noted.</p> <p>a) Page 3 does not state liquid consistency of oral liquids. CST is not NPO and may have pleasure foods/drink. It does not state how drinks, at this time, are to be presented, and no AT (page 4) for drinking/offering liquids is listed. Assisted eating techniques (p.4) states "N/A at this time."</p> <p>b) Page 6 under Strategies (#1) indicates fluids from all sources at least 50 fl. ounces/day.</p> <p>c) Page 6 (#7) states fluid needs are "1500fl ounces= 30 ml/kg" (Actual amounts would be 30 ounces= 887 ml as 1500 ounces would = 44360. ml) Total amount in #1, and #7 do not match.</p> <p>d) Page 3 under Strategies, states CST "may eat PO if she wishes..." Per onsite video observation at the Residence, fluids are not given orally. Per the CCS interview CST does not receive oral intake. DSP stated only the CMA offers oral intake, which is not listed in the CARMP, 5/28/20.</p>
M1	Carino	Adelante	Adelante	X			2 Based on document review and Nursing interview, CST receives "Vivonex" as nutrition for her g-tube feedings. Per interviews, Nursing and residential DSPs work together to ensure she has food that is good for her. Per the CARMP 5/28/20, the Nutritionist is the lead contact for Nutritional Recommendations, and the Nutritional Content of Tube Feeding. It is unclear through document review and interviews who is monitoring the food/nutrition CST receives.

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	IR	Issue
							Vivonex ingredients shows Maltodextrin, cornstarch and soybean oil in the top 6 ingredients. A Google search shows that Maltodextrin is “a white powder made from corn, rice, potato starch, or wheat.” Per Allergy testing on 1/22/20 CST is allergic to Avocado, Banana, Orange, Soybean, Strawberry, Wheat, Corn, OAT, Potato, Rice, Shrimp, Grapefruit, Lemon, Lime.
M1	Carino	Adelante	Adelante		X		Based on document review and interviews the following was noted regarding CST’s seizure activity and charting. From seizure tracking records obtained from Therap from 9/6/19 to 3/9/20, there were 13 instances where more than 1 seizure was noted within a 24-hour period. There were 5 instances where 3 or more seizures were noted on the same day. Per the MERP 3/23/20, “if 2 or more seizures in a 24-hour period give Lorazepam 1mg. Lorazepam 1mg dose may be repeated once if seizure activity continues in a 24-hour period. NTE 2 doses in a 24-hour period.” a) There are 9 out of the 13 instances where Lorazepam was not noted as being given in the tracking. b) Tracking consistently notes, “Staff wrote about seizure in her communication book”, which was requested, and not received. Instances of more than 1 seizure within a 24-hour period: • 3/9/20 5 seizures: @ 11:40, 10:01, 9:51, 8:36, 12:49pm Lorazepam given 10am, 1:20pm • 2/25/20 3 seizures: 9:03am, 8:57am, 12:13 pm, no indication medication given. • 2/10/20 2 seizures: 10:47, 10:56am, no indication medication given, • 1/29/20 2 seizures 8:46, 8:54am Lorazepam given, documented after the 8:46 seizure. • 1/21/20 2 seizures 9:14am, 12:24pm. no indication medication given • 1/11/20 2 seizures 11:12 am, 12:04pm, no indication medication given • 1/6/20 3 seizures 8:19am, 12:22pm, 12:53pm, no indication medication given • 12/11/19 2 seizures, 1:35pm had 2 cluster seizures within a 50 second period, no indication medication given • 11/25/19 series of 5 cluster seizure within a 25- minute period, given 1 mg Lorazepam per her seizure protocol. • 11/14/19 2 seizures: 9:25, 11:01am, given Lorazepam after 11:01 seizure. • 11/11/19 5 seizures each lasting for 5 seconds within a 35-minute period. Seizure information entered into client communication book. Per nursing discretion PRN Lorazepam was not given due to the short length of the (5) seizures. • 10/15/19 2 seizures 12:50, 1:38pm, no indication medication given • 9/6/19 2 seizures 12:31pm, 12:53pm, no indication medication given
Rights/Other Issues							
M1	Unidas	Adelante	Adelante	X			Per CM and guardian interview it was mentioned D has advanced medical directives and they were filled out at the 19/20 ISP meeting. Per CCS, Res, and nursing interviews it was reported D does not have any advanced medical directives. No evidence in record of advanced directives.
M1	Unidas	Adelante	Adelante	X			Based on document review and interviews, the team is unclear about whether ... has Advanced Directives: a. Adelante staff interviewed (RN, Day DSP, Residential DSP) reported that ... does not have advanced directives or end of life directions. CM Q #9 reported ... has “end of life directions” and Corporate Guardian Q #33 reported ... has “advanced directives”. b. All current MERPs report that ... has no advanced directives. Per Corporate guardian, ... does have advanced directives.
Team Process							

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	IR	Issue
M1	A Step Above	Adelante	CFC		X		Based on interviews, Adelante is including JD in CCS activities at home during the COVID-19 Stay at Home Order. Due to lack of documentation and refusal to provide a CCS DSP for interview, it is not clear how JD has been spending her days during the past 5 months.
M1	A Step Above	Adelante	CFC		X		Based on interviews, there is a lack of team communication regarding therapy plans and training, specifically a lack of floor time at home: PT reported during interview that she has been trying to find a resolution to lack of floor time JD is being afforded at home. PT reports that the residential agency “isn’t supportive of it” and the guardian and PT have sent several emails requesting resolution. (Guardian emailed on 5/7/20 and 5/11/20, PT emailed on 5/13/20) The Adelante Service Coordinator replied to the PT “on 5/13/20 that she would move this forward and we haven’t heard anything since then.”
M1	Carino	Adelante	Adelante		X		The Document Request Form was not responded to timely, therefor inhibiting the surveyor’s ability to complete a thorough review of CST’s services and supports. Items requested on the Document Request Form sent 7/17/20 and not received include: (Please refer to DRF in record.) a) IDT meeting minutes for June and July 2020 b) MAR July 2020 c) Lab results 8/7/19 (for neurology) d) Labs 7/2020 as per PCP order 6/29/20 e) TEASC Nov 2017 report f) Evidence of Tdap/Td and Pneumococcal vaccine. g) Seizure tracking in CST communication book from 7/1/19-7/1/2020 h) Swallow study results 5/2020. i) Physician orders, updated after 12/18/19 for any medications that CST takes. j) PCP follow-up 5/28/20 as noted on appointment 5/27/20

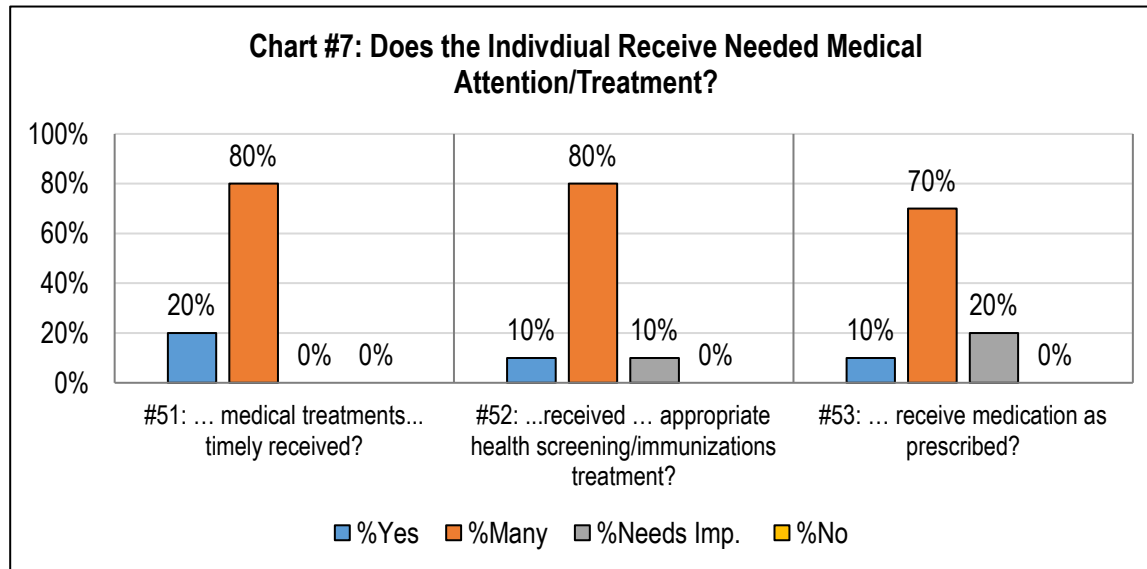
E. Health, Assessments and Overall Wellness

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

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

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

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

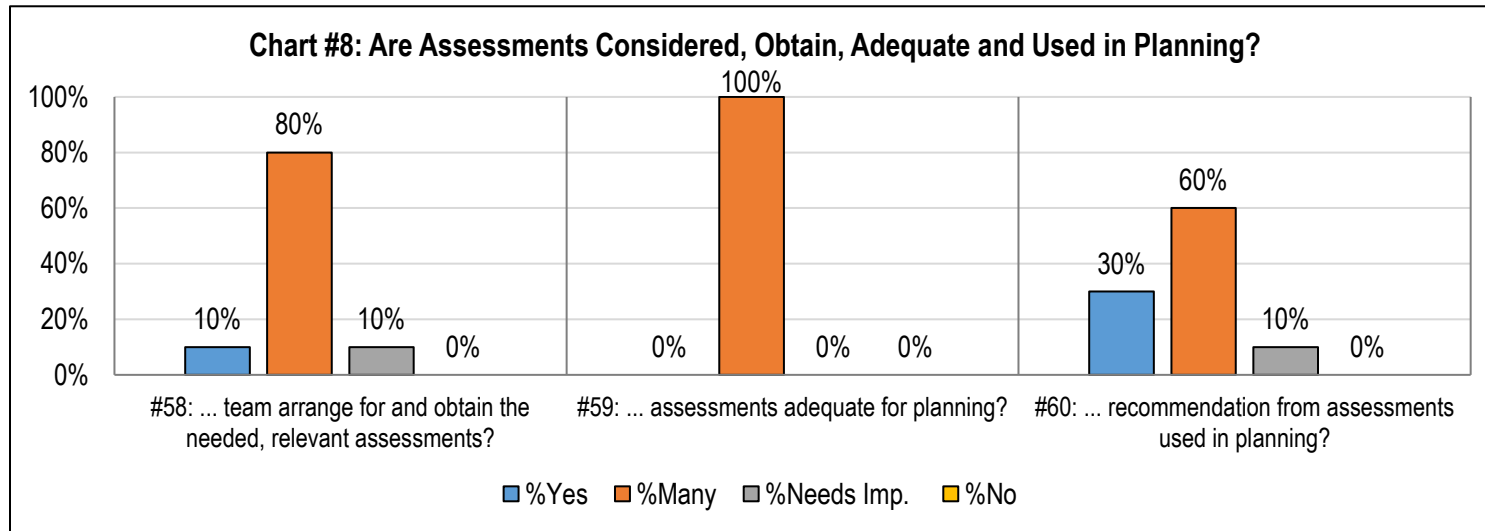


Ensuring individuals have the medical treatment they require includes scheduling and obtaining needed assessments and using information from those assessments to influence treatment and inform future planning. The IQR also evaluates the assessments needed by the individual and whether or not those assessments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

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

Question #59: Are the assessments adequate for planning?

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



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

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

1. The Medication Administration Record (MAR), the Medication label and the Doctor's orders do not match;
2. Per healthfinder.gov, individuals have not received or consulted with their PCPs to determine the need for the Hepatitis B or C vaccine.
3. No evidence of test, lab screening or alternative option discussed.

This information also helps identify agencies which may need the most support in a particular area. Please note, the number in the parenthesis next to the agencies name represents the number of individuals that agency had in this review. These counts include instances versus individuals. For example, Adelante had 30 instances of MAR/Medication/Dr. Orders which do not match and have 7 individuals in the sample.

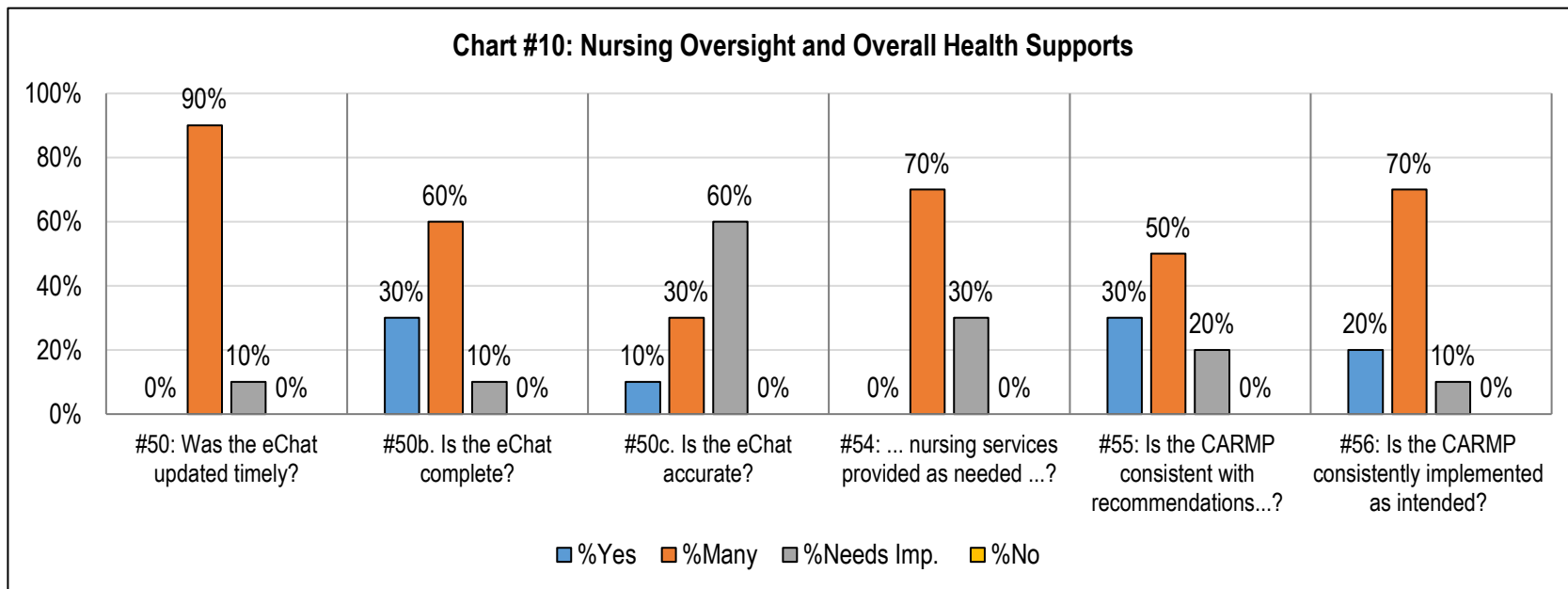
Chart #9: Type of Issues identified by Residential Agency				
PROVIDER (# IN SAMPLE)	Adelante (7)	ARCA (2)	At Home Advocacy (1)	TOTAL
ISSUE				
APPOINTMENTS				
Dental: follow up not completed / not timely	2	1	0	3
Neurology: follow up not completed / not timely	0	1	0	1
PCP: follow up not completed / not timely	1	1	1	3
Specialists: follow up not completed / not timely	3	3	0	6
MAR/MEDICATIONS				
MAR/Medication/Dr. Orders do not match (med strength, delivery method, purpose of med)	30	3	1	34
Meds not administered / given as required	10	2	0	12
Expired prescriptions found	1	1	0	2
Screenings				
Total number of healthfinder.gov issues by agency based on a-f below:	12	6	3	21

Chart #9: Type of Issues identified by Residential Agency

PROVIDER (# IN SAMPLE)	Adelante (7)	ARCA (2)	At Home Advocacy (1)	TOTAL
a. No evidence of Hep B/HepC screening or team discussion thereof	3	2	1	6
b. No evidence of shingles vaccine or team discussion thereof	3	2	0	5
c. No evidence of HIV screening or team discussion thereof	0	0	1	1
d. No evidence of TD/Tdap immunizations or team discussion thereof	3	1	0	4
e. No evidence of colorectal screening or team discussion thereof	1	0	0	1
f. No evidence of flu or pneumonia vaccine or team discussion thereof	2	1	1	4
AIMS or other TD screening	0	0	1	1
No evidence of test / lab screening or alt. option discussed.	5	1	0	6
No evidence of recommended bone density scan (not healthfinder).	1	0	0	1
Other				
DNR: confusion about status	2	0	0	2
Totals	67	19	6	92

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

- Question #50: Was the eCHAT updated timely?
- Question #50b: Is the eCHAT complete?
- Question #50c: Is the eCHAT accurate?
- Question #54: Are nursing services provided as needed by the individual?
- Question #55: Is the CARMP consistent with recommendations in other healthcare documents?
- Question #56: Is the CARMP consistently implemented as intended?



Oversight provided by nurses is a critical safeguard for Jackson Class Members, direct support personnel and their supervisors. The table below provides specific details, by Residential provider, of nursing related issues identified during the FY2021 Metro 1 IQR. Again, this represents the number of issues found; not the number of findings.

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

1. Nursing reports not accurate / missing information / inadequate.
2. Healthcare Plans need review / updating / more detail
3. The individual’s Electronic Comprehensive Health Assessment Tool (eCHAT) contains information which is incorrect / inconsistent / not updated timely.

This information also helps identify agencies and issues within those agencies which may need the most support in a particular area. Assessments, 28% of the issues were found with inconsistencies / inaccuracies with the eCHAT. 24% of the issues were with the adequacy / availability of the Health Care Plans. If there was a focus on just those two areas, 52% of the identified issues would be addressed. Please note, these counts include instances versus individuals. The number in the parenthesis next to the agencies name represents the number of individuals that agency had in this review.

Chart #11: Type of Nursing Related Issues Identified by Residential Provider				
PROVIDER (# IN SAMPLE)	Adelante (7)	ARCA (2)	At Home Advocacy (1)	TOTAL
ISSUE				
Nursing Assessments				
ARST contains conflicting information/not timely	2	2	0	4
Aspiration: documents conflict on risk level	1	1	0	2
CARMP inaccurate/ incomplete/not current	7	2	4	13
CARMP not implemented properly	0	1	0	1
e-CHAT incorrect/inconsistent /not updated timely	10	6	3	19
e-CHAT inconsistencies with diagnoses/conditions in other documents	5	3	0	8
HCPs need review/updating/more detail	17	2	1	20
HCPs required, not found	2	1	0	3
HCP for Aspiration and CARMP	1	0	0	1
MAAT: incorrect/inconsistent information	0	1	0	1
MERPs need review, updating, more detail	2	8	4	14
Inconsistency between HCP/ CARMP/MERP/e-CHAT/MARS/Plans	6	3	3	12
Nursing Documentation				
Nursing reports not timely completed	3	1	4	8

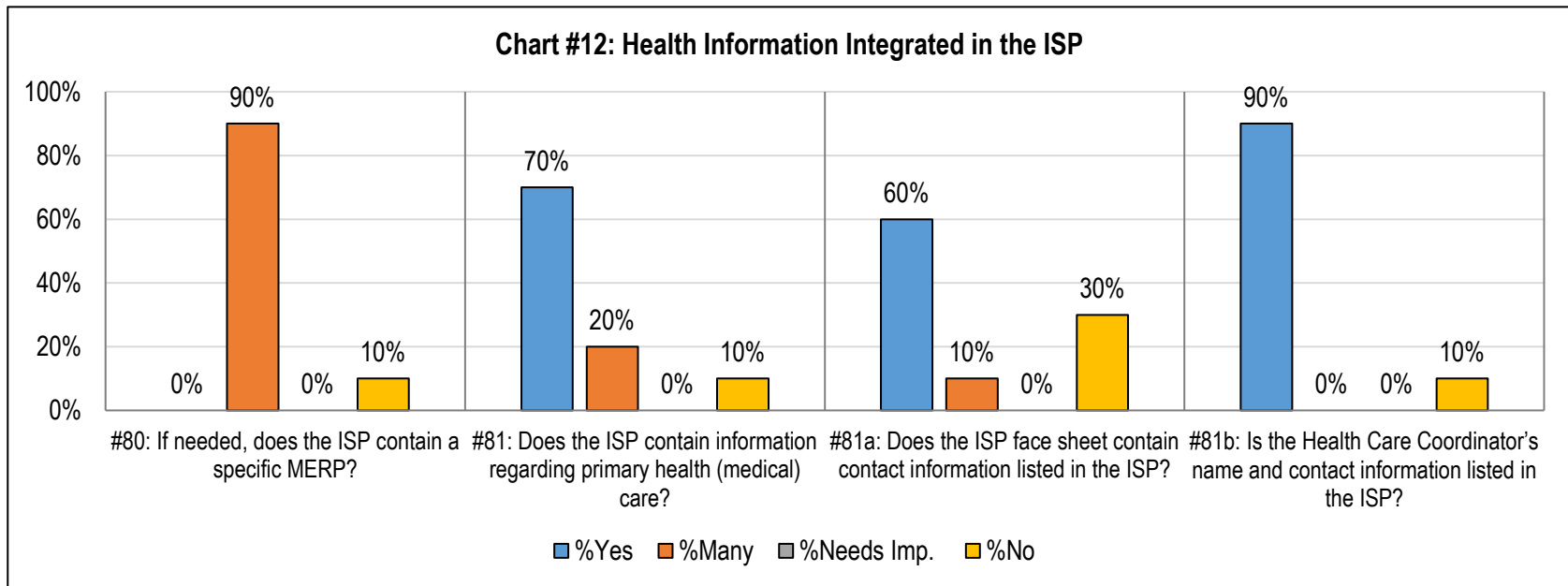
Chart #11: Type of Nursing Related Issues Identified by Residential Provider

PROVIDER (# IN SAMPLE)	Adelante (7)	ARCA (2)	At Home Advocacy (1)	TOTAL
Nursing reports not provided for review	0	2	0	2
Nursing reports not accurate/missing information/inadequate	5	13	4	22
No evidence of nursing face-to-face visits as required	12	1	0	13
Nurse not attending ISP meeting	5	1	1	7
Nurse not familiar with health-related needs	2	3	0	5
Nurse not monitoring as required, e.g., tracking, plans, meds, appointments, etc.	8	2	0	10
Totals	88	53	24	165
Average	12.5	26.5	24	16.5

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

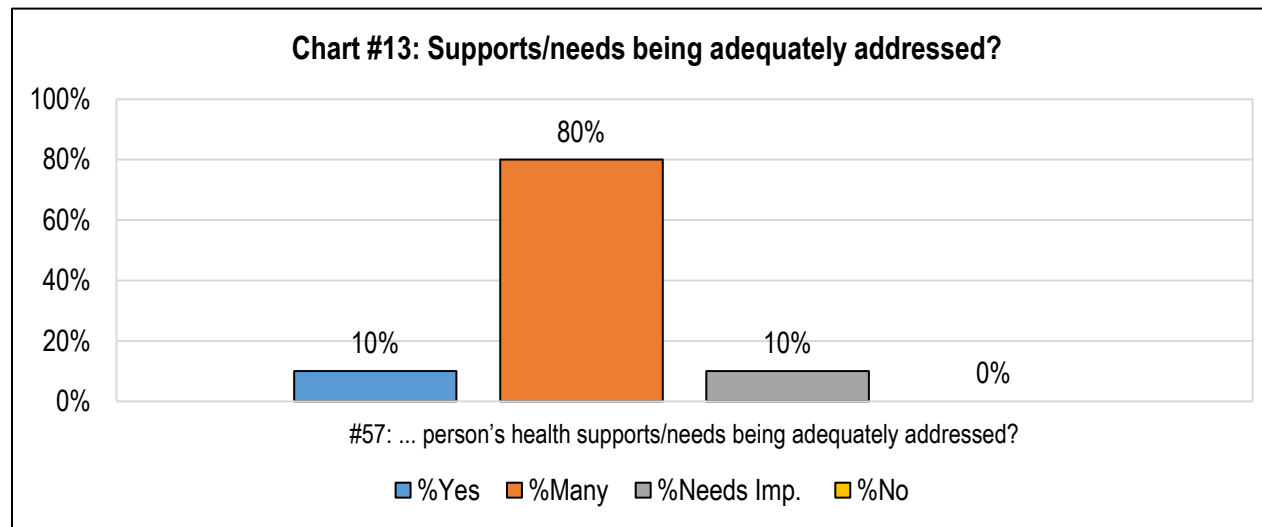
- Question #80: If needed, does the ISP contain a specific MERP?
- Question #81: Does the ISP contain information regarding primary health (medical) care?
- Question #81a: Does the ISP face sheet contain contact information listed in the ISP?
- Question #81b: Is the Health Care Coordinator's name and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

Overall, 60% of the ISP's in the sample did contain correct contact information on the face sheet, 70% of the ISP's in the sample contained information regarding primary health care and 90% had the individuals Health Care Coordinator's name and contact information listed in the ISP.



While the scored protocol questions cannot encompass each and every issue, it does allow for a general score that measures the adequacy of response to the individual's overall health needs. That question is: #57: Are the person's health supports/needs being adequately addressed?

As noted in the chart below, for the 10 people scored in Metro Round 1 reviews, overall, one individual had their health supports/needs adequately addressed (10% Yes). There were eight people who had many of their needs addressed (80%) and one individual who is receiving supports that needs improvement (10%).



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

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

1. Fluid input / urine output / bowel movement tracking (20 instances, and 17 are with Adelante)
2. PT Reports / eval does not identify baseline / progress (13 instances)
3. Blood pressure tracking issues (12 instances, all instances were associated with ARCA).

The lack of reporting baseline and progress is the most frequently cited issue for PT, OT and SLP services. DD Waiver Standards place a great deal of emphasis on reporting progress and the lack of baseline and progress information is an issue which would benefit from further review by DDSD.

Chart #14: Issues Found Which Affect the Adequacy of Health Care Provision, by Residential Provider				
PROVIDER (# IN SAMPLE)	Adelante (7)	ARCA (2)	At Home Advocacy (1)	TOTAL
ISSUE				
Healthcare Tracking				
Blood Pressure Tracking issues	0	12	0	12
Fluid Input/Urine Output/Bowel Movement Tracking issues	17	3	0	20
Tracking requested, not provided for review	1	0	0	1
Weight Tracking issues	1	0	0	1
Nutrition				
Nutrition: Inadequate/inconsistent	6	1	0	7
Nutrition: Not timely (4 not in accordance with Standards)	5	0	0	5
Physical Therapy				
PT Report/Eval not available/timely for planning/use	0	1	0	1
PT Report/Eval does not identify baseline/ progress	10	3	0	13
PT Report/Eval/WDSIS not provided for review	4	0	0	4
Occupational Therapy				
OT Report/Eval not available/timely for planning/use	0	2	0	2
OT Report/Eval does not identify baseline/progress	2	5	0	7

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

PROVIDER (# IN SAMPLE)	Adelante (7)	ARCA (2)	At Home Advocacy (1)	TOTAL
OT WDSI not specific	2	0	0	2
OT Report/Eval/WDSI not provided for review	2	2	0	4
Speech Language Pathology				
SLP Report/Eval not available/timely for planning/use	1	1	0	2
SLP Report/Eval does not identify baseline/progress/measurable data	4	3	3	10
SLP Report/Eval inaccurate	1	0	1	2
SLP Report/Eval not provided for review	2	0	0	2
SLP WDSI not specific/timely	2			2
Behavior Support Consultation				
BSC Report/Eval not available/timely for planning/use	0	0	2	2
Behavior Report/Eval does not identify baseline/progress	1	0	0	1
Behavior Report inaccurate/inadequate	3	0	5	8
BSC Report/Eval not provided for review	1	0	0	1
Totals	65	33	11	109
Average	9.3	16.5	11	10.9

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

The ISP provides details regarding the individuals' visions and outcomes and are developed by an Interdisciplinary Team that includes the Individual and those who know and provide supports to that person. This includes the Class Member, Case Manager, Guardian, the Direct Support Staff, Therapists, Nurse, any additional person invited by the class member and persons who are needed to ensure the implementation of the Plan. The FY2021 IQR protocol specifically asks questions regarding many of the aspects of the planning process, including detail of who participates in plan creation. The chart below lists answers to related questions in the FY2021 Metro1 review.

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

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

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

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

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

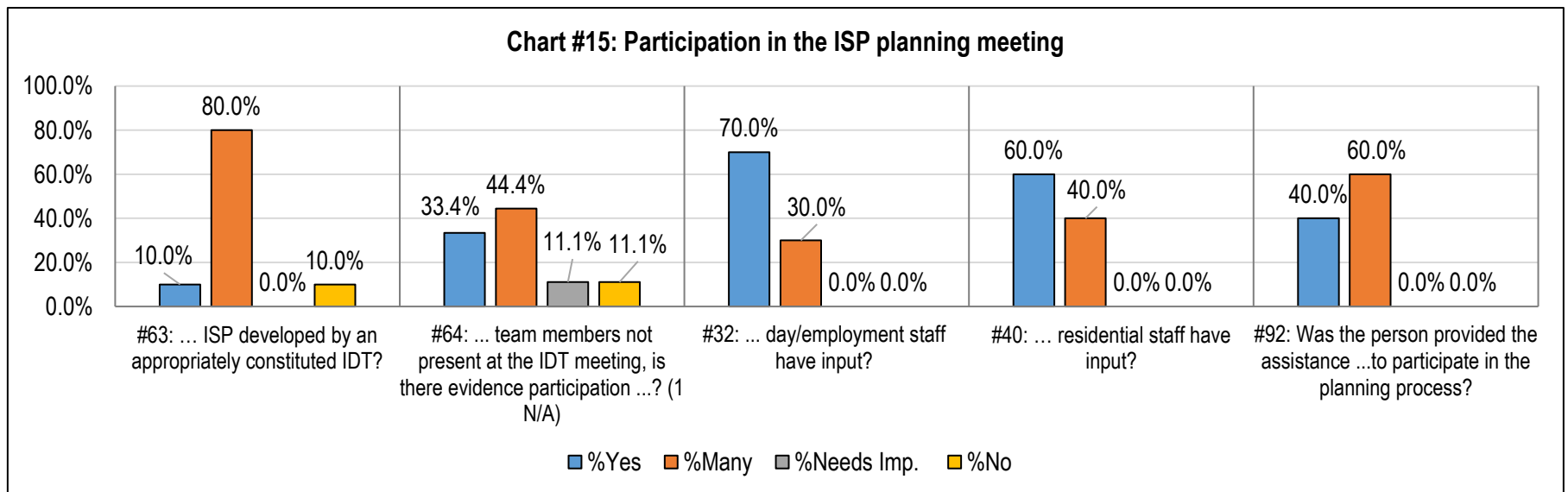


Chart #16: ISP Development Participation, by Residential Provider

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

Res. Agency (# in sample)	Question				
	#63	#64	#32	#40	#92
Adelante (7)	14.3% Yes (1) 71.4% Many (5) 14.3% No (1)	33.3% Yes (2) 50% Many (3) 16.7% No (1) (1 N/A)	71.4% Yes (5) 28.6% Many (2)	71.4% Yes (5) 28.6% Many (2)	42.9% Yes (3) 57.1% Many (4)
ARCA (2)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	100% Yes (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)
At Home Advocacy (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)

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

CM Agency (# in sample)	Question				
	#63	#64	#32	#40	#92
A Step Above (3)	0% Yes 100% Many (3)	33.3% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1)	66.7% Yes (2) 33.3% Many (1)	33.3% Yes (1) 66.7% Many (2)	33.3% Yes (1) 66.7% Many (2)
Carino (2)	50% Yes (1) 50% No (1)	0% Yes 100% No (1) (1 N/A)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)
NMQCM (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% Many (1)
Unidas (3)	0% Yes 100% Many (3)	66.7% Yes (2) 33.3% Many (1)	66.7% Yes (2) 33.3% Many (1)	100% Yes (3)	33.3% Yes (1) 66.7% Many (2)

The individual's ISP must contain the Long Term Vision, which summarizes what the individual wants to accomplish in the near future (3 to 5 years) in each life area. Then outcomes are to be developed by the Team to create a path to accomplish their vision. The FY2021 IQR protocol specifically asks the content of identified visions as well

as the content and clarity of related outcomes. The chart below details the findings related to the following identified questions related to class members ISP in the FY2021 Metro1 review.

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

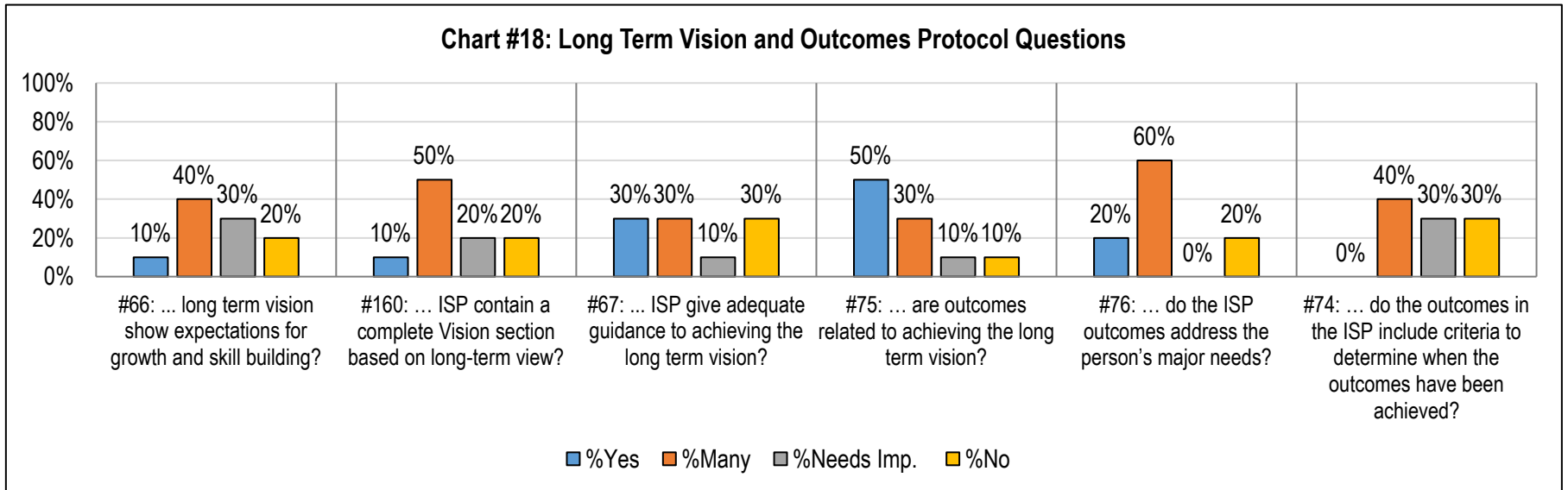


Chart #19: Vision and Outcome Scores, by Residential Agency

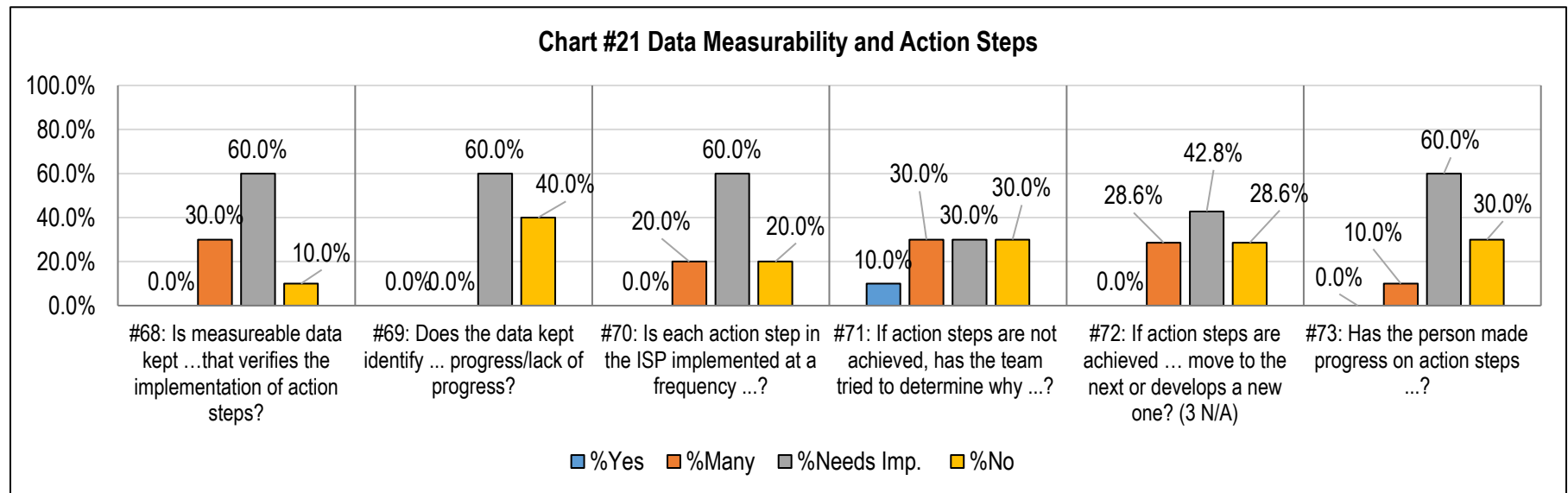
Res Agency (# in sample)	Question					
	#66	#160	#67	#75	#76	#74
Adelante (7)	0% Yes 28.6% Many (2) 42.8% Needs Impv (3) 28.6% No (2)	14.2% Yes (1) 28.6% Many (2) 28.6% Needs Impv (2) 28.6% No (2)	28.6% Yes (2) 14.3% Many (1) 14.3% Needs Impv (1) 42.8% No (3)	57.1% Yes (4) 14.3% Many (1) 14.3% Needs Impv (1) 14.3% No (1)	14.3% Yes (1) 57.1% Many (4) 28.6% No (2)	0% Yes 42.8% Many (3) 28.6% Needs Impv (2) 28.6% No (2)
ARCA (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% No (1)
At Home Advocacy (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)

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

CM Agency (# in sample)	Question					
	#66	#160	#67	#75	#76	#74
A Step Above (3)	33.3% Yes (1) 66.7% Many (2)	0% Yes 66.7% Many (2) 33.3% No (1)	33.3% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1)	33.3% Yes (1) 66.7% Many (2)	33.3% Yes (1) 33.3% Many (1) 33.3% No (1)	0% Yes 33.3% Many (1) 33.3% Needs Impv (1) 33.3% No (1)
Carino (2)	0% Yes 50% Needs Impv (1) 50% No (1)	50% Yes (1) 50% No (1)	50% Yes (1) 50% No (1)	0% Yes 50% Needs Impv (1) 50% No (1)	0% Yes 50% Many (1) 50% No (1)	0% Yes 50% Needs Impv (1) 50% No (1)
NMQCM (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% No (1)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
Unidas (3)	0% Yes 33.3% Many (1) 33.3% Needs Impv (1) 33.3% No (1)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	33.3% Yes (1) 33.3% Many (1) 33.3% No (1)	66.7% Yes (2) 33.3% Many (1)	33.3% Yes (1) 66.7% Many (2)	0% Yes 33.3% Many (1) 33.3% Needs Impv (1) 33.3% No (1)

The individual's ISP also contains Action Steps, which should be written in measurable terms, and in a way which leads to the achievement of the related outcome. The data gathered during the implementation of the Action Steps should also be written in measurable terms, so team members can review them and determine if measurable progress toward the outcome is being made. The chart below details the findings related to specific questions which asks about the action steps and data collection intended to verify progress and opportunity for class members.

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



The charts below identify scores related to the data tracking of the ISP outcomes and action steps (See specific questions above):

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

Res Agency (# in sample)	Question					
	#68	#69	#70	#71	#72	#73
Adelante (7)	0% Yes 28.6% Many (2) 57.1% Needs Impv (4) 14.3% No (1)	0% Yes 71.4% Needs Impv (5) 28.6% No (2)	0% Yes 71.4% Needs Impv (5) 28.6% No (2)	14.3% Yes (1) 28.6% Many (2) 42.9% Needs Impv (3) 14.3% No (1)	0% Yes 33.3% Many (2) 33.3% Needs Impv (2) 33.3% No (2) (1 NA)	0% Yes 71.4% Needs Impv (5) 28.6% No (2)
ARCA (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Needs Impv (1) 50% No (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% No (1)	(2 N/A)	0% Yes 50% Many (1) 50% No (1)
At Home Advocacy (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)

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

CM Agency (# in sample)	Question					
	#68	#69	#70	#71	#72	#73
A Step Above (3)	0% Yes 33.3% Many (1) 66.7% Needs Impv (2)	0% Yes 33.3% Needs Impv (1) 66.7% No (2)	0% Yes 66.7% Many (2) 33.3% No (1)	0% Yes 33.3% Needs Impv (1) 66.7% No (2)	0% Yes 50% Needs Impv (1) 50% No (1) (1 N/A)	0% Yes 66.7% Needs Impv (2) 33.3% No (1)
Carino (2)	0% Yes 50% Many (1) 50% No (1)	0% Yes 50% Needs Impv (1) 50% No (1)	0% Yes 50% Needs Impv (1) 50% No (1)	50% Yes (1) 50% No (1)	0% Yes 50% Many (1) 50% No (1)	0% Yes 50% Needs Impv (1) 50% No (1)
NMQCM (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Needs Impv (2)	0% Yes 100% Needs Impv (2)	0% Yes 100% Needs Impv (2)	0% Yes 100% Needs Impv (2)	0% Yes 100% Needs Impv (2)
Unidas (3)	0% Yes 100% Needs Impv (3)	0% Yes 66.7% Needs Impv (2) 33.3% No (1)	0% Yes 100% Needs Impv (3)	0% Yes 100% Many (3)	0% Yes 100% Many (1) (2 N/A)	0% Yes 33.3% Many (1) 33.3% Needs Impv (1) 33.3% No (1)

Another component of the ISP is Teaching and Support Strategies (T&SS). While not always required, the T&SS is additional guidance developed by the residential and/or day provider responsible for implementing the outcome. WDSIs are developed by therapists as a complement to the T&SS. The following protocol questions in the FY2021 IQR relate to the T&SS and implementation of the ISP.

- Question #77: Are the T&SS sufficient to ensure consistent implementation of the services planned?
- Question #78: Are the recommendations and/or objectives/strategies of ancillary provider integrated into the ISP?
- Question #89: Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person?
- Question #88: Was the direct service staff trained on the implementation of this person's ISP?
- Question #86/87a: Is the ISP being implemented?

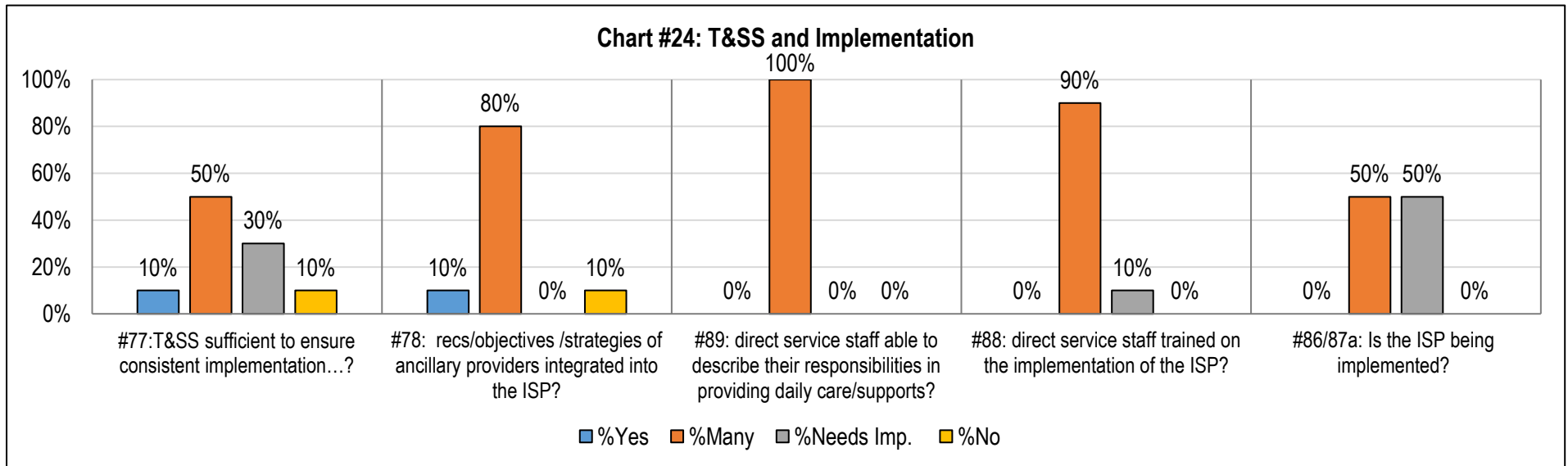


Chart #25: T&SS and ISP Implementation Scores by Residential Agency

Res. Agency (# in sample)	Question				
	#77	#78	#89	#88	#87a
Adelante (7)	14.3% Yes (1) 42.8% Many (3) 28.6% Needs Impv (2) 14.3% No (1)	0% Yes 85.7% Many (6) 14.3% No (1)	0% Yes 100% Many (7)	0% Yes 85.7% Many (6) 14.3% Needs Impv (1)	0% Yes 57.1% Many (4) 42.9% Needs Impv (3)
ARCA (2)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 100% Needs Impv (2)
At Home Advocacy (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)

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

CM Agency (# in sample)	Question				
	#77	#78	#89	#88	#87a
A Step Above (3)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	33.3% Yes (1) 66.7% Many (2)	0% Yes 100% Many (3)	0% Yes 100% Many (3)	0% Yes 33.3% Many (1) 66.7% Needs Impv (2)
Carino (2)	0% Yes 50% Needs Impv (1) 50% No (1)	0% Yes 50% Many (1) 50% No (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)
NMQCM (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)
Unidas (3)	33.3% Yes (1) 66.7% Many (2)	0% Yes 100% Many (3)	0% Yes 100% Many (3)	0% Yes 100% Many (3)	0% Yes 33.3% Many (1) 66.7% Needs Impv (2)

An overview of the adequacy of ISP content as well as implementation and effectiveness of the ISP is evaluated by the IQR. There are multiple areas in the FY2021 IQR protocol that ask these questions, and the level of intensity of services that individuals in the review receive.

- Question #65: Does my ISP contain current and accurate information?
- Question #124: Overall, has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?
- Question #85: Overall, is the ISP adequate to meet the person's needs?
- Question #161: Does the person receive services and supports recommended in the ISP?
- Question #87b: Are current services adequate to meet the person's needs?
- Question #164: Is the total program of the level of intensity adequate to meet this person's needs?

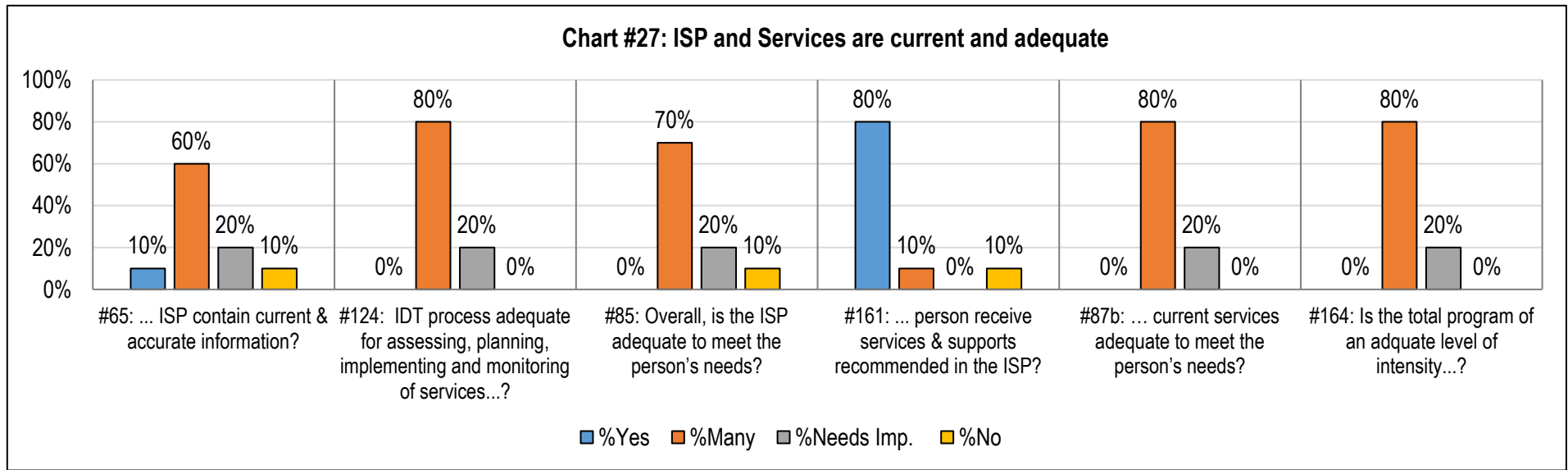


Chart #28: ISP Content and Adequacy Scores, by Residential Agency

Res. Agency (# in sample)	Question					
	#65	#124	#85	#161	#87b	#164
Adelante (7)	0% Yes 57.1% Many (4) 28.6% Needs Impv (2) 14.3% No (1)	0% Yes 71.4% Many (5) 28.6% Needs Impv (2)	0% Yes 57.1% Many (4) 28.6% Needs Impv (2) 14.3% No (1)	71.4% Yes (5) 14.3% Many (1) 14.3% No (1)	0% Yes 85.7% Many (6) 14.3% Needs Impv (1)	0% Yes 71.4% Many (5) 28.6% Needs Impv (2)
ARCA (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
At Home Advocacy (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)

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

CM Agency (# in sample)	Question					
	#65	#124	#85	#161	#87b	#164
A Step Above (3)	0% Yes 100% Many (3)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	66.7% Yes (2) 33.3% Many (1)	0% Yes 33.3% Many (1) 66.7% Needs Impv (2)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)
Carino (2)	0% Yes 50% Many (1) 50% No (1)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% No (1)	50% Yes (1) 50% No (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
NMQCM (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
Unidas (3)	33.3% Yes (1) 66.7% Needs Impv (2)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	0% Yes 100% Many (3)	100% Yes (3)	0% Yes 100% Many (3)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)

G. Case Management

Case Management services are intended to be person-centered and enable the individual to pursue their desired life outcomes while gaining greater independence and access to needed services and supports. While the number of findings in the FY2021 Metro Region Round 1 IQR in the Case Management area are the third highest of the findings categories, the region scored better on, “does the case manager know the person” and “is the case manager available to the person” as pictured below. The charts below detail the related findings.

- Question #24: Does the case manager “know” the person?
- Question #25: Does the case manager understand his/her role/job?
- Question #26: Is the case manager available to the person?%
- Question #27: Was the case manager able to describe the person’s health related needs?

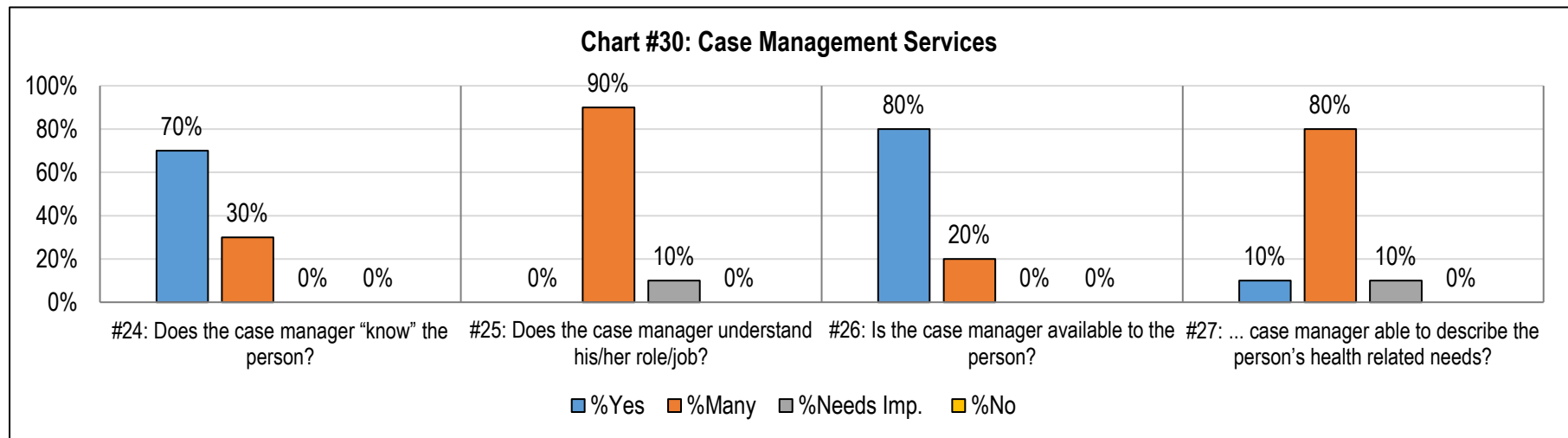


Chart #31: Case Management Scores, by Case Management Agency

CM Agency (# in sample)	Question			
	#24	#25	#26	#27
A Step Above (3)	66.7% Yes (2) 33.3% Many (1)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	66.7% Yes (2) 33.3% Many (1)	33.3% Yes (1) 66.7% Many (2)
Carino (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	100% Yes (2)	0% Yes 100% Many (2)
NMQCM (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	100% Yes (2)	0% Yes 100% Many (2)
Unidas (3)	100% Yes (3)	0% Yes 100% Many (3)	66.7% Yes (2) 33.3% Many (1)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)

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

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

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

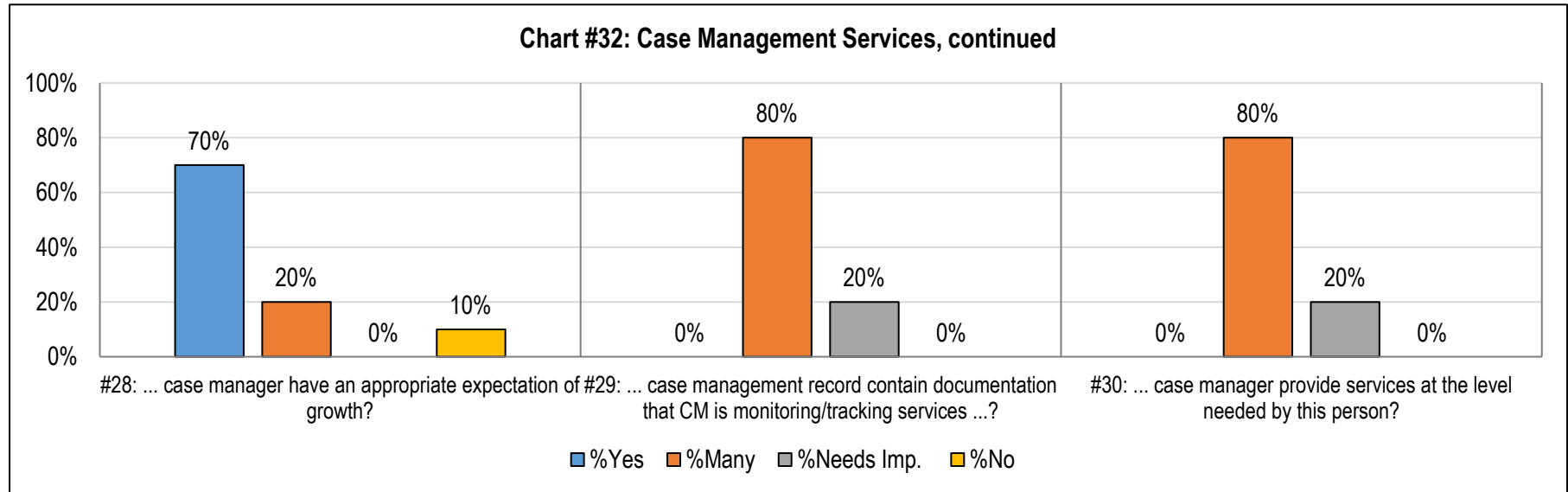


Chart #33: Case Management Scores, by Case Management Agency

CM Agency (# in sample)	Question		
	#28	#29	#30
A Step Above (3)	66.7% Yes (2) 33.3% Many (1)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)
Carino (2)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)
NMQCM (2)	100% Yes (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)

CM Agency (# in sample)	Question		
	#28	#29	#30
Unidas (3)	33.3% Yes (1) 33.3% Many (1) 33.3% No (1)	0% Yes 100% Many (3)	0% Yes 100% Many (3)

H. Supported Employment

The DDS 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.

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.

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, DDS embarked on a "Informed Choice Project" to foster trial 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?
- Question #126. Did this assessment address vocational interests, abilities and needs?
- Question #127. Did the individual participate personally in the Person Centered Assessment?
- Question #128. Did the Guardian participate in the Person Centered Assessment?
- Question #129. Is the individual engaged in the Informed Choice Project?

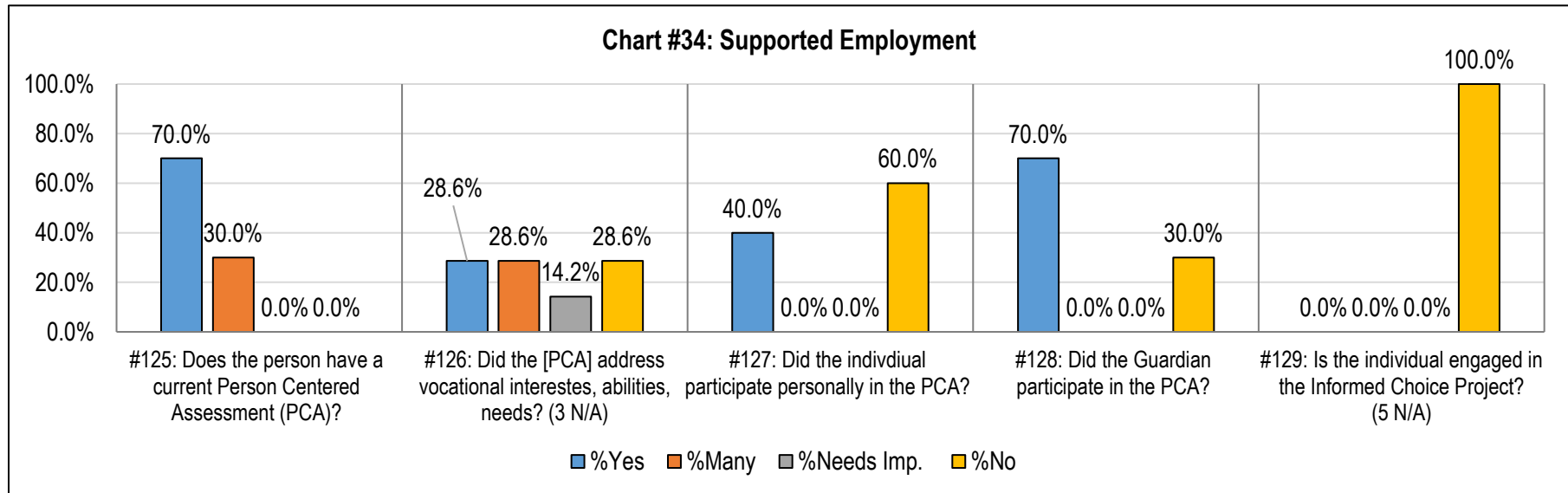


Chart #35: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	Question				
	#125	#126	#127	#128	#129
Adelante (7)	85.7% Yes (6) 14.3% Many (1)	50% Yes (2) 25% Needs Impv (1) 25% No (1) (3 N/A)	42.9% Yes (3) 57.1% No (4)	57.1% Yes (4) 42.9% No (3)	0% Yes 100% No (3) (4 N/A)
ARCA (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% No (1)	0% Yes 100% No (2)	100% Yes (2)	0% Yes 100% No (1) (1 N/A)
At Home Advocacy (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% No (1)

Chart #36: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	Question				
	#125	#126	#127	#128	#129
A Step Above (3)	33.3% Yes (1) 66.7% Many (2)	0% Yes 33.3% Many (1) 66.7% No (2)	33.3% Yes (1) 66.7% No (2)	66.7% Yes (2) 33.3% No (1)	0% Yes 100% No (2)
Carino (2)	100% Yes (2)	0% Yes 100% Needs Impv (1) (1 N/A)	50% Yes (1) 50% No (1)	50% Yes (1) 50% No (1)	0% Yes 100% No (1) (1 N/A)
NMQCM (2)	100% Yes (2)	(2 N/A)	50% Yes (1) 50% No (1)	100% Yes (2)	0% Yes 100% No (1) (1 N/A)
Unidas (3)	66.7% Yes (2) 33.3% Many (1)	66.7% Yes (2) 33.3% Many (1)	33.3% Yes (1) 66.7% No (2)	66.7% Yes (2) 33.3% No (1)	0% Yes 100% No (1) (2 N/A)

Components of Informed Choice: Information and Experience:

- Question #130. Has the individual been offered the opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities?
- Question #131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section?
- Question #132. If #130 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs?
- Question #133. Has the Guardian had the opportunity to gain information on how the individual responded during job exploration activities such as volunteering and/or trial work experiences?
- Question #134. Has the individual received information regarding the range of employment options available to him/her?
- Question #135. Has the Guardian received information regarding the range of employment options available for the individual?

Chart #37: Supported Employment, continued

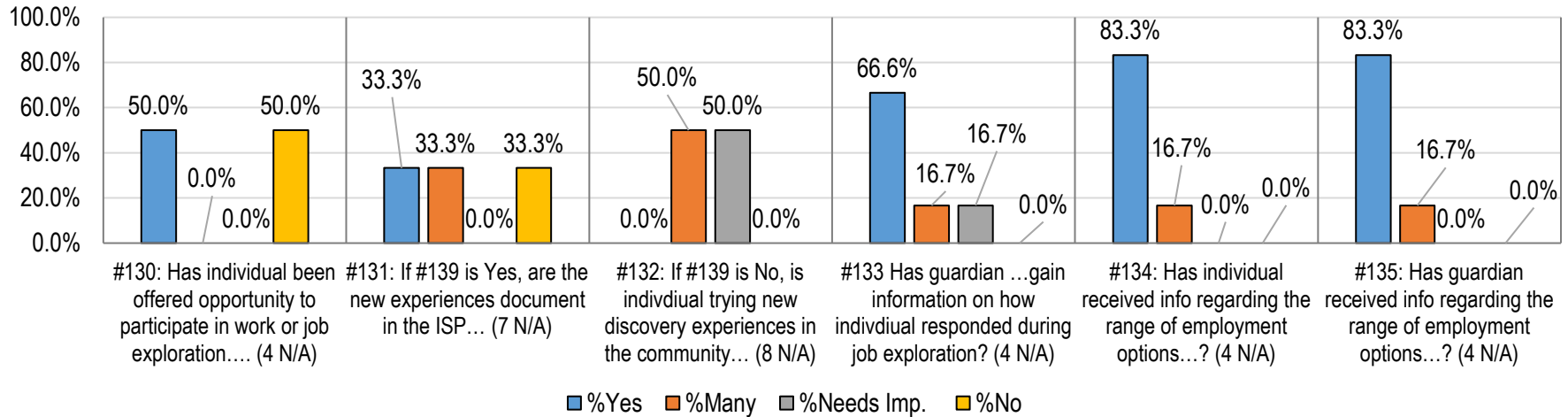


Chart #38: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	Question					
	#130	#131	#132	#133	#134	#135
Adelante (7)	66.7% Yes (2) 33.3% No (1) (4 N/A)	50% Yes (1) 50% No (1) (5 N/A)	0% Yes 100% Many (1) (6 N/A)	66.7% Yes (2) 33.3% Needs Impv (1) (4 N/A)	100% Yes (3) (4 N/A)	100% Yes (3) (4 N/A)
ARCA (2)	50% Yes (1) 50% No (1)	0% Yes 100% Many (1) (1 N/A)	(2 N/A)	100% Yes (2)	100% Yes (2)	100% Yes (2)
At Home Advocacy (1)	0% Yes 100% No (1)	(1 N/A)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)

Chart #39: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	Question					
	#130	#131	#132	#133	#134	#135
A Step Above (3)	33.3% Yes (1) 66.7% No (2)	100% Yes (1) (2 N/A)	0% Yes 100% Needs Impv (1) (2 N/A)	66.7% Yes (2) 33.3% Many (1)	66.7% Yes (2) 33.3% Many (1)	66.7% Yes (2) 33.3% Many (1)
Carino (2)	100% Yes (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)	(2 N/A)	0% Yes 100% Needs Impv (1) (1 N/A)	100% Yes (1) (1 N/A)	100% Yes (1) (1 N/A)
NMQCM (2)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)
Unidas (3)	50% Yes (1) 50% No (1) (1 N/A)	0% Yes 100% Many (1) (2 N/A)	0% Yes 100% Many (1) (2 N/A)	100% Yes (2) (1 N/A)	100% Yes (2) (1 N/A)	100% Yes (2) (1 N/A)

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

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

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

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

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

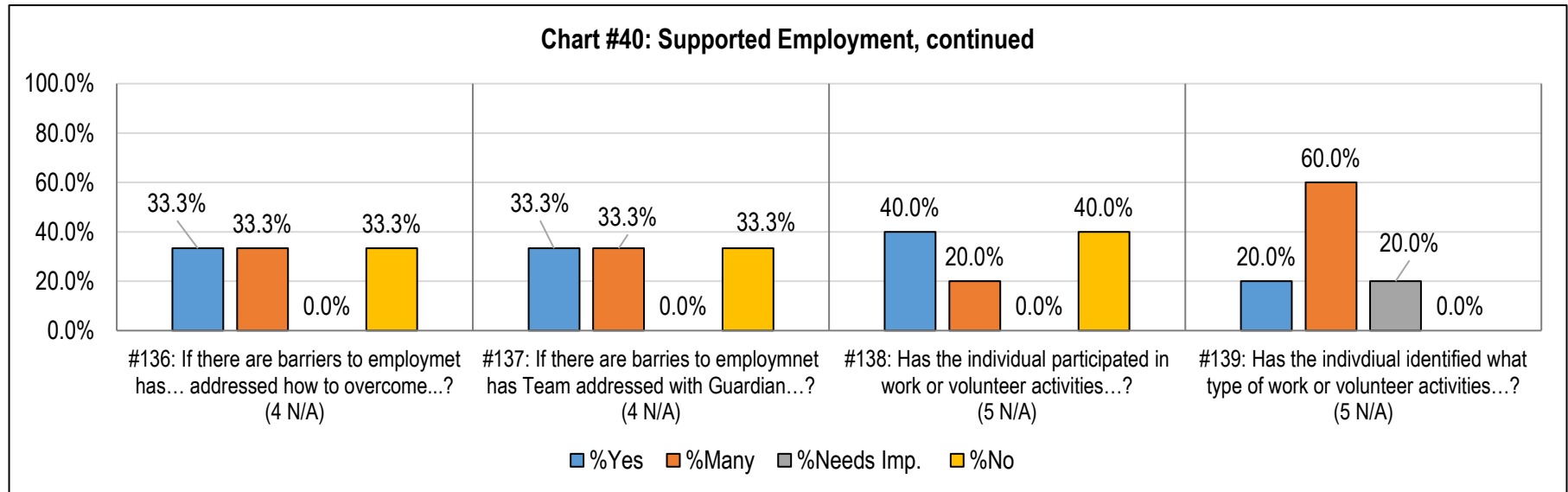


Chart #41: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	Question			
	#136	#137	#138	#139
Adelante (7)	33.3% Yes (1) 33.3% Many (1) 33.3% No (1) (4 N/A)	33.3% Yes (1) 33.3% Many (1) 33.3% No (1) (4 N/A)	66.7% Yes (2) 33.3% Many (1) (4 N/A)	33.3% Yes (1) 66.7% Many (2) (4 N/A)
ARCA (2)	50% Yes (1) 50% No (1)	50% Yes (1) 50% No (1)	0% Yes 100% No (1) (1 N/A)	0% Yes 100% Needs Impv (1) (1 N/A)
At Home Advocacy (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)

Chart #42: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	Question			
	#136	#137	#138	#139
A Step Above (3)	33.3% Yes (1) 66.7% Many (2)	33.3% Yes (1) 66.7% Many (2)	50% Yes (1) 50% No (1) (1 N/A)	50% Yes (1) 50% Many (1) (1 N/A)
Carino (2)	0% Yes 100% No (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)	100% Yes (1) (1 N/A)	0% Yes 100% Many (1) (1 N/A)
NMQCM (2)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)
Unidas (3)	50% Yes (1) 50% No (1) (1 N/A)	50% Yes (1) 50% No (1) (1 N/A)	0% Yes 50% Many (1) 50% No (1) (1 N/A)	0% Yes 50% Many (1) 50% Needs Impv (1) (1 N/A)

JCMs Involved in Supported Employment

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

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

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

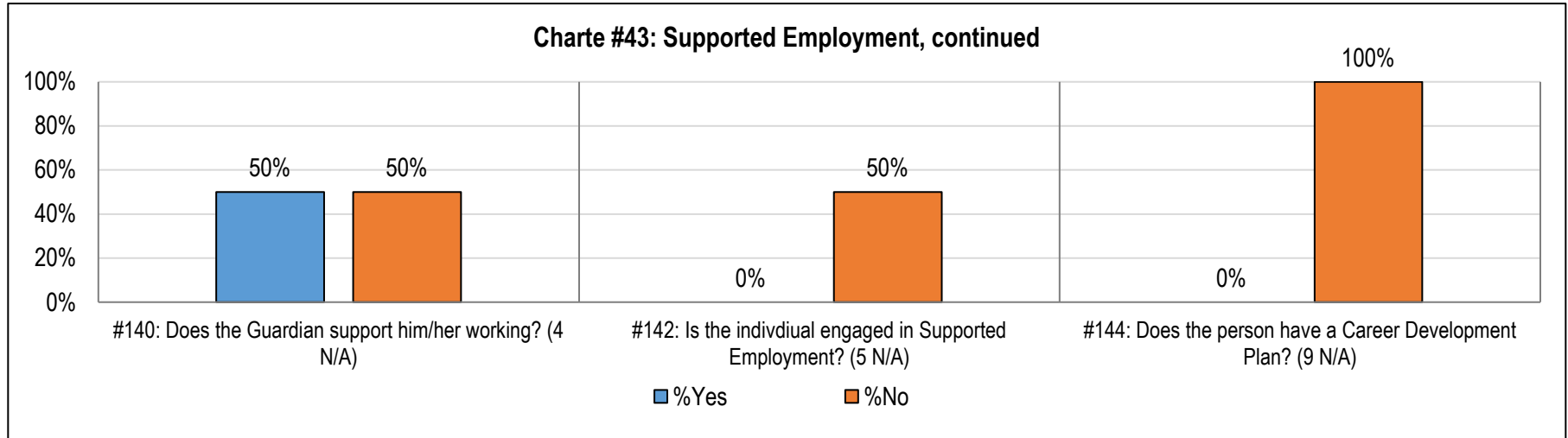


Chart #44: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	Question		
	#140	#142	#144
Adelante (7)	66.7% Yes (2) 33.3% No (1) (4 N/A)	0% Yes 100% No (2) (5 N/A)	(7 N/A)
ARCA (2)	0% Yes 100% No (2)	0% Yes 100% No (2)	(2 N/A)
At Home Advocacy (1)	100% Yes (1)	0% Yes 100% No (1)	0% Yes 100% No (1)

Chart #45: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	Question		
	#140	#142	#144
A Step Above (3)	66.7% Yes (2) 33.3% No (1)	0% Yes 100% No (3)	0% Yes 100% No (1) (2 N/A)
Carino (2)	0% Yes 100% No (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)	(2 N/A)
NMQCM (2)	(2 N/A)	(2 N/A)	(2 N/A)
Unidas (3)	50% Yes (1) 50% No (1) (1 N/A)	0% Yes 100% No (1) (2 N/A)	(3 N/A)

I. IQR Scored Protocol Questions

Below are all of the questions in the protocol and the scores of the Metro Region Round 1 Review. The questions highlighted are included in the data tables above.

Question	FY2021 Metro 1 (sample=10)
CASE MANAGEMENT	
24. Does the case manager “know” the person? CPRQ26; ‘17IQR#8c, ‘18IQR24	70% Yes (7) 30% Many (3)
25. Does the case manager understand his/her role/job? CPRQ27 ‘17IQR#16, ‘18IQR25	0% Yes 90% Many (9) 10% Needs Impv (1)
26. Is the case manager available to the person? CPRQ29; ‘17IQR#16a, ‘18IQR27	80% Yes (8) 20% Many (2)
27. Was the case manager able to describe the person’s health related needs? CPRQ30, ‘18IQR28	10% Yes (1) 80% Many (8) 10% Needs Impv (1)
28. Does the case manager have an appropriate expectation of growth for this person? CPRQ31, ‘18IQR29	70% Yes (7) 20% Many (2) 10% No (1)
29. Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP? CPRQ32; ‘17IQR#16b, ‘18IQR30	0% Yes 80% Many (8) 20% Needs Impv (2)
30. Does the case manager provide case management services at the level needed by this person? CPRQ33; ‘17IQR#16c, ‘18IQR31	0% Yes 80% Many (8) 20% Needs Impv (2)
EMPLOYMENT AND DAY *1 Person did not have Day services	
31. Does the direct services staff “know” the person? CPRQ35; ‘17IQR#8a, ‘18IQR33	80% Yes (8) 20% Many (2)
32. Does the direct service staff have input into the person’s ISP? CPRQ36, ‘18IQR34	70% Yes (7)

Question	FY2021 Metro 1 (sample=10)
	30% Many (3)
33. Did the direct service staff receive training on implementing this person's ISP? CPRQ37, '18IQR35	20% Yes (2) 70% Many (7) 10% Needs Impv (1)
34. Was the direct service staff able to describe this person's health-related needs? CPRQ38, '18IQR36	10% Yes (1) 90% Many (9)
35. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39, '18IQR37	40% Yes (4) 60% Many (6)
35a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a, '18IQR37a	90% Yes (9) 10% Many (1)
35b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ39b, '18IQR37b	50% Yes (5) 40% Many (4) 10% Needs Impv (1)
36. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ41, '18IQR39	100% Yes (10)
37. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42, '18IQR40	90% Yes (9) 10% Many (1)
38. Does the person's day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43, '18IQR41	100% Yes (2) (8 CND)
RESIDENTIAL	
39. Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b, '18IQR42	90% Yes (9) 10% Many (1)
40. Does the direct service staff have input into the person's ISP? CPRQ45, '18IQR43	60% Yes (6) 40% Many (4)
41. Did the direct service staff receive training on implementing this person's ISP? CPRQ46, '18IQR44	10% Yes (1) 80% Many (8) 10% Needs Impv (1)
42. Is the residence safe for individuals (void of hazards)? CPRQ45, '18IQR45	100% Yes (10)

Question	FY2021 Metro 1 (sample=10)
43. Was the residential direct service staff able to describe this person's health-related needs? CPRQ48, '18IQR46	10% Yes (1) 70% Many (7) 20% Needs Impv (2)
44. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49, '18IQR47	20% Yes (2) 80% Many (8)
44a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ49a, '18IQR47a	90% Yes (9) 10% Many (1)
44b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ49b, '18IQR47b	20% Yes (2) 70% Many (7) 10% Needs Impv (1)
45. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ51, '18IQR49	100% Yes (10)
46. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52, '18IQR50	80% Yes (8) 10% Needs Impv (1) 10% No (1)
47. Does the person's residential environment offer a minimal level of quality of life? CPRQ53, '18IQR51	80% Yes (8) 20% Many (2)
HEALTH	
48. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b, '18IQR52	0% Yes 90% Many (9) 10% Needs Impv (1)
49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21, '18IQR53	0% Yes 70% Many (7) 30% Needs Impv (3)
50. Was the eCHAT updated timely? '17IQR#18g, '18IQR54	0% Yes 90% Many (9) 10% Needs Impv (1)
50a. Is the eCHAT updated timely with the ISP and after changes in condition?	60% Yes (6) 30% Many (3) 10% Needs Impv (1)

Question	FY2021 Metro 1 (sample=10)
50b. Is the eCHAT complete?	30% Yes (3) 60% Many (6) 10% Needs Impv (1)
50c. Is the eCHAT accurate?	10% Yes (1) 30% Many (3) 60% Needs Impv (6)
51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received? 17IQR#19, '18IQR55	20% Yes (2) 80% Many (8)
52. Has the individual received all age and gender appropriate health screening/immunizations in accordance with national best practice and/or as recommended ... <i>(Does the individual receive routine/scheduled medical treatment? 17IQR#19a, '18IQR56)</i>	10% Yes (1) 80% Many (8) 10% Needs Impv (1)
53. Does the individual receive medication as prescribed? 17IQR#19e, '18IQR57	10% Yes (1) 70% Many (7) 20% Needs Impv (2)
54. Are nursing services provided as needed by the individual? 17IQR#20, '18IQR59	0% Yes 70% Many (7) 30% Needs Impv (3)
55. Is the CARMP consistent with recommendation in other healthcare documents? <i>(Is the CARMP is accurate? '17IQR#21f, '18IQR60)</i>	30% Yes (3) 50% Many (5) 20% Needs Impv (2)
56. Is the CARMP consistently implemented as intended? , '18IQR61	20% Yes (2) 70% Many (7) 10% Needs Impv (1)
57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19, '18IQR62	10% Yes (1) 80% Many (8) 10% Needs Impv (1)
57a. Are assessment recommendations followed up on in a timely way?	20% Yes (2) 80% Many (8)
57b. Were needed equipment/communication devices delivered timely?	60% Yes (6) 40% Many (4)
57c. Were medical specialist appointments attended timely?	50% Yes (5) 40% Many (4)

Question	FY2021 Metro 1 (sample=10)
	10% Needs Impv (1)
57d. Were changes in personal condition, if any, responded to timely?	60% Yes (6) 30% Many (3) 10% Needs Impv (1)
57e. Were Health Care Plans available, accurate and consistently implemented?	20% Yes (2) 40% Many (4) 40% Needs Impv (4)
ASSESSMENTS	
58. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18, '18IQR65	10% Yes (1) 80% Many (8) 10% Needs Impv (1)
59. Are the assessments adequate for planning? CPRQ59; '17IQR#4f, '18IQR66	0% Yes 100% Many (10)
59a. Were assessments provided timely?	10% Yes (1) 80% Many (8) 10% Needs Impv (1)
59b. Did assessments contain accurate information?	20% Yes (2) 80% Many (8)
59c. Did assessments contain information accurate to guide planning?	0% Yes 80% Many (8) 20% Needs Impv (2)
59d. Did assessments contain recommendations?	30% Yes (3) 70% Many (7)
60. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5, '18IQR67	30% Yes (3) 60% Many (6) 10% Needs Impv (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, '18IQR68	50% Yes (4) 12.5% Many (1) 12.5% Needs Impv (1) 25% No (2) 2 (N/A)

Question	FY2021 Metro 1 (sample=10)
ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES	
62. Is there a document called an Individual Service Plan (ISP) that was developed within the past year? CPRQ61; '17IQR#9, '18IQR69	10% Yes (1) 80% Many (8) 10% No (1)
63. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3, '18IQR70	33.4% Yes (3) 44.4% Many (4) 11.1% Needs Impv (1) 11.1% No (1) (1 N/A)
64. For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP? CPRQ63; '17IQR#3d, '18IQR71	10% Yes (1) 60% Many (6) 20% Needs Impv (2) 10% No (1)
65. Does my ISP contain current and accurate information? '17IQR#6, '18IQR72	10% Yes (1) 40% Many (4) 30% Needs Impv (3) 20% No (2)
66. Does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b, '18IQR73	50% Yes (4) 12.5% Many (1) 12.5% Needs Impv (1) 25% No (2) 2 (N/A)
67. Does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c, '18IQR74	30% Yes (3) 30% Many (3) 10% Needs Impv (1) 30% No (3)
68. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a, '18IQR75	0% Yes 30% Many (3) 60% Needs Impv (6) 10% No (1)
69. Does the data kept identify what the person does so a determination regarding progress/lack of progress can be made? '17IQR#12b, '18IQR76	0% Yes 60% Needs Impv (6) 40% No (4)

Question	FY2021 Metro 1 (sample=10)
70. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c, '18IQR77	0% Yes 20% Many (2) 60% Needs Impv (6) 20% No (2)
71. If the person is not successful in achieving actions steps, has the team tried to determine why, and change their approach if needed? '18IQR78	10% Yes (1) 30% Many (3) 30% Needs Impv (3) 30% No (3)
72. If the person achieves action steps, does the team move to the next in the progression of steps or develops a new one? '17IQR#12c, '18IQR79	0% Yes 28.6% Many (2) 42.8% Needs Impv (3) 28.6% No (2) (3 N/A)
73. Has the person made measurable progress on actions steps during this past year?'17IQR#13b, '18IQR80	0% Yes 10% Many (1) 60% Needs Impv (6) 30% No (3)
74. Do the outcomes in the ISP include criteria by which the team can determine when the outcome(s) have been achieved? CPRQ67; '17IQR#7e, '18IQR81	0% Yes 40% Many (4) 30% Needs Impv (3) 30% No (3)
75. Are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d, '18IQR82	50% Yes (5) 30% Many (3) 10% Needs Impv (1) 10% No (1)
76. Do the ISP outcomes and related action plans and teaching strategies address the person's major needs as identified in the Personal Challenges and Obstacles That Need to be Addressed In Order to Achieve the Desired Outcomes section of the ISP/Action plans?" CPRQ69; '17IQR#7g, '18IQR83	20% Yes (2) 60% Many (6) 20% No (2)
77. Are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i, '18IQR84	10% Yes (1) 50% Many (5) 30% Needs Impv (3) 10% No (1)

Question	FY2021 Metro 1 (sample=10)
78. Are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m, '18IQR85	10% Yes (1) 80% Many (8) 10% No (1)
79. Has the person made measurable progress in therapy this year? '17IQR#13a, '18IQR86	0% Yes 80% Many (8) 10% Needs Impv (1) 10% No (1)
80. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c, '18IQR87	0% Yes 90% Many (9) 10% No (1)
81. Does the ISP contain information regarding primary health (medical) care? CPRQ74, '18IQR88	70% Yes (7) 20% Many (2) 10% No (1)
81a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a, '18IQR88a	60% Yes (6) 10% Many (1) 30% No (3)
81b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b, '18IQR88b	90% Yes (9) 10% No (1)
82. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76, '18IQR89	60% Yes (6) 30% Many (3) 10% No (1)
83. Based on the evidence, is adequate transportation available for the person? <i>(Does the ISP reflect how the person will get to work/day activities, shopping, and social activities?)</i> CPRQ75, '18IQR90)	100% Yes (10)
84. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a, '18IQR91	30% Yes (3) 40% Many (4) 20% Needs Impv (2) 10% No (1)
85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7, '18IQR92	0% Yes 70% Many (7) 20% Needs Impv (2) 10% No (1)
86. Is the ISP being implemented? (If 85 is "3")	0% Yes

Question	FY2021 Metro 1 (sample=10)
CPRQ79 '17IQR#12, '18IQR93	(10 N/A)
87a. Is the ISP being implemented? (If 85 is "0", "1", or "2") CPRQ80a '17IQR#12, '18IQR94a	0% Yes 50% Many (5) 50% Needs Impv (5)
87b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11, '18IQR94b	0% Yes 80% Many (8) 20% Needs Impv (2)
88. Was the direct service staff trained on the implementation of this person's ISP? CPRQ81, '18IQR95	0% Yes 90% Many (9) 10% Needs Impv (1)
89. Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82, '18IQR96	0% Yes 100% Many (10)
EXPECTATIONS FOR GROWTH, QUALITY OF LIFE, SATISFACTION	
90. Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13, '18IQR98	0% Yes 60% Many (6) 40% Needs Impv (4)
91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d, '18IQR99	50% Yes (5) 40% Many (4) 10% Needs Impv (1)
92. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b, '18IQR100	40% Yes (4) 60% Many (6)
93. Is the person offered a range of opportunities for participation in each life area? CPRQ87, '18IQR101	60% Yes (6) 40% Many (4)
94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30, '18IQR102	83.3% Yes (5) 16.7% Many (1) (4 CND)
94a. About where and with whom to live? CPRQ89; '17IQR#23c, '18IQR102a	100% Yes (6) (4 CND)
94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d, '18IQR102b	83.3% Yes (5)

Question	FY2021 Metro 1 (sample=10)
	16.7% Needs Impv (1) (4 CND)
94c. About where and with whom to socialize/spend leisure time? CPRQ91, '18IQR102c	100% Yes (6) (4 CND)
95. Does the evidence support that providers do not prevent the person from pursuing relationships? CPRQ92; '17IQR#31f, '18IQR103 (<i>and are respecting the rights of this person</i>)	80% Yes (8) 20% Many (2)
96. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a, '18IQR105	60% Yes (6) 40% Many (4)
97. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94, '18IQR106	90% Yes (9) 10% Many (1)
98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h, '18IQR107	70% Yes (7) 30% No (3)
99. If there are restrictions that should be reviewed by HRC, have the restrictions been reviewed (quarterly) and approved (annually) by the HRC? If no, describe why. '17IQR#34i, '18IQR108	42.9% Yes (3) 42.9% Many (3) 14.2% No (1) (3 N/A)
100. If there are restrictions that should be reviewed by HRC, is a plan to enable the individual to regain his/her rights and reduce or eliminate these restrictions? '17IQR#34j, '18IQR109	14.2% Yes (1) 42.9% Many (3) 42.9% No (3) (3 N/A)
101. Is the person protected from abuse, neglect and exploitation? '17IQR#35, '18IQR110	80% Yes (8) 10% Many (1) 10% Needs Impv (1)
102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b, '18IQR111	87.5% Yes (7) 12.5% Many (1) (2 N/A)
103. Is the individual safe? '17IQR#24, '18IQR112	70% Yes (7) 20% Many (2) 10% Needs Impv (1)
104. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a, '18IQR113	20% Active (2) 60% Moderate (6)

Question	FY2021 Metro 1 (sample=10)
	20% Limited (2)
105. If the person is retired, does he/she have opportunities to engage in activities of interest during the day? CPRQ 100; '17IQR#29b, '18IQR114	50% Yes (2) 50% Many (2) (6 N/A)
106. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30, '18IQR115	80% Yes (8) 10% Many (1) 10% Needs Impv (1)
107. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e, '18IQR116	90% Yes (9) 10% Many (1)
108. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c, '18IQR117	20% Yes (2) 60% Many (6) 20% Needs Impv (2)
109. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e, '18IQR118	90% Yes (9) 10% Needs Impv (1)
110. Does the person have sufficient personal money? CPRQ110 '17IQR#34f, '18IQR119	90% Yes (9) 10% Many (1)
111. Does the person get along with their day program/employment provider staff? CPRQ111, '18IQR120	100% Yes (6) (4 CND)
112. Does the person get along with their residential provider staff? CPRQ112, '18IQR121	100% Yes (9) (1 CND)
TEAM PROCESS	
113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10, '18IQR122	0% Yes 30% Many (3) 70% Needs Impv (7)
114. If there is evidence of situations in which the team failed to reach a consensus on the person's service and support needs, has the team made efforts to build consensus? CPRQ 115; '17IQR#17c, '18IQR123	33.3% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1) (7 N/A)

Question	FY2021 Metro 1 (sample=10)
115. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs? CPRQ 116; '17IQR#17d, '18IQR124	10% Yes (1) 60% Many (6) 10% Needs Impv (1) 20% No (2)
116. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117, '18IQR125	30% Yes (3) 30% Many (3) 30% Needs Impv (3) 10% No (1)
117. Do you recommend Dispute Resolution for this IDT? CPRQ118, '18IQR126	10% Yes (1) 90% No (9)
118. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#17d, '18IQR127	30% Yes (3) 70% No (7)
119. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c, '18IQR128	0% Yes 100% No (10)
120. If #118 OR #119 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; '18IQR129	100% Yes (3) (7 N/A)
121. Has the person changed residential/day services in the last year? CPRQ122, '18IQR130	30% Yes (3) 70% No (7)
122. If #121 is Yes, was the change Planned by the IDT? CPRQ122a, '18IQR131	75% Yes (3) 25% No (1) (6 N/A)
123. If #121 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b, '18IQR132	75% Yes (3) 25% No (1) (6 N/A)
124. Overall, has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person? CPRQ123; '17IQR#7n, '18IQR133	0% Yes 80% Many (8) 20% Needs Impv (2)
SUPPORTED EMPLOYMENT	
125. Does (Name) have a current Person-Centered Assessment? '18IQR134	70% Yes (7) 30% Many (3)

Question	FY2021 Metro 1 (sample=10)
126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a, '18IQR135	28.6% Yes (2) 28.6% Many (2) 14.2% Needs Impv (1) 28.6% No (2) (3 N/A)
127. Did the individual participate personally in the Person Centered Assessment? '18IQR136	40% Yes (4) 60% No (6)
128. Did the Guardian participate in the Person Centered Assessment? '18IQR137	70% Yes (7) 30% No (3)
129. Is the individual engaged in the Informed Choice Project? '18IQR138	0% Yes 100% No (5) (5 N/A)
130. Has the individual been offered the opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities? '17IQR#26e, '18IQR139	50% Yes (3) 50% No (3) (4 N/A)
131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section? '18IQR140	33.3% Yes (1) 33.3% Many (1) 33.3% No (1) (7 N/A)
132. If #131 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs? '18IQR141	0% Yes 50% Many (1) 50% Needs Impv (1) (8 N/A)
133. Has the Guardian had the opportunity to gain information on how the individual responded during job exploration activities such as volunteering and/or trial work experiences? '18IQR142	66.6% Yes (4) 16.7% Many (1) 16.7% Needs Impv (1) (4 N/A)
134. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c, '18IQR143	83.3% Yes (5) 16.7% Many (4 N/A)
135. Has the Guardian received information regarding the range of employment options available for the individual? '18IQR144	83.3% Yes (5) 16.7% Many (1) (4 N/A)

Question	FY2021 Metro 1 (sample=10)
136. If there are barriers to employment, has the Team, including the individual, addressed how to overcome those barriers to employment and integrating clinical info., AT, & therapies as necessary ... '17IQR#27b, '18IQR145	33.3% Yes (2) 33.3% Many (2) 33.3% No (2) (4 N/A)
137. If there are barriers to employment, has the Team addressed with the Guardian how to overcome those barriers to employment and integrating clinical info, AT, & therapies as necessary...? '18IQR146	83.3% Yes (5) 16.7% Many (1) (4 N/A)
138. Has the individual participated in work or volunteer activities during the past year? '18IQR147	40% Yes (2) 20% Many (1) 40% No (2) (5 N/A)
139. Has the individual identified what type of work or volunteer activities he/she would like to do? '18IQR148	20% Yes (1) 60% Many (3) 20% Needs Impv (1) (5 N/A)
140. Does the Guardian support him/her working? '18IQR149	50% Yes (3) 50% No (3) (4 N/A)
142. Is the individual engaged in Supported Employment? CPRQ129, '18IQR151	0% Yes 100% No (5) (5 N/A)
144. Does the person have a Career Development Plan? CPRQ128 17IQR#26e, '18IQR153	0% Yes 100% No (1) (9 N/A)
BEHAVIOR	
145. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d, '18IQR154	40% Yes (4) 60% No (6)
146. Does the person need behavior services now? CPRQ132 '17IQR#11e, '18IQR155	50% Yes (5) 50% No (5)
147. Have behavioral assessments been completed? CPRQ133, '18IQR156	40% Yes (2) 40% Many (2)

Question	FY2021 Metro 1 (sample=10)
	20% No (1) (5 N/A)
148. Does the person have a positive behavior support plan developed out of the behavior assessments that meets the person's needs? CPRQ134 '17IQR#5g, '18IQR157	60% Yes (3) 20% Many (1) 20% No (1) (5 N/A)
149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d, '18IQR158	80% Yes (4) 20% No (1) (5 N/A)
150. If needed, does the person have a Behavior Crisis Intervention Plan that meets the person's needs? CPRQ 73a; '17IQR#5h, '18IQR159	0% Yes 100% Many (2) (8 N/A)
151. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i, '18IQR160	40% Yes (2) 40% Many (2) 20% No (1) (5 N/A)
152. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d, '18IQR161	40% Yes (2) 40% Many (2) 20% No (1) (5 N/A)
ADAPTIVE EQUIPMENT / AUGMENTATIVE COMMUNICATION	
153. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b, '18IQR162	60% Yes (6) 30% Many (3) 10% Needs Impv (1)
154. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c, '18IQR163	60% Yes (6) 30% Many (3) 10% Needs Impv (1)
155. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f, '18IQR164	66.7% Yes (6) 33.3% Many (3) (1 N/A)

Question	FY2021 Metro 1 (sample=10)
156. Is the person's equipment and technology in good repair? '17IQR#25d, '18IQR165	50% Yes (5) 40% Many (4) 10% Needs Impv (1)
157. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e, '18IQR166	80% Yes (8) 20% Many (2)
158. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b, '18IQR167	80% Yes (8) 20% Many (2)
INDIVIDUAL SERVICE PLANNING	
159. Does the person have an ISP that addresses live, work/learn, fun/relationships and health/other that correlates with the person's desires and capabilities, in accordance with DOH Regulations? CPRQ141 '17IQR#7o, '18IQR168	60% Yes (6) 30% Many (3) 10% No (1)
160. Does the person have an ISP that contains a complete Vision Section that is based on a long-term view? CPRQ142 '17IQR#7a, '18IQR169	10% Yes (1) 50% Many (5) 20% Needs Impv (2) 20% No (2)
161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a, '18IQR170	80% Yes (8) 10% Many (1) 10% No (1)
162. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f, '18IQR171	50% Yes (5) 50% Many (5)
163. Is the person integrated into the community? CPRQ145; '17IQR#29g, '18IQR172	50% Yes (5) 30% Many (3) 20% Needs Impv (2)
164. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36, '18IQR174	0% Yes 80% Many (8) 20% Needs Impv (2)