



A. Jackson Class Member Demographics – Northeast Region

When the NE sample was selected in February 2022, there were 18 Active Jackson Class Members in the Northeast Region. Two have passed and one relocated to another region since then. Originally there were seven class members selected for review in the Northeast Region as part of FY22 IQR. One review was cancelled due to wildfire evacuations. Details regarding the 18 class members in the region are provided below.

AGE	
30-39	0
40-49	2
50-59	3
60-69	6
70-79	6
80-89	1
90-99	0
AVERAGE AGE	62.3

ETHNICITY	
Black/African American	1
Caucasian	5
Hispanic	10
Native American	2
Other	0

GENDER	
Female	8
Male	10
Other	0

COMMUNITY INCLUSION SERVICE	
CCS (I or G)	12
CIE	1
ICF/IDD	1
Mi Via	4
N/A	1

LIVING CARE ARRANGEMENT SERVICE	
Family Living	2
Supported Living	11
CIHS	0
ICF/IDD	1
Mi Via	4
N/A	0

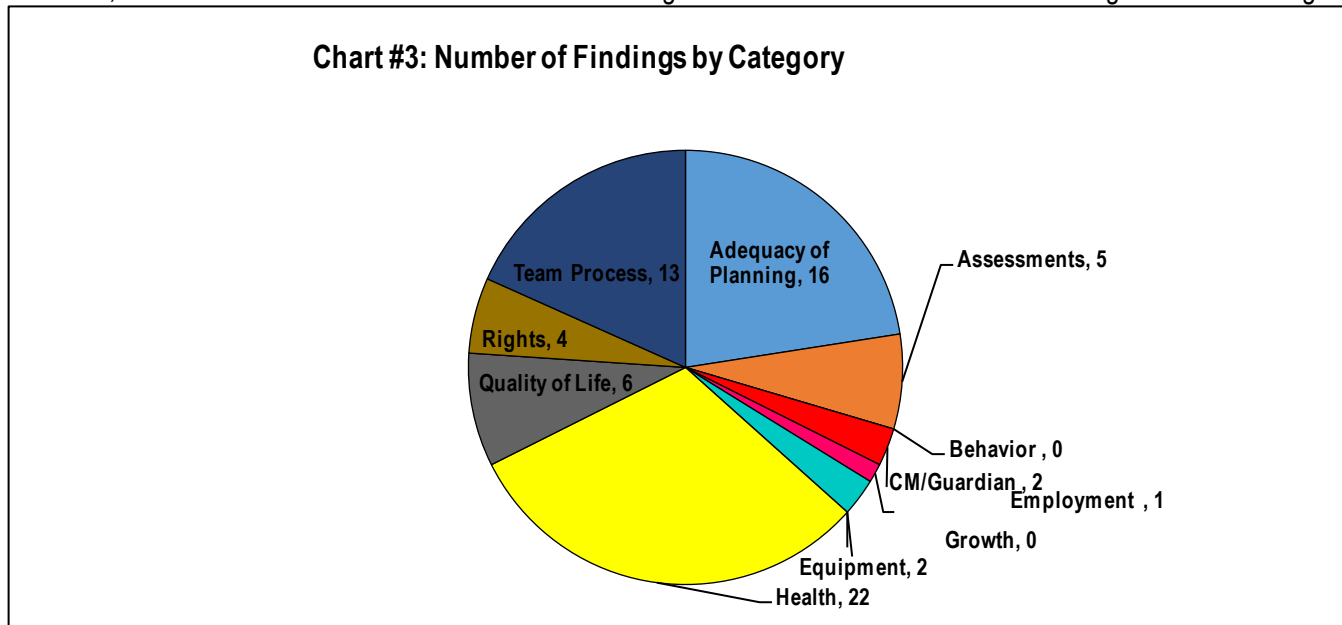
* Please note that one JCM in the NE region has two CI services

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

Case Management/Consultant	A Step Above (1)	DDSD NERO/ Santa Maria (1 ICF)	Unidas Case Management (2)	Visions Case Management (10 DDW 2 Mi Via)	Self-Directed Choices (1 Mi Via)	Los Amigos (1 Mi Via)	Intentionally Blank	Intentionally Blank	Intentionally Blank
Residential	Benchmark (4)	Citizens for Developmental Disabilities (2)	Community Options (2)	Santa Maria (1 ICF)	Ensuenos y Los Angelitos (2)	Family Options (1)	Mi Via (4)	NNMQC (1)	R-Way (1)
CCS (1 N/A)	Benchmark (4)	Citizens for Developmental Disabilities (2)	Community Options (2)	Easter Seals El Mirador (1 ICF)	Ensuenos y Los Angelitos (2)	Family Options (1)	Mi Via (4)	R-Way (1)	Intentionally Blank

B. Most Frequently Identified Findings by Category

For the six people in the review, there were a total of 71 numbered Standard Findings. The table below shows into what categories those findings fall.



C. Most Frequently Repeated Findings by Category

IQR Findings include the identification of good and exemplary as well as deficient practice. Findings are developed by the Surveyor, reviewed by a Case Judge, the DDSD Regional Office, State DDSD and DHI Management Staff before they become final. The expectation is that the identified issue will be resolved not only for the individual but, if applicable, for everyone in that agency to whom the finding is relevant and resolved in a way that is sustainable so that the identified issue remains “fixed”. Of the 71 Numbered Standard Findings in the Northeast Review, there were 33 (46%) identified as “repeat findings”. Repeat findings are those which have been identified by the IQR during previous reviews (within the last ten years). The category where ‘repeat findings’ are most frequently identified is in the area of Health (11 repeat findings - 33% of the Repeats) followed by Adequacy of Planning (8 repeat findings - 24% of the Repeats). The charts below summarize, by agency, the number of repeat findings which were identified by topic area.

EnSuenos and Benchmark had the most repeat findings, 16 and ten respectively, with one person each on the sample

Chart #4: Repeat Findings by Area and Residential Provider												
AREA	ADEQUACY OF PLANNING	ASSESSMENTS	BEHAVIOR	CM & GUARDIAN	EMPLOYMENT	EQUIPMENT	EXPECTATION OF GROWTH	HEALTH	QUALITY OF LIFE & SATISFACTION	RIGHTS/ OTHER	TEAM PROCESS	TOTAL
PROVIDER												
Benchmark (1)	2	0	0	1	0	1	0	3	1	1	1	10
EnSuenos (1)	5	1	0	1	0	1	0	4	2	0	2	16
Mi Via (2)	1	0	0	0	0	0	0	1	0	0	0	2
R-Way (1)	0	0	0	0	0	0	0	1	0	0	0	1
Santa Maria (1 ICF/IDD)	0	0	0	0	1	0	0	2	0	0	1	4
TOTAL	8	1	0	2	1	2	0	11	3	1	4	33

Chart #5: Repeat Findings by Area and Case Management Agency												
AREA	ADEQUACY OF PLANNING	ASSESSMENTS	BEHAVIOR	CM & GUARDIAN	EMPLOYMENT	EQUIPMENT	EXPECTATION OF GROWTH	HEALTH	QUALITY OF LIFE & SATISFACTION	RIGHTS/ OTHER	TEAM PROCESS	TOTAL
PROVIDER												
Los Amigos (1 Mi Via)	0	0	0	0	0	0	0	0	0	0	0	0
Santa Maria (1 ICF/IDD)	0	0	0	0	1	0	0	2	0	0	1	4
Unidas (1)	5	1	0	1	0	1	0	4	2	0	2	16
Visions (2 DDW, 1 Mi Via)	3	0	0	1	0	1	0	5	1	1	1	13
TOTAL	8	1	0	2	1	2	0	11	3	1	4	33

D. Immediate and Special Findings

There were 6 Class Members reviewed in the FY2022 Northeast Region. Two (2) individuals (33% of the sample) were found to have immediate and/or special findings. One (1) individual was found to have an Immediate Finding. One (1) individual was found to need special attention. 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.

There was one Immediate Finding and two Special Findings. The Immediate Finding was reported to the Incident Management Bureau.

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

CM	LCA	Immd	Spec	IR	Issue
Unidas	EnSuenos	X		X	Based on the onsite observation, an ANE was filed after the surveyor noticed that JCM's former housemate's medications were stored in the same box as JCM's medications.
Visions	Benchmark		X		During onsite observation on 06/27/2022, Surveyor observed JCM drinking from a grey average household glass (16+oz). Per CARMP April 2022, SMALL CUP MUST BE USED TO AVOID GULPING LARGE AMOUNTS

CM	LCA	Immd	Spec	IR	Issue
					Using incorrect cup during mealtime is a Repeat Finding from the 2020 IQR (Immd #1)
Visions	Benchmark		X		<p>During onsite observation on 06/27/2022, surveyor observed doorknob cover on front door. Per PBSA 02/15/2022 AO has safety knobs on his door handles that he cannot open easily. The BSC recommends the safety knobs be removed so JCM can leave freely in the case of fire. There is no evidence that the team has discussed if door alarms/knobs are necessary to alert staff if JCM leaves as he is not safe unsupervised in the community. Door alarms were reviewed by the HRC 04/22/2022. Doorknob covers were not.</p> <p>Having a doorknob cover on front door and it not being on HRC document is a Partial Repeat finding from the 2020 IQR (#22)</p>

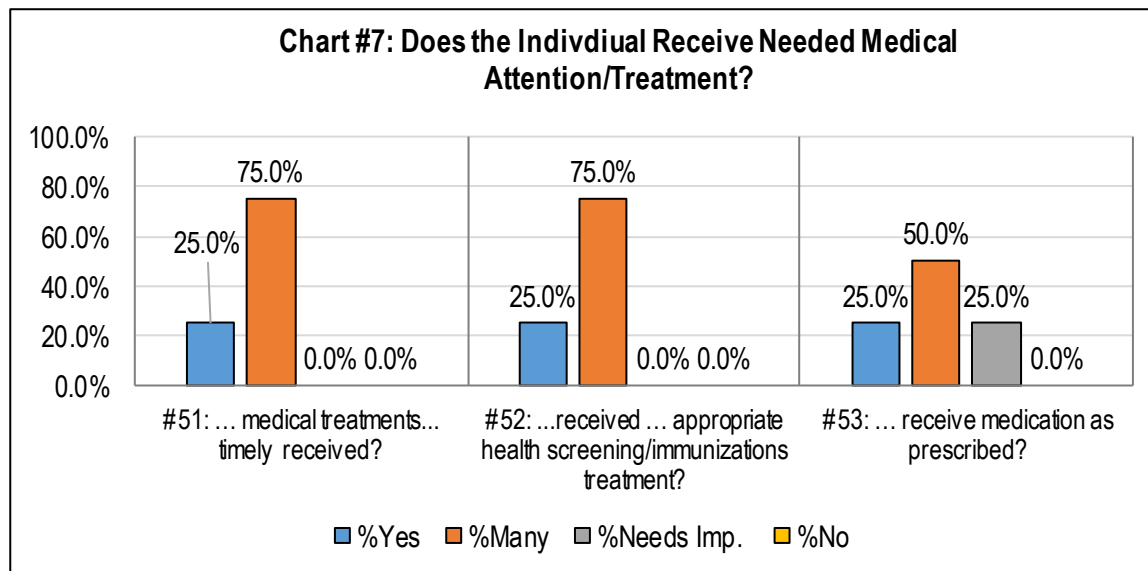
E. Health, Assessments and Overall Wellness

There is a series of scored questions in the IQR protocol that specifically relate to the medical attention received by the class members receiving DDW and ICF/IDD supports. The charts which follow detail the findings based on the specific questions asked, those questions are listed prior to each chart. Please note, the two people receiving Mi Via supports on the sample are asked a different set of questions and are therefore not included in the bar charts throughout this report.

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

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

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

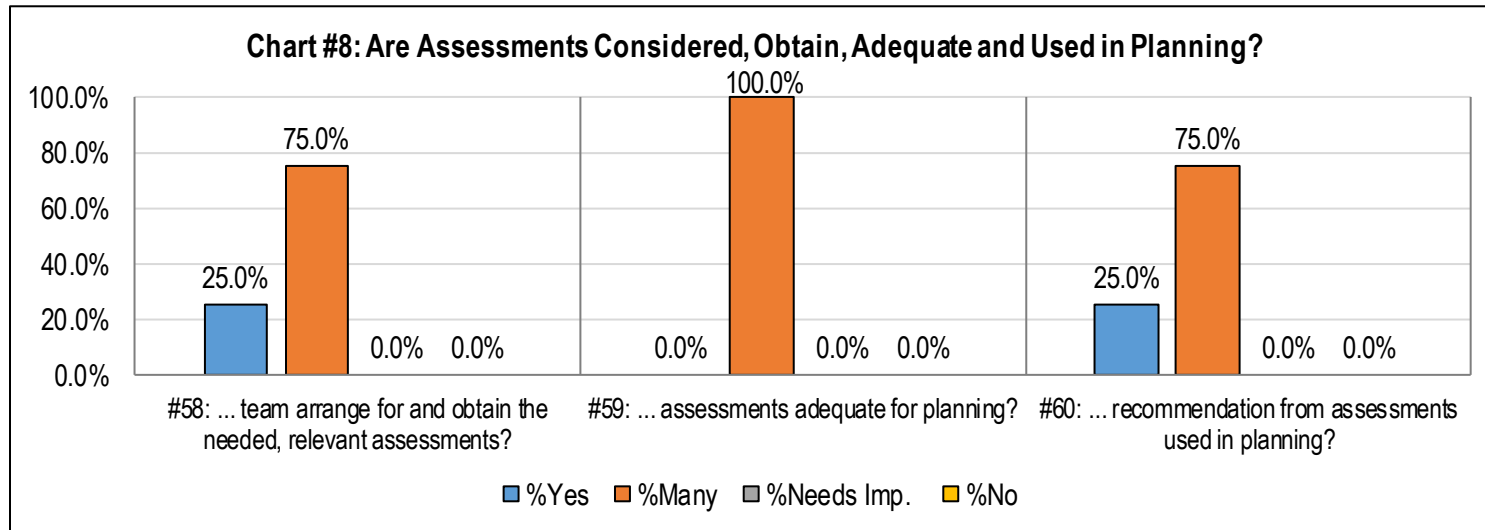


Ensuring individuals have the medical treatment they require includes scheduling and obtaining needed assessments and using information from those assessments to influence treatment and inform future planning. The IQR also evaluates the assessments needed by the individual and whether or not those assessments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

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

Question #59: Are the assessments adequate for planning?

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



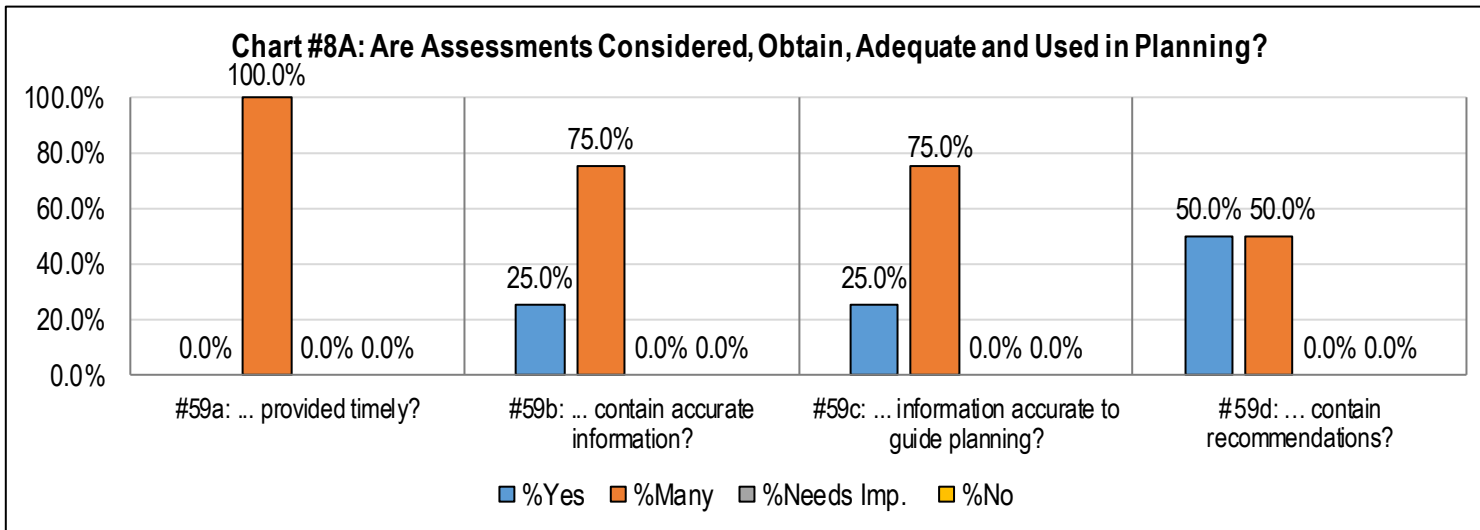
To further illustrate the ways in which assessments were not adequate the next chart includes the responses to the following questions:

Question #59a: Were assessments provided timely?

Question #59b: Did assessments contain accurate information?

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

Question #59d: Did assessments contain recommendations?



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

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

1. Medication, MAR, Dr. orders inconsistencies (35 issues)
2. Nationally recommended immunizations/screenings not discussed or completed (16 issues)

Benchmark and EnSuenos had the most medical issues on average, 24 and 19 respectively, with one person each on the sample

Chart #9: Type of Issues identified by Residential Agency						
PROVIDER (# IN SAMPLE)	Benchmark (1)	EnSuenos (1)	Mi Via (2)	R-Way (1)	Santa Maria (1 ICF/IDD)	TOTAL
ISSUE						
APPOINTMENTS						
Audiology: not completed	0	0	0	0	0	0

Chart #9: Type of Issues identified by Residential Agency

PROVIDER (# IN SAMPLE)	Benchmark (1)	EnSuenos (1)	Mi Via (2)	R-Way (1)	Santa Maria (1 ICF/IDD)	TOTAL
Dental: follow up not completed / not timely	0	0	0	0	0	0
Neurology: follow up not completed / not timely	1	0	0	0	0	1
PCP: follow up not completed / not timely	1	0	0	0	0	1
Psych: follow up not completed/not timely	0	0	0	0	0	0
Specialists: follow up not completed / not timely	0	0	0	0	1	1
Specialists: report not provided for review	0	0	0	0	0	0
Vision: not completed / not current	0	0	0	0	0	0
MAR/MEDICATIONS						
MAR/Medication/Dr. Orders do not match (med strength, delivery method, purpose of med)	16	15	0	4	0	35
MAR needs updating	0	0	0	0	0	0
Meds not administered / given as required	0	0	0	0	0	0
Med review needed	0	0	0	0	0	0
Expired med in home	0	0	0	0	0	0

Chart #9: Type of Issues identified by Residential Agency

PROVIDER (# IN SAMPLE)	Benchmark (1)	EnSuenos (1)	Mi Via (2)	R-Way (1)	Santa Maria (1 ICF/IDD)	TOTAL
Med not found	0	0	0	0	0	0
Med orders not received	0	0	0	0	0	0
Expired prescriptions found / orders not current	0	0	0	0	0	0
Meds not stored properly	0	1	0	0	0	1
Screenings						
a. No evidence of Hep B/HepC screening or team discussion thereof	1	1	3	0	1	6
b. No evidence of shingles vaccine or team discussion thereof	0	0	2	0	0	2
c. No evidence of HIV screening or team discussion thereof	1	0	1	0	1	3
d. No evidence of TD/Tdap immunizations or team discussion thereof	0	0	2	0	0	2
e. No evidence of colorectal screening or team discussion thereof	1	0	0	0	1	2
f. No evidence of flu or pneumonia vaccine or team discussion thereof	0	0	0	0	1	1
g. No evidence of mammogram or team discussion thereof	0	0	0	0	0	0
h. No evidence of cervical cancer screening or team discussion thereof	0	0	0	0	0	0
AIMS or other TD screening	0	0	0	0	0	0

Chart #9: Type of Issues identified by Residential Agency						
PROVIDER (# IN SAMPLE)	Benchmark (1)	EnSuenos (1)	Mi Via (2)	R-Way (1)	Santa Maria (1 ICF/IDD)	TOTAL
No evidence of test / lab screening or alt. option discussed.	0	0	0	0	1	1
No evidence of recommended bone density scan.	0	0	0	0	1	1
Other						
AT Equipment: not on AT list or ISP / found / provided /or working, etc.	3	1	0	0	0	4
DNR: confusion about status	0	1	0	0	1	2
Totals	24	19	8	4	8	63
Average	24	19	4	4	8	10.5

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

Question #50: Was the eChat updated timely?

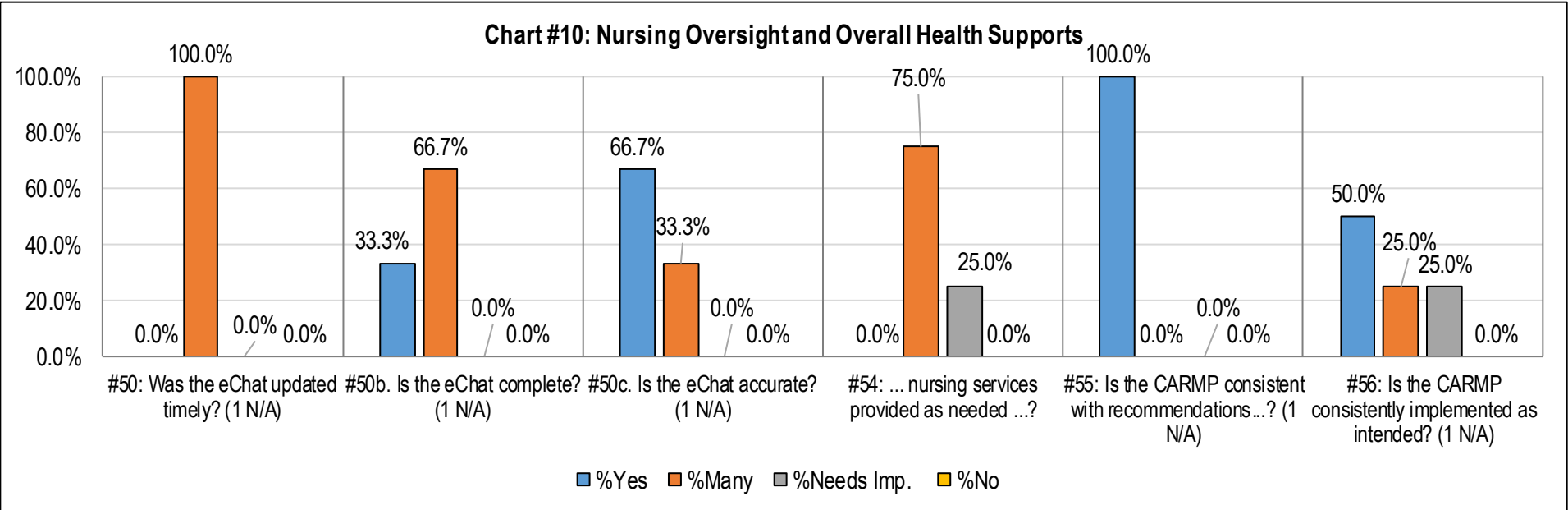
Question #50b: Is the eChat complete?

Question #50c: Is the eChat accurate?

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

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

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



Oversight provided by nurses is a critical safeguard for Jackson Class Members, direct support professionals and their supervisors. This includes the adequacy and incorporation of needed (health related) tracking. The table below provides specific details, by Residential provider, of nursing related issues identified during the FY2022 Northeast Region IQR. Again, this represents the number of issues found; not the number of findings.

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

1. Healthcare oversight/monitoring (58 issues)
2. Staff training (18 issues)
3. HCPs/MERPs inaccurate/incomplete (11 issues)

EnSuenos and Benchmark had the most medical issues on average, 66 and 27 respectively, with one person each on the sample

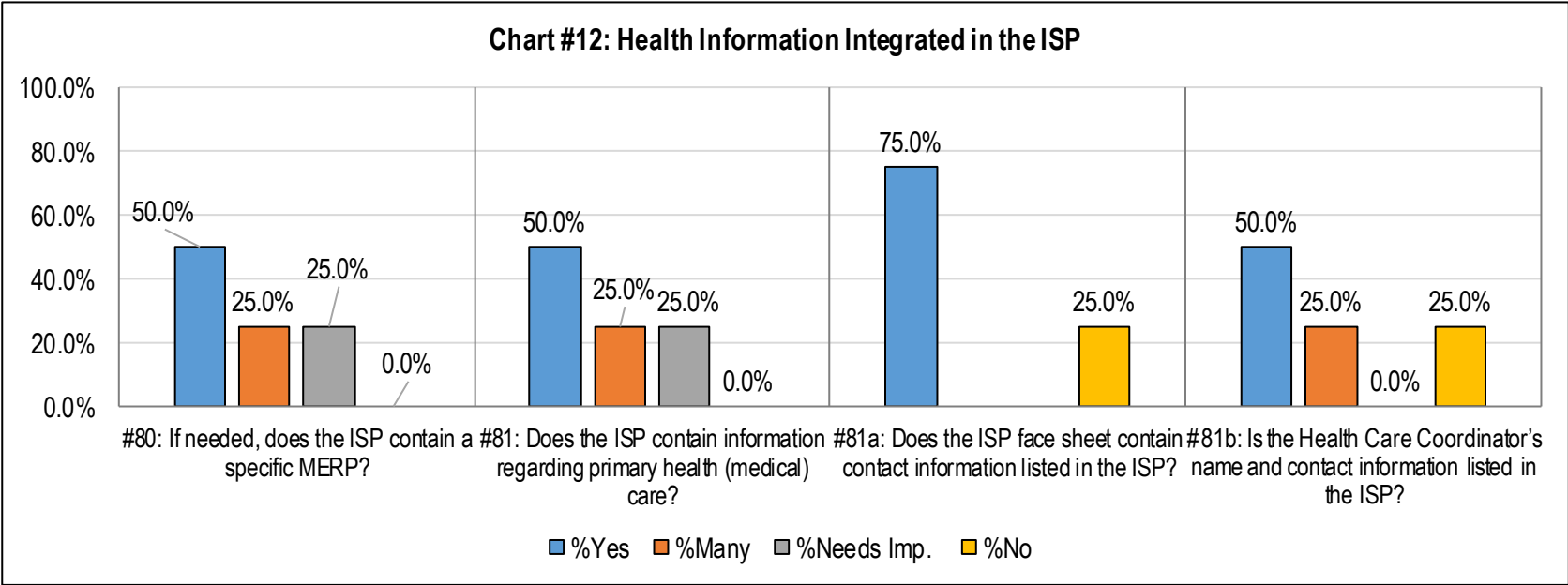
Chart #11: Type of Nursing Related Issues Identified by Residential Provider						
PROVIDER (# IN SAMPLE)	Benchmark (1)	EnSuenos (1)	Mi Via (2)	R-Way (1)	Santa Maria (1 ICF/IDD)	TOTAL
ISSUE						
Nursing Assessments						
ARST: contains conflicting information/not timely/not accurate	0	0	0	0	0	0
Aspiration: documents conflict on risk level	0	0	0	0	2	2
CARMP: inaccurate/ incomplete/not current	0	2	0	0	1	3
CARMP: not timely	0	0	0	0	0	0
CARMP: not implemented properly	1	0	0	0	0	1
CARMP: conflicts with other documents	0	0	0	0	0	0
e-CHAT: incorrect/inconsistent /not updated timely	0	0	0	0	0	0
e-CHAT: inconsistencies with diagnoses/conditions in other documents	0	0	0	0	0	0
HCPs: inaccurate/incomplete	0	0	0	0	1	1
HCPs: need review/updating/more detail	0	0	0	0	0	0

Chart #11: Type of Nursing Related Issues Identified by Residential Provider						
PROVIDER (# IN SAMPLE)	Benchmark (1)	EnSuenos (1)	Mi Via (2)	R-Way (1)	Santa Maria (1 ICF/IDD)	TOTAL
HCPs: not found	1	0	0	0	0	1
HCP for Aspiration and CARMP	0	0	0	1	0	1
MAAT: incorrect/inconsistent information	0	0	0	0	0	0
MAAT: not timely	0	0	0	0	0	0
MERPs: inaccurate/incomplete	0	7	0	0	0	7
MERPs: need review, updating, more detail	0	0	0	0	0	0
MERPs: not found	1	0	0	0	0	1
Inconsistency between HCP/ CARMP/MERP/e-CHAT/MARS/Plans	0	0	0	0	0	0
Nursing Documentation						
Nursing reports not timely completed	0	2	0	0	0	2
Nursing reports not provided for review	0	0	0	0	0	0
Nursing reports not accurate/missing information/inadequate	1	0	0	0	0	1
No evidence of nursing face-to-face visits as required	0	12	0	0	0	12
Nurse not attending ISP meeting	0	0	0	0	0	0
Nurse not familiar with health-related needs/recommendations	0	6	0	0	0	6
Staff needs more training on health-related needs/recommendations	3	7	0	0	8	18
Nurse not monitoring as required, e.g., tracking, plans, meds, appointments, etc.	20	30	0	0	8	58

Chart #11: Type of Nursing Related Issues Identified by Residential Provider						
PROVIDER (# IN SAMPLE)	Benchmark (1)	EnSuenos (1)	Mi Via (2)	R-Way (1)	Santa Maria (1 ICF/IDD)	TOTAL
Totals	27	66	0	1	20	114
Average	27	66	0	1	20	19

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

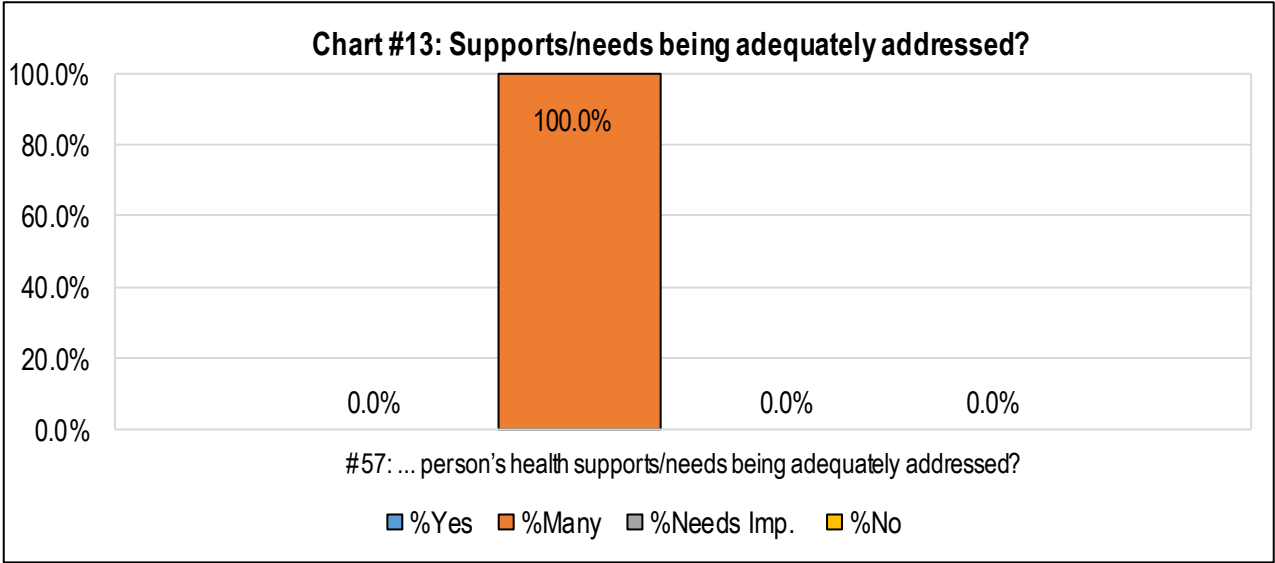
- Question #80: If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)?
- Question #81: Does the ISP contain information regarding primary health (medical) care?
- Question #81a: Does the ISP face sheet contain contact information listed in the ISP?
- Question #81b: Is the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



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

#57: Are the person's health supports/needs being adequately addressed?

As noted in the chart below, for the four (4) people receiving DDW/ICF supports reviewed in the Northeast Region, overall, none had their health supports/needs adequately addressed (0% Yes). All four (4) had many of their needs addressed (100% Many%). Please refer to questions #57a - #57e on page 50 at the end of this report for further detail.



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

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

- Healthcare tracking/ancillary providers:
 1. Fluid input/output/BM (18 issues)
 2. Nutrition (14)

EnSuenos and Benchmark had the most issues on average, 24 and 25 respectively, with one person each on the sample

Chart #14: Issues Found Which Affect the Adequacy of Health Care Provision, by Residential Provider						
PROVIDER (# IN SAMPLE)	Benchmark (1)	EnSuenos (1)	Mi Via (2)	R-Way (1)	Santa Maria (1 ICF/IDD)	TOTAL
ISSUE						
Healthcare Tracking						
Blood Pressure Tracking issues	0	0	0	0	0	0
Blood Glucose Tracking issues	0	0	0	0	0	0
Fluid Input/Urine Output/Bowel Movement Tracking issues	18	0	0	0	0	18
Repositioning Tracking issues	0	0	0	0	0	0
Seizure Tracking issues	0	0	0	0	0	0
Skin & Wound Tracking issues	0	0	0	0	0	0
Tracking requested, not provided for review	0	0	0	0	0	0
Weight Tracking issues	0	0	0	0	8	8
Nutrition						
Nutrition: Inadequate/inconsistent	0	0	0	0	4	4
Nutrition: Not timely	0	0	0	0	2	2
Nutrition: Not received	0	8	0	0	0	8
Physical Therapy						

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

PROVIDER (# IN SAMPLE)	Benchmark (1)	EnSuenos (1)	Mi Via (2)	R-Way (1)	Santa Maria (1 ICF/IDD)	TOTAL
PT Report/Eval: Not timely for planning/use	0	0	0	0	0	0
PT Report/Eval: Inadequate/Inaccurate	0	1	0	0	0	1
PT Report/Eval/WDSI: Not provided for review	0	0	0	0	0	0
PT WDSI: Inadequate	0	2	0	0	0	2
PT WDSI: Not found in home	0	0	0	0	0	0
PT Plans: DSP need more training	0	2	0	0	2	4
Occupational Therapy						
OT Report/Eval: Not available/timely for planning/use	0	0	0	0	0	0
OT Report/Eval: Inadequate/Inaccurate	1	3	0	0	0	4
OT Report/Eval/WDSI: Not provided for review	1	0	0	0	0	1
OT WDSI: Inadequate	0	2	0	0	0	2
OT Plans: DSP need more training	1	3	0	0	0	4
Speech Language Pathology						
SLP Report/Eval: Not available/timely for planning/use	0	0	0	0	0	0
SLP Report/Eva: Inadequate/Inaccurate	1	1	0	0	0	2
SLP Report/Eval/WDSI: Not provided for review	1	0	0	0	0	1
SLP WDSI: Inadequate	0	1	0	0	0	1
SLP Plans: DSP need more training	1	1	0	0	0	2
Behavior Support Consultation						
BSC Report/Eval: Not available/timely for planning/use	0	0	0	0	0	0

Chart #14: Issues Found Which Affect the Adequacy of Health Care Provision, by Residential Provider						
PROVIDER (# IN SAMPLE)	Benchmark (1)	EnSuenos (1)	Mi Via (2)	R-Way (1)	Santa Maria (1 ICF/IDD)	TOTAL
BSC Report/Eval: Inadequate	1	0	0	0	0	1
BSC Report/Eval: Inadequate/Inaccurate	0	0	0	0	0	0
BSC Report/Eval: Not provided for review	0	0	0	0	0	0
BSC: DSP need more training	0	0	0	0	0	0
Totals	25	24	0	0	16	65
Average	25	24	0	0	16	10.8

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

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

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

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

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

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

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

Chart #15: Participation in the ISP planning meeting

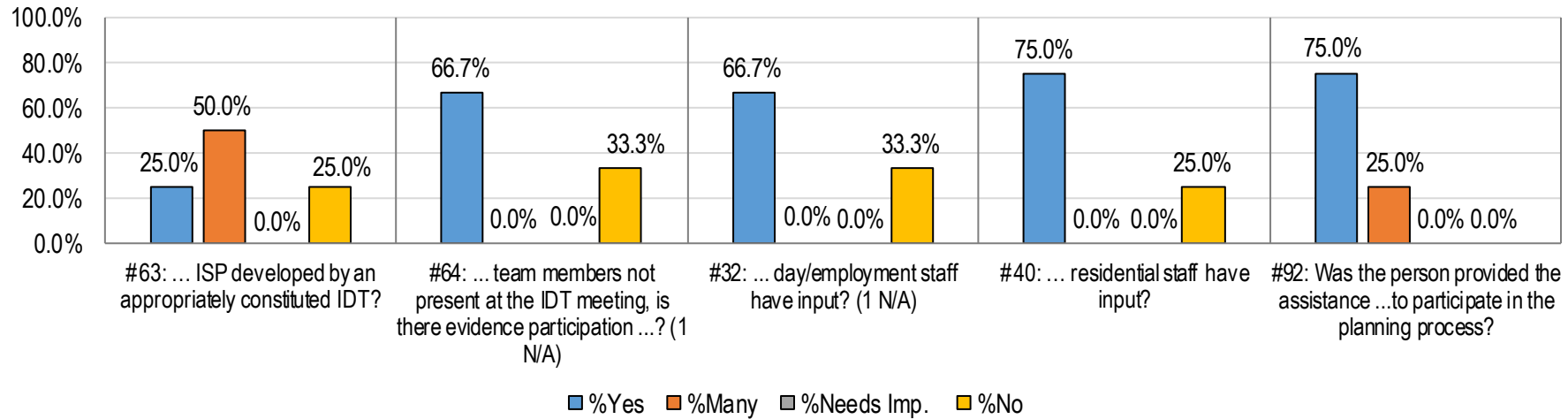


Chart #16: ISP Development Participation, by Residential Provider

Res. Agency (# in sample)	Question				
	#63	#64	#32	#40	#92
Benchmark (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
EnSuenos (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Mi Via (2)	N/A	N/A	N/A	N/A	N/A
R-Way (1)	100% Yes (1)	(1 N/A)	(1 N/A)	100% Yes (1)	100% Yes (1)
SMEM (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)

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

CM Agency (# in sample)	Question				
	#63	#64	#32	#40	#92
Los Amigos (1 Mi Via)	N/A	N/A	N/A	N/A	N/A
SMEM (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)
Unidas Case Management (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Visions Case Management (2 DDW, 1 MV)	50% Yes (1) 50% Many (1) (1 N/A)	100% Yes (1) (2 N/A)	100% Yes (1) (2 N/A)	100% Yes (2) (1 N/A)	100% Yes (2) (1 N/A)

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

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

Chart #18: Long Term Vision and Outcomes Protocol Questions

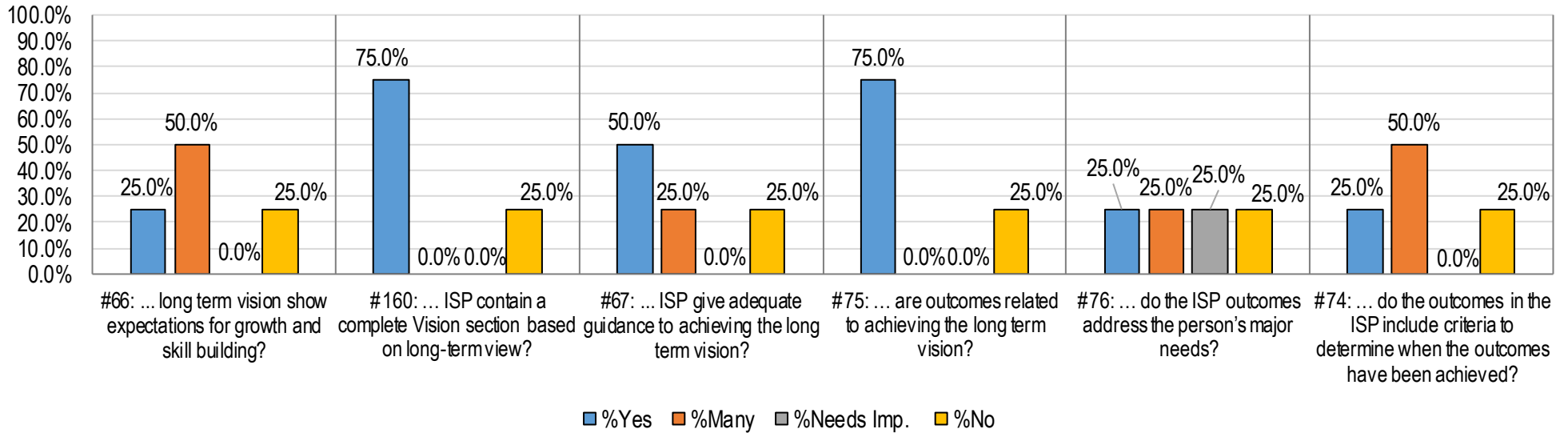


Chart #19: Vision and Outcome Scores, by Residential Agency

Res Agency (# in sample)	Question					
	#66	#160	#67	#75	#76	#74
Benchmark (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)
EnSuenos (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)
Mi Via (2)	N/A	N/A	N/A	N/A	N/A	N/A
R-Way (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)
SMEM (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)

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

CM Agency (# in sample)	Question					
	#66	#160	#67	#75	#76	#74
Los Amigos (1 Mi Via)	N/A	N/A	N/A	N/A	N/A	N/A
SMEM (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)
Unidas Case Management (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)
Visions Case Management (2 DDW, 1 MV)	0% Yes 100% Many (2) (1 N/A)	100% Yes (2) (1 N/A)	50% Yes (1) 50% Many (1) (1 N/A)	100% Yes (2) (1 N/A)	50% Yes (1) 50% Needs Impv (1) (1 N/A)	0% Yes 100% Many (2) (1 N/A)

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

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

Chart #21 Data Measurability and Action Steps

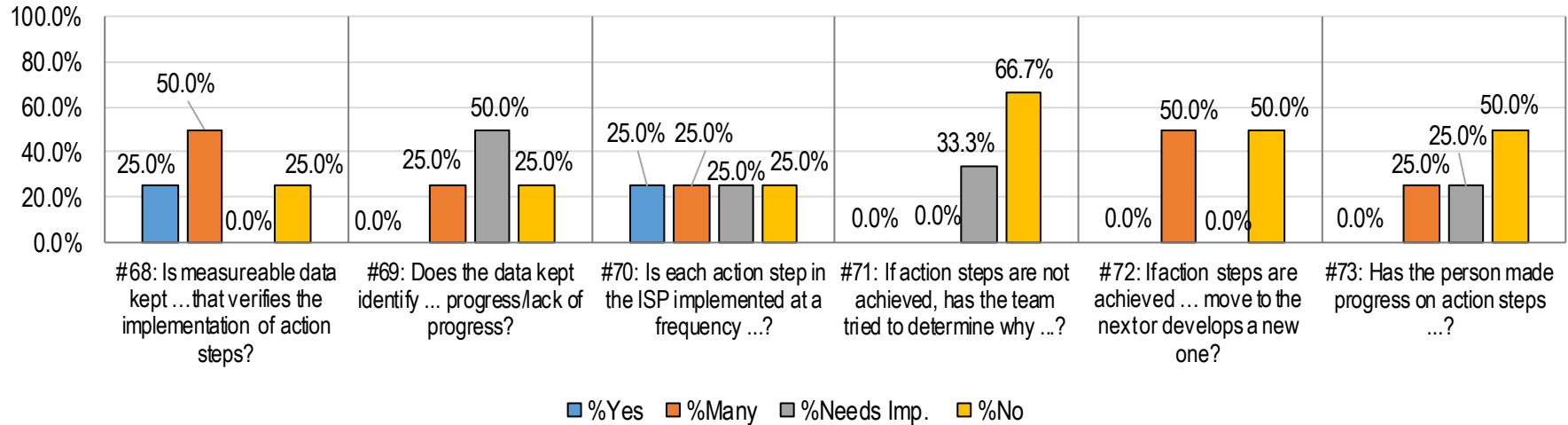


Chart #22: Data and Related ISP Action Step Scores by Residential Agency

Res Agency (# in sample)	Question					
	#68	#69	#70	#71	#72	#73
Benchmark (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)
EnSuenos (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	(1 N/A)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)
Mi Via (2)	N/A	N/A	N/A	N/A	N/A	N/A
R-Way (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
SMEM (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)

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

CM Agency (# in sample)	Question					
	#68	#69	#70	#71	#72	#73
Los Amigos (1 Mi Via)	N/A	N/A	N/A	N/A	N/A	N/A
SMEM (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)
Unidas Case Management (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	(1 N/A)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)
Visions Case Management (2 DDW, 1 MV)	50% Yes (1) 50% Many (1) (1 N/A)	0% Yes 50% Many (1) 50% Needs Impv (1) (1 N/A)	0% Yes 50% Many (1) 50% Needs Impv (1) (1 N/A)	0% Yes 50% Needs Impv (1) 50% No (1) (1 N/A)	0% Yes 50% Many (1) 50% No (1) (1 N/A)	0% Yes 50% Many (1) 50% No (1) (1 N/A)

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

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

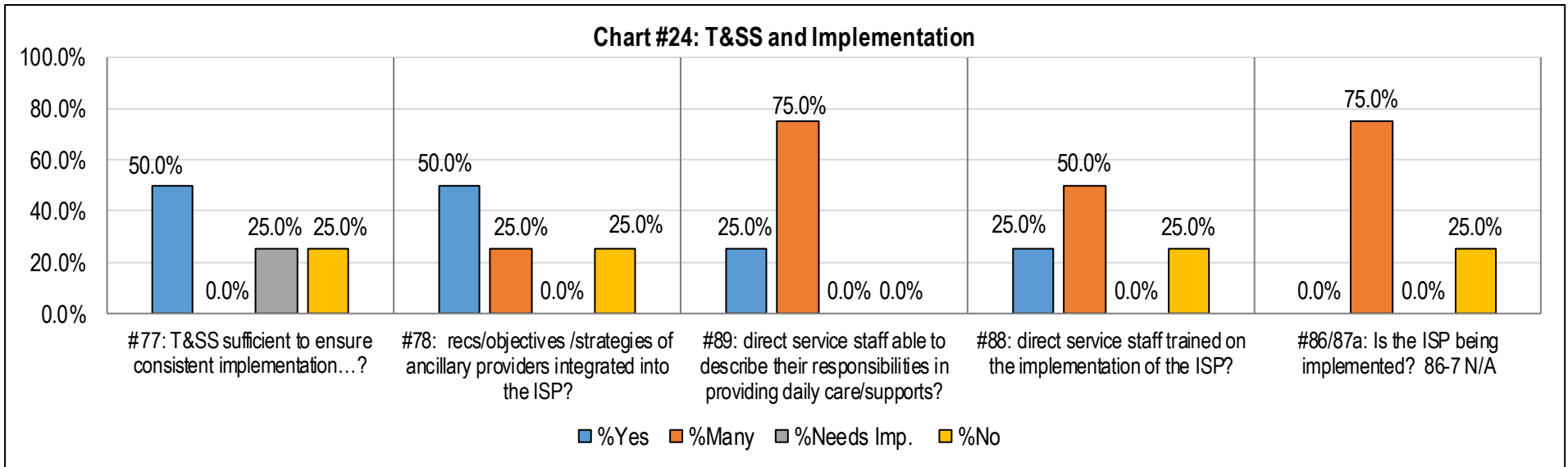


Chart #25: T&SS and ISP Implementation Scores by Residential Agency

Res. Agency (# in sample)	Question				
	#77	#78	#89	#88	#87a
Benchmark (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
EnSuenos (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Mi Via (2)	N/A	N/A	N/A	N/A	N/A
R-Way (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)
SMEM (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	0% Yes 100% No (1)

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

CM Agency (# in sample)	Question				
	#77	#78	#89	#88	#87a
Los Amigos (1 Mi Via)	N/A	N/A	N/A	N/A	N/A
SMEM (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	0% Yes 100% No (1)
Unidas Case Management (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Visions Case Management (2 DDW, 1 MV)	50% Yes (1) 50% Needs Impv (1) (1 N/A)	100% Yes (2) (1 N/A)	50% Yes (1) 50% Many (1) (1 N/A)	50% Yes (1) 50% Many (1) (1 N/A)	0% Yes 100% Many (2) (1 N/A)

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

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

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

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

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

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

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

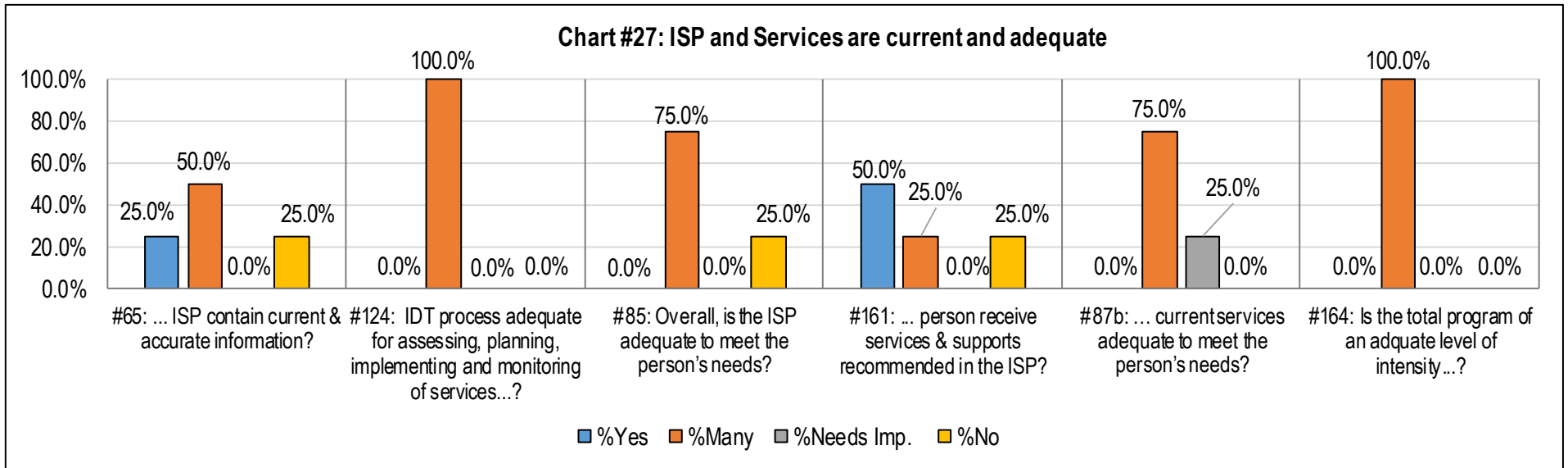


Chart #28: ISP Content and Adequacy Scores, by Residential Agency

Res. Agency (# in sample)	Question					
	#65	#124	#85	#161	#87b	#164
Benchmark (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
EnSuenos (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)
Mi Via (2)	N/A	N/A	N/A	N/A	N/A	N/A
R-Way (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
SMEM (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Many (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
Los Amigos (1 Mi Via)	N/A	N/A	N/A	N/A	N/A	N/A
SMEM (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Unidas Case Management (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)
Visions Case Management (2 DDW, 1 MV)	50% Yes (1) 50% Many (1) (1 N/A)	0% Yes 100% Many (2) (1 N/A)	0% Yes 100% Many (2) (1 N/A)	50% Yes (1) 50% Many (1) (1 N/A)	0% Yes 100% Many (2) (1 N/A)	0% Yes 100% Many (2) (1 N/A)

G. Case Management

Case Management services are intended to be person-centered and are key to enabling people to pursue their desired life outcomes while gaining greater independence and access to needed services and supports. Overall, case management scores have improved over the last year. 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?

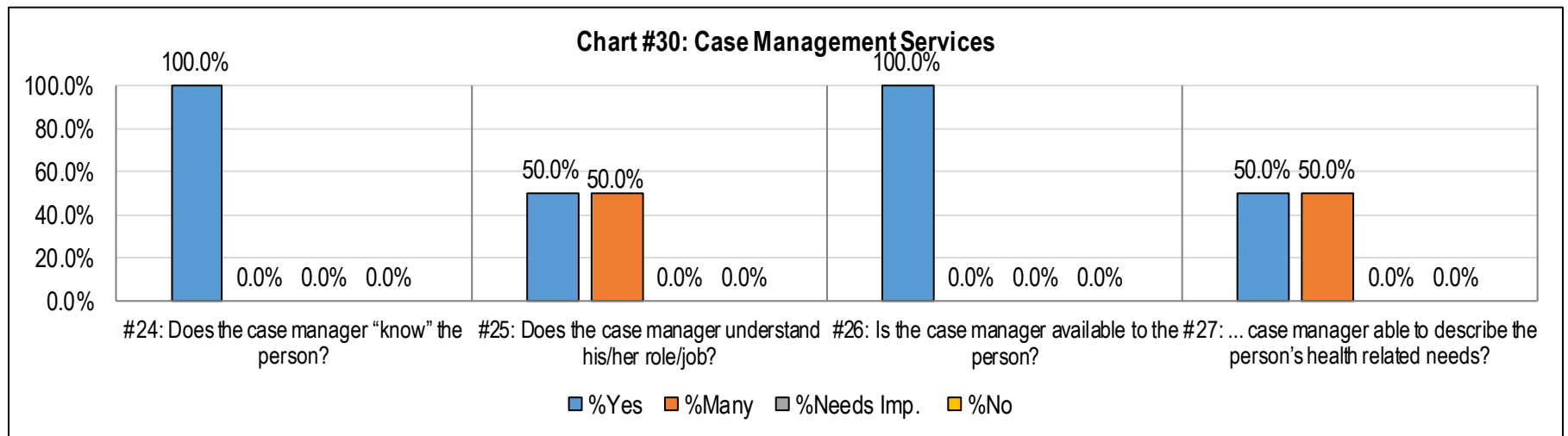


Chart #31: Case Management Scores, by Case Management Agency

CM Agency (# in sample)	Question			
	#24	#25	#26	#27
Los Amigos (1 Mi Via)	N/A	N/A	N/A	N/A
SMEM (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)
Unidas Case Management (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)
Visions Case Management (2 DDW, 1 MV)	100% Yes (2) (1 N/A)	50% Yes (1) 50% Many (1) (1 N/A)	100% Yes (2) (1 N/A)	100% Yes (2) (1 N/A)

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

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

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

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

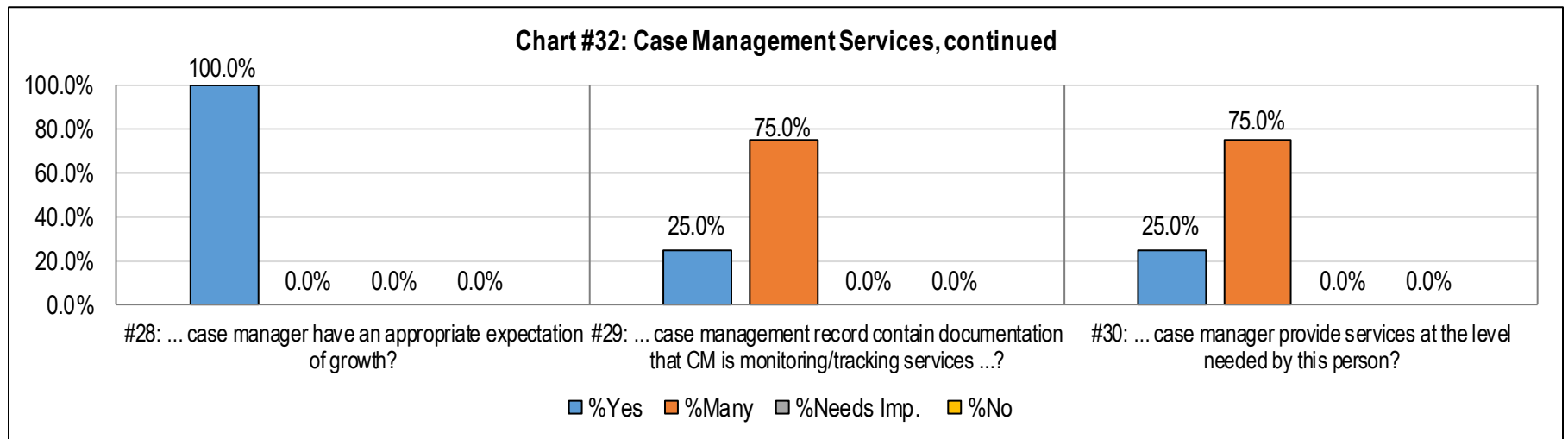


Chart #33: Case Management Scores, by Case Management Agency

CM Agency (# in sample)	Question		
	#28	#29	#30
Los Amigos (1 Mi Via)	N/A	N/A	N/A
SMEM (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)
Unidas Case Management (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Visions Case Management (2 DDW, 1 MV)	100% Yes (2) (1 N/A)	50% Yes (1) 50% Many (1) (1 N/A)	0% Yes 100% Many (2) (1 N/A)

H. Supported Employment

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

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

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

Informed choice generally includes the following:

Also, the following contains information from 2018 DD Waiver Standards Chapter 4.5 and 6.6.3.4

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

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

1. Components of Informed Choice: Assessment

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

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

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

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

Question #129. Is the individual engaged in the Informed Choice Project? This Project has been discontinued and the question is no longer asked.

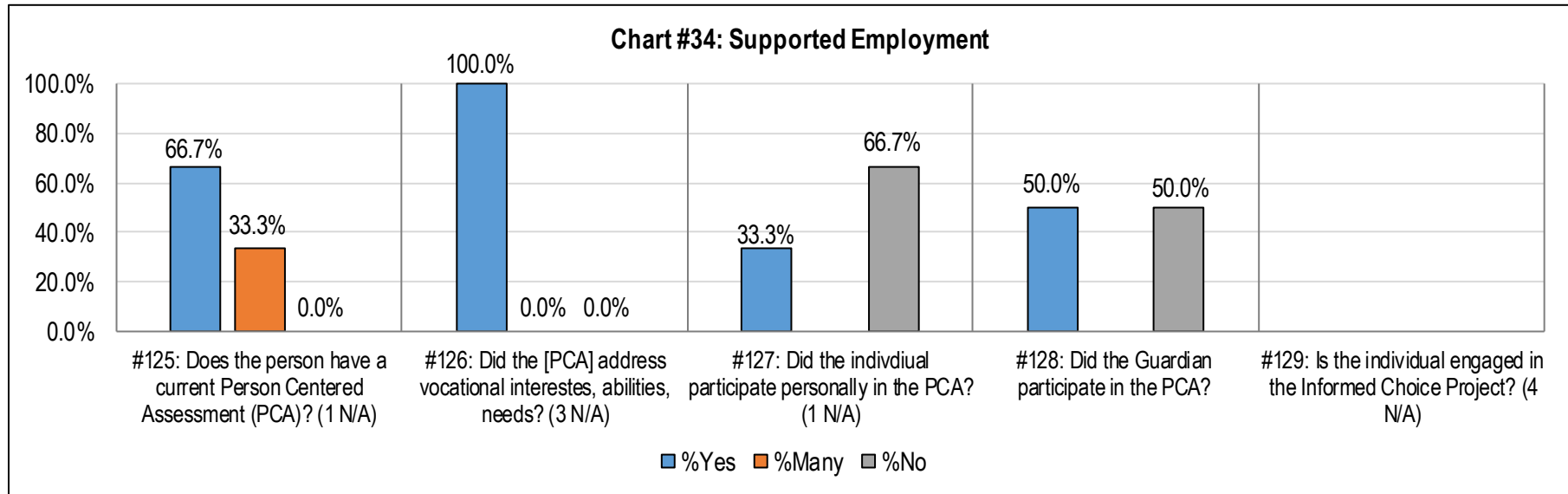


Chart #35: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	Question				
	#125	#126	#127	#128	#129
Benchmark (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% No (1)	100% Yes (1)	(1 N/A)
EnSuenos (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	(1 N/A)
Mi Via (2)	N/A	N/A	N/A	N/A	N/A
R-Way (1)	100% Yes (1)	(1 N/A)	0% Yes 100% No (1)	0% Yes 100% No (1)	(1 N/A)
SMEM (1)	(1 N/A)	(1 N/A)	(1 N/A)	0% Yes 100% No (1)	(1 N/A)

Chart #36: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	Question				
	#125	#126	#127	#128	#129
Los Amigos (1 Mi Via)	N/A	N/A	N/A	N/A	N/A
SMEM (1)	(1 N/A)	(1 N/A)	(1 N/A)	0% Yes 100% No (1)	(1 N/A)
Unidas Case Management (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	(1 N/A)
Visions Case Management (2 DDW, 1 MV)	50% Yes (1) 50% Many (1) (1 N/A)	100% Yes (1) (2 N/A)	0% Yes 100% No (2) (1 N/A)	50% Yes (1) 50% No (1) (1 N/A)	(3 N/A)

2. Components of Informed Choice: Information and Experience

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

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

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

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

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

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

Chart #37: Supported Employment, continued

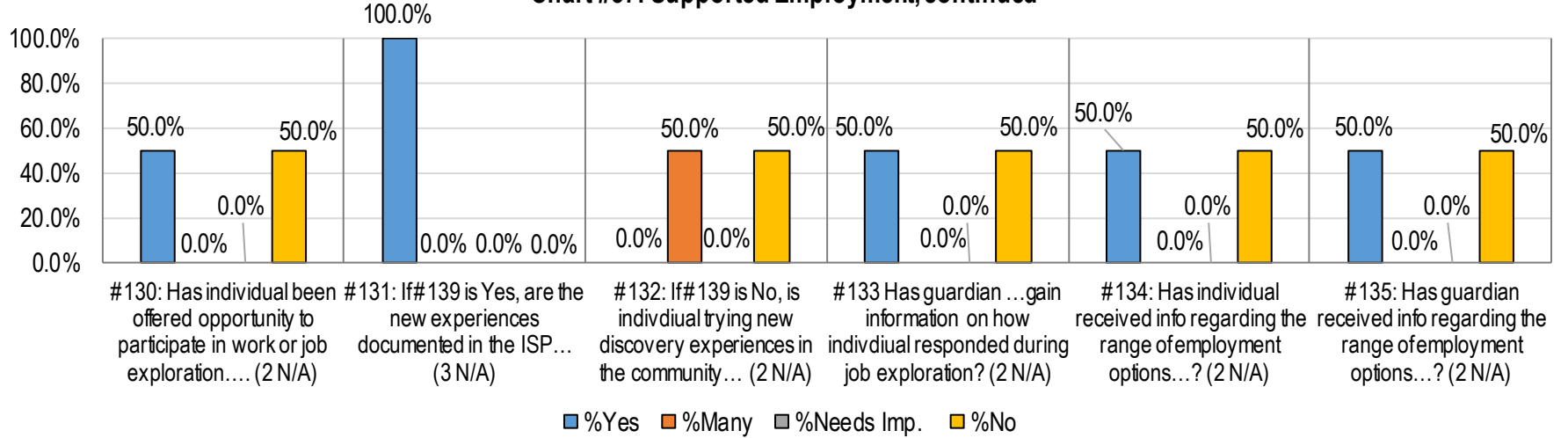


Chart #38: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	Question					
	#130	#131	#132	#133	#134	#135
Benchmark (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
EnSuenos (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
Mi Via (2)	N/A	N/A	N/A	N/A	N/A	N/A
R-Way (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
SMEM (1)	0% Yes 100% No (1)	(1 N/A)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)

Chart #39: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	Question					
	#130	#131	#132	#133	#134	#135
Los Amigos (1 Mi Via)	N/A	N/A	N/A	N/A	N/A	N/A
SMEM (1)	0% Yes 100% No (1)	(1 N/A)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)
Unidas Case Management (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
Visions Case Management (2 DDW, 1 MV)	100% Yes (1) (2 N/A)	100% Yes (1) (2 N/A)	0% Yes 100% Many (1) (2 N/A)	100% Yes (1) (2 N/A)	100% Yes (1) (2 N/A)	100% Yes (1) (2 N/A)

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

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

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

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

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

Chart #40: Supported Employment, continued

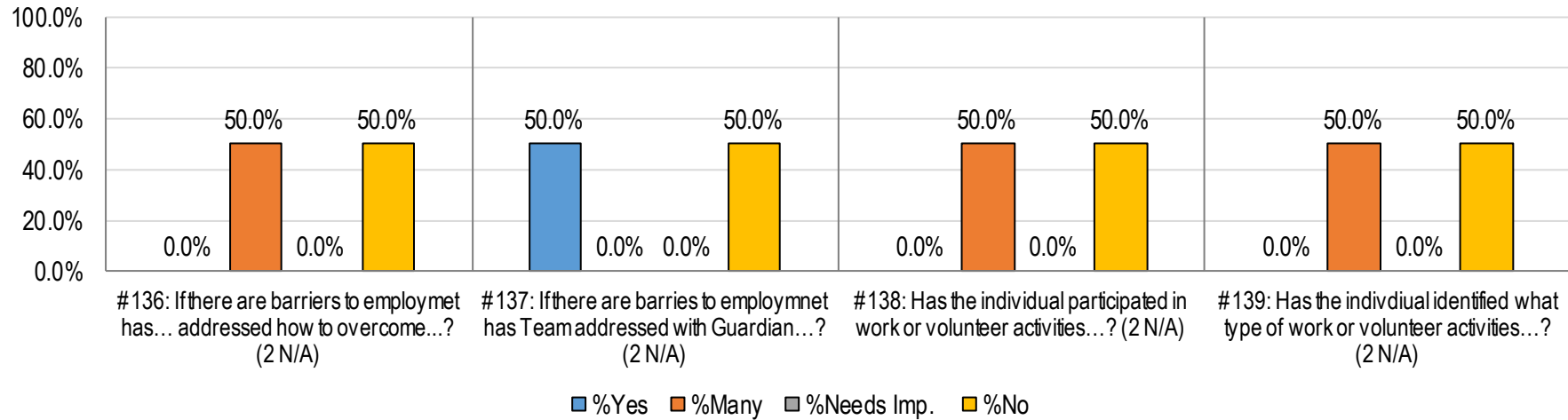


Chart #41: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	Question			
	#136	#137	#138	#139
Benchmark (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
EnSuenos (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
Mi Via (2)	N/A	N/A	N/A	N/A
R-Way (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
SMEM (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)

Chart #42: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	Question			
	#136	#137	#138	#139
Los Amigos (1 Mi Via)	N/A	N/A	N/A	N/A
SMEM (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)
Unidas Case Management (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
Visions Case Management (2 DDW, 1 MV)	0% Yes 100% Many (1) (2 N/A)	100% Yes (1) (2 N/A)	0% Yes 100% Many (1) (2 N/A)	0% Yes 100% Many (1) (2 N/A)

4. JCMs Involved in Supported Employment

- Question #140. Does the Guardian support him/her working?
- Question #142. Is the individual engaged in Supported Employment?
- Question #144. Does the person have a Career Development Plan?

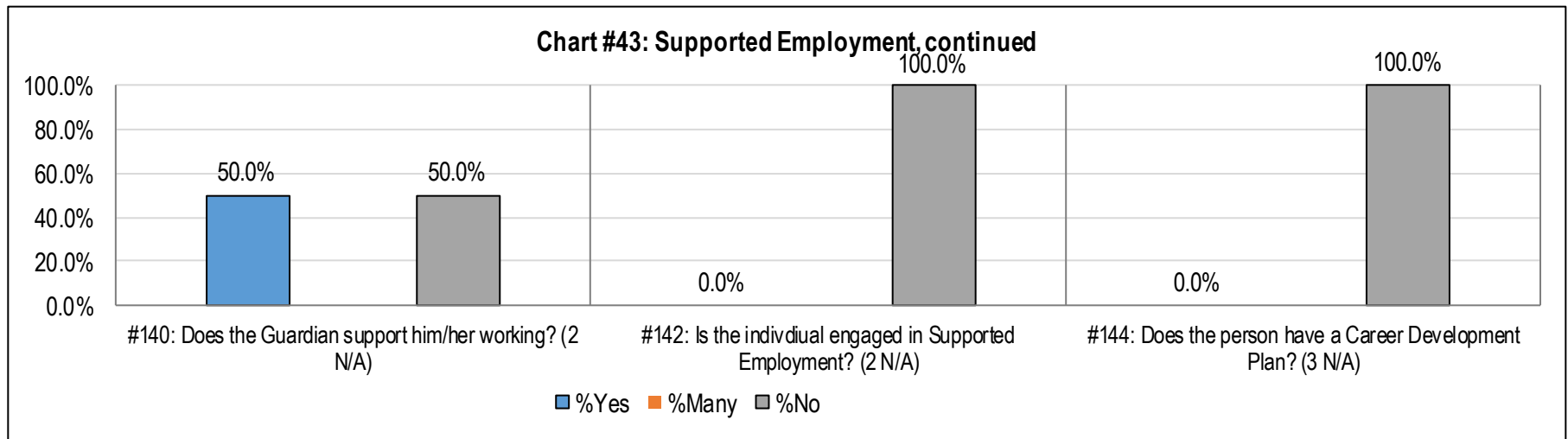


Chart #44: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	Question		
	#140	#142	#144
Benchmark (1)	100% Yes (1)	0% Yes 100% No (1)	(1 N/A)
EnSuenos (1)	(1 N/A)	(1 N/A)	(1 N/A)
Mi Via (2)	N/A	N/A	N/A
R-Way (1)	(1 N/A)	(1 N/A)	(1 N/A)
SMEM (1)	0% Yes 100% No (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
Los Amigos (1 Mi Via)	N/A	N/A	N/A
SMEM (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)
Unidas Case Management (1)	(1 N/A)	(1 N/A)	(1 N/A)
Visions Case Management (2 DDW, 1 MV)	100% Yes (1) (2 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 Northeast Region Review. The questions **highlighted** are included in the data tables above.

Question	FY22 (sample = 4)
CASE MANAGEMENT	
24. Does the case manager “know” the person? CPRQ26; ‘17IQR#8c, ‘18IQR24	100% Yes (4)
25. Does the case manager understand his/her role/job? CPRQ27 ‘17IQR#16, ‘18IQR25	50% Yes (2) 50% Many (2)
26. Is the case manager available to the person? CPRQ29; ‘17IQR#16a, ‘18IQR27	100% Yes (4)
27. Was the case manager able to describe the person’s health related needs? CPRQ30, ‘18IQR28	50% Yes (2) 50% Many (2)
28. Does the case manager have an appropriate expectation of growth for this person? CPRQ31, ‘18IQR29	100% Yes (4)
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	25% Yes (1) 75% Many (3)
30. Does the case manager provide case management services at the level needed by this person? CPRQ33; ‘17IQR#16c, ‘18IQR31	25% Yes (1) 75% Many (3)
EMPLOYMENT AND DAY	
31. Does the direct services staff “know” the person? CPRQ35; ‘17IQR#8a, ‘18IQR33	100% Yes (3) (1 N/A)
32. Does the direct service staff have input into the person’s ISP? CPRQ36, ‘18IQR34	66.7% Yes (2) 33.3% No (1) (1 N/A)
33. Did the direct service staff receive training on implementing this person’s ISP? CPRQ37, ‘18IQR35	0% Yes 66.7% Many (2) 33.3% No (1) (1 N/A)

Question	FY22 (sample = 4)
34. Was the direct service staff able to describe this person's health-related needs? CPRQ38, '18IQR36	0% Yes 66.7% Many (2) 33.3% Needs Impv (1) (1 N/A)
35. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39, '18IQR37	0% Yes 100% Many (3) (1 N/A)
35a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a, '18IQR37a	66.7% Yes (2) 33.3% Many (1) (1 N/A)
35b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ39b, '18IQR37b	0% Yes 66.7% Many (2) 33.3% No (1) (1 N/A)
36. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ41, '18IQR39	66.7% Yes (2) 33.3% No (1) (1 N/A)
37. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42, '18IQR40	100% Yes (3) (1 N/A)
38. Does the person's day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43, '18IQR41	(4 CND)
RESIDENTIAL	
39. Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b, '18IQR42	100% Yes (4)
40. Does the direct service staff have input into the person's ISP? CPRQ45, '18IQR43	75% Yes (3) 25% No (1)
41. Did the direct service staff receive training on implementing this person's ISP? CPRQ46, '18IQR44	50% Yes (2) 25% Needs Impv (1) 25% No (1)

Question	FY22 (sample = 4)
42. Is the residence safe for individuals (void of hazards)? CPRQ45, '18IQR45	50% Yes (2) 25% Many (1) 25% Needs Impv (1)
43. Was the residential direct service staff able to describe this person's health-related needs? CPRQ48, '18IQR46	25% Yes (1) 50% Many (2) 25% Needs Impv (1)
44. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49, '18IQR47	25% Yes (1) 50% Many (2) 25% Needs Impv (1)
44a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ49a, '18IQR47a	75% Yes (3) 25% Needs Impv (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	25% Yes (1) 25% Many (1) 25% Needs Impv (1) 25% No (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 (4)
46. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52, '18IQR50	100% Yes (4)
47. Does the person's residential environment offer a minimal level of quality of life? CPRQ53, '18IQR51	75% Yes (3) 25% Many (1)
HEALTH	
48. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b, '18IQR52	25% Yes (1) 75% Many (3)
49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21, '18IQR53	25% Yes (1) 50% Many (2) 25% Needs Impv (1)
50. Was the eChat updated timely? '17IQR#18g, '18IQR54	0% Yes 100% Many (3) (1 N/A)

Question	FY22 (sample = 4)
50a. Is the eChat updated timely with the ISP and after changes in condition?	66.7% Yes (2) 33.3% No (1) (1 N/A)
50b. Is the eChat complete?	33.3% Yes (1) 66.7% Many (2) (1 N/A)
50c. Is the eChat accurate?	66.7% Yes (2) 33.3% Many (1) (1 N/A)
51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received? 17IQR#19, '18IQR55	25% Yes (1) 75% Many (3)
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>	25% Yes (1) 75% Many (3)
53. Does the individual receive medication as prescribed? 17IQR#19e, '18IQR57	25% Yes (1) 50% Many (2) 25% Needs Impv (1)
54. Are nursing services provided as needed by the individual? 17IQR#20, '18IQR59	0% Yes 75% Many (3) 25% Needs Impv (1)
55. Is the CARMP consistent with recommendation in other healthcare documents? <i>(Is the CARMP is accurate? '17IQR#21f, '18IQR60)</i>	100% Yes (4)
56. Is the CARMP consistently implemented as intended? , '18IQR61	50% Yes (2) 25% Many (1) 25% Needs Impv (1)
57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19, '18IQR62	0% Yes 100% Many (4)
57a. Are assessment recommendations followed up on in a timely way?	0% Yes 100% Many (4)
57b. Were needed equipment/communication devices delivered timely?	100% Yes (3) (1 N/A)

Question	FY22 (sample = 4)
57c. Were medical specialist appointments attended timely?	50% Yes (2) 25% Many (1) 25% Needs Impv (1)
57d. Were changes in personal condition, if any, responded to timely?	100% Yes (4)
57e. Were Health Care Plans available, accurate and consistently implemented?	25% Yes (1) 50% Many (2) 25% Needs Impv (1)
ASSESSMENTS	
58. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18, '18IQR65	25% Yes (1) 75% Many (3)
59. Are the assessments adequate for planning? CPRQ59; '17IQR#4f, '18IQR66	0% Yes 100% Many (4)
59a. Were assessments provided timely?	0% Yes 100% Many (4)
59b. Did assessments contain accurate information?	25% Yes (1) 75% Many (3)
59c. Did assessments contain information accurate to guide planning?	25% Yes (1) 75% Many (3)
59d. Did assessments contain recommendations?	50% Yes (2) 50% Many (2)
60. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5, '18IQR67	25% Yes (1) 75% Many (3)
ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES	
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	66.7% Yes (2) 33.3% Needs Impv (1) (1 N/A)
62. Is there a document called an Individual Service Plan (ISP) that was developed within the past year? CPRQ61; '17IQR#9, '18IQR69	75% Yes (3) 25% No (1)

Question	FY22 (sample = 4)
63. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3, '18IQR70	25% Yes (1) 50% Many (2) 25% 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, '18IQR71	66.7% Yes (2) 33.3% No (1) (1 N/A)
65. Does my ISP contain current and accurate information? '17IQR#6, '18IQR72	25% Yes (1) 50% Many (2) 25% No (1)
66. Does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b, '18IQR73	25% Yes (1) 50% Many (2) 25% No (1)
67. Does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c, '18IQR74	50% Yes (2) 25% Many (1) 25% No (1)
68. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a, '18IQR75	25% Yes (1) 50% Many (2) 25% 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 25% Many (1) 50% Needs Impv (2) 25% No (1)
70. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c, '18IQR77	25% Yes (1) 25% Many (1) 25% Needs Impv (1) 25% No (1)
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	0% Yes 33.3% Needs Impv (1) 66.7% No (2) (1 N/A)

Question	FY22 (sample = 4)
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 50% Many (2) 50% No (2)
73. Has the person made measurable progress on actions steps during this past year?'17IQR#13b, '18IQR80	0% Yes 25% Many (1) 25% Needs Impv (1) 50% No (2)
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	25% Yes (1) 50% Many (2) 25% No (1)
75. Are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d, '18IQR82	75% Yes (3) 25% 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	25% Yes (1) 25% Many (1) 25% Needs Impv (1) 25% No (1)
77. Are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i, '18IQR84	50% Yes (2) 25% Needs Impv (1) 25% No (1)
78. Are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m, '18IQR85	50% Yes (2) 25% Many (1) 25% No (1)
79. Has the person made measurable progress in therapy this year? '17IQR#13a, '18IQR86	25% Yes (1) 50% Many (2) 25% Needs Impv (1)
80. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c, '18IQR87	50% Yes (2) 25% Many (1) 25% Needs Impv (1)
81. Does the ISP contain information regarding primary health (medical) care? CPRQ74, '18IQR88	50% Yes (2) 25% Many (1) 25% No (1)

Question	FY22 (sample = 4)
81a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a, '18IQR88a	75% Yes (3) 25% No (1)
81b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b, '18IQR88b	50% Yes (2) 25% Many (1) 25% No (1)
82. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76, '18IQR89	50% Yes (2) 25% Many (1) 25% No (1)
83. Based on the evidence, is adequate transportation available for the person? <i>(Does the ISP reflect how the person will get to work/day activities, shopping, and social activities? CPRQ75, '18IQR90)</i>	75% Yes (3) 25% No (1)
84. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a, '18IQR91	25% Yes (1) 25% Many (1) 25% Needs Impv (1) 25% No (1)
85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7, '18IQR92	0% Yes 75% Many (3) 25% No (1)
86. Is the ISP being implemented? (If 85 is "3") CPRQ79 '17IQR#12, '18IQR93	(4 N/A)
87a. Is the ISP being implemented? (If 85 is "0", "1", or "2") CPRQ80a '17IQR#12, '18IQR94a	0% Yes 75% Many (3) 25% No (1)
87b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11, '18IQR94b	0% Yes 75% Many (3) 25% Needs Impv (1)
88. Was the direct service staff trained on the implementation of this person's ISP? CPRQ81, '18IQR95	25% Yes (1) 50% Many (2) 25% No (1)
89. Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82, '18IQR96	25% Yes (1) 75% Many (3)

Question	FY22 (sample = 4)
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 100% Many (4)
91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d, '18IQR99	100% Yes (4)
92. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b, '18IQR100	75% Yes (3) 25% Many (1)
93. Is the person offered a range of opportunities for participation in each life area? CPRQ87, '18IQR101	25% Yes (1) 75% Many (3)
94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30, '18IQR102	75% Yes (3) 25% Many (1)
94a. About where and with whom to live? CPRQ89; '17IQR#23c, '18IQR102a	100% Yes (4)
94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d, '18IQR102b	100% Yes (4)
94c. About where and with whom to socialize/spend leisure time? CPRQ91, '18IQR102c	75% Yes (3) 25% Many (1)
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>)	25% Yes (1) 25% Many (1) 50% Needs Impv (2)
96. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a, '18IQR105	75% Yes (3) 25% Needs Impv (1)
97. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94, '18IQR106	75% Yes (3) 25% No (1)
98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h, '18IQR107	100% Yes (4)
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	66.7% Yes (2) 33.3% Needs Impv (1) (1 N/A)

Question	FY22 (sample = 4)
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	33.3% Yes (1) 66.7% No (2) (1 N/A)
101. Is the person protected from abuse, neglect and exploitation? '17IQR#35, '18IQR110	50% Yes (2) 25% Many (1) 25% Needs Impv (1)
102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b, '18IQR111	100% Yes (2) (2 N/A)
103. Is the individual safe? '17IQR#24, '18IQR112	75% Yes (3) 25% Many (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	50% Moderate (2) 50% 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 (1) 50% Needs Impv (1) (2 N/A)
106. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30, '18IQR115	100% Yes (4)
107. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e, '18IQR116	75% Yes (3) 25% Many (1)
108. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c, '18IQR117	25% Yes (1) 75% Many (3)
109. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e, '18IQR118	75% Yes (3) 25% Many (1)
110. Does the person have sufficient personal money? CPRQ110 '17IQR#34f, '18IQR119	100% Yes (4)
111. Does the person get along with their day program/employment provider staff? CPRQ111, '18IQR120	100% Yes (3) (1 N/A)
112. Does the person get along with their residential provider staff? CPRQ112, '18IQR121	100% Yes (3) (1 N/A)
TEAM PROCESS	

Question	FY22 (sample = 4)
113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10, '18IQR122	0% Yes 100% Many (4)
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	100% Yes (1) (3 N/A)
115. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs? CPRQ 116; '17IQR#17d, '18IQR124	25% Yes (1) 50% Many (2) 25% Needs Impv (1)
116. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117, '18IQR125	50% Yes (2) 50% Many (2)
117. Do you recommend Dispute Resolution for this IDT? CPRQ118, '18IQR126	0% Yes 100% No (4)
118. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#17d, '18IQR127	0% Yes 100% No (4)
119. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c, '18IQR128	50% Yes (2) 50% No (2)
120. If #118 OR #119 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; '18IQR129	100% Yes (2) (2 N/A)
121. Has the person changed residential/day services in the last year? CPRQ122, '18IQR130	25% Yes (1) 75% No (3)
122. If #121 is Yes, was the change Planned by the IDT? CPRQ122a, '18IQR131	100% Yes (1) (3 N/A)
123. If #121 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b, '18IQR132	0% Yes 100% No (1) (3 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 100% Many (4)
SUPPORTED EMPLOYMENT	
125. Does (Name) have a current Person-Centered Assessment? '18IQR134	66.7% Yes (2) 33.3% Many (1) (1 N/A)

Question	FY22 (sample = 4)
126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a, '18IQR135	100% Yes (1) (3 N/A)
127. Did the individual participate personally in the Person Centered Assessment? '18IQR136	33.3% Yes (1) 66.7% No (2) (1 N/A)
128. Did the Guardian participate in the Person Centered Assessment? '18IQR137	50% Yes (2) 50% No (2)
129. Is the individual engaged in the Informed Choice Project? '18IQR138	(4 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 (1) 50% No (1) (2 N/A)
131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section? '18IQR140	100% Yes (1) (3 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% No (1) (2 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	50% Yes (1) 50% No (1) (2 N/A)
134. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c, '18IQR143	50% Yes (1) 50% No (1) (2 N/A)
135. Has the Guardian received information regarding the range of employment options available for the individual? '18IQR144	50% Yes (1) 50% No (1) (2 N/A)
136. If there are barriers to employment, has the Team, including the individual, addressed how to overcome those barriers to employment and integrating clinical info., AT, & therapies as necessary ... '17IQR#27b, '18IQR145	0% Yes 50% Many (1) 50% No (1) (2 N/A)

Question	FY22 (sample = 4)
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	50% Yes (1) 50% No (1) (2 N/A)
138. Has the individual participated in work or volunteer activities during the past year? '18IQR147	0% Yes 50% Many (1) 50% No (1) (2 N/A)
139. Has the individual identified what type of work or volunteer activities he/she would like to do? '18IQR148	0% Yes 50% Many (1) 50% No (1) (2 N/A)
140. Does the Guardian support him/her working? '18IQR149	50% Yes (1) 50% No (1) (2 N/A)
142. Is the individual engaged in Supported Employment? CPRQ129, '18IQR151	0% Yes 100% No (2) (2 N/A)
144. Does the person have a Career Development Plan? CPRQ128 17IQR#26e, '18IQR153	0% Yes 100% No (1) (3 N/A)
BEHAVIOR	
145. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d, '18IQR154	50% Yes (2) 50% No (2)
146. Does the person need behavior services now? CPRQ132 '17IQR#11e, '18IQR155	50% Yes (2) 50% No (2)
147. Have behavioral assessments been completed? CPRQ133, '18IQR156	100% Yes (2) (2 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	100% Yes (2) (2 N/A)

Question	FY22 (sample = 4)
149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d, '18IQR158	100% Yes (2) (2 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	50% Yes (1) 50% Many (1) (2 N/A)
151. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i, '18IQR160	100% Yes (2) (2 N/A)
152. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d, '18IQR161	50% Yes (1) 50% No (1) (2 N/A)
ADAPTIVE EQUIPMENT / AUGMENTATIVE COMMUNICATION	
153. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b, '18IQR162	75% Yes (3) 25% Many (1)
154. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c, '18IQR163	100% Yes (3) (1 N/A)
155. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f, '18IQR164	100% Yes (4)
156. Is the person's equipment and technology in good repair?'17IQR#25d, '18IQR165	100% Yes (4)
157. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e, '18IQR166	75% Yes (3) 25% Many (1)
158. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b, '18IQR167	100% Yes (4)
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	50% Yes (2) 25% Needs Impv (1) 25% No (1)

Question	FY22 (sample = 4)
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	75% Yes (3) 25% No (1)
161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a, '18IQR170	50% Yes (2) 25% Many (1) 25% No (1)
162. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f, '18IQR171	75% Yes (3) 25% Many (1)
163. Is the person integrated into the community? CPRQ145; '17IQR#29g, '18IQR172	50% Yes (2) 50% Many (2)
164. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36, '18IQR174	0% Yes 100% Many (4)