

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW MEXICO**

**WALTER STEVEN JACKSON, et al.,**

Plaintiffs,

vs.

**Case No. 87-CV-00839-JAP/KBM**

**LOS LUNAS CENTER, et al.,**

Defendants,

and

**THE ARC OF NEW MEXICO,**

Intervenor,

and

**MARY TERRAZAS, et al.,**

Intervenor.

**COMPREHENSIVE LIST OF OUTSTANDING OBLIGATIONS AND TIMETABLE**

COME NOW Defendants, by and through counsel, Jerry A. Walz, Esq., Walz and Associates, P.C. and hereby submit the comprehensive list of outstanding obligations and timetable as agreed to by Plaintiffs and as ordered by the Court on April 3, 2015. (Doc 2035 at 46).

Respectfully Submitted,

/s/ Jerry A. Walz

Jerry A. Walz, Esq.

James J. Grubel, Esq.

*Attorney for Defendants*

Walz and Associates, P.C.

133 Eubank NE

Albuquerque NM 87123

505-275-1800

Email: [jerryawalz@walzandassociates.com](mailto:jerryawalz@walzandassociates.com)

I HEREBY CERTIFY that on the 15th day of May 2015, I filed the foregoing pleading electronically through the CM/ECF system, which caused all counsel of record and interested parties be served by electronic means as more fully reflected in the Notice of Electronic Filing.

/s/Jerry A. Walz

Jerry A. Walz

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<b>2015 Objectives for Health, Safety and Supported Employment Plans with Evaluative Components and All Other Outstanding Obligations</b>	<b>Date of Completion</b>	<b>Comments</b>
<b>HEALTH PLAN</b>		
<b>Health Objective H1.1 Expectations for healthcare coordination are appropriate as evidenced by well-defined roles and responsibilities that are carried out and measured at the provider, region and state level.</b>		
H1.1a The Department of Health (DOH) must define healthcare coordination roles and responsibilities at the provider, regional, and state levels in DOH policies, procedures, and standards.	9/30/15	
H1.1b The DOH must disseminate the definitions referred to in H1.1a to all pertinent providers.	9/30/15	
H1.1c The definitions of healthcare coordination roles and responsibilities must contain measurable performance indicators so that the DOH can assess whether the assigned responsibilities are carried out at the provider, regional, and state levels.	9/30/15	
H1.1d The DOH must annually evaluate the performance of healthcare coordination roles and responsibilities consistent with the measurable performance indicators through the use of field surveys or other appropriate tools.	12/31/15	<b>Agreed to Revised Language:</b> The DOH must annually evaluate the performance of healthcare coordination roles and responsibilities consistent with the measurable performance indicators through the use of the health field survey tool or other appropriate tools.
H1.1e The DOH must take prompt corrective action for healthcare coordination performance that does not meet the measurable performance indicators.	4/30/16-first quarter data collected and reported	<b>Agreed to Revised Language:</b> The DOH must take prompt action to address healthcare coordination performance that does not meet the measurable performance indicators.
<b>Health Objective H1.2 Nurses routinely monitor Jackson Class Members' individual health needs through (1) oversight, (2) communication with DSP (Direct Support Professionals), and (3) corrective actions in order to implement the Jackson Class Members' health plans, to ensure that the Jackson Class Members' health needs are being met, and to timely respond to changes in Jackson Class Members' health status.</b>		
H1.2a Defendants must ensure that each JCM's healthcare needs, conditions, and risk factors are accurately documented in the JCM's healthcare plan.	10/31/15-first quarter data collected and	<b>Agreed to Revised Language:</b> Defendants must ensure that each JCM's healthcare needs, conditions, and risk factors are accurately documented in the JCM's healthcare

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	reported	record.
H1.2b DSP and their supervisors must receive training by nurses in order to competently and correctly implement each JCM's healthcare plan.	10/31/15-first quarter data collected and reported	
H1.2c Nurses must visit each JCM in accordance with DOH requirements.	10/31/15-first quarter data collected and reported	
H1.2d Nurses must meet with DSP as needed to monitor each JCM's health status.	10/31/15-first quarter data collected and reported	<b>Agreed to Revised Language:</b> Nurses must meet with DSP's as needed based upon the JCM's ECHAT acuity level and any significant change in health status to monitor the individual.
H1.2e Defendants must ensure prompt revision of a JCM's healthcare plan if there is a change in the JCM's health status.	10/31/15-first quarter data collected and reported	
<b><i>Health Objective H1.3 Teams use accurate health records for Jackson Class Members.</i></b>		
H1.3a Defendants must monitor the accuracy of each JCM's healthcare plan, including the JCM's current health records.	10/31/15-first quarter data collected and reported	<b>Agreed to Revised Language:</b> Defendants must monitor the accuracy of each JCM's health record, including the JCM's current healthcare plans.
H1.3b Each JCM's "Therap eCHATS" ("Electronic Comprehensive Assessment Tool") must be updated within 45 days before an IDT (Interdisciplinary Team) Meeting at which the JCM's annual ISP (Individual Service Plan) is created.	10/31/15-first quarter data collected and reported	
<b><i>Health Objective H1.4 Teams (including the individual) have information (education, consultant and technical assistance) needed to achieve goals stated in individual Healthcare Plans, MERPs [Medical Emergency Response Plans], CARMPs [Comprehensive Aspiration Risk Management Plans] and written direct support instructions as appropriate to the individual.</i></b>		
H1.4a DDS must identify healthcare professionals with specialized skills to provide needed information, consultation, and	First issued by 7/31/15	<b>Agreed to Revised Language:</b> Upon request, DDS will assist IDT's to identify professionals with specialized

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technical assistance to IDTs, based on an accurate assessment of the JCM's healthcare needs.		skills to provide needed information, consultation, and technical assistance. DDS will inform IDT's of the availability of their assistance.
H1.4b Each JCM must have access to healthcare professionals with specialized skills, as needed.	12/31/15	
<b><i>Health Objective H1.5 Identified health needs for Jackson Class Members, including daily medical considerations, are addressed in individualized healthcare plans, MERPs, CARMPs, and written direct support instructions as appropriate to the Jackson Class Members. Healthcare plans are reviewed and promptly modified in response to changes in health status.</i></b>		
H1.5a Defendants must prepare quarterly reports on a sample of the JCMs to monitor the accuracy of the JCMs' individual healthcare plans.	10/31/15-first quarter data collected and reported	<b>Agreed to Revised Language:</b> Defendants must prepare quarterly reports on a sample of the JCMs to monitor the accuracy of the JCMs' individual healthcare record.
H1.5b Defendants must take action to correct inaccuracies in the JCMs' individual healthcare plans.	10/31/15-first quarter data collected and reported	<b>Agreed to Revised Language:</b> Defendants must take action to correct inaccuracies in the JCMs' individual healthcare record.
<b><i>Health Objective H1.6 Current and complete information is provided to the healthcare professionals treating or evaluating the individual.</i></b>		
H1.6a Healthcare professionals, who treat or evaluate a JCM, must have a copy of the JCM's accurate "Health Passport."	12/31/15-first quarter data collected and reported	
H1.6b Each JCM's healthcare plan must indicate that the JCM's accurate and up-to-date Health Passport is to be provided to treating or evaluating healthcare professionals.	12/31/15-first quarter data collected and reported	<b>Agreed to Revised Language:</b> DOH will revise and distribute the Health Passport policy and procedure clearly mandating the DDW provider's responsibility to provide the accurate and up to date Health Passport and Physicians Consultation form to treating health care professionals in all settings.
H1.6c A JCM's provider or case manager must ensure that a	12/31/15-first	<b>Agreed to Revised Language:</b> A JCM's provider must

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JCM's accurate Health Passport is provided to treating and evaluating healthcare professionals.	quarter data collected and reported	ensure a JCM's current healthcare information is provided to treating and evaluating healthcare professionals and the case manager must verify that through review of the Physician Consultation Form.
<b>Health Objective H1.7 The team assures recommendations from healthcare professionals are reviewed with the individual and guardian in a manner that supports informed decision making and [are] either implemented, or documented in a Decision Consultation Form if recommendation is declined.</b>		
H1.7a A JCM's IDT must ensure that a healthcare professional's recommendations and assessments (1) are promptly communicated to the nurse, guardian, DSP, and entire healthcare team, as needed, and (2) are implemented, unless the IDT declines the healthcare professional's recommendations by completing a Decision Consultation Form.	10/31/15-first quarter data collected and reported	<b>Agreed to Revised Language:</b> A JCM's IDT must ensure that a healthcare professional's recommendations and assessments (1) are promptly communicated to the nurse, guardian, DSP, and entire healthcare team, as needed, and (2) are implemented, unless the individual or their healthcare decision maker declines the healthcare professional's recommendations by completing a Decision Consultation Form.
H1.7b A JCM's healthcare records must accurately identify and reflect any recommendations and assessments of the JCM's treating and evaluating healthcare professionals.	10/31/15-first quarter data collected and reported	
H1.7c Defendants, through appropriate personnel, e.g., provider agencies and case managers, must ensure that a healthcare professional's recommendations are implemented within the prescribed timeframe.	10/31/15-first quarter data collected and reported	
H1.7d The JCM's IDT must complete a Decision Consultation Form, as appropriate, for use by the JCM's healthcare professionals. The Decision Consultation Form must be kept in the JCM's healthcare records.	10/31/15-first quarter data collected and reported	<b>Agreed to Revised Language:</b> The JCM's Case Manager must complete a Decision Consultation Form, as appropriate, for use by the JCM's healthcare professionals. The Decision Consultation Form must be kept in the JCM's healthcare records
<b>Health Objective H1.8 Each Jackson Class Member will receive the Jackson Class Member's medications (1) in the doses prescribed, (2) in the manner and frequency prescribed, and (3) at the times prescribed.</b>		
H1.8a Defendants must monitor the accuracy of dispensation of prescription medications to each JCM.	10/31/15-first quarter data	<b>Agreed to Revised Language:</b> Defendants must monitor the accuracy of administration of prescription medications

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	collected and reported	to each JCM.
H1.8b Defendants must take prompt action to correct any failure to properly dispense medications to a JCM in accordance with prescriptions.	10/31/15-first quarter data collected and reported	<b>Agreed to Revised Language:</b> Defendants must take prompt action to correct any failure to properly administer medications to a JCM in accordance with prescriptions.
<b><i>Health Objective H2.1 Jackson Class Members receive age appropriate preventive/early detection screening/immunizations for health risk factors.</i></b>		
H2.1a The DOH must publish and implement routine preventive and early detection healthcare screening standards, adjustable for the age and the specific condition of each JCM. Defendants may adopt, if appropriate for a JCM, the national screening and immunization standards, that Defendants refer to as the “US Preventive Services Task Force A and B Recommendations” and the “Immunization Practices clinical preventive services.”	9/30/15	<b>Agreed to Language:</b> The DOH must publish and promote routine preventive and early detection healthcare screening standards guidelines that are consistent with national standards and adjustable for the age and the specific condition of each JCM.
H2.1b Each JCM must receive routine preventive screening and immunizations consistent with the DOH’s standards unless the JCM, in conjunction with the JCM’s guardian and primary healthcare provider, makes an informed choice to reject the recommended screening and immunization standards.	12/31/15-first quarter data collected and reported	<b>Agreed to Language:</b> Each JCM must receive routine preventive screening and immunizations consistent with the national standards unless the JCM, in conjunction with the JCM’s guardian and primary healthcare provider, makes an informed choice to reject the recommended screening and immunization standards.
<b><i>Health Objective H3.1 Jackson Class Members receive increased intensity of services during acute episodes or illnesses.</i></b>		
H3.1a A nurse’s monitoring, including nursing assessments and oversight, must increase during a JCM’s acute episodes or illnesses.	10/31/15-first quarter data collected and reported	
H3.1b Face-to-face visits by a nurse must occur and must be documented in response to a JCM’s acute episodes or illnesses.	10/31/15-first quarter data collected and reported	<b>Agreed to Language:</b> Prompt face to face visits by a Nurse must occur with significant change of condition unless the Nurse directs and the JCM receives care from a Healthcare Practitioner, urgent care or emergency services. This visit will include a nursing assessment, monitoring and management of JCMs acute illness or episodes. If the JCM receives care from a Healthcare

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		Practitioner, urgent care or emergency services the nurse will promptly assess the JCM at the conclusion of the care.
H3.1c The failure of a nurse to monitor a JCM's acute episodes or illnesses must be promptly corrected.	10/31/15-first quarter data collected and reported	<b>Agreed to Language:</b> In each individual case where there is a failure of a nurse to comply with DOH requirements in regards to significant health status change, the provider will report to IMB. IMB will investigate and take appropriate action and DOH will also review patterns and trends via the health field tool and identify nurse performance issues and take corrective action.
<b>Health Objective H3.2 Direct Service Personnel/supervisors are able to identify subtle signs of change/acute symptoms.</b>		
H3.2a The DOH must issue and must implement healthcare guidelines for use by healthcare provider staff about the timely identification of and response to changes in the health status of a JCM so that a JCM does not experience unnecessary pain, loss of optimal function, or regression. The DOH may develop "fact sheets" that define a specific health condition, related signs and symptoms, and recommended actions, or the DOH may develop other pertinent policies and procedures that provide the required guidance.	First issue by 10/31/15	<b>Agreed to Language:</b> The DOH must issue healthcare guidelines for use by healthcare provider staff about the timely identification of and response to changes in the health status of a JCM so that a JCM does not experience unnecessary pain, loss of optimal function, or regression. The DOH may develop "fact sheets" that define a specific health condition, related signs and symptoms, and recommended actions, or the DOH may develop other pertinent policies and procedures that provide the required guidance.
H3.2b Each JCM's ISP must contain individual-specific information on how to identify subtle signs of change or acute symptoms.	12/31/15 first quarter data collected and reported	<b>Agreed to Language:</b> Each JCM's healthcare plans and MERP's must contain individual specific information on how to identify subtle signs of change or acute symptoms.
H3.2c DSP and supervisors must receive and must complete appropriate training on how to timely identify signs of change or acute symptoms in a JCM.	10/31/15-first quarter data collected and reported.	
H3.2d DSP and supervisors must promptly document in the ISP or Healthcare Plan any acute symptoms and any signs of change in a JCM's health status.	10/31/15-first quarter data collected and reported.	<b>Agreed to Language:</b> DSP and supervisors must promptly notify the nurse and document any acute symptoms and any signs of change in a JCM's health status.
<b>Health Objective H3.3 When informed of signs of change in health status (including chronic and acute pain) agency nurses</b>		



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<b>take immediate action.</b>		
H3.3a The DOH or pertinent agency must develop and must publish effective pain management strategies for addressing a JCM's chronic and acute pain.	1/31/16-first quarter data collected and reported.	<b>Agreed to Language:</b> The pertinent DDW agency nurse must implement pain management strategies for addressing a JCM's chronic and acute pain.
H3.3b The DOH or pertinent agency must communicate these effective pain management strategies to the JCM's treating healthcare professionals.	1/31/16-first quarter data collected and reported.	
H3.3c: The DOH must evaluate the effectiveness of pain management strategies and must record the effectiveness of those strategies in the JCM's e-CHAT, healthcare plan, and nursing report.	1/31/16-first quarter data collected and reported.	<b>Agreed to Language:</b> The DDW Agency Nurse will evaluate the effectiveness of pain management strategies and record the effectiveness in nursing notes or on the MAR. If needed, the JCM's healthcare record will be promptly updated.
H3.3d Nurses must identify and must respond to signs of a JCM's chronic and acute pain and must take prompt action to reduce or to eliminate the JCM's pain.	1/31/16-first quarter data collected and reported.	
<b><i>Health Objective H3.4 When an individual is receiving healthcare in an out of home setting, critical health and functional information will be provided and the individual's existing adaptive equipment that can be used in that setting will be offered.</i></b>		
H3.4a The DOH must develop and must implement a procedure to ensure communication of a JCM's need for existing adaptive equipment and supports to an out-of-home provider.	10/31/15-first quarter data collected and reported.	<b>Agreed to Language Change:</b> The DOH must develop and must implement a procedure to ensure communication of a JCM's need for existing AT, adaptive equipment and supports to an out-of-home provider.
H3.4b The out-of-home provider must receive a JCM's Health Passport, along with information concerning the JCM's mobility, comfort, safety, and sensory items within 24 hours of the JCM's placement with an out-of home provider.	12/31/15-first quarter data collected and reported.	
H3.4c The necessary adaptive supports already used by a JCM must be offered to the out-of-home provider within 24 hours of the JCM's placement with an out-of-home provider.	10/31/15-first quarter data collected and reported.	
<b><i>Health Objective H3.5 When a JCM is receiving healthcare in</i></b>		

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<b>an out-of-home setting, the IDT will plan for a smooth transition back to the JCM's home as soon as medically feasible.</b>		
H3.5a The JCM's IDT, case managers, and pertinent healthcare staff (including Regional Office and Agency nurses), along with the out-of-home facility's discharge planners, must promptly meet together to plan for a JCM's discharge as soon as it is medically feasible to ensure a safe discharge, provided the guardian consents to discharge.	10/31/15-first quarter data collected and reported.	<b>Agreed to Language Change:</b> The JCM's case managers, Agency Nurses and pertinent Regional Office staff will meet promptly to plan for a JCM's safe discharge.
H3.5b The JCM's e-CHAT and other healthcare records must be promptly updated by appropriate healthcare providers to indicate healthcare and adaptive supports that the JCM received from the out-of-home provider in order to ensure a safe and smooth transition back to the JCM's home.	10/31/15-first quarter data collected and reported.	
<b>Health Objective H4.1 Competent personnel (nurses, DSP, front line supervisors, ancillary providers, and case managers), who have received and passed competency based training related to prevention and early identification, provide services to Jackson Class Members. (Ashton #6, 7, 8)</b>		
H4.1a The parties and the JCA must develop a mandatory competency based training program.	10/31/15-first quarter data collected and reported.	
H4.1b Nurses, DSP, front-line supervisors, ancillary providers, and case managers must satisfactorily complete the mandatory competency based training program.	1/31/16-first quarter data collected and reported	
H4.1c The DOH must independently measure compliance by nurses, DSP, front-line supervisors, ancillary providers, and case managers with mandatory competency based training.	1/31/16-first quarter data collected and reported	
H4.1d The DOH must take prompt remedial action for nurses, DSP, frontline supervisors, ancillary providers, and case managers who are found deficient in the mandatory competency based training.	1/31/16-first quarter data collected and reported	
H4.1e Nurses, DSP, front-line supervisors, ancillary providers, and	First issue by	

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case managers must receive information specific to Ashton #6, 7, and 8, as outlined in the Health Communications Matrix.	10/31/15	
<b>Health Objective H4.2 IDTs provide for the changing health supports class members need as they age including advanced care planning and have access to palliative care consistent with their individual needs.</b>		
H4.2a Case managers and agency nurses must provide up-to-date information and resources to JCMs and their guardians about advanced care planning and palliative or end-of-life care so that the JCMs and their guardians can make informed choices.	10/31/15-first quarter data collected and reported.	
H4.2b The DOH must identify, and must document on an annual basis in the pertinent healthcare records, those JCMs who want advanced care planning, including palliative care, and those JCMs who decline advanced care planning.	10/31/15-first quarter data collected and reported.	
H4.2c The DOH must provide advanced care planning and palliative care to those JCMs who choose to have advanced care planning and palliative care.	10/31/15-first quarter data collected and reported.	
<b>Health Objective H4.3 Quality Assurance information is used to improve health outcomes.</b>		
H4.3a The DOH must identify gaps in healthcare services to JCMs and must develop strategies to improve healthcare services to JCMs.		<b>Agreed to Strike</b>
H4.3b The DOH must use existing quality assurance information and tools – including the measurements found in the CPR (Community Practice Review), Out-of-Home Placement, Emergency Services Utilization, ANE (Abuse, Neglect, and Exploitation) Reporting, and Provider QA (Quality Assurance) Reports – to improve healthcare services to JCMs and to fill in gaps in healthcare services to JCMs.	Issue first report by 1/31/16	<b>Agreed to Language Change:</b> The DOH must use existing quality assurance information and tools – including the measurements found in the CPR (Community Practice Review), Out-of-Home Placement, Emergency Services Utilization, ANE (Abuse, Neglect, and Exploitation) Reporting, and Provider QA (Quality Assurance) Reports to identify gaps in the healthcare services to JCMs and to improve healthcare outcomes to JCMs.
<b>SAFETY PLAN</b>		
<b>Safety Objective S1.1.1 Define “Abuse, Neglect and Exploitation” (ANE) consistent with New Mexico Statutory</b>		

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<b>Adult Protective Services (APS) definitions.</b>		
S1.1a The DOH must promulgate revised regulations that define ANE consistent with APS definitions.	7/2/14 Complete and sustained	
<b>Safety Objective S1.1.2 Provide educational information about how to detect ANE.</b>		
S1.2a The DOH must develop and must provide annually educational information to providers, physicians, clinicians, families, guardians, and law enforcement about detecting ANE.	Proposed 7/1/15, annually thereafter	
<b>Safety Objective S1.1.3 The individuals listed in POA [Plan of Action] CIMS B [Community Incident Management System] [regional coordinators, agency coordinators, direct contact staff, DD[S]D staff, case managers, agency executive staff, IMB investigators, agency IMCs, agency direct service staff] will receive the training described in the Eva Kutas Recommendations #7 and #8 and will pass a formal test of the individuals' knowledge and understanding of IMB provider policy requirements.</b>		
S1.3a All current and new staff as listed in POA CIMS B and the DDS D staff (Regional Directors, Assistant Regional Office Bureau Chief, and the DDS D Training Unit) must successfully complete competency based training that incorporates the principles of adult learning described in Kutas Recommendations # 7 and #8.	12/31/15- first quarter data collected and reported.	<b>Agreed to Language Change</b> All current and new staff as listed in POA CIMS B and the DDS D staff (Regional Directors, Assistant Regional Office Bureau Chief, and the DDS D Training Unit) must successfully complete DHI's competency based training on ANE from a DHI Trainer or a DHI approved trainer that incorporates the principles of adult learning as described in Kutas Recommendations # 7 and #8 before working alone with JCMs and their guardians.
S1.3b All current and new staff in POA CIMS B and the DDS D staff must complete competency based training from a DHI trainer before working alone with JCMs and their guardians.		<b>Agreed to Strike</b>
S1.3c All current and new staff in POA CIMS B and the DDS D staff must demonstrate a knowledge and understanding of the training received in S1.3a and S1.3b by passing a formal test.	12/31/15- first quarter data collected and reported.	
S1.3d All current and new staff listed in POA CIMS B and the	12/31/15- first	

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DDSD staff must receive refresher competency based training on an annual basis.	quarter data collected and reported.	
<b><i>Safety Objective S1.1.4 ANE is reported immediately.</i></b>		
S1.4a The DOH must maintain a toll-free 24 hour, 7 days a week, telephone number to receive reports of ANE.	7/2/14	
S1.4b The DOH must communicate to its staff and the providers who have contact with JCMs that ANE of JCMs must be reported immediately.	7/2/14	
S1.4c IMB must formally document reports of ANE of JCMs and must take corrective action when ANE is not reported immediately.	7/2/14	
<b><i>Safety Objective S1.1.5. Providers will take immediate action to develop a safety plan after an allegation of ANE to protect the alleged victim(s) during the course of an investigation.</i></b>		
S1.5a Providers for JCMs must immediately develop, with IMB approval and monitoring, an Immediate Action and Safety Plan (IASP) in all cases of reported ANE.	7/2/14	
S1.5b The DOH must monitor providers for compliance with IASPs and must take corrective action as needed.	7/2/14	
<b><i>Safety Objective S1.1.6 Severity of the alleged ANE dictates the investigation response.</i></b>		
S1.6a The DOH must establish a priority of investigation responses consistent with the applicable policy which requires investigative responses be three hours or less for emergencies, 24 hours or less for Priority 1 incidents, and 5 days or less for Priority 2 incidents.	4/7/14	<b>Agreed to Language Change</b> The DOH must establish a priority of investigation responses consistent with the applicable policy and severity guidelines which requires investigative responses be three hours or less for emergencies, 24 hours or less for Priority 1 incidents, and 5 days or less for Priority 2 incidents.
<b><i>Safety Objective S[Kutas]1.2.1 Competent ANE Investigators conduct professionally adequate investigations.</i></b>		
S2.1a ANE Investigators must pass Core Competency and Field Training before conducting investigations of ANE.	7/2/14	
S2.1b The Supervisory Review Tool must be used to assess an ANE investigation in every case of ANE.	7/2/14	<b>Agreed to Language Change:</b> The JCM Supervisory Review Tool must be used to assess an ANE investigation in every case of ANE.

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S2.1c ANE investigations must not be closed until they meet the standards of the Supervisory Review Tool, which verifies whether the investigation meets the standard for professionally adequate investigations.	7/2/14	
S2.1d The DOH must review ANE intake and investigation quality, consistent with the Kutas quality indicators, on a quarterly basis.	07/2015 and quarterly thereafter	
<b>Safety Objective S[Kutas]1.3.1 Consistent with the IGA (Inter-Governmental Agreement), IMB will be the primary authority for ANE investigations.</b>		
S3.1a The DOH must promulgate administrative rules that delineate the IMB's responsibilities as they relate to the IMB's primary authority to conduct single ANE investigations.	7/2/14	<b>Agreed to Language Change</b> The DOH must promulgate administrative rules that delineate the IMB's responsibilities as they relate to the IMB's primary authority to conduct ANE investigations.
S3.1b The DOH must monitor the IMB's compliance with these administrative rules on a quarterly basis and must promptly correct any deficiencies.	10/2014 and quarterly thereafter	<b>Agreed to Language Change:</b> The DOH must monitor the provider's compliance with these administrative rules on a quarterly basis and must promptly correct any deficiencies.
<b>Safety Objective S[Kutas]1.4.1 Provide information regarding ANE reports/investigations to designated stakeholders.</b>		
S4.1a The DOH must provide timely information regarding ANE reports, investigations, and findings to JCMs, stakeholders (families, guardians, providers, case managers), and other individuals or staff who need that information to ensure the safety of JCMs.	7/2/14	
S4.1b The reporter of ANE must receive information from the DOH about the status of the ANE report and any findings.	7/2/14	
S4.1c Notification of substantiation of ANE reports must comply with New Mexico Administrative Code 7.1.14.12 (Notification of Investigation Results).	7/2/14	
<b>Safety Objective S[Kutas]1.5.1 Risk of ANE is reduced when individual/systems issues are identified and prevent[ive] and remedial measures are taken.</b>		
S5.1a When there is substantiated ANE, Defendants must take immediate preventive and remedial action at the individual, program, and system levels.	7/2/14	<b>Agreed to Language Change:</b> When there is substantiated ANE, Defendants must take immediate preventive and remedial action at the individual and

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		provider levels and if indicated at the systems level.
S5.1b When there is substantiated ANE, the appropriate case managers must ensure that identified health and safety risks for a JCM are addressed and remediated.	7/2/14	<b>Agreed to Language Change:</b> When there is substantiated ANE, the case manager must ensure that identified health and safety risks for a JCM are addressed and remediated.
S5.1c Providers and appropriate regional office staff must review ANE investigations and findings to determine if responses to substantiated ANE are timely, effective, and sustained.	7/2/14	<b>Agreed to Language Change:</b> Providers and regional office staff must review ANE investigations and findings to determine if responses to substantiated ANE are timely, effective, and sustained.
S5.1d When there is substantiated ANE, the JCM's ISP must include pertinent information about the ANE investigation and the ANE report for purposes of reducing and preventing ANE.	7/2/14	<b>Agreed to Language Change:</b> When there is substantiated ANE, the JCM's IDT must meet as required by NMAC and pertinent information about the ANE investigation and the ANE report must be properly documented, including in the IDT meeting minutes for purposes of reducing and preventing ANE.
<b>Safety Objective S[Kutas]1.6.1 Use ANE information to improve health/safety.</b>		
S6.1a The DOH must implement an integrated data system to identify patterns concerning ANE at the individual, program, and systems levels.	10/31/15- first quarter data collected and reported.	<b>Agreed to Language Change:</b> The DOH must implement the IMB database to identify patterns concerning ANE at the individual, program, and systems levels.
S6.1b Quarterly, the DHI and DDS must examine IMB data and must identify patterns of ANE, indicated, for example, by multiple reports of ANE by providers or JCMs, by substantiated cases of ANE, by use of emergency services in response to ANE, and by out-of-home placements resulting from ANE.	10/31/15- first quarter data collected and reported.	

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S6.1c The DOH must disseminate to providers and pertinent personnel information about ANE, including patterns of ANE, identified “systems” issues concerning ANE, and identified causes and contributing factors of ANE.	10/31/15- first quarter data collected and reported.	<b>Agreed to Language Change:</b> The DOH must disseminate at least annually, to providers and stakeholders, information about ANE, including patterns of ANE, identified “systems” issues concerning ANE, and identified causes and contributing factors of ANE.
<b>Safety Objective S2.1 All deaths are reviewed and a root cause analysis is done of preventable deaths. The findings from the root cause analysis will be used to strategically reduce the likelihood of preventable deaths.</b>		
S2.1a Qualified independent healthcare professionals and relevant administrative personnel must timely report and review all JCM deaths.	12/31/15-first quarter data collected and reported.	<b>Agreed to Language Change:</b> Qualified independent healthcare professionals must timely review and report to the Mortality Review Committee (MRC) on all JCM deaths. Relevant administrative personnel must timely report to the MRC and review all JCM deaths.
S2.1b The DOH must timely provide autopsy reports and independent healthcare professionals’ reports of JCMs’ deaths to the Mortality Review Committee (MRC), that then reviews and analyzes all JCM deaths, and makes findings and recommendations.	12/31/15-first quarter data collected and reported.	<b>Agreed to Language Change:</b> The DOH must provide autopsy reports and independent healthcare professionals’ reports of JCMs’ deaths to the Mortality Review Committee (MRC), promptly after their receipt that then reviews and analyzes all JCM deaths, and makes findings and recommendations.
S2.1c The DOH must identify and take appropriate remedial actions in response to the MRC’s findings and recommendations.	12/31/15-first quarter data collected and reported.	<b>Agreed to Language Change:</b> The DOH must identify and take appropriate actions in response to the MRC’s findings and recommendations.
S2.1d The DOH mortality review process must be consistent with the components in the General Accounting Office Mortality Review Report, GAO-08-529, as tailored for New Mexico’s population and demographics.	Report issued by 1/31/16	
S2.1e In response to analysis of JCMs’ deaths and the mortality review process, the DOH must identify root causes of the JCM	12/31/15-first quarter data	<b>Agreed to Language Change:</b> In response to analysis of JCMs’ deaths and the mortality review process, in the case



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deaths and must remediate identified deficiencies in the mortality review process so as to reduce the likelihood of preventable deaths.	collected and reported.	of preventable deaths the DOH must identify root causes of the JCM deaths and must remediate identified deficiencies so as to reduce the likelihood of preventable deaths.
<b><i>Safety Objective S3.1 Establish and use indicators to measure quality of DD [Developmentally Disabled] Services in New Mexico.</i></b>		
S3.1a The DOH must establish “DD key indicators” at the individual, program, and systems levels that guide programs and services for JCMs.	11/30/15	
S3.1b The DOH must ensure that the DD key indicators are present in the DDW provider agreements, DDW (Developmentally Disabled Waiver) standards, and the QMB (Quality Management Bureau) review tool.	12/31/15	
S3.1c The DOH must identify and must document a JCM’s preferences and needs, through the use of DD key indicators, the CPR (Community Practice Review), and other JCM data, with respect to gaining skills, increasing independence, and participating in integrated community activities.	3/31/16--first quarter data collected and reported.	<b>Agreed to Language Change:</b> Through the use of the CPR, QMB and other JCM data, the DOH will identify and document whether the JCM’s preferences and needs, with respect to gaining skills, increasing independence, and participating in integrated community activities are met.
S3.1d The DOH and providers must respect a JCM’s informed choices for program development and services to meet the JCM’s preferences and needs.	3/31/16-first quarter data collected and reported.	
S3.1e Providers must use information from the DD key indicators, the CPR, and the JCM to promptly correct deficiencies in programs and services and to improve practice.	3/31/16-first quarter data collected and reported.	
<b><i>Safety Objective S3.2 Community Practice Reviews are provided by competent personnel as evidenced by reviewers who have passed competency based training.</i></b>		
S3.2a Community Practice Reviewers must satisfactorily complete the DOH mandatory competency-based training, including “Online Pre-Service Manual Part 1, person Centered Planning 2 day, Health and Wellness Coordination, and Advocacy Strategies,” before participating in the CPR.	Completed as per Community Monitor	<b>Agreed to New Language from Community Monitor:</b> Community Practice Reviewers must satisfactorily complete mandatory competency-based training as identified by the Community Monitor before independently participating in the CPR.

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S3.2b The Community Monitor must be satisfied with the selection and training of the Community Practice Reviewers and of the Case Judges who review the Community Practice Reviewers' findings.	Completed as per Community Monitor	<b>Agreed to New Language from Community Monitor:</b> The Community Monitor must approve Community Practice Reviewers and Case Judges.
S3.2c The Community Monitor must determine the CPR sampling methodology, protocol instrument, reviewers' guidelines, scoring, and evidence used to assess compliance with the elements of the CPR, consistent with related requirements in the JSD (Joint Stipulation on Disengagement)	Completed as per Community Monitor	
<b>Safety Objective S3.3 Implement the CPR.</b>		
S3.3a The DOH must annually conduct the CPR consistent with the Community Monitor's existing sampling methodology, protocol instrument, reviewers' guidelines, scoring, and evidence.	Complete and contract will be established for FY16.	
S3.3b The Community Monitor must issue individual, regional, and statewide reports that contain the Community Monitor's findings and recommendations.	Complete and contract will be established for FY16.	
S3.3c The DOH must continue to provide adequate resources to support the implementation of the CPR for purposes of demonstrating sustainability.	Complete and contract will be established for FY16.	
<b>Safety Objective S3.4 Use the findings from the CPR to improve services for class members and to improve the system of services for Jackson class members.</b>		
S3.4a DDS must work with service providers and case management agencies that have "repeat findings" of deficiencies or problems to improve and sustain improvement with respect to the identified deficiencies or problems.	10/31/15-first quarter data collected and reported.	
S3.4b The DDS and providers must use the 2013–2015 CPR findings and recommendations.	10/31/15-first quarter data collected and reported.	
S3.4c DDS must meet with providers that have high health risk-related findings and providers that have the highest number or 2013–2015 CPR findings of deficiencies to improve those	10/31/15-first quarter data collected and	

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providers' services to JCMs.	reported.	
S3.4d Defendants must identify actions taken in response to the 2013–2015 CPR findings and ensure that deficiencies are remedied.	12/31/15-first quarter data collected and reported.	
<b>Safety Objective S3.5 Competency based training is provided based in part on analysis of identified deficiencies from the CPR through the DDS required trainings and to specific entities as appropriate.</b>		
S3.5a DDS must evaluate CPR findings to identify deficiencies in its required competency-based training.	Completed 3/27/15	
S3.5b Using its evaluation of CPR findings, the DDS must modify existing competency-based training or must provide additional competency-based training to address identified deficiencies.	Completed 4/29/15	
S3.5c Providers with identified deficiencies, and especially providers with repeat deficiencies, must receive competency-based training designed to address deficiencies.	12/31/15-first quarter data collected and reported.	<b>Agreed to Language Change:</b> When training is needed to address identified identifies, competency based training must be provided to address deficiencies.
<b>Safety Objective S3.6 Use information from the CPR in an integrated manner to inform program development and management for class members.</b>		
S3.6a DDS must develop, modify, and manage programs and services for JCMs based on identified correlations in the CPR information and other JCM data.	Issue first report by 1/31/16	<b>Agreed to Language Change:</b> DOH must develop, modify, and manage the service system for JCMs based on identified correlations in the CPR information and other JCM data.
S3.6b DDS must file semi-annual reports identifying program development and implementation.	Issue first report by 1/31/16	
<b>Safety Objective S3.7 Regulatory program reviews are completed by staff who have received and passed competency based training specific to their QMB roles and responsibilities.</b>		
S3.7a DHI/QMB staff must receive competency-based training for evaluating programs that serve JCMs.	7/1/15	
S3.7b DHI/QMB staff must satisfactorily complete competency-based training before evaluating programs and providers that serve	7/1/15	

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JCMs.		
<b>Safety Objective S3.8 Regulatory review of CM [case management] agencies by the QMB, will include a review of essential services as determined by professional assessments and IDT decisions of individual needs and preferences.</b>		
S3.8a QMB must identify and must review the essential services that should be provided to JCMs, consistent with IDT decisions and determinations by medical professionals, therapists, and nutritional experts.	11/30/15	
S3.8b QMB must modify its CM data to reflect the identified essential services for JCMs.	4/15/16	
S3.8c QMB must review CM agencies on an annual basis, using quality indicators consistent with the DDS 2006 Case Management Manual Resource Guide and DDS Service Standards, to ensure essential services are being provided to JCMs.	11/30/15	
<b>Safety Objective S4.1 Examine current Quality Assurance and Quality Improvement processes and activities intended to safeguard Jackson Class Members and to improve the quality of provider performance in relation to Jackson Class Members. Take steps to increase transparency, accountability, and effective remediation. Establish measurable indicators that are consistent with the pertinent standards that address the quality of provider performance.</b>		
S4.1a The DOH, with stakeholder input, must analyze its quality assurance and quality improvement systems and must modify these systems accordingly to improve the quality of services and of provider performance for JCMs.	Report issued by 1/31/16	<b>Agreed to Language Change:</b> Using stakeholder input, DDS will analyze its quality assurance and quality improvement systems and will modify these systems accordingly to improve the quality of services and of provider performance for JCMs.
S4.1b The DOH must annually evaluate the quality of providers' services and must promptly issue "provider report cards" that identify strengths, deficiencies, and remediation plans of the providers.	Report issued by 1/31/16	<b>Agreed to Language Change:</b> The DOH must annually evaluate the quality of providers' services and must promptly issue "provider report cards" that use measurable indicators to identify strengths, deficiencies, and remediation plans of the providers.
S4.1c The DOH must allow public access of the provider report cards.	1/31/16	<b>Agreed to Language Change</b> The DOH must allow public access to the provider report cards.
S4.1d Increased transparency and accountability of providers'	11/30/15	<b>Agreed to Language Change:</b> Clear, current and specific

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services must be measured by the Provider Selection Guide (a DOH publication).		information about available provider services will be available to the public as part of the Provider Selection Guide.
S4.1e The DOH must review a provider more frequently in cases where there is evidence that the provider has an increased number of deficiencies or increasingly serious deficiencies.	Complete and sustained.	
<b>Safety Objective S4.2 DOH response is proportionate to the seriousness of the contractor's alleged substandard performance when corrective action is not effectively implemented.</b>		
S4.2a Defendants must identify a contractor's deficiencies in cases where the contractor failed to effectively implement corrective action.	7/31/15	<b>Agreed to Language Change:</b> Defendants must identify a provider's deficiencies in cases where the contractor failed to effectively implement corrective action.
S4.2b Defendants must take remedial action proportional to the seriousness of the alleged substantial performance by a contractor that fails to effectively implement an identified corrective action.	Report issued by 1/31/16	<b>Agreed to Language Change:</b> Defendants must take remedial action proportional to the seriousness of the substandard performance by a provider that fails to effectively implement an identified corrective action.
<b>Safety Objective S5.1 Providers will use the identified performance indicators as part of their agency quality assurance system to improve quality.</b>		
S5.1a The DOH must establish measurable quality indicators, including (1) implementation of a QA/QI (Quality Assurance/Quality Improvement) Plan, (2) implementation of ISPs, (3) analysis of General Events Reports data, (4) compliance with Caregivers Criminal History Screening requirements, (5) compliance with Employee Abuse Registry requirements, (6) compliance with DDS training requirements, (7) patterns of reporting incidents, and (8) results of improvement actions taken in previous quarters, at the individual, program, and systems levels.	11/30/15	
S5.1b The DOH must communicate these required measurable quality indicators to providers.	12/31/15	
S5.1c Providers must use the required measurable quality indicators to improve the quality of their services to JCMs.	1/31/16	
S5.1d The DOH must determine providers' compliance in using the measurable quality indicators through the use of QMB surveys	4/30/16-first data collected	<b>Agreed to Language Change:</b> The DOH must determine providers' compliance in using the measurable quality

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for a fiscal year.	and reported.	indicators through the use of QMB surveys.
<b>Safety Objective S5.2 Use significant events reported through GER (General Events Reporting)-- including use of emergency services, falls, medication errors, and law enforcement incidents -- to support DD system management, that includes responses to significant events.</b>		
S5.2a The joint DDSD and DHI Significant Events Committee, and the DDSQI Developmental Disabilities Supports Division Quality Improvement must routinely use the GER information (as defined by Safety Objective S5.2) to support DD system management.		<b>Agreed to strike</b>
S5.2b Defendants must use the GER information to identify the JCMs most at risk, to inform providers and regional Quality Assurance staff of JCMs most at risk, and to request the development and implementation of prevention plans specific to a JCM's identified risks.	12/31/15	<b>Agreed to Language Change:</b> Defendants must use the GER information to identify the JCMs most at risk, to inform providers and regional staff of JCMs most at risk, and to request the development and implementation of prevention plans specific to a JCM's identified risks.
S5.2c Defendants must provide DDSQI with significant event information found in electronic reporting through Therap GER for use by members of the joint DDSD and DHI Significant Events Committee in program development and improvement.	10/31/15-first data reported.	
S5.2d The DOH must analyze significant event information, must identify undesirable trends or deficiencies in performance (e.g., failure to respond adequately to significant events), must develop remedial plans, and must evaluate effectiveness of remediation.	4/30/15-first data reported and collected.	<b>Agreed to Language Change:</b> The DOH must analyze significant event information, identify trends in provider performance, intervene and evaluate the effectiveness of the intervention.
<b>Safety Objective S5.3 Implement a responsive and effective case management system as evidenced by the provision of needed supports and services.</b>		
S5.3a Case managers must demonstrate that they know the current strengths, needs, preferences, and medical conditions of the JCMs they serve through updating each JCM's ISP to address these factors.	1/31/16-first data reported and collected.	<b>Agreed to Language Change:</b> Case managers must demonstrate that they know the current strengths, needs, preferences, and medical conditions of the JCMs they serve and the JCM's ISP addresses these factors.
S5.3b Case Managers must ensure that each JCM's ISP is properly implemented and should use the Omnicaid Claims Report to confirm that a JCM received the services identified on the ISP.	1/31/16-first data reported and collected.	<b>Agreed to Language Change:</b> Case Managers must ensure that each JCM's ISP is properly implemented.
S5.3c Case Managers must identify significant risks, needed supports, and unmet needs for each JCM; must convene the IDT	1/31/16-first data reported	

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promptly whenever a JCM is at risk or a JCM's needs are not being fully addressed; must ensure DOH if the IDT is unable to adequately meet a JCM's needs.	and collected.	
S5.3d The DOH must monitor and evaluate the performance of each case management agency on an annual basis and must use its evaluation to determine whether the case management agency should be certified as a DD Waiver provider.	Report issued by 1/31/16	<b>Agreed to Language Change:</b> The DOH must monitor and evaluate the performance of each case management agency on an annual basis and must use its evaluation to determine whether the case management agency should be enrolled as a DD Waiver provider.
<b>Safety Objective S5.4 Develop and implement an effective, integrated DD Strategic Information Management System.</b>		
S5.4a The DOH must evaluate its integrated DD Strategic Information Management System, comprised of the electronic Health management System, DDS (LTSD) reports, and HSD's (Human Services Department) Medicaid Management Information System (MMIS) (currently Omnicaid), in terms of that integrated system's capacity to use information through web-based reports for JCMs.	11/30/15	<b>Agreed to Language Change:</b> The DOH must evaluate its information management system's ability to use information related to JCMs in an integrated manner.
S5.4b The DOH must make DDS (LTSD) reports available as web-based reports.		<b>Agreed to Strike</b>
S5.4c The DOH must ensure that the "ad-hoc reports pulled from HSD's MMIS" are available from DDS.	12/31/15	
S5.4d The DOH must transition the "Therap reports on Provider Compliance" to DDS. (If this does not reflect Defendants' proposed evaluative component, which may not have been complete or clear, Doc. No. 2022 at 58, Defendants should correct evaluative component S5.4d as needed.)		<b>Agreed to Strike.</b>
S5.4e Defendants must evaluate the usefulness and gaps in the above described data collection system and must modify or update the system where practicable.	Report issued by 4/30/16	
<b>SUPPORTED EMPLOYMENT PLAN</b>		
<b>Supported Employment Objective SE 1.1 Achieve an annual increase of Jackson Class Members working "at criteria," in accordance with information gathered regarding the Jackson Class Members' abilities and desires to be employed, and the guardians' positions on employment of the Jackson Class Members. Defendants must provide technical, supported</b>		

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<b>employment assistance to the Jackson Class Members and support for teams to assist all qualified and willing Jackson Class Members to obtain “at criteria” employment.</b>		
SE1.1a Defendants must obtain current statistics on JCMs who are not working at criteria, but who wish to work and are capable of working at criteria, provided the JCMs’ guardians support working at criteria.	10/31/15-first data collected and reported.	
SE1.1b Defendants must provide technical vocational assistance and support through job developers and job coaches for all JCMs identified in SE1.1a.	10/31/15-first data collected and reported	
SE1.1c Defendants must achieve an annual increase in the number of JCMs working at criteria, consistent with SE1.1a.	1/31/16-first data collected and reported	
SE1.1d Defendants must provide technical assistance to JCMs and their teams to obtain jobs for JCMs consistent with the federal definition of Supported Employment.	1/31/16-first data collected and reported	
<b><i>Supported Employment Objective SE 1.2</i> Defendants will increase the number of qualified providers statewide in order to increase the number of Jackson Class Members earning minimum wage or better, and to increase the average number of hours per week worked by Jackson Class Members. Defendants will develop a plan with time lines to provide quality supported employment at criteria to all priority class members who are determined to be appropriate for work.</b>		
SE1.2a Defendants must develop a written strategy and process to recruit and retain qualified employment providers for all JCMs who wish to and are able to work at criteria, with their guardians’ consent.	9/30/15	
SE1.2b Defendants must provide a current written list of qualified employment providers to JCMs and their guardians.	9/30/15	
SE1.2c Defendants must use the list of qualified employment providers to increase the number of JCMs earning minimum wage or better and to increase the number of hours per week worked by JCMs.	9/30/15	
SE1.2d Defendants must create and must disseminate a timeline with target dates for the employment at criteria of all JCMs who	10/31/15	



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wish to work, who can work, and who have the consent of the guardians to work at criteria.		
SE1.2e Defendants must maintain and must report annual statistics on the number of (1) JCMs who wish to work at criteria, (2) JCMs who can work at criteria with their guardians' consent, and (3) JCMs who are working at criteria. Defendants must correlate these annual statistics with the target dates in the timeline.	12/31/15	
<b>Supported Employment Objective SE 1.3 Personnel who develop or implement career development plans will receive and pass competency based training based on DDW standards on career development planning.</b>		
SE1.3a Defendants must develop competency based training on DDW standards for career development planning.	12/31/15	Competency based training is defined as <b>Standardized training based on adult learning theory with a demonstration of knowledge.</b>
SE1.3b Personnel must have satisfactorily passed competency based training on DDW standards for career development planning before providing career development planning to JCMs and their guardians.	4/30/16-first data collected and reported.	
<b>Supported Employment Objective SE 1.4 Increase capacity to create traditional and non-traditional paths to employment.</b>		
SE1.4a The DDS Deputy Director must develop an approved action plan to deploy an SE expert or experts to work with qualified employment providers to increase the number of traditional and non-traditional employment opportunities for JCMs to work at criteria.	7/31/15	
SE1.4b Defendants, through Partners for Employment, must deliver customized employment training to qualified employment providers in reference to employment of JCMs at criteria.	10/31/15	
SE1.4c Defendants must use funding available through the IGA for the development of JCMs' vocational assessment profiles (VAPs).	Complete in FY15. Negotiation underway for FY 16.	
SE1.4d Defendants must demonstrate through annual statistics that they have increased the capacity to provide traditional and non-traditional paths for employment of JCMs at criteria.	1/31/16-first data collected and reported.	

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<p><b><i>Supported Employment Objective SE 1.5 Individual records (including ISPs) of Jackson Class Members will contain accurate employment plans that include information about the Jackson Class Members' desires to work, the Jackson Class Members' skills for existing jobs, and whether the guardians want the Jackson Class Members to work.</i></b></p>		
<p>SE1.5a Defendants, through appropriately trained personnel, must update each JCM's ISP with a current and accurate employment plan, including information about the JCM's employment goals and whether the JCM wishes to work, has skills for existing work, seeks traditional or nontraditional work, and has the guardian's consent to work.</p>	<p>4/30/16-first data collected and reported.</p>	
<p><b><i>Supported Employment Objective SE 1.6 When there is a change in an individual's life that impacts their employment status, the team will meet within 10 days and take action to minimize the disruption to the class member's employment.</i></b></p>		
<p>SE1.6a Defendants must have a system in place to minimize the disruption to a JCM's employment when a JCM suffers a "life change" (hospitalization, significant health status change, relocation to another city, loss of employment).</p>	<p>9/30/15</p>	
<p>SE1.6b Defendants must promptly document any life change for a JCM in appropriate forms, including Case Management Site Visit Forms and IDT Meeting minutes.</p>	<p>9/30/15</p>	
<p>SE1.6c The JCM's team must meet within ten (10) days of a JCM's life change to take approved actions to minimize a disruption in the JCM's employment.</p>	<p>10/31/15</p>	<p><b>Agreed to Language Change:</b> The JCM's team must meet within ten (10) days of a JCM's life change to take appropriate actions to minimize a disruption in the JCM's employment.</p>
<p><b><i>Supported Employment Objective SE2.1 Qualified regional providers will be available in each region for each individual seeking employment.</i></b></p>		
<p>SE2.1a Defendants must develop a process to produce a list of qualified employment providers in all regions of the State for JCMs who seek employment.</p>	<p>9/30/15</p>	
<p>SE2.1b Defendants must create written standards that qualified employment providers must meet, including standards addressing employment goals for JCMs.</p>	<p>9/30/15</p>	

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SE2.1c Qualified employment providers that do not meet Defendants' standards must be placed on probation for a period not to exceed six (6) months. If a qualified employment provider does not meet Defendants' standards by the end of the probationary period, Defendants must eliminate that employment provider from the list.	12/31/15	
SE2.1d Defendants must ensure that JCMs in every region of the State have some choice of qualified employment providers. Defendants need not provide qualified employment providers in regions of the State where there are no JCMs who seek employment.	12/31/15	
<b><i>Supported Employment Objective SE2.2 Defendants will implement the Employment First Policy that explicitly sets forth the role and importance of employment, as well as expectations for employment, in a Jackson Class Member's life.</i></b>		
SE2.2a The DOH must develop and must implement an Employment First Policy consistent with professionally accepted standards of practice that apply to a JCM.	9/30/15	
SE2.2b The Employment First Policy must set forth in writing the role and importance of employment for a JCM and a JCM's expectation of employment.	9/30/15	
SE2.2c The DOH must make available to a JCM and the JCM's family and guardian information on how to obtain vocational assistance, vocational assessment, assistance for non-traditional employment, and DVR services.	12/31/15	
<b><i>Supported Employment Objective SE2.3 Clarify what the employment first principle means in terms of day-to-day practice for all stakeholders (people with disabilities, family members, providers, guardians, advocates, case managers, DDS, DVR, Partners for Employment).</i></b>		
SE2.3a Defendants must communicate to stakeholders, including pertinent agency personnel, the meaning of New Mexico's Employment First Policy as it relates to day-to-day practice and assistance to JCMs and their guardians.	9/30/15	
SE2.3b Defendants must communicate information about New	12/31/15	

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Mexico's Employment First Policy through formal training sessions, delivery of written materials, or other outreach efforts.		
SE2.3c Defendants must use the proposed Communication Matrix—which contains columns indicating audience size, frequency of event, method of communication, key message delivered, and date of communication—to identify communications about New Mexico's Employment First Policy.	12/31/15	
<b>Supported Employment Objective SE2.4 Identify quality employment providers based on employment outcome data.</b>		
SE2.4a Defendants must measure qualified employment providers through employment outcome data that includes each JCM's name, start and end date of each job, employer of record, wages earned, hours worked, and summary of qualified employment providers' assistance.	9/30/15	
<b>Supported Employment Objective SE2.5 Review CPR and other employment data. Analyze data and use the resulting information annually to help make improvements to the employment system and improve provider performance.</b>		
SE2.5a Defendants must maintain and must analyze current employment data and the CPR.	12/31/15	<b>Agreed to Language Change:</b> Defendants, in consultation with the Jackson Employment Expert, must maintain and must analyze current employment data and the CPR.
SE2.5b Defendants, through the Statewide Supported Employment Lead or the Jackson Employment Expert, must use the resulting information to enhance employment outcomes for JCMs.	12/31/15	<b>Agreed to Language Change:</b> Defendants, through the Statewide Supported Employment Lead will use the resulting information to enhance employment outcomes for individual JCMs and the employment system.
<b>Supported Employment Objective SE2.6 Increase the number of qualified providers statewide. Qualified providers are defined as those that get people jobs in the community, maintain jobs and help individuals with career advancement.</b>		
<b>Supported Employment Objective SE2.7 CMs will demonstrate competence in facilitating IDTs regarding employment outcomes for class members. Competence will be demonstrated by passing competency based training regarding DOH employment policies.</b>		
SE2.7a DOH, in consultation with the Jackson Employment	4/30/16-first	

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Expert, must provide competency-based training for all JCM case managers.	data collected and reported.	
SE2.7b DOH must identify JCM case managers who have not passed the competency-based training and must take appropriate actions until the case managers are successful.	4/30/16-first data collected and reported	
<b><i>Supported Employment Objective SE2.8 DOH will disseminate information to CM[s], Providers and IDTs regarding strategies for overcoming identified barriers to employment and will promote use of the RORI system by CMs, providers and IDTs to seek assistance from DOH when they encounter obstacles related to employment. DOH will review and use the information from the RORIs at least annually.</i></b>		
SE2.8a The DOH must collect annual data and information useful in identifying barriers to employment and in developing strategies for overcoming barriers to employment for JCMs. The data and information may include CPRs, RORIs, and input from JCMs, JCMs' families and guardians, case managers, providers, DDSD personnel, DVR personnel, and advocates.	12/31/15	
SE2.8b The DOH must disseminate the information addressed in SE2.8a to case managers, providers, JCMs, guardians, and IDTs.	12/31/15	
SE2.8c The DOH must collect RORI information on an annual basis and must promote RORI use to identify barriers that JCMs encounter in obtaining employment.	10/31/15	
<b><i>Supported Employment Objective SE2.9 Qualified employment providers have capacity to do individualized job development.</i></b>		
SE2.9a Defendants must provide adequate training for providers that are unable to perform the individualized job development.	4/30/16	
<b><i>Supported Employment Objective SE2.10 Qualified employment providers have the capacity to provide individualized job supports to JCMs.</i></b>		
SE2.10a Defendants must identify employment positions for JCMs who need job supports to ensure that providers can supply the required job supports to JCMs.	9/30/15-data collected and reported.	<b>Agreed to Language Change:</b> For JCM's who need job supports, Defendants will ensure qualified supported employment providers can supply the required job supports.
<b><i>Supported Employment Objective SE2.11 Provider agencies use outcome data to improve practice.</i></b>		

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SE2.11a Defendants must identify outcome data related to employment of JCMs that will assist provider agencies to improve their services to JCMs. That data may include information concerning provider agencies that are successfully developing jobs for JCMs at criteria or above criteria, provider agencies that are successfully supporting JCMs in maintaining community based jobs at criteria or above criteria, and provider agencies that are enabling JCMs to work more hours, receive higher wages, and obtain greater levels of social integration.	1/31/16-first data collected and reported.	
SE2.11b Defendants must disseminate to provider agencies annual outcome data that Defendants deem helpful for use by provider agencies to improve services to JCMs.	1/31/16-first data collected and reported.	
SE2.11c Provider agencies must use “the required QA/QI agency plan in regards to ISP implementation specific to Supported Employment.”	4/30/16	
<b><i>Supported Employment Objective SE3.1 Defendants will inform employment providers where to refer Jackson Class Members for a complete, person-centered vocational assessment, and employment providers will understand the requisite elements of a person-centered vocational assessment as defined by Defendants.</i></b>		
SE3.1a Defendants must identify appropriate tools, e.g., the “Assessment Toolkit,” for employment providers, including information about where to refer JCMs for a complete person-centered vocational assessment.	9/30/15	
SE3.1b Defendants must develop training on how to use the Assessment Toolkit, and DDS Supported Employment Coordinators and other pertinent staff must receive that training.	9/30/15	
SE3.1c Defendants must provide training to employment providers on how to use the Assessment Toolkit.	9/30/15	
SE3.1d Defendants must inform employment providers that they may schedule follow-up meetings with Defendants about the use of the Assessment Toolkit.	9/30/15	
<b><i>Supported Employment Objective SE3.2 IDTs are informed about the importance of accommodations to increase independent performance in the workplace.</i></b>		

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SE3.2a IDTs, case managers, and qualified employment providers must understand, through training and written communications, the importance of accommodations, supports, and assistive technology for a JCM so as to maximize a JCM's independent performance in the workplace.	7/31/15	<b>Agreed to Language Change:</b> IDTs, case managers, and qualified employment providers must complete competency based training regarding the importance of accommodations, supports, and assistive technology for a JCM so as to maximize a JCM's independent performance in the workplace.
SE3.2b IDTs, case managers, and qualified employment providers must understand, through training and written communications, the availability of accommodations, supports, and assistive technology for use by a JCM in the workplace.	4/30/16-first data collected and reported.	
SE3.2c Defendants must document the transmittal of information about the importance of accommodations and supports for a JCM to IDTs, case managers, and qualified employment providers.	7/31/15	
<b><i>Supported Employment Objective SE3.3 Use the statewide employment institute to provide training and technical assistance to the field to advance employment opportunities for class members.</i></b>		
SE3.3a The DOH and University of New Mexico must have a formal agreement that requires Partners for Employment to respond to requests for employment information and consultation.	7/1/15	
SE3.3b Partners for Employment must provide training, technical assistance, information, and support to employment providers, JCMs and their families and guardians, and the IDTs in order to advance employment opportunities for JCMs.	9/30/15-first data collected and reported.	
SE3.3c Defendants must report quarterly the requests for information about employment, training, technical assistance, consultation, and support made to Partners for Employment that it provided regarding JCMs.	9/30/15-first data collected and reported.	
SE3.3d Defendants' quarterly reports must disclose Partners for Employment's success rate in assisting the advancement of employment opportunities for JCMs.	9/30/15-first data collected and reported.	<b>Agreed to Language Change:</b> Defendants quarterly reports must disclose Partner's for Employment's success in assisting the advancement of employment opportunities for JCMs. When feasible, the reports will include quantitative information.
<b><i>Supported Employment Objective SE3.4 DDS will provide technical assistance to teams as requested for individuals whom they support to access employment opportunities.</i></b>		

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SE3.4a DDS D must identify necessary technical assistance and information to provide to IDTs and JCMs and their guardians for purposes of responding to JCMs' employment inquiries and issues.	7/31/15	
SE3.4b DDS D must respond to inquiries about employment opportunities and provide appropriate job-related technical assistance and information that may include job coaching, mentoring, and problem solving to IDTs and JCMs and their guardians.	9/30/15-first data collected and reported.	
<b>Supported Employment Objective SE3.5 Defendants, through UNM/CDD Partners for Employment will provide training for people with disabilities, family members, providers, guardians, advocates, case managers, DDS D and DVR consistent with the Employment First Principle.</b>	12/31/15	<b>Agreed to Language Change:</b> Defendants, through UNM/CDD Partners for Employment will provide training for people with disabilities, family members, providers, guardians, advocates, case managers, DDS D and DVR consistent with the Employment First Principle.
<b>Supported Employment Objective SE3.6 Defendants will provide training to employment providers and case managers on evidence based practices in Supported Employment.</b>	12/31/15	
<b>Supported Employment Objective SE3.7 Defendant(s) will work with Partners for Employment (formerly known as Employment Institute) to maintain an ongoing learning collaborative.</b>		<b>Agreed to Language Change:</b> Defendant(s) will work with Partners for Employment (formerly known as Employment Institute) to maintain an ongoing learning collaborative.
SE3.7a Defendants must continue to fund and support Partners for Employment in accordance with an active formal agreement between DDS D and UNM, pertinent state procurement rules, and funding appropriated by the state legislature.	7/31/15	
SE3.7b The Partners for Employment program is intended to provide a learning collaborative that enhances employment opportunities for JCMs.	10/31/15	
SE3.7c Defendants must annually evaluate the outcomes and efficacy of Partners for Employment as the program relates to employment services for JCMs.	4/30/16-first data collected and reported.	
SE3.7d Defendants must communicate the results of the annual evaluation with Partners for Employment.	4/30/16-first data collected and reported.	
<b>Supported Employment Objective SE4.1 Class members are able to explore community work experiences including job sampling, trial work experiences and volunteering.</b>		



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SE4.1a Defendants must identify JCMs who wish to do job sampling, trial work, or volunteering, provided the JCMs have their guardians' consent to do this type of work.	9/30/15	
SE4.1b Defendants must identify processes that encourage job sampling, trial work experience, and volunteer opportunities for JCMs identified in SE4.1a.	9/30/15	
SE4.1c Defendants must communicate processes identified in SE4.1b to JCMs and their guardians, IDTs, case managers, and qualified employment providers.	9/30/15	
SE4.1d Defendants must ensure that there are qualified employment providers in each region that will afford opportunities for job sampling, trial work experiences, and volunteer opportunities for JCMs identified in SE4.1a.	4/30/16	
<b><i>Supported Employment Objective SE4.2 Decrease the amount of time class members spend in congregated, segregated settings for persons with D/D and work with IDTs to promote participation in community activities and generic resources that are comparable to those used by non-disabled persons of the same age.</i></b>		
SE4.2a Defendants must identify JCMs who are working in "congregated, segregated settings for persons with D/D" and who do not wish to be in these work settings.	4/30/16	<b>Agreed to Language Change:</b> Defendants must identify JCMs who are in "congregated, segregated settings for persons with D/D" and who do not wish to be in these settings.
SE4.2b For those JCMs identified in SE4.2a, Defendants must take steps to decrease the amount of time the JCMs spend in congregated, segregated work settings, provided the JCMs' guardians agree.	4/30/16	<b>Agreed to Language Change:</b> For those JCMs identified in SE4.2a, Defendants must take steps to decrease the amount of time the JCMs spend in congregated, segregated settings, provided the JCMs' guardians agree.
SE4.2c Defendants must provide education and competency-based training to IDTs and pertinent personnel concerning the importance of having JCMs participate in integrated community activities (in relation to work) and reducing the time spent by JCMs in congregated, segregated work settings.	4/30/16	<b>Agreed to Language Change:</b> Defendants must provide education and competency-based training to IDTs and pertinent personnel concerning the importance of having JCMs participate in integrated community activities and reducing the time spent by JCMs in congregated, segregated settings.
SE4.2d Defendants must annually identify and monitor those JCMs who wish to reduce time spent in congregated segregated work settings and those JCMs who spent reduced hours in	4/30/16	<b>Agreed to Language Change:</b> Defendants must annually identify and monitor those JCMs who wish to reduce time spent in congregated segregated settings and those JCMs

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congregated, segregated work settings.		who spent reduced hours in congregated, segregated settings.
<b>1997 Plan of Action</b>		
<b>Training and Technical Assistance</b>		
<b>OUTCOME B CIMS: Incidents of suspected abuse, neglect and exploitation will be reported and investigated according to the established protocol.</b>		<b>The parties agree that S1.1.3 addresses this Desired Outcome. Therefore S1.1.3 in this plan will supplant this existing obligation.</b>
ACT 1 Develop training for the Regional Coordinators.		
ACT 2 Develop training for the Agency Coordinators.		
ACT 3 Develop Incident Management training for agency direct contact staff.		
ACT 4 Develop Incident Management training for DDD staff, case managers, and agency executive staff.		
ACT 5 Conduct Incident Management training for the Incident Regional Management Investigators.		
ACT 6 Conduct Incident Management training for the Agency Incident Management Coordinators		
ACT 7 Conduct Incident Management training for agency direct service staff.		
ACT 8 Conduct Incident Management training for DDD staff, case managers and agency executive staff.		
ACT 9 Develop, coordinate and/or provide training opportunities with investigative entities, including but not limited to CYFD investigators and supervisors, on developmental disabilities, clinical and programmatic issues related to investigations.		
ACT 10 Upon completion of revised Incident Management System, should the revised joint protocol result in significant changes to the DD Incident Management System, training will be developed and provided to those entities requiring such training.		
<b>OUTCOME E ISP: People will receive appropriate services / supports through integrated and meaningful ISP's</b>	<b>8/1/15</b>	<b>Parties agreed to discuss this further with the Community Monitor and the JCA prior to the next Quarterly Meeting in June if possible. An update will be provided to Honorable Judge Molzen at the Quarterly Meeting regarding the status.</b>

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ACT 1 Training module on ISP regulations is developed, piloted and submitted for CAST approval.		
ACT 2 DDD staff, case managers, internal service coordinators and direct service staff of residential, vocational and day habilitation agencies are trained in ISP Regulations.		
ACT 3 Training module on the development of relevant goals, objectives and strategies is developed, piloted and submitted for CAST approval.		
ACT 4 DDD staff, case managers, internal service coordinators and direct service staff of residential, vocational and day habilitation agencies are trained in Goals and Objectives.		
ACT 5 Training module on “Supporting Individuals with Challenging Behaviors” is developed and reviewed by CAST and revised as needed.		
ACT 6 DDD staff, case managers, internal service coordinators and direct service staff is trained in ISP considerations for persons with challenging behaviors.		
ACT 7 Regional Offices will continue to provide training and/or technical assistance to select IDT teams on the refinement of the ISP.		
ACT 8 Regional Offices will continue to provide training and/or technical assistance through regular meetings with case management or provider agencies.		
ACT 9 Maintain a cadre of certified trainers in each region in the following topics: ISP; Goals and Objectives; Challenging Behavior; Pre-service training		
ACT 10 Provide technical assistance to teams to be selected by the Regional Offices in the refinement of the ISP document, team process, and implementation and documentation of services		
ACT 11 Provide technical assistance to IDTs selected by the Regional Offices to incorporate into ISPs techniques pertaining to basic sexuality, relationship building and social skills.		
ACT 12 Provide training to case managers, internal service coordinators and Regional Office staff on basic sexuality and relationship building.		
ACT 13 Train DDD staff on ISP regulations, Goals and		

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Objectives, Vocational Profiles and Career Development Plans, Behavioral Supports, Sexuality Issues of People with DD and Assistive Technology.		
ACT 14 Complete regional training on roles and responsibilities of case managers in new service model.		
ACT 15 Train DDD staff on the ISP Guidelines and the Community Audit protocol and Division Expectations.		
ACT 16 Provide training to division and Regional Office staff on the DRP process.		
ACT 17 Provide training to persons served on the DRP process.		
ACT 18 Provide training to parents and guardians on the DRP process.		
ACT 19 Provide training to case managers and other providers on the DRP process.		
<b>OUTCOME K ASSISTIVE TECHNOLOGY: People will have access to appropriate Assistive Technology</b>		<b>The parties are discussing the Defendants' latest Disengagement offer submitted to Plaintiffs' on 5/7/15. Plaintiffs' response is due 5/22/15 and the parties' goal is to resolve this by June2, 2015.</b>
ACT 1 Review NET modules and modify as necessary consistent with statewide approach, conduct other training for providers. (Two sessions in each region. Videotape training sessions for future training).		
ACT 2 Train Regional Office staff responsible for budget approval in the participatory approach and funding preference in speech therapy services.		
ACT 3 Under the supervision of the AT consultants, training entities contracting with the DDD will provide AT training, including augmentative communication, environmental access and control, and enhanced mobility to IDT's that incorporate the principles of full participation of even the most severely disabled individuals.		
ACT 4 Develop regional capacity of licensed therapists and other IDT members in various aspects of AT by training persons through the development of AT supports for specific individuals.		
ACT 5 Follow former Los Lunas residents who participated in the Center's Eating and Swallowing clinics to assure that meal		

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programs are maintained. If they are not (but are still recommended), offer consultation and training.		
ACT 6 Working with other training providers, establish a team of licensed therapists and others in each region and develop the knowledge necessary to provide AT services locally. Activities will include AT services designed for at least 2 persons per region. The method of team development will be on the job training led by Stuart, et al. (DDD will identify persons to be served. Regional Office will recruit team members. )		
ACT 7 Disseminate information on the participatory approach to all Waiver speech providers and other interested parties including case managers through mandatory training. Establish this preferred approach as mandatory through the Plan of Care budget process.		
<b>Individual Service Planning</b> <b>OUTCOME C: Identify and correct ISP deficiencies, both individual and systemic, using the community audit information</b>	8/1/15	<b>Addressed in Evaluative Components H4.3b, S3.1c-d, S3.2a-c, S3.3a-c, S3.4a-d, S3.5a-c, S3.6a-b, S5.3a-c, SE1.5a, SE1.6. Parties agreed to discuss this further with the Community Monitor and the JCA prior to the next Quarterly Meeting in June if possible. An update will be provided to Honorable Judge Molzen at the Quarterly Meeting regarding the status.</b>
ACT 1 Submit community audit recommendations to the appropriate case managers for review and discussion with the IDT.		
ACT 2 IDTs will review and incorporate audit recommendations with which the DD Division agrees into the ISP.		
ACT 3 Each Regional Office will develop a Plan of Action to correct systemic ISP deficiencies identified for that region in the Annual Community Audit Report.		
ACT 4 The Corrective Action Plan will be incorporated into the Regional Office Plans upon approval of the Regional Office Bureau Director.		
ACT 5 Regional Office Plan revisions will be forwarded to the DD Division.		
ACT 6 The DD Division will incorporate the Regional Office Plan revisions into its plan for implementation of the community audit recommendations.		
ACT 7 Divisional-training initiatives will be developed to		

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remediate systemic ISP deficiencies, if necessary.		
ACT 8 ISP training initiatives will be incorporated in to the overall Division plan to implement community audit recommendations.		
ACT 9 ISP Training will be provided within each region, if necessary.		
<b>Assistive Technology</b>		<b>The parties are discussing the Defendants' latest Disengagement offer submitted to Plaintiffs' on 5/7/15. Plaintiffs' response is due 5/22/15 and the parties' goal is to resolve this by June 2, 2015.</b>
<b>OUTCOME A: Enhance and expand the Assistive Technology Initiative statewide.</b>		
ACT 1 Establish LLCP as the manager of the Assistive Technology Initiative Statewide.		
ACT 2 Hire staff for Assistive Technology Initiative: 1 FTE Speech/Language Pathologist, 1 FTE Occupational Therapist 1 FTE Physical Therapist 1 FTE Adaptive Equipment Specialist 1 FTE Upholsterer		
ACT 3 Retain Sheila Stuart for purposes of technical assistance and training. Also, a specialist in seating/mobility/Assistive Technology will be retained.		
ACT 4 Transfer all Assistive Technology equipment used on the Los Lunas institution to the LLCP.		
ACT 5 Develop statewide policy and guidelines for Assistive Technology.		
ACT 6 Establish participatory approach (including individual dictionaries, 24-hour communication systems and interactive systems) to communication services; adopted by the DDD as their preferred approach. (a) Memo from DD Director to establish mandate for participatory approach on the preferred approach.		
ACT 7 Develop a training manual on the participatory approach.		
ACT 8 Disseminate information on the participatory approach to all Waiver speech providers and other interested parties including case managers through mandatory training. Establish this preferred approach as mandatory through the Plan of Care budget process.		
ACT 9 Train Regional Office staff responsible for budget approval		

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<p>in the participatory approach and funding preference in speech therapy services. (a) Review and modify waiver service definitions for Speech, Physical and Occupational Therapies to include non-face-to-face, but client specific services that allow for the application of Assistive Technology supports.</p>		
<p>ACT 10 Assure that approach, strategy, training and devices developed within the AT/Augmentative Communication paradigm shift are utilized as appropriate in all settings for the consumers. (a) Review NET modules and modify as necessary consistent with statewide approach, conduct other training for providers. (Two sessions in each region. Videotape training sessions for future training.); (b) Amend FY99 contracts and future Medicaid Provider Agreements to mandate AT use in all appropriate settings.</p>		
<p>ACT 11 Develop low-tech communication devices; purchase, modify, fabricate and make these available statewide. This approach does not preclude use of more sophisticated devices where appropriate. (a) Establish a fund to assist in the purchase of devices.</p>		
<p>ACT 12 Establish the Los Lunas AT project as a center for advice and technical assistance including toll-free telephone access, E-mail, Web Page and brochures.</p>		
<p>ACT 13 Develop low-tech devices (other than communication), purchase, modify and fabricate these and make them available statewide. This approach does not preclude use of more sophisticated devices where appropriate. (a) Establish a fund to assist in the purchase of these devices.</p>		
<p>ACT 14 Develop a day program demonstration site within the Los Lunas Community Program to include AT in the areas of communication, mobility, environmental access and positioning. The LLCP site will be available for statewide training and observation. Keep data on the development of the demonstration site. (a) Offer grants to establish additional demonstration sites in the Regions (at least two sites).</p>		
<p>ACT 15 Develop residential demonstration site within the Los Lunas Community Program to include AT in the areas of</p>		

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<p>communication, mobility, environmental access and positioning. Make site available for statewide training and observation. Keep data on the development of the demonstration site. (a) Offer grants to establish additional demonstration sites in the Regions (at least two sites).</p>		
<p>ACT 16 Demonstrate how AT assessment and services can assist in supported employment.</p>		
<p>ACT 17 Establish mobile services to repair, modify and assess seating systems and other AT. Make six trips throughout New Mexico in one year. Establish multi-disciplinary teams to travel with the mobile services.</p>		
<p>ACT 18 Establish power mobility evaluation and training capacity at the AT Center.</p>		
<p>ACT 19 Provide on-site repair for mobility systems and other AT devices.</p>		
<p>ACT 20 Purchase augmentative communication and other AT devices for use at the AT Center. Ongoing upgrades required.</p>		
<p>ACT 21 Establish utilization and other data collection mechanisms, including a journal and pictures.</p>		
<p>ACT 22 Develop regional capacity of licensed therapists and other IDT members in various aspects of AT by training persons through the development of AT supports for specific individuals. At least two of the persons for whom AT supports are designed will be formerly institutionalized persons. Ongoing upgrades required. (a) Assure consistency of AT messages and philosophy by having Sheila Stuart review and modify training materials of other training providers under contract with DDD. (b) Working with other training providers, establish a team of licensed therapists and others in each region and develop the knowledge necessary to provide AT services locally. Activities will include AT services designed for at least 2 persons per region. The method of team development will be on the job training led by Stuart, et al. (DDD will identify persons to be served. Regional office will recruit team members).</p>		
<p>ACT 23 Follow former Los Lunas residents who participated in the Center's Eating and Swallowing clinics to assure that meal</p>		



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programs are maintained. If they are not (but are still recommended), offer consultation and training.		
ACT 24 Write policy and procedure manual for Assistive Technology that can be disseminated to other agencies.		
ACT 25 Complete business plans that will address the question of revenue generation for initiatives.		
ACT 26 Research the use of federal funds (i.e., Tech Act) to support the activities of this plan.		
<b>2005 Appendix A to the Plan of Action</b>		
<b>DIVISION OF VOCATIONAL REHABILITATION</b>	<b>8/1/15</b>	<b>** By the stated date, the parties will work together to stipulate to alternative actions to supplant the requirements of this section.</b>
DVR1 Annually, DVR will target outcomes, in conjunction with LTSD, for specific Jackson class members who have work goals but who are not working and collaborate with LTSD to obtain employment for them.		
DVR2 DVR will take referrals for certain Jackson class members and take the lead in getting an employment profile done to establish a blue print for job development. DVR will assist in obtaining employment in conjunction with LTSD.		
DVR3 DVR and LTSD will use creative approaches to getting jobs for Jackson class members with significant disabilities and seek methods of providing incentives through innovation contracts.		
DVR4 DVR will participate in selected team meetings of the "119" individuals whose teams are not supportive of work and assist individuals to consider other providers if necessary. DVR will ideally be provided 8-10 weeks notice, but in no event less than 4 weeks notice, of these meetings.		
DVR5 DVR will take the lead in developing and implementing quality vocational profiles for Jackson class members who do not have an updated one.		
DVR6 DVR will ensure that all liaisons understand their role as facilitators of employment for individuals with significant disabilities.		
DVR7 DVR will co-sponsor training for key stakeholders on		

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quality employment outcomes, innovative approaches, best practices, employer negotiations.		
DVR8 DVR will do case reviews at the local level and collaborate with LTSD to solve individual and systemic issues.		
<b>MEANINGFUL DAY SERVICES</b>	<b>8/1/15</b>	<b>** By the stated date, the parties will work together to stipulate to alternative actions to supplant the requirements of this section.</b>
DS1 LTSD will implement the Rucker plan, as operationalized by the meaningful day work group chaired by the community monitor.		
DS2 LTSD will work with plaintiffs, monitors, etc., to establish a measurable definition of a meaningful day.		
DS3 Establish criteria for teams as to what constitutes a meaningful day for retired individuals.		
DS4 Based upon the definition of meaningful day, LTSD will develop measurable outcome indicators for improvement.		
DS5 LTSD will develop and implement consequences for case managers and their agencies for failure to carry out DOH policies regarding meaningful day services.		
DS6 LTSD will retain a full time equivalent qualified expert(s) who will lead the meaningful day and employment initiatives. This person will also oversee the work of two full time lead staff persons: one in the area of meaningful day and one in the area of supported employment.		
DS7 LTSD will increase the full time equivalent (FTE) assigned to each region (at least 1 FTE in each region and 2 in Metro) to work exclusively on meaningful day. LTSD will increase the full time equivalent assigned to each region (at least 1 FTE in each region and 2 in Metro) to work exclusively on supported employment.		
DS8 LTSD will increase the expectations and demands for providers of day services other than work in line with the meaningful day definition and outcome indicators developed by the meaningful day work group.		
DS9 Develop criteria outlining competencies for staff involved in meaningful day area.		
DS10 Develop rigorous performance expectations that are		

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measurable for all staff and providers involved in meaningful day and enforce them.		
DS11 Performance-based contracts will be developed, implemented, and enforced.		
DS12 LTSD will design and implement a pilot which will determine how to best tie reimbursement to accomplishments.		
DS13 Results of the pilot will be used to inform the rate methodology and sustain the practice of payments being tied to accomplishments.		
DS14 Provide incentives for innovation.		
DS15 Give teams/providers technical assistance when they request it.		
DS16 With assistance from the Internal Monitor identify an individual/organization with expertise to continue the work begun by Lyn Rucker to improve day services in line with the meaningful day definition and outcome indicators developed by the meaningful day work group.		
DS17 Based upon the completed day services plan undertake the required evaluation of manpower and seek needed funds.		
<b>JSD Continuous Improvement</b>		<b>**Defendants' position is that Continuous Improvement is addressed in Evaluative Components S5.1, S5.2. S5.4. Defendants propose to treat this like other outdated obligations (CM, Meaningful Day). Plaintiffs do not agree. The parties will meet with the Community Monitor and JCA prior to the June 2015 Quarterly Meeting and report to Judge Molzen at the June meeting.</b>
<b>ISP JSD Paragraph 35</b>		
<b>Metro:</b>		
Total Program Adequate		<b>Disengaged in previous motion Doc. 1949</b>
Adequate Use of Generic Services		
Person Integrated Into Community		
<b>Southeast:</b>		
Total Program Adequate		
<b>Southwest:</b>		

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Person Integrated into Community		
<b>Behavioral Supports JSD Paragraph 36</b>		
<b>Northeast:</b>		
Behavior Services Integrated into ISP		
<b>Northwest:</b>		
Behavior Services Integrated into ISP		
<b>Southeast:</b>		
Person Receive Behavior Services		
<b>Southwest:</b>		
Behavior Services Integrated into ISP		
<b>Supported Employment JSD Paragraph 37</b>		
<b>Metro:</b>		
Have Career Development Plan		
Person Receive Employment Services		
<b>Northeast:</b>		
Have Career Development Plan		
Person Receive Employment Services		
<b>Southwest:</b>		
Have Career Development Plan		
Person Receive Employment Services		
<b>1998 Audit Recommendations</b>	<b>12/31/15</b>	<b>According to the court's order, Defendants must demonstrate compliance with all 25 recommendations. Defendants are currently meeting with the JCA to discuss how to demonstrate compliance with all.</b>
<b>6. Audit Recommendation No. 6</b>		
On or before September 30, 1999, a formal rate study on Case Management must be undertaken by the DOH/DDSD. Findings of the study must be implemented in the fiscal year 2001 Case Management Provider Contracts/Provider Agreements. A formal mechanism must be established by the DOH/DDSD to solicit (and insure) input into the rate setting methodology by the leadership of Case Management Agencies that have exhibited over time their capacity and expertise in meeting Jackson and the regulations and requirements. Rates must be sufficient to cover the cost of adequate internal quality control and supervision. Caseload ratios		

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<p>should be determined by compliance with the DOH/DDSD regulations and with the goal of recruiting and retaining qualified staff.</p>		
<p><b>Audit Recommendation No. 8</b> The DOH/LTSD should undertake a rate study on the adequacy of salaries for direct care staff in community residential programs. The rate analysis should result in a salary and benefits package that would</p>		
<p>a) adequately address qualified staff and adequate staffing patterns;</p>		
<p>b) adequately address reducing turnover; and</p>		
<p>c) adequately address appropriate pre-service training for new staff and ongoing in-service for all staff. Implementation of rate changes should occur at the earliest possible date, but no later than July 1, 2000. The Parties will make their best efforts to address enhancement of direct care salaries during the 1999 legislative session.</p>		
<p><b>Audit Recommendation No. 10</b> An evaluation of the adequacy of the current allocation of Central and Regional Office manpower to the supported work/day habilitation effort should be undertaken by June 1, 1999, with input from the Independent Consultant or supported work. A determination should be made as to whether it is feasible for Jackson requirements in this area to be met with shared regional staff in the multiple role for supported work, day habilitation, and other regional efforts. A report and staffing changes determined needed from this review will be submitted by LTSD to the Community Monitor. Recommendations requiring changes in manpower allocation or tasks as a result of this review should be implemented in the 1999–2000 fiscal year. If the evaluation concludes that additional staff is required, the Department will request and make its best efforts to obtain state general fund dollars and relevant federal resources to fund such staff positions.</p>		
<p><b>Audit Recommendation No. 12</b> A strategic plan to implement improvement in the quality, individualization and intensity of day habilitation should be designed by the Long Term Services Division Director by April 30, 1999. This plan must be approved</p>		

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<p>by the Community Monitor. To develop the Adequacy of Vocational Day Program Services:</p>		
<p>a. Each regional office needs to evaluate and provide technical assistance to day programs that are not person-centered. Alternative programs should be found for individuals who are not served by providers that are willing to change from the program model of services where it is not meeting the needs of the individuals served. Case managers should be supported by the Regional Offices in offering options to guardians and individuals for alternative program selection.</p>		
<p>b. The Division needs to enforce its policy on day programs in the home and strengthen the policy to insure that an appropriate program is provided to each individual. Programs should not be allowed to be provided in the home unless clinically and/or programmatically justified and should insure a clear, separate program and goals for the individual within that service component.</p>		
<p><b>Audit Recommendation No. 13</b> DOH/LTSD must implement a pilot study, allowing several provider agencies to substitute the Accreditation Council on Developmental Disabilities (ACDD) for (or in addition to) CARF to determine if this accrediting/compliance methodology provides more assistance in improving the quality of supports to class members. If substantive quality improvement is shown compared to non-pilot day habilitation programs, ACDD Standards should be required for all day habilitation programs beginning in fiscal year 2000–2001.</p>		
<p><b>Audit Recommendation No. 15</b> Starting with individuals identified in previous reviews (audits), the Regional Offices should develop a list of Jackson Class Members who require communication services and are currently not receiving them. This should be accomplished by February 28, 1999. A letter should be written (by each Regional Office) to the Class Members’ respective case managers suggesting the need to include such services in the ISP and offering assistance for assessments and offering the formulation of plans for services. The LCCP should support this activity with technical assistance and therapists under</p>		

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<p>contract as necessary. Regions must follow up in their ISP reviews and notify teams that have not adequately dealt with communication development as part of the ISP. Those teams that do not adopt appropriate strategies to support communication should receive additional training, support, and direction to assure appropriate services. If the 1999 Jackson Regional Review finds that over 20% of the individuals reviewed have deficiencies in the area of communication assessments, services or adequate assistive communication devices, LLCP must submit a compliance plan for approval by the Community Monitor within 90 days of the presentation of the 1999 review data. (Text is slightly different in both parties' attachments to their March 4, 2015 letters; the Court used the text set forth in the 1998 Audit Motion.)</p>		
<p><b>Audit Recommendation No. 16</b> The LTSD and the LLCP must address the question of adequate therapy resources (statewide) as follows:</p>		
<p>a. The LTSD should streamline the DD waiver application process for therapy providers so the average approval time is 60 days or less.</p>		
<p>b. The LTSD and LLCP must assist potential therapy providers as necessary to assure a complete and "ready for approval" application packet.</p>		
<p>c. The JCC (recommended in #24 below) will meet in April 1999 and the adequacy of therapy resources will be addressed. Concrete solutions will be developed at this meeting. Recommendations will be submitted to the Secretary by May 1999 for implementation at the earliest possible date. Recommendations should be implemented within six months except for budgetary issues which will be implemented in the next budget cycle. The Continuum of Care will be invited to participate in the first meeting.</p>		
<p>d. LTSD must approve a "planner" position for the LLCP Assistive Technology Project for purposes of recruiting new providers. Funding should be ongoing until all related Plan of Action activities are met.</p>		
<p>e. The LTSD/LLCP must evaluate the resource development efforts for therapists and provision of assistive technology services</p>		

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<p>by July 30, 1999. If resources remain underdeveloped at this time, a budget request should be developed for additional resources sufficient to fund an additional team, comparable to the current team of the LLCP in both size, expertise and complement of professionals.</p>		
<p>f. Resource Availability: The Division should identify those priority areas and regions that need assistance with specific ancillary services and assessments. From this year’s review, the Northwest and Southeast Regions were most deficient in resources. A plan should be designed where Continuum of Care, TEASC, and the Los Lunas team, or other resources, target these areas and individual persons to insure the provision of services while assistance is given by the Division for the development of these services. Division personnel should coordinate across providers to determine if consolidation of needs for various personnel (e.g., nursing, OT, PT, speech) would allow for recruitment of full-time personnel that would be shared across providers. Utilization of the Medicaid Managed Care program, SALUD, should be used to access services included in these contracts on behalf of Medicaid-eligible waiver clients. In addition, the Regional Offices should be held accountable and empowered to act through contract enforcement or other legal remedies when a provider does not provide these services in a timely manner. A statement should be circulated that timely provision of services is expected by all contractors and agency providers. Where the Department is made aware of untimely provision of services, Regional Office staff will be authorized to initiate efforts to ensure services are provided in a timely manner. In addition, any cost to the Department for initiating these efforts can, if possible, be set off from prospective contractor payments as allowed by existing contracts. Any agreements with ancillary providers need to insure that they provide the written assessments to the community interdisciplinary teams in a timely manner.</p>		
<p><b>Audit Recommendation No. 17</b> DOH must implement the remaining 1996 Community Review guardianship recommendations. DOH should coordinate all efforts, written</p>		



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<p>materials and content of training with the Attorney General’s guardianship efforts, to wit: 1996 – Guardians and Family Member Services: Division guidelines for guardian involvement and activities should be developed and disseminated. This should include guidelines for participation in team meetings, advocacy for individual persons served and the roles and responsibilities of the case manager in working with guardians and their charges.</p>		
<p><b>Audit Recommendation No. 18</b> DOH shall assign a liaison to work with advocacy groups and funding sources for self determination/self-advocacy. If capacity is not developed in a one-year period sufficient to meet the needs of 35% of the class members with unmet individual recommendations for a friend/advocate, DOH will request and make its best efforts to obtain state general fund dollars and relevant federal resources to fund contracts to coordinate and provide these services.</p>		
<p><b>Audit Recommendation No. 19</b> DOH must provide class members and guardians important documents in their native language (where a written language exists). Requests for all translation and interpreters for persons/guardians for ISP and other important meetings must be provided upon request from the appropriate Regional Office, which shall maintain an available pool of interpreters.</p>		
<p><b>Audit Recommendation No. 22</b> The emphasis of technical assistance by training staff should be on meaningful and measurable objectives and detailed strategies that include information from relevant assessments. The emphasis of technical assistance provided by Regional office staff should focus on long term visions, functional assessments and goals. The overall general formal ISP training should be provided by the training staff as needed. Regional Office staff should research individual recommendations from 1997 and 1998 reviews and coordinate with training and regional specialist staff to respond to technical assistance and basic training needs as identified.</p>		
<p><b>Audit Recommendation No. 24</b> A three-person Jackson Coordinating Committee (JCC) should be established by DOH and HSD to resolve interdepartmental issues that affect Jackson Class</p>		

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<p>Members and compliance in Jackson. The Director of MAD/HSD, the Director of LTSD or their designees with authority to make decisions and the DOH Internal Jackson Monitor (facilitator and chair) will meet at least monthly. Where issues cannot [be] resolved by the JCC, the Community Monitor will attempt to resolve the disagreement. If the disagreement is not resolved, the Community Monitor shall present the issues and the Monitor's recommendations to the Secretaries of HSD and DOH for their determination. Agendas of and decisions made at JCC meetings should be recorded in minutes and shared with Plaintiffs and Interveners for the duration of the Jackson Litigation.</p>		
<p>a. Providing a mechanism for collecting information from the DOH field regarding ongoing individual issues with Jackson Class Members and Medicaid services provided through the Waiver or the Managed Care program and providing resolution to these issues.</p>		
<p>b. Evaluating the findings of the 1999 and 2000 Jackson Community System Quality Review (audit) with the Community Monitor to determine necessary actions of HSD and DOH to come into compliance with the JSD. Specific actions needed will be agreed to and timetables will be determined within 90 days following each review. In the absence of an agreement, the issues will be submitted to the Community Monitor for a decision.</p>		
<p>c. Make a specific determination, from the 1999 review data and the case management agency reviews being undertaken by LTSD, whether or not the independent contractor model of case management services should be allowed to continue. (This model can only be allowed to continue if there is a demonstrated ability to provide services consistent with Department standards and regulations and the requirements of Jackson.) The JCC decision on this issue should be made in sufficient time to allow the fiscal year 2000-2001 Case Management contracts to reflect any required changes.</p>		
<p>d. The JCC should evaluate the adequacy of the newly promulgated Alternative Augmentative Communication (AAC) regulations and rates, as they apply to Jackson Class Members, one</p>		

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<p>year after their implementation and make specific recommendations to HSD on changes needed. Recommendations should be implemented within six months except for budgetary issues, which will be implemented in the next budget cycle.</p>		
<p>e. Policies and Regulations to Insure Adequate Provision of Supplies and Other Durable Medical Equipment from MCO/HMOs. An analysis of this problem should occur through the JCC by May 15, 1999. HSD’s tracking of individual problems appears to point to misinformation or confusion in ordering materials at the provider or case management level. While HSD is willing to send guidance memos to their MCOs, this may not solve the problem. The JCC should decide on how to assure appropriate ongoing input on problems from the case management and provider agencies and determine what actions, clarifying information, etc., should be provided and to whom. Any actions needed following May 15, 1999, analysis should be implemented by August 15, 1999. Provider and case management agencies should be notified to forward to the JCC and HSD any problems with regard to obtaining supplies or equipment.</p>		
<p>f. Availability of Doctors and Dentists. HSD will adequately address the availability of doctors and dentists by January 1, 2000. Actions to enhance the availability of doctors and dentists will be implemented within six months if within HSD’s control. If fiscal resources are required, HSD will implement them in the next budget cycle.</p>		
<p>g. Formulary issues. The JCC should notify case management and provider agencies that when formulary problems arise, this information should be provided to both HSD and the JCC. If problems appear systematic (as related to specific HMO policies), the JCC should make recommendations to HSD. HSD shall take the appropriate actions, if needed, with HMOs.</p>		
<p>h. Rate Studies: The JCC, one year following the implementation of the direct care, therapists and case management (long term) rate adjustments, (see Recommendations 6, 8 and 9) shall evaluate whether the problems (e.g., turnover, inability to recruit) have been solved with these adjustments. The JCC will make</p>		

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<p>recommendations for further adjustments or analysis to LTSD within 60 days of this anniversary. Actions will be implemented within six months if within the Defendants' control (sic) if fixed resources are required, Defendants will implement them in the next budget cycle.</p>		
<p>i. Other Jackson-related JCC activities: The JCC should identify those areas not exclusively under the control of the defendant state agencies that affect class members and compliance in Jackson and to develop strategies to resolve these issues.</p>		
<p>1. The Medicare problem as it relates to dual eligible Jackson Class Members and their ability to receive timely adaptive equipment and adaptations to existing equipment, is an example. This problem, as HSD clearly noted, is a national issue. The parties will work jointly in developing a position statement on Medicare problems for presentation by the two Secretaries to the congressional Delegation.</p>		
<p>2. The JCC should provide a technical, legal and political analysis of whether or not the waiver can be amended to provide a higher average cost for Waiver services based on a higher Los Lunas Developmental Center rate at the time of its closure. This analysis should be completed by April 1, 1999, and submitted to the Community Monitor.</p>		
<p><b>Audit Recommendation No. 25</b> Medical Services Coordination: The Division should follow up on its recently distributed policy manual on medical coordination with specific training by Continuum of Care for each case management agency. Specific persons served found in the audit to require such actions should be selected by Continuum of Care as examples for hands-on technical assistance and training to each case management agency. Continuum of Care should be assigned to assist the Regional Office with any technical assistance needed in following up on both individual recommendations from the audit and systemic problems in medical coordination or identification of resources within that region. The system must insure that persons served receive needed:</p>		
<p>1. TD screening for persons on psychoactive medications;</p>		

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2. Blood level monitoring for specific medications;		
3. Participation of primary care physicians, psychiatrists, neurologists and other appropriate health care professionals in team meetings, especially when health issues are critical in the life of the person served;		
4. Identification of health care professionals with the skills and commitment to provide medical services to persons with developmental disabilities; and,		
5. Crisis intervention plans as an integral part of the ISP.		
<b>Doc. No. 1138-December 8, 1999 Stipulated Agreement on 1998 Special Review (“ICF/MR Stipulation”)</b>		
<b>Other Court Orders</b>		
<b>Doc. No. 1582-May 22, 2007 Revised Confidentiality Order regarding mortality reviews (“Mortality Review Order”)</b>		<b>The parties agree this is an order of the court; however this is not subject to disengagement pursuant to a paragraph 44 letter etc.</b>
<b>Joint Stipulation on Disengagement</b>		<b>The parties agree this is an order of the court; however this is not subject to disengagement pursuant to a paragraph 44 letter etc.</b>