

**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.

**JACKSON QUARTERLY REPORT APRIL 15, 2016**

COME NOW Defendants, by and through counsel, Jerry A. Walz, Esq., Walz and Associates, P.C. and hereby submit the Jackson Quarterly Report.

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 15<sup>th</sup> day of April 2016, 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</b>	<b>Date of Completion</b>	<b>Component Manager</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	<i>CSB Bureau Chief</i>	Held meeting on March 15, 2016 with Defendants, the JCA and Community Monitor to discuss healthcare coordination, the Health Field Survey Tool (HFST) and other health objectives. Additional activities were discussed at this meeting and an additional meeting on April 4, 2016 including the coordination of a meeting with provider representatives to refine coordination roles. Medical Director, CSB Chief and DDS Director also discussed meeting with HSD and MCO representatives to develop consensus definitions.
H1.1b The DOH must disseminate the definitions referred to in H1.1a to all pertinent providers.	9/30/15	<i>CSB Bureau Chief</i>	See H1.1a status update
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	<i>CSB Bureau Chief</i>	See status above regarding meeting with Plaintiffs, JCA and Community Monitor. Additionally, an initial crosswalk has begun to identify where elements of healthcare coordination may be measured in the HFST.
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 the health field survey tool or other appropriate tools.	12/31/15	<i>CSB Bureau Chief</i>	See H1.1a-c status updates
H1.1e The DOH must take prompt action to address healthcare coordination performance	4/30/16-first quarter data and	<i>CSB Bureau Chief</i>	No data to report at this time. See H1.1a-c status updates

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that does not meet the measurable performance indicators.	collected and reported		
<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 record.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	The HFST was presented at the Jackson Quarterly Meeting in January 2016. Plaintiffs' Counsel requested a meeting to discuss healthcare coordination and the HFST data collected to date. Defendants met with the Plaintiffs on March 8, 2016 and April 4, 2016. During these meetings, Defendants walked through the tool and examples of the raw data and demonstrated how the data led to changes in the field review process and the HFST itself. Plaintiffs provided suggestions for changes to the HFST. Most were accepted and implemented with reasons for not doing so provided for those that were not. At the April 4 meeting, Plaintiffs were given all of the raw data and were asked to provide additional feedback if they deem appropriate. Defendants have outlined the steps needed to begin field data collection and have begun to execute the steps.
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.	<i>CSB Bureau Chief</i>	
H1.2c Nurses must visit each JCM in accordance with DOH requirements.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	
H1.2d 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.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	
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.	<i>CSB Bureau Chief</i>	
<b>Health Objective H1.3 Teams use accurate health records for Jackson Class</b>			

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<b>Members.</b>			
H1.3a Defendants must monitor the accuracy of each JCM's health record, including the JCM's current healthcare plans.	10/31/15-first quarter data collected and reported.	<i>BSI Bureau Chief and CSB Bureau Chief</i>	See H1.2 for status update on HFST
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.	<i>BSI Bureau Chief and CSB Bureau Chief</i>	October 2015-February 2016 data was collected and reviewed for compliance with this requirement. Notifications were sent to identified providers via SCOMM on 3/29/16 and 3/30/16 outlining the need for remediation in this area. Providers have 14 days from receipt of the notification to complete any changes if required. DDSD will run reports after the 14 days to identify remediation completion. <b>Supporting Documentation:</b> October 2015-December 2015 Report (Bates No. JQR Q2 2016 0135-0156), January-February 2016 Report (Bates No. JQR Q2 2016 0121-0134),
<b>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.</b>			
H1.4a Upon request, DDSD will assist IDTs to identify professionals with specialized skills to provide needed information, consultation, and technical assistance. DDSD will inform IDTs of the availability of DDSD's assistance.	First issued by 7/31/15	<i>DDSD Medical Director</i>	A letter outlining how to request assistance from DDSD was sent to provider agencies and case managers on October 15, 2015. A tracking form has been developed and implemented. Discussion and planning around reviewing data in conjunction with RORI and SSR information to identify gaps and resource solutions and strategies.
H1.4b Each JCM must have access to healthcare professionals with specialized skills, as needed.	12/31/15	<i>DDSD Medical Director</i>	Created HFST process specifics that will measure this Evaluative Component (See H1.1).

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<b>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.</b>			
H1.5a Defendants must prepare quarterly reports on a sample of the JCMs to monitor the accuracy of the JCMs' individual healthcare record.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	See H1.2 for status update on HFST
H1.5b Defendants must take action to correct inaccuracies in the JCMs' individual healthcare record.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	
<b>Health Objective H1.6 Current and complete information is provided to the healthcare professionals treating or evaluating the individual.</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.	<i>BSI Bureau Chief and CSB Bureau Chief</i>	A Director's Release has been drafted in regards to this requirement.
H1.6b DOH will revise and distribute the Health Passport policy and procedure clearly stating that it is the DDW provider's responsibility to provide, in all settings, the accurate and up to date Health Passport and Physicians Consultation form to treating health care professionals.	12/31/15-first quarter data collected and reported.	<i>BSI Bureau Chief and CSB Bureau Chief</i>	See H1.6b status above.
H1.6c A JCM's provider must ensure a JCM's current healthcare information is provided to treating and evaluating	12/31/15-first quarter data collected and	<i>BSI Bureau Chief and CSB Bureau Chief</i>	DDSD's proposed methodology to track this information was presented to the JCA at the March 8, 2016 consultation meeting. DDSD will monitor the completion and use of the Health Passport

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healthcare professionals and the case manager must verify that through review of the Physician Consultation Form.	reported.		and Physician Consultation forms against appointments via the HFST.
<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 individual or their healthcare decision maker declines the healthcare professional’s recommendations by completing a Decision Consultation Form.	10/31/15-first quarter data collected and reported.	<i>DDSD Statewide CM Lead</i>	See H1.2 for status update on HFST
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.	<i>DDSD Statewide CM Lead</i>	
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.	<i>DDSD Statewide CM Lead</i>	
H1.7d The JCM’s Case Manager must complete a Decision Consultation Form, as appropriate, for use by the JCM’s healthcare professionals. The Decision Consultation	10/31/15-first quarter data collected and reported.	<i>DDSD Statewide CM Lead</i>	

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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 administration of prescription medications to each JCM.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	DDSD is reviewing and acting on those medication events that fall into the highest reportable category on the General Events Reporting, in Therap, (GER). This is reported currently through the significant events process.
H1.8b Defendants must take prompt action to correct any failure to properly administer medications to a JCM in accordance with prescriptions.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	Defendants met with the JCA and Community Monitor on June 30, 2015. During this meeting, the JCA indicated the need to revise the HFST to include monitoring of right dose, right frequency and right time. These questions were added to the HFST. Discussed at the December 10, 2015 check in meeting with the JCA. JCA provided guidance as to the intent of the objective and evaluative components. During the March 8, 2016 meeting, the Plaintiffs recommended that the HFST also monitor for administration of incorrect medications. The suggestion was accepted and the change was incorporated into the HFST. See H1.2 for status update on HFST.
<b>Health Objective H2.1 Jackson Class Members receive age appropriate preventive/early detection screening/immunizations for health risk factors.</b>			
H2.1a 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.	9/30/15	<i>CSB Bureau Chief</i>	The DDSD Medical Director developed step by step instructions for provider staff to generate age and gender specific prevention recommendations. Presented draft procedures on preventive service recommendations to DDSD staff. Will distribute procedures to providers. The DDSD Medical Director plans to meet with MCO Medical Directors to promote implementation of recommendations.



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<p>H2.1b 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.</p>	<p>12/31/15-first quarter data collected and reported.</p>	<p><i>CSB Bureau Chief</i></p>	<p>An online tool which was developed by the United States Preventive Services Task Force (USPSTF) has been identified, which will greatly facilitate communication with the JCM's primary care physician regarding the preventive services that are recommended for the JCM. A separate tool is under development to address preventive services that are specific to the JCM's specific condition(s). <b>Supporting Documentation:</b> <a href="http://www.uspreventiveservicestaskforce.org/Page/Name/tools-and-resources-for-better-preventive-care">http://www.uspreventiveservicestaskforce.org/Page/Name/tools-and-resources-for-better-preventive-care</a> <b>No Change from Previous Quarter</b></p>
<p><b><i>Health Objective H3.1 Jackson Class Members receive increased intensity of services during acute episodes or illnesses.</i></b></p>			
<p>H3.1a A nurse's monitoring, including nursing assessments and oversight, must increase during a JCM's acute episodes or illnesses.</p>	<p>10/31/15-first quarter data collected and reported.</p>	<p><i>CSB Bureau Chief</i></p>	<p>See H1.2 for status update on HFST</p>
<p>H3.1b Prompt face to face visits by a Nurse must occur upon a JCM's significant change of condition unless the Nurse directs and the JCM receives care from a Healthcare Practitioner, from urgent care or from 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 Practitioner, from urgent care or from emergency services the nurse will promptly assess the JCM at the conclusion of the care.</p>	<p>10/31/15-first quarter data collected and reported.</p>	<p><i>CSB Bureau Chief</i></p>	
<p>H3.1c In each individual case where a Nurse fails to comply with DOH requirements regarding significant health status change, the provider will report the failure to IMB. IMB will investigate and take appropriate action</p>	<p>10/31/15-first quarter data collected and reported.</p>	<p><i>CSB Bureau Chief</i></p>	

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and DOH will review patterns and trends via the health field tool and identify nurse performance issues, and will 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 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	<i>CSB Bureau Chief</i>	No data to report at this time.
H3.2b Each JCM’s healthcare plans and MERP’s must contain individual specific information on how provider agency staff can identify subtle signs of change or acute symptoms.	12/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	See H1.2 for status update on HFST
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.	<i>CSB Bureau Chief</i>	
H3.2d DSP and supervisors must promptly notify the nurse and document any acute symptoms and any signs of change in a JCM’s health status.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	
<b>Health Objective H3.3 When informed of signs of change in health status (including</b>			

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<b>chronic and acute pain) agency nurses take immediate action.</b>			
H3.3a The pertinent DDW agency nurse must implement pain management strategies for addressing a JCM's chronic and acute pain.	1/31/16-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	See H1.2 for status update on HFST
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.	<i>CSB Bureau Chief</i>	
H3.3c: 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.	1/31/16-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	
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.	<i>CSB Bureau Chief</i>	
<b>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.</b>			
H3.4a 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.	10/31/15-first quarter data collected and reported.	<i>JCO and CSB Bureau Chief</i>	A Director's Release has been drafted and will be issued.
H3.4b The out-of-home provider must receive a JCM's Health Passport, along with information concerning the JCM's mobility,	12/31/15-first quarter data collected and	<i>JCO and CSB Bureau Chief</i>	See status above regarding the need to issue a Director's Release to monitor this information. Previous quarterly reports provided draft Out of Home Placemen Policy and Procedure.

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comfort, safety, and sensory items within 24 hours of the JCM's placement with an out-of-home provider.	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.	<i>JCO and CSB Bureau Chief</i>	See H3.4a and b status update.
<b><i>Health Objective H3.5 When a JCM is receiving healthcare in an out-of-home setting, the IDT will plan for a smooth transition back to the JCM's home as soon as medically feasible.</i></b>			
H3.5a The JCM's case managers, Agency Nurses and pertinent Regional Office staff will meet promptly to plan for a JCM's safe discharge.	10/31/15-first quarter data collected and reported.	<i>JCO and CSB Bureau Chief</i>	A Director's Release has been drafted and will be issued.
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.	<i>JCO and CSB Bureau Chief</i>	See status above regarding the need to issue a Director's Release to monitor this information. Previous quarterly reports provided draft Out of Home Placemen Policy and Procedure.
<b><i>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)</i></b>			
H4.1a The parties and the JCA must develop a mandatory competency based training program.	10/31/15-first quarter data collected and	<i>DDSD Training Unit and CSB Bureau Chief</i>	Met with the JCA and Plaintiffs' counsel on October 20, 2015. Crosswalks for related trainings for CM/DS/DSS were submitted to the JCA, as well as requested modules for review. Defendants

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	reported.		requested a determination from the JCA of any gaps in regards to this EC. <b>No Change From Previous Quarter.</b>
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.	<i>DDSD Training Unit and CSB Bureau Chief</i>	Discussed at the December 10, 2015 JCA check in meeting as a follow up to the October 20, 2015 meeting. Pending information from the JCA in regards to any gaps in regards to this topic. <b>No Change From Previous Quarter.</b>
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.	<i>DDSD Training Unit and CSB Bureau Chief</i>	3/9 and 3/10/16 met with all statewide Regional Nurses to discuss their process for monitoring and reporting nursing training compliance. 3/16/16 Drafted protocols for monitoring Nursing Trainings requirements. Final version pending Regional Office Bureau review and feedback. 3/16/16 Drafted protocols for monitoring Therapy Trainings requirements. Final version pending Clinical Services Bureau review and feedback. 3/25/16 CSB staff and therapy consultants received training on data entry for Statewide Training Database.
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.	<i>DDSD Training Unit and CSB Bureau Chief</i>	Regional Training Coordinators are addressing any compliance issues for trainings for CM/DS/DSS. See H4.1c regarding the development of Nursing and Therapy Training Compliance Protocols.
H4.1e Nurses, DSP, front-line supervisors, ancillary providers, and case managers must receive information specific to Ashton #6, 7, and 8, as outlined in the Health Communications Matrix.	First issue by 10/31/15	<i>DDSD Training Unit and CSB Bureau Chief</i>	JCA responded to Defendants inquiry as to the relevance of Ashton Recommendations to the Objective. Letter from the JCA of 1.28.16 states JCA's agreement that the cited Ashton Recommendations are not relevant. <b>Supporting Documentation:</b> Letter from JCA 1.28.16 (Bates No. JQR Q2 2016 0001-0003),
<b><i>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.</i></b>			
H4.2a Case managers and agency nurses must provide up-to-date information and resources to JCMs and their guardians about	10/31/15-first quarter data	<i>DDSD Statewide CM Lead</i>	DDSD Community Programs Bureau Chief met with Ingrid Nelson, Director of the UNM Continuum of Care (CoC) Director, to request up to date information about resources for individuals and guardians

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<p>advanced care planning and palliative or end-of-life care so that the JCMs and their guardians can make informed choices.</p>	<p>collected and reported.</p>		<p>on advanced care planning and palliative or end-of-life care. CoC reported their position that there was too much information to put together a “packet” of information for case managers to hand out to individuals or guardians if they request it. Ms. Nelson indicated that the CoC preferred to handle all referrals and request for information personally by talking to each person individually or meeting with people face to face to discuss, as this was a very sensitive topic and needed to be handled delicately. She agreed to train DD Waiver case managers on Advanced Care Planning and Palliative or end of life care, which she did in 2015 (information provided in previous quarterly reports). The CoC agreed to write a series of articles on these topics for DDS to include in their internal, provider and interested parties email distributions as well as include in DDS newsletters, which the same audience receives. The CoC houses the most current information on these topics and this is who case managers refer individuals and guardians to. This information is also included in the current ISP form for all to reference and use as a resource if desired.</p> <p>Another approach that DDS has tried to take with the CoC was to have Ms. Nelson provide monthly reports on the requests for information in these areas that the CoC received from DDW recipients. The CoC does track the requests for information but they do not track the names of the individuals or guardians that call for themselves or on the behalf of the DDW recipient. They feel this is a safe, confidential way of people receiving sensitive, difficult information. They certainly do not and will not ask if the request for information is pertaining to a Jackson Class member. The Division will continue to use the referral source of the CoC for this type of information.</p>
<p>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.</p>	<p>10/31/15-first quarter data collected and reported.</p>	<p style="text-align: center;"><i>DDS Statewide CM Lead</i></p>	<p>See H1.2 for status update on HFST and H4.2a for more information about the current status of this Objective.</p>

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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.	<i>DDSD Statewide CM Lead</i>	
<b>Health Objective H4.3 Quality Assurance information is used to improve health outcomes.</b>			
H4.3a. 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.	Issue first report by 1/31/16	<i>DDSD Deputy Director and BSI Bureau Chief</i>	The CPR was used in the determination of who wants to work in the Strikeforce 2015 initiative “Individuals who want to work will work”. 2 years of CPR’s were reviewed for every class member, and follow up recommendations were checked for validity. CPR data is also reviewed by the Strikeforce in the current initiative regarding meaningful day. DDS considers work and day activities a factor in overall health. A QA RN position has been created in the Litigation Management Bureau and once hired, will review CPR health care recommendations pursuant to this EC. See also S 3.4 and S 3.6 for use of CPR, QA plans and other data sources. The monthly regional meetings with IMB and DDS regions specifically address out of home placement, ANE data, ER use for each class member with ANE and that data is reviewed by senior management on a quarterly basis.
<b>SAFETY PLAN</b>			
<b>Safety Objective S1.1.1 Define “Abuse, Neglect and Exploitation” (ANE) consistent with New Mexico Statutory 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	<i>IMB Chief</i>	Disengaged on February 11, 2016. See Doc 2095
<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	Proposed 7/1/15, annually thereafter	<i>IMB Chief</i>	JCA provided consultation in regards to outreach to the various individuals listed in the evaluative component at the October 28, 2015 check in meeting. The IMB Annual report was finalized and distributed to approximately 600 providers and DDS staff. IMB

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<p>detecting ANE.</p>			<p>Annual Report was reviewed by the JCA and Eva Kutas. IMB developed a communication matrix for this outreach effort related to providing information to physicians, clinicians, and law enforcement. This communication matrix was provided to the JCA and Eva Kutas on December 9, 2015 for feedback. JCA and Eva Kutas subsequently indicated that the communication matrix is responsive to the evaluative component and “on the right track.” IMB is in the process of developing a conference calendar for presentations and booths at a variety of professional conferences and health fairs. IMB is working with the Albuquerque Police Department (APD) to develop a training module for their “APD Public Service University;” an online training program that will reach all 850 APD officers. Once completed, the training will also be shared with other New Mexico law enforcement agencies.</p>
<p><b><i>Safety Objective S1.1.3</i></b> 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.</p>			
<p>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 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</p>	<p style="text-align: center;">12/31/15</p>	<p style="text-align: center;"><i>DHI Trainer</i></p>	<p>Conducted final pilot programs for Train-the-Trainer (TTT) curriculum 1/7-1-8, 1/11-1/12 (1/21-1/22 for DHI Mentors), certified 7 DHI trainers and 2 DHI Mentors. (9 total). Pilot TTT sessions proved 4 hours was not sufficient for TTT sessions; revised the learning platform for TTT instruction to be extended to a full day: observation of 4 hour training and explanation/demonstration of training activities and manual contents. Pilot TTT sessions also demonstrated what was not clear in the trainer’s notes/script; added clarification and eliminated repetition from script. Performed time</p>



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<p>working alone with JCMs and their guardians.</p>			<p>assessment for training purposes (Visions Case Management 4 hour provider training), indicating that 4 hours was not sufficient for the new/revised content of the training. Added input/suggestions along the way had increased the length of the training by approximately an hour – training should be condensed as to maintain focus and intent of training. Trained UNM/CDD – SIS assessors. Developed training overview/module description, training code of ethics and various documents, including the Certified Trainer Verification Record. Revised training evaluations to include more detailed feedback for future trainings. Began development of DHI training policy and procedure and DHI certification minimum requirements/standard guidelines for consistency (still in early stages of development). Engaged in coordination of logistics for statewide trainings (locations, dates, times). Developed registration process, submitted all necessary information for online registration through trainnewmexico.com. Currently assembling new TTT manuals, materials and CDs. Initiation of and ongoing development of online ANE training to reflect new curriculum (competency –based content, inclusion of adult learning principles, interaction with online training, etc.). Addressed tracking system/reporting process with UNM/CDD. In the next quarter, DHI will execute the training program statewide and offer DOH staff training (DDSD/DHI staff). Will also continue to develop online training (annual refresher).</p>
<p>S1.3b. All current and new staff in POA CIMS B and the DDSD staff must demonstrate a knowledge and understanding of the training received in S1.3a and S1.3b by passing a formal test.</p>	<p style="text-align: center;">12/31/15</p>	<p style="text-align: center;"><i>DHI Trainer</i></p>	<p>Those who attended ANE Provider Training pilots and ANE TTT pilots have taken and passed the DHI competency exam administered. Certified DHI Trainers and DHI Mentors have passed the formal competency exam for trainers. In the next quarter, DHI will execute the training program statewide and offer DOH staff training (DDSD/DHI staff). Each session requires passing the formal competency exam in order to return/conduct the teach-back for DHI certification.</p>
<p>S1.3c. All current and new staff listed in POA CIMS B and the DDSD staff must receive refresher competency based training on an annual basis.</p>	<p style="text-align: center;">12/31/15 annually thereafter</p>	<p style="text-align: center;"><i>DHI Trainer</i></p>	<p>No refresher competency training can be completed until the training is implemented/completed. Initiated the development of the online training course, met with Jordan James (Professional Development Specialist, Office of Policy &amp; Accountability) to start the process for</p>

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			course development.
<b>Safety Objective SI.1.4 ANE is reported immediately.</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	<i>IMB Bureau Chief</i>	Objective submitted to the JCA on April 4, 2016 for a disengagement determination. JCA provided her position on April 13, 2016 and has scheduled a follow up meeting with Defendants.
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	<i>IMB Bureau Chief</i>	See above
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	<i>IMB Bureau Chief</i>	See above
<b>Safety Objective SI.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.</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	<i>IMB Bureau Chief</i>	With the assistance of Eva Kutas and Jodi Simmons we have completed the Investigative report QA tool. The QA tool contains 43 standards to be met for an adequate report. The Investigative Report QA Tool was provided in the January 15, 2016 Quarterly Report (Bates No. JQR Q1 2016 – 00142-00145). IMB plans to submit this to the JCA for a disengagement determination within the next quarter.
S1.5b The DOH must monitor providers for compliance with IASPs and must take corrective action as needed.	7/2/14	<i>IMB Bureau Chief</i>	IASP compliance is evaluated using the quarterly Intake QA review tool. In the 1 <sup>st</sup> quarter, IASP compliance was 88%. Two intakes lacked sufficient information to make an adequate assessment of the IASP. The 1 <sup>st</sup> Quarter Intake QA Report 7-1-15 through 9-30-15 was provided in the January 15, 2016 Quarterly Report (Bates No. JQR Q1 2016 – 00030-00031). IMB plans to submit this to the JCA for a disengagement determination within the next quarter.
<b>Safety Objective SI.1.6 Severity of the alleged ANE dictates the investigation</b>			

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<b>response.</b>			
S1.6a 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.	4/7/14	<i>IMB Bureau Chief</i>	This Objective was submitted to the JCA for a disengagement determination on February 3, 2016. JCA consultants conducted an on-site review, evaluating 19 JCM cases from the previous quarter and ensuring at least one case-type (A, N & E). The consultants also interviewed Intake and Investigative staff. The JCA provided her written determination to Defendants on March 10, 2016. The JCA and her consultants met with IMB on March 16, 2016 to review findings and discuss remediation. Defendants withdrew their request for determination on March 17, 2016. IMB is in the process of making adjustments needed to remediate the issue identified by the JCA and her consultants. IMB will provide additional training to the intake staff, will monitor for the needed adjustments and collect data for re-submission to the JCA for her disengagement determination.
<b>Safety Objective S[Kutas]1.2.1 Competent ANE Investigators conduct professionally adequate investigations.</b>			
S2.1a ANE Investigators must pass Core Competency and Field Training before conducting investigations of ANE.	7/2/14	<i>IMB Bureau Chief</i>	All current IMB Investigators have successfully passed Core Competency training. All newly hired IMB Investigators are required to successfully pass the Core Competency training before conducting investigations of ANE. All Core Competency documentation is being collected in a central location for review by Eva Kutas, including Core Comp training evaluations, field tool documentation and remediation activities.
S2.1b The JCM Supervisory Review Tool must be used to assess an ANE investigation in every case of ANE.	7/2/14	<i>IMB Bureau Chief</i>	The Supervisory Review tool was recently revised and is used to assess an ANE investigation in every case. The tool is saved in the case file. IMB will continue to use the Supervisory Review tool to assess every investigation of ANE. Every case is reviewed to ensure the Supervisory Review tool was used. <b>Supporting Documentation:</b> Revised Supervisory Review Tool (Bates No. JQR Q2 2016 0004),
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	7/2/14	<i>IMB Bureau Chief</i>	Each investigative report is reviewed by a Supervisor using the Supervisory Review Tool. Cases that do not meet the standard for professionally adequate investigations are sent back to the Investigator for additional work. See status above in S2.1b.

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for professionally adequate investigations.			
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	<i>IMB Bureau Chief</i>	A 3 <sup>rd</sup> quarter Intake QA Review will be conducted. IMB is working with the JCA consultants to finalize development of the Investigative Report QA tool.
<b>Safety Objective S[Kutas]I.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 ANE investigations.	7/2/14	<i>IMB Bureau Chief</i>	7.1.14 NMAC
S3.1b The DOH must monitor the provider's compliance with these administrative rules on a quarterly basis and must promptly correct any deficiencies.	10/2014 and quarterly thereafter	<i>IMB Bureau Chief</i>	APS and DHI meet quarterly to discuss cases received by APS which should have been sent to DHI. Based on these meetings, providers can be contacted regarding reporting requirements. The Next IMB/APS Quarterly meeting is scheduled for April 28, 2016. IMB recognized the need to follow up with providers who incorrectly reported to APS and therefore will document any follow up with providers who make ANE reports to APS instead of the IMB hotline.
<b>Safety Objective S[Kutas]I.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	<i>IMB Bureau Chief</i>	A case closure letter is sent on all closed investigations. If the case is Substantiated, a case closure letter with detailed information about the Substantiated ANE goes to the Provider, Reporter, Guardian, Case Manager and the Accused Person. If the case is Unsubstantiated, the closure letter goes to the same people, but with limited information; that the investigation was Unsubstantiated. <b>No change from previous Quarter.</b>
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	<i>IMB Bureau Chief</i>	The new database now prompts for a letter to be sent to the Reporter of ANE with information on the results of the investigation. IMB consulted with JCA consultant, Eva Kutas and have developed a notification system for the Reporter and the Provider when an

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			investigation extension is approved. IMB will implement this notification system in the next Quarter.
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	<i>IMB Bureau Chief</i>	IMB continues to comply with the notification requirements outlined in the NMAC 7.1.14.12.
<b><i>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.</i></b>			
S5.1a When there is substantiated ANE, Defendants must take immediate preventive and remedial action at the individual and provider levels and if indicated at the systems level.	7/2/14	<i>IMB Bureau Chief</i>	Corrective and Preventive Action is required on all Substantiated ANE cases. Corrective and Preventive action plans are discussed between the two divisions in the DHI/DDSD Monthly Quality Management Meetings for all JCM cases. IMB and DDSJ jointly drafted a Corrective and Preventive Action Policy and Procedure. <b>Supporting Documentation:</b> Draft Corrective and Preventive Action Policy and Procedure (Bates No. JQR Q2 2016 0007-0013).
S5.1b When there is substantiated ANE, the case manager must ensure that identified health and safety risks for a JCM are addressed and remediated.	7/2/14	<i>IMB Bureau Chief</i>	NMAC 7.26.5.12 requires an IDT meeting under “situations where it has been determined the individual is a victim of abuse, neglect or exploitation;” <b>No change from previous quarter.</b>
S5.1c Providers and regional office staff must review ANE investigations and findings to determine if responses to substantiated ANE are timely, effective, and sustained.	7/2/14	<i>IMB Bureau Chief</i>	IMB and DDSJ jointly drafted a Corrective and Preventive Action Policy and Procedure. This new procedure includes an additional activity during the monthly IMB/DDSD meetings to include review of corrective and preventive action plans to ensure their implementation and monitor for sustainability. <b>Supporting Documentation:</b> Draft Corrective and Preventive Action Policy and Procedure (Bates No. JQR Q2 2016 0007-0013). Provided above.
S5.1d 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	7/2/14	<i>IMB Bureau Chief</i>	IDT meetings are required to be provided to IMB on all Substantiated investigations. <b>No change from previous quarter.</b>

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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 the IMB database to identify patterns concerning ANE at the individual, program, and systems levels.	10/31/15-first quarter data collected and reported.	<i>IMB Bureau Chief and DDS Assistant Regional Office Bureau Chief</i>	The new IMB database is complete and fully live as of 7/27/15. A list of IMB Standard Reports and IMB new requested reports were provided to the JCA on April 5, 2016. <b>Supporting Documentation:</b> IMB Standard Reports (JDoc 0416.003 IMB Reports 4 4 16) and IMB new requested reports (JDoc 0416.004 New Standard Reports 02-22-2016 MP).
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.	<i>IMB Bureau Chief and DDS Assistant Regional Office Bureau Chief</i>	The new IMB database enables examination of ANE 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. DHI/DDS Quarterly meetings are ongoing to identify patterns of ANE. Emergency services and out of home placements are analyzed via monthly and quarterly meetings. Systemic interventions are implemented as necessary. The next Quarterly Quality Management Meeting is scheduled for April 26, 2016. Requested data and reports will be finalized. <b>Supporting Documentation:</b> DHI/DDS Monthly and Quarterly Minutes-produced on the 10 <sup>th</sup> of each month-uploaded to Filezilla.
S6.1c 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.	10/31/15-first quarter data collected and reported.	<i>IMB Bureau Chief and DDS Assistant Regional Office Bureau Chief</i>	See S1.1.2
<b>Safety Objective S2.1 All deaths are reviewed and a root cause analysis is done of preventable deaths. The findings from</b>			

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<b>the root cause analysis will be used to strategically reduce the likelihood of preventable deaths.</b>			
S2.1a 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.	12/31/15-first quarter data collected and reported.	<i>DDSD Medical Director</i>	These procedures are in place. Revised Policies and Procedures are in the development process and will further strengthen the systematic assessment of mortality review. Quality of independent reviews has improved. The MRC will continue to use both internal and independent reviews for mortality review.
S2.1b 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.	12/31/15-first quarter data collected and reported.	<i>DDSD Medical Director</i>	These procedures are in place. Revised Policies and Procedures are in the development process and will further strengthen the systematic assessment of mortality review. DDSD is receiving autopsy and other reports. DDSD request for obtaining cause of death information from the Bureau of Vital Records and Health Statistics was approved. Requires confidentiality agreement form all MRC members which is currently in process.
S2.1c The DOH must identify and take appropriate actions in response to the MRC's findings and recommendations.	12/31/15-first quarter data collected and reported.	<i>DDSD Medical Director</i>	A mechanism for tracking DOH actions in response to MRC recommendations has been established. Developed internal communication processes for communication to appropriate entities for action and for tracking actions. Identified DDSD Medical Director and senior management as core response entity. Discussion and planning has taken place in regards to utilizing MRC data, revamping DDSQI membership and actions.
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	<i>DDSD Medical Director</i>	Procedures are in place that are consistent with the GAO Mortality Review Report.
S2.1e In response to analysis of JCMs' deaths and the mortality review process, in the case 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.	12/31/15-first quarter data collected and reported.	<i>DDSD Medical Director</i>	The DDSD Medical Director/Mortality Review Committee (MRC) Chair has implemented a two-stage process for determining the root cause of an individual's death. The first level is for use by the MRC and utilizes the Blum Problem Analysis model for identifying underlying causes and to propose interventions. It began being used by the MRC in October 2015. The second level is based on the Staugaitis model developed for CMS and will be utilized when the

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			situation requires a multidisciplinary team that includes persons outside the MRC (such as agency, health care providers, etc.) to conduct a structured process to elucidate the cause of death and develop recommendations for the MRC. The chosen Root Cause Analysis methodology has been useful.
<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	<i>BSI Bureau Chief and DDS D Deputy Director</i>	<p>DDS D will be utilizing the eight existing key indicators found in the standards (see S5.1). The 8 Key Indicators have been established and are monitored at the provider level via the QMB Survey process. BSI Bureau Chief, DHI Deputy Director, QMB Bureau Chief and JCO have held several meetings to identify data sets which may be useful in analyzing and measuring key performance indicators. This information is in the process of being organized in an actionable reporting format which will be submitted to DDSQI for monitoring program and system performance</p> <p>One of the key performance indicators deals with training compliance therefore a meeting has been scheduled with the CDD to generate necessary training compliance reports from the database in order to have more robust and accurate information to report in regards to the training compliance indicator. This meeting is scheduled for April 13, 2016.</p>
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	<i>BSI Bureau Chief and DDS D Deputy Director</i>	<p>The eight identified key indicators currently exist in DDW provider agreements, DDW standards and the QMB tool.</p> <p><b>No change from previous quarter.</b></p>
S3.1c 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	3/31/16-first quarter data collected and reported.	<i>BSI Bureau Chief and DDS D Deputy Director</i>	<p>DDS D Managers have had three meetings to discuss the data that will be extracted from various reviews conducted by DOH in order to inform this evaluative component. QMB CM tool, QMB Community Living Tool, CPR Protocol Questions, and DDS D ISP QA Tool were reviewed for data related to preferences, needs with respect to gaining</p>



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integrated community activities are met.			skills, increasing independence and participating in integrated community activities. The latest meeting was held on April 8, 2016 and final questions from each tool were decided upon. A sample of class member data will now be pulled together to identify whether class members' needs, with respect to gaining skills, increasing independence and participating in integrated community activities are met. DDS D will be enlisting the assistance of the Community Monitor for her input in regards to the CPR data utilized.
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.	<i>BSI Bureau Chief and DDS D Deputy Director</i>	See S3.1c above for current status of this effort.
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.	<i>BSI Bureau Chief and DDS D Deputy Director</i>	Key Indicators are integrated into the QMB Survey process. Providers are responsible for correcting their deficiencies identified through the QMB process. CPR-Providers engage in 30-60-90 day follow up in regards to CPR findings and recommendations. Also refer to activities in S3.4 which involves providers utilizing CPR information in their QA/QI processes. <b>No change from previous quarter.</b>
<b>Safety Objective S3.2 Community Practice Reviews are provided by competent personnel as evidenced by reviewers who have passed competency based training.</b>			
S3.2a Community Practice Reviewers must satisfactorily complete mandatory competency-based training as identified by the Community Monitor before independently participating in the CPR.	Completed as per Community Monitor	<i>Community Monitor and JCO</i>	
S3.2b The Community Monitor must approve Community Practice Reviewers and Case Judges.	Completed as per Community Monitor	<i>Community Monitor and JCO</i>	
S3.2c The Community Monitor must determine the CPR sampling methodology, protocol instrument, reviewers' guidelines, scoring, and evidence used to assess	Completed as per Community Monitor	<i>Community Monitor and JCO</i>	

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compliance with the elements of the CPR, consistent with related requirements in the JSD (Joint Stipulation on Disengagement)			
<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.	<i>DDSD CPR Lead and JCO</i>	Reviewer Training was held 1/19/16 – 1/21/16 Metro I CPR took place in March 2016 and SW CPR is occurring.
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.	<i>DDSD CPR Lead and JCO</i>	Metro I 1 <sup>st</sup> , 2 <sup>nd</sup> and Final reports were issued by the Community Monitor. SW 1 <sup>st</sup> draft reports were issued by the Community Monitor.
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.	<i>DDSD CPR Lead and JCO</i>	FY16 Budget is in place.
<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 DDSD 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.	<i>JCO and Regional Office Bureau Chief</i>	DDSD continues to engage in 30-60-90 day follow up with providers related to all findings and recommendations including repeat findings. The Regional Office Follow up on CPR Findings Policy and Procedure was updated in July 2015 and effective August 1, 2015. The DDSD Statewide CPR Lead has played a more active role in reviewing follow up for findings and recommendations in order to address repeat deficiencies. The updated policy and procedure requires all repeat findings and recommendations to be reviewed and closed by the JCO and Regional Office Bureau Chief to ensure systemic issues are identified and remedied through actions taken in S3.4b, S3.4c and S3.4d. <b>No change in previous quarter.</b> <b>Supporting documentation</b> 30 -60-90 day reports submitted to the

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			Community Monitor on the 5 <sup>th</sup> of every month.
S3.4b The DDS and providers must use the 2013–2015 CPR findings and recommendations.	10/31/15-first quarter data collected and reported.	<i>JCO and Regional Office Bureau Chief</i>	Regional Offices met with Providers and deadlines have been negotiated with each Provider to submit their revised QA /QI plan to the Bureau of Systems Improvement and respective Regional Office for review or any other plan for intervention related to the identified CPR findings related to health and ISP issues as well as any other issues identified for remediation by the Regional Office. Many interventions have included provider submission of QA/QI plans as a means to show the provider plans to address the CPR identified issues in their quality improvement efforts. BSI has reviewed and provided feedback on 3 QA/QI plans submitted by providers after being presented with CPR identified issues. BSI has created a template to respond to QA/QI plans and provides information back to the Regional Office Directors who then contact the providers if any clarification and/or further revisions are needed to meet the intent of the exercise. The JCO and Regional Office Bureau Chief are in the process of creating an extensive report which outlines all activities that have taken place to date in regards to this initiative and will issue this report once complete.
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 providers' services to JCMs.	10/31/15-first quarter data collected and reported.	<i>JCO and Regional Office Bureau Chief</i>	The Regional Offices met with the following Providers with the highest health risk-related findings and Providers that have the highest number of 2013–2014 CPR findings of deficiencies. The Regions have not yet met with Providers for the 2015 CPR because the 2015 Statewide CPR Report is in draft form at this time. <b>NWRO:</b> Tunland (10/21/15), Presbyterian Medical Services (10/21/15), and Dungarvin (10/21/15). <b>NERO:</b> AW Holdings of NM (10/20/15) and Citizens for the Developmentally Disabled (10/22/15). <b>SWRO:</b> Tresco (10/28/15) and PRS (10/29/15). <b>SERO:</b> Leaders (10/28/15), High Desert Family Living Services (10/29/15) and Tobosa (10/30/15). <b>Metro:</b> ARCA (10/19/15), Los Lunas Community Programs (10/22/15), and The New Beginnings (10/27/15). See S3.4b for status update.
S3.4d Defendants must identify actions taken in response to the 2013–2015 CPR findings	12/31/15-first quarter data	<i>JCO and Regional Office</i>	Defendants continue to engage in the 30-60-90 day follow up and provide monthly reports to the Community Monitor which identify

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and ensure that deficiencies are remedied.	collected and reported.	<i>Bureau Chief</i>	actions taken in response to the 2013-2015 findings and recommendations. Defendants are also working with the Community Monitor to develop targeted intervention in regards to the 2014 ISP recommendations. Next meeting with the Community Monitor regarding ISP Strategic planning is scheduled for April 26, 2016. S3.4b also outlines interventions at the provider and regional levels. <b>Supporting documentation</b> 30 -60-90 day reports submitted to the Community Monitor on the 5 <sup>th</sup> of every month.
<b><i>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.</i></b>			
S3.5a DDS must evaluate CPR findings to identify deficiencies in its required competency-based training.	Completed 3/27/15	<i>DDS Training Unit Manager</i>	See S3.5b status.
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	<i>DDS Training Unit Manager</i>	The original 3/27/15 was the date the DDS Statewide Training Team held a unit retreat to review the 2014 CPR Statewide Report to identify whether findings identified deficiencies in competency based training. This was an initial review and Defendants are in the process of working with the JCA and Community Monitor on an ISP Strategic Plan based partly on CPR findings. Through this work, Defendants may identify training initiatives/changes needed.
S3.5c When training is needed to address identified deficiencies, competency based training must be provided to address deficiencies.	12/31/15-first quarter data collected and reported.	<i>DDS Training Unit Manager</i>	See S3.5b status above.
<b><i>Safety Objective S3.6 Use information from the CPR in an integrated manner to inform program development and management for class members.</i></b>			
S3.6a DOH must develop, modify, and manage the service system for JCMs based on identified correlations in the CPR	Issue first report by 1/31/16	<i>JCO</i>	Defendants met with the JCA for a check in/consultation meeting on March 8, 2016 and gave a brief overview of the report format identified to illustrate how DDS uses CPR information. The draft

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information and other JCM data.			report has been completed and was provided to DDSQI for consideration during their April 7, 2016 meeting. The report will be revised based on feedback and provided once in final draft.
S3.6b DDSD must file semi-annual reports identifying program development and implementation.	Issue first report by 1/31/16	<i>JCO</i>	See above
<b><i>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.</i></b>			
S3.7a DHI/QMB staff must receive competency-based training for evaluating programs that serve JCMs.	7/1/15	<i>QMB Bureau Chief</i>	Training curriculum initially developed is being revised based on feedback from surveyors. QMB also plans to implement a mentor program for new employees and a mentor's guide is in the development stages.
S3.7b DHI/QMB staff must satisfactorily complete competency-based training before evaluating programs and providers that serve JCMs.	7/1/15	<i>QMB Bureau Chief</i>	Three new QMB staff are in the training stages. One new hire to begin on April 11, 2016 will start the training process. One position waiting approval from HR. Upon hire, the individual will begin the training process.
<b><i>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.</i></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	<i>QMB Bureau Chief</i>	QMB continues to work on modifying the Community Living and Inclusion survey field tools to incorporate Annual Health Screening Recommendations as well as clearly defining the quality indicators within the tools to better track and trend this information. On January 20, 2016 QMB Bureau Chief met with the DDSD Case Management unit. At that time we discussed the revised QMB tool and how it was working. We went line item by item and determined changes were needed to be reflective of the most current draft of the DDSD case management ISP review tool and site visit forms. In review of the two tools it was found that there was slightly difference language

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			being used by QMB and DDS and the tool was modified in order to maintain consistent language.
S3.8b QMB must modify its CM data to reflect the identified essential services for JCMs.	4/15/16	<i>QMB Bureau Chief</i>	FY 16 3rd Quarter data tracking and analysis has begun however 2 reports have not been distributed as of yet.
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	<i>QMB Bureau Chief</i>	<p>Since July 1, 2015 14 Case Management surveys have been completed. Three are duplicated as agencies are in multiple regions. 12 of 14 reports distributed have been in Compliance with Conditions of Participation. The agencies are as follows:</p> <ul style="list-style-type: none"> <li>➤ Unidas Case Management - SW – July 2015</li> <li>➤ Unidas Case Management – METRO &amp; NE – July 2015</li> <li>➤ A Step Above Case Management - METRO – July 2015</li> <li>➤ Unique Opportunity Case Management - METRO – July 2015</li> <li>➤ Advocates of New Mexico Case Management - METRO – Sept 2015</li> <li>➤ Sun Country Case Management - SW – Sept 2015</li> <li>➤ J&amp;J Homecare – SE – October</li> <li>➤ New Mexico Behavioral Health Institute – NE – Oct 2015</li> <li>➤ Excel Case Management - SE – Nov 2015</li> <li>➤ Excel Case Management – NW – Nov 2015</li> <li>➤ New Mexico Quality Case Management – METRO – Jan 2016</li> <li>➤ Rio Puerco Case Management – NW – Feb 2016</li> <li>➤ Peak Case Management – SW &amp; SE – Feb 2016</li> <li>➤ Peak Case Management – METRO &amp; NW – Mar 2016</li> </ul> <p>Will complete the remainder of Case Management Surveys. Which are as follows:</p> <ul style="list-style-type: none"> <li>➤ Visions Case Management – NE</li> <li>➤ A New Vision Case Management – METRO</li> <li>➤ Carino Case Management – METRO</li> <li>➤ Amigo Case Management – METRO</li> </ul> <p>By June 30, 2016 100% of Case Management agencies will have been surveyed by QMB.</p>

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<p><b><i>Safety Objective S4.1</i> 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></p>			
<p>S4.1a Using stakeholder input, DDS D 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.</p>	<p>Report issued by 1/31/16</p>	<p><i>BSI Bureau Chief</i></p>	<p>Through the use of the ACQ and ADDCP, stakeholder input has been used on various projects. Over the past year the ACQ has reestablished the Policy and Quality subcommittee and have been involved in the development of the DDW Scorecard, the DDS D Annual Report, Quality Summit, Staff Retention Survey and the Provider Selection Guide. The ADDCP has also been consulted on the Provider Score Card and the Selection Guide. The next draft of DDW scorecard will be reviewed by the ACQ Policy and Quality Sub-committee on April 12, 2016.</p>
<p>S4.1b 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.</p>	<p>Report issued by 1/31/16</p>	<p><i>BSI Bureau Chief</i></p>	<p>The most recent draft of the Provider Score Card was presented to the Director and Deputy Director on March 22, 2016. Final revisions will be made based on senior management review and the revised Provider Score Card will be presented to the ACQ on April 12, 2016</p>
<p>S4.1c The DOH must allow public access to the provider report cards</p>	<p>1/31/16</p>	<p><i>BSI Bureau Chief</i></p>	<p>DDS D has met and coordinated with IT to identify the appropriate forum and IT needs in order to provide public access to the Provider Score Card. The Provider Score Card will be housed on the ACT NM website. DDS D will continue to meet with IT as the Provider Score Card is finalized and ready to be uploaded to the ACT NM Website.</p>
<p>S4.1d Clear, current and specific information about available provider services will be available to the public as part of the Provider</p>	<p>11/30/15</p>	<p><i>BSI Bureau Chief</i></p>	<p>The Provider Selection Guide (PSG) is complete and can be accessed at the link provided below. <a href="http://actnewmexico.org/provider-selection-guide.html">http://actnewmexico.org/provider-selection-guide.html</a></p>

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Selection Guide.			On-going monitoring of Provider Selection Guide for revisions will take place.
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.	<i>BSI Bureau Chief</i>	QMB currently has a process in place if there are systemic triggers that are identified, QMB will work with the DDS Regional Office and/or the IRC to conduct a focused survey. <b>Supporting Documentation:</b> QMB Operations Manual-provided in previous quarterly report documentation production.
<b><i>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.</i></b>			
S4.2a Defendants must identify a provider's deficiencies in cases where the contractor failed to effectively implement corrective action.	7/31/15	<i>IRC Chair</i>	Development of process for bi-annual case review used in March (last 20 cases, regardless of status or fiscal year). Conducted first bi-annual case review (this review covered calendar yr. from 10/2013 to 3/2016). Will finalize process/guide for case review. <b>Supporting Documentation:</b> IRC Bi-annual Case Review Process (Bates No. JQR Q2 2016 0005), IRC Bi-annual Case Review Worksheet (Bates No. JQR Q2 2016 0006).
S4.2b 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.	Report issued by 1/31/16	<i>IRC Chair</i>	See S4.2a status update.
<b><i>Safety Objective S5.1 Providers will use the identified performance indicators as part of their agency quality assurance system to improve quality.</i></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	11/30/15	<i>QMB Bureau Chief</i>	QMB continues to complete surveys of Case Management, Community Living and Inclusion surveys. DHI Drafted a Memo dated March 22, 2016 explaining the Jackson Remedial Plan and Implications for Providers and DOH Staff related to this particular Objective. This memo was distributed to providers on April 4, 2016. QMB collecting data on the indicators for FY 16 Quarters 1 – 3. <b>Supporting Documentation:</b> Safety Memo (Bates No. JQR Q2 2016



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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.			0014-0016)
S5.1b The DOH must communicate these required measurable quality indicators to providers.	12/31/15	<i>QMB Bureau Chief</i>	During QMB surveys survey process training and the initial survey entrance meeting, expectations are explained to providers. Established Indicators are also found in DDW Standards and Provider Agreements. Also see status above regarding the reminder memo sent to providers about indicators.
S5.1c Providers must use the required measurable quality indicators to improve the quality of their services to JCMs.	1/31/16	<i>QMB Bureau Chief</i>	All agencies receiving a survey must complete a Plan of Correction process in order to improve their process on an individual level, as well as on an agency systemic level. Since 7/1/2015 – QMB has surveyed 57 Community Living/Inclusion Providers; 14 Case Management Providers. 8 Community Living/Inclusion and 2 Case Mgt reports are in the writing process and data to be analyzed. QMB to continue and complete FY 16 survey schedule and analyze data related to indicators.
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 and reported.	<i>QMB Bureau Chief</i>	<p>Since 7/1/2015 – QMB has surveyed 57 Community Living/Inclusion Providers; 14 Case Management Providers. 8 Community Living/Inclusion and 2 Case Management reports are in the writing process and data to be analyzed. Please see below information in regards to compliance data with the 8 indicators:</p> <ul style="list-style-type: none"> <li>• (1) implementation of a QA/QI (Quality Assurance/Quality Improvement) Plan: 15 of 46 providers had deficiencies for 67.4 % compliance (<i>1<sup>st</sup> and 2<sup>nd</sup> Q numbers 3<sup>rd</sup> Q numbers incomplete at this time</i>)</li> <li>• (2) implementation of ISPs: 174 of 445 Individuals had issues with ISP Implementation for 60.9% compliance (<i>1<sup>st</sup> and 2<sup>nd</sup> Q numbers 3<sup>rd</sup> Q numbers incomplete at this time</i>)</li> </ul>

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			<ul style="list-style-type: none"> <li>• (3) analysis of General Events Reports data: <i>Data collected by BSI</i></li> <li>• (4) compliance with Caregivers Criminal History Screening requirements: 31 of 2751 (DSP / managers, Service Coordinators, Case Managers, Sub Care / Respite) had deficiencies for 98.8% compliance (<i>1<sup>st</sup> and 2<sup>nd</sup> Q numbers 3<sup>rd</sup> Q numbers incomplete at this time</i>)</li> <li>• (5) compliance with Employee Abuse Registry requirements: 59 of 2751 (DSP / managers, Service Coordinators, Case Managers, Sub Care / Respite) had deficiencies for 97.8% compliance (<i>1<sup>st</sup> and 2<sup>nd</sup> Q numbers 3<sup>rd</sup> Q numbers incomplete at this time</i>)</li> <li>• (6) compliance with DDS training requirements: <i>Data collected by DDS Training Unit</i></li> <li>• (7) patterns of reporting incidents: <i>Data collected by IMB</i></li> <li>• (8) results of improvement actions taken in previous quarters, at the individual, program, and systems levels: 100% of QMB surveys result in a plan of correction. Since July 1, 2016 61 surveys have been distributed. Of those 32 have been closed, 7 are pending verification surveys; 17 are open and 4 are at IRC. <i>Other information regarding system level improvements will be reported by Bureau of Systems Improvement.</i></li> </ul>
<p><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></p>			

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S5.2a 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.	12/31/15	<i>DDSD Deputy Director</i>	Significant Events Committee met January 26, 2015. JCA provided defendants with her list of JCM's at risk. This list will be discussed at the next meeting on April 20, 2016.
S5.2b 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 collected and reported.	<i>DDSD Deputy Director</i>	Therap data will continue to be analyzed through Significant Events committee and presented to DDSQI to inform program development.
S5.2c The DOH must (1) analyze significant event information, (2) identify trends in provider performance, (3) intervene, and evaluate the effectiveness of the intervention.	4/30/16-first data collected and reported.	<i>DDSD Deputy Director</i>	See above
<b><i>Safety Objective S5.3 Implement a responsive and effective case management system as evidenced by the provision of needed supports and services.</i></b>			
S5.3a Case managers must demonstrate that they know the current strengths, needs, preferences, and medical conditions of each JCM they serve and the JCM's ISP must address these factors.	1/31/16-first data collected and reported.	<i>QMB Bureau Chief and DDSD CM Lead</i>	Since July 1, 2016 - 96 Case Managers have received record reviews of trainings and 93 had interviews related to the knowledge of the individual they serve on QMB survey sample. No Case Manager were found deficient in the area of competency as they were able to demonstrate knowledge of the individual they served and their needs. Since July 1, 2016 - 96 Case Managers have received record reviews of trainings of those 7 case managers were found deficient with regards to DDSD Core trainings and 2 were deficient in Incident Management training. Of 283 Individuals seen in case management services 2 Individuals had ISPs which were either not current or incomplete.
S5.3b Case Managers must ensure that each JCM's ISP is properly implemented.	1/31/16-first data collected and reported.	<i>QMB Bureau Chief and DDSD CM Lead</i>	The ISP QA Tool has been revised and instructions drafted. Due to the current vacancy in the DDSD Statewide Case Management Coordinator role, the work in this area has been delayed. The case

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			management unit, now led by the Community Programs Bureau Chief until a new person is hired, will meet in April to resume work on the QA Tool instructions and develop a plan for inter-rater reliability. The case management unit may desire to revise the tool again before distribution to include elements of the new CMS HCBS settings Final Rule.
S5.3c Case Managers must identify significant risks, needed supports, and unmet needs for each JCM; must convene the IDT 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.	1/31/16-first data collected and reported.	<i>QMB Bureau Chief and DDS CM Lead</i>	Since July 1, 2015 14 Case Management surveys have been completed. Three are duplicated as agencies are in multiple regions. 12 of 14 reports distributed Since July 1, 2015 QMB has reviewed records of 283 Individuals receiving Case Management services. Of those 11 Individuals were found to have <i>services which indicated low or no usage during the term of their ISP budget and no evidence indicating why the usage was low and/or no usage.</i> Agencies are required to complete a Plan of Correction to address this
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 enrolled as a DD Waiver provider.	Report issued by 1/31/16	<i>QMB Bureau Chief and DDS CM Lead</i>	Since July 1, 2015 14 Case Management surveys have been completed. Three are duplicated as agencies are in multiple regions. 12 of 14 reports distributed have been in Compliance with Conditions of Participation. The agencies are as follows: <ul style="list-style-type: none"> <li>➤ Unidas Case Management - SW – July 2015</li> <li>➤ Unidas Case Management – METRO &amp; NE – July 2015</li> <li>➤ A Step Above Case Management - METRO – July 2015</li> <li>➤ Unique Opportunity Case Management - METRO – July 2015</li> <li>➤ Advocates of New Mexico Case Management - METRO – Sept 2015</li> <li>➤ Sun Country Case Management - SW – Sept 2015</li> <li>➤ J&amp;J Homecare – SE – October</li> <li>➤ New Mexico Behavioral Health Institute – NE – Oct 2015</li> <li>➤ Excel Case Management - SE – Nov 2015</li> <li>➤ Excel Case Management – NW – Nov 2015</li> <li>➤ New Mexico Quality Case Management – METRO – Jan 2016</li> <li>➤ Rio Puerco Case Management – NW – Feb 2016</li> <li>➤ Peak Case Management – SW &amp; SE – Feb 2016</li> <li>➤ Peak Case Management – METRO &amp; NW – Mar 2016</li> </ul>

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			<p>Will complete remainder of Case Management Surveys. Which are as follows:</p> <ul style="list-style-type: none"> <li>➤ Visions Case Management – NE</li> <li>➤ A New Vision Case Management – METRO</li> <li>➤ Carino Case Management – METRO</li> <li>➤ Amigo Case Management – METRO</li> </ul> <p>By June 30, 2016 100% of Case Management agencies will have been surveyed by QMB.</p>
<b>Safety Objective S5.4 Develop and implement an effective, integrated DD Strategic Information Management System.</b>			
S5.4a The DOH must evaluate its information management system's ability to use information related to JCMs in an integrated manner.	11/30/15	<i>BSI Bureau Chief</i>	<p>The data hub drive has been established and all pertinent DDSB Bureaus have been given access. The data hub drive houses all DDSB data collected by the various units and Bureaus. Jackson specific data is also stored on the drive and available for use by committee members. The data hub shared drive provides a centralized location for various program areas to access and utilize various data sets in their work. The Data Hub has also established criteria for data submission and review. At the most recent meeting on March 16, 2016 of all data/reports was completed by the committee. Discussed the usefulness of reports across the Division and the need for any additional reports.</p> <p><b>Supporting Documentation:</b> Data Hub Meeting Sign in Sheets for March 16, 2016 (Bates No. JQR Q2 2016 0017-0018).</p>
S5.4b The DOH must ensure that the "ad-hoc reports pulled from HSD's MMIS" are available from DDSB.	12/31/15	<i>BSI Bureau Chief</i>	<p>DSB has taken over all HSD ad-hoc reporting. BSI continues to work with ITSD to further refine database and report development.</p>
S5.4c 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	<i>BSI Bureau Chief</i>	<p>The evaluation of usefulness of data and identification of any gaps is addressed through the Data Hub Committee meetings via the full review of data housed on the drive. Next meeting is scheduled for April 27, 2016.</p>
<b>SUPPORTED EMPLOYMENT PLAN</b>			

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<p><b><i>Supported Employment Objective SE 1.1</i></b>  <b>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 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></p>			
<p>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.</p>	<p>10/31/15-first data collected and reported.</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p>SELN FY16 Q3 information back from providers will be audited and compiled. A report entitled, “Jackson Class Members who have a Desire to Work and Are Not Working” for FY16 Q3 will be developed.</p>
<p>SE1.1b Defendants must provide technical vocational assistance and support through job developers and job coaches for all JCMs identified in SE1.1a.</p>	<p>10/31/15-first data collected and reported.</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p>The DDS Training Unit provided a training entitled, “How to Provide TA” to the Regional Community Inclusion Coordinators on March 16, 2015. It was a two-hour face-to-face training. Technical assistance documentation was collected from the Community Inclusion Coordinators and DDS Supported Employment Lead has been working to update the Supported Employment database to streamline data reports, specifically the technical assistance report.  <b>Supporting Documentation:</b> Technical Assistance for Jackson Class Members FY16 Q2 (Bates No. JQR Q2 2016 0032-0035).</p>
<p>SE1.1c Defendants must achieve an annual increase in the number of JCMs working at criteria, consistent with SE1.1a.</p>	<p>1/31/16-first data collected and reported.</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p>The “Informed Choice” project has been initiated. The first phase of the “Narrow the Group” audit has been completed. All JCMs have been classified as Working, Retired, Retired – Does Not Meet Criteria, Medical Concerns, Mi Via/Private Pay or Target for Follow Up. The “Narrow the Group List” dated March 9, 2016 was compiled and the draft “Informed Choice Review Form” was also compiled.  <b>Supporting Documentation:</b> Narrow the Group List (Bates No. JQR Q2 2016 0022-0031), Draft Informed Choice Review Form (Bates</p>

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			No. JQR Q2 2016 0019-0021)
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.	<i>DDSD Supported Employment Lead</i>	See SE1.1b status update.
<b><i>Supported Employment Objective SE 1.2</i></b> <b>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	<i>DDSD Deputy Director</i>	Data has been collected for 3 quarters. 222 JCM identified in 2015 as not wanting to work. JCA requiring Informed Choice project to determine if guardians understood employment options. Statewide employment lead reviewed all 222- narrowed group to 126. Presented narrow the Group data to JCA and Plaintiffs. Approached Partners for Employment (PFE) to assist in Informed Choice project Developed review form to apply to 126 individuals to identify possible gaps in informed choice. Once "qualified Providers" are identified from SELN data, present draft data to JCA and plaintiffs.
SE1.2b Defendants must provide a current written list of qualified employment providers to JCMs and their guardians.	9/30/15	<i>DDSD Deputy Director</i>	Completed the new provider reporting form (SELN data spreadsheet provided in previous Jackson Quarterly Report). Met with IT to improve Supported Employment database to electronically upload data to determine who is considered to be a qualified provider as defined in SE2.6 is. Will analyze 3 quarters of data to determine who is qualified under SE2.6.
SE1.2c Defendants must use the list of qualified employment providers to increase the number of JCMs earning minimum wage	9/30/15	<i>DDSD Deputy Director</i>	See SE1.2b. In the process of determining list of qualified providers.

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or better and to increase the number of hours per week worked by JCMs.			
SE1.2d Defendants must create and must disseminate a timeline with target dates for the employment at criteria of all JCMs who wish to work, who can work, and who have the consent of the guardians to work at criteria.	10/31/15	<i>DDSD Deputy Director</i>	This EC is delayed due to the JCA's requirement that defendants perform an Informed Choice project to determine if guardians were fully informed when they declined employment. Need a formal extension. To be discussed at the April 25 Employment meeting.
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	<i>DDSD Deputy Director</i>	JCA has required a 100% review of informed choice as to class members whose guardians declined employment. DDSD has designed a Narrow the Group project to meet this new requirement. We are waiting for feedback from the JCA and Plaintiffs as to the process. This will delay disengagement.
<b><i>Supported Employment Objective SE 1.3</i></b> <b>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	<i>DDSD Deputy Director</i>	DDSD Supported Employment Lead and PFE have developed a career development training which will be piloted starting January 2016. Competency based portion of this training is still in development and will be refined via the pilot process. This training is titled Person Centered Assessment, and includes a requirement that the provider complete a career development plan for any individual that seeks employment. See memo of January 15 2016 issued by State wide Employment Lead, produced as part of the last Jackson Quarterly report. To date, trainings have been conducted statewide.
SE1.3b Personnel must have satisfactorily passed competency based training on DDW standards for career development planning before providing career development	4/30/16-first data collected and reported.	<i>DDSD Deputy Director</i>	No data to report at this time.



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planning to JCMs and their guardians.			
<b>Supported Employment Objective SE 1.4</b> <b>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	<i>DDS Deputy Director</i>	Three quarters of data collected to analyze who is considered a quality provider, per SE2.6. Will use data to identify the qualified providers, develop a plan to submit to JCA.
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	<i>DDS Deputy Director</i>	See SE1.4a status update.
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.	<i>DDS Deputy Director</i>	VAP policy revoked and new policy is in place (Provided last Jackson Quarterly Report). 222 of 289 JCMs document that they do not want to work. JCA requiring an Informed Choice project to determine if guardians understood employment choices when they declined employment for the JCM. This will delay progress on this evaluative component. Historically, DDS did use funds from IGA to develop VAPS. This is no longer the practice. Must be reconciled with JCA.
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.	<i>DDS Deputy Director</i>	See SE1.4a status update.
<b>Supported Employment Objective SE 1.5</b> <b>Individual records (including ISPs) of Jackson Class Members will contain accurate employment plans that include information about the Jackson Class</b>			

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<b>Members' desires to work, the Jackson Class Members' skills for existing jobs, and whether the guardians want the Jackson Class Members to work.</b>			
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.	4/30/16-first data collected and reported.	<i>DDSD Supported Employment Lead</i>	Met with JCA and Plaintiffs on Informed Choice plan. Entered into contract with PFE to assist. Will review 126 JCM (identified through the Narrow the Group process) who declined work using tool developed by Statewide Employment Lead and will obtain feedback from Plaintiffs as to proposed process for discussing informed choice with JCM and guardians.
<b>Supported Employment Objective SE 1.6</b> <b>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.</b>			
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).	9/30/15	<i>DDSD Supported Employment Lead</i>	A Director's Release was distributed to providers on April 4, 2016 in regards to this specific requirement for teams to meet within 10 days in order to avoid a disruption to a JCM's employment. <b>Supporting Documentation:</b> Supported Employment Director's Release (Bates No. JQR Q2 2016 0036-0038).
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.	9/30/15	<i>DDSD Supported Employment Lead</i>	The guidelines to track whether meetings have occurred within the required timeframe per the Director's Release will be reviewed again with the CI Coordinators. The tracking of compliance per the new requirement will begin.
SE1.6c 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.	10/31/15	<i>DDSD Supported Employment Lead</i>	See SE1.6a status above.
<b>Supported Employment Objective SE2.1</b> <b>Qualified regional providers will be available in each region for each</b>			

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<b>individual seeking employment.</b>			
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.	9/30/15	<i>DDSD Deputy Director</i>	Completed the new provider reporting form (SELN data spreadsheet provided in previous Jackson Quarterly Report). Will analyze data and create first draft of list of qualified providers.
SE2.1b Defendants must create written standards that qualified employment providers must meet, including standards addressing employment goals for JCMs.	9/30/15	<i>DDSD Deputy Director</i>	Chapter 5 Community Inclusion Service Standards exist. Determine if current standards are sufficient to meet definition of qualified provider in SE2.6.
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	<i>DDSD Deputy Director</i>	See SE1.4a status update.
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	<i>DDSD Deputy Director</i>	See SE1.4a status update.
<b><i>Supported Employment Objective SE2.2</i></b> <b>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.</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	<i>DDSD Supported Employment Lead</i>	Defendants have informally consulted with the JCA regarding the need for an internal policy regarding Employment First due to this information currently existing in the DDW Standards. Defendants plan to seek further clarification from the JCA regarding the

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			evaluative components related to Employment First. Defendants plan to seek further clarification from the JCA regarding these evaluative components.
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	<i>DDSD Supported Employment Lead</i>	See SE2.2a status update.
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	<i>DDSD Supported Employment Lead</i>	See SE2.2a status update
<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, DDSD, 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	<i>DDSD Supported Employment Lead</i>	Information about the DDW Employment First principle statement was included in a competency-based training on: <ul style="list-style-type: none"> <li>• January 22 and 29, 2016 – SW Region</li> <li>• February 16 and 17, 2016 – NE Region</li> <li>• March 4 and 11, 2016 – NW Region</li> <li>• March 29 and 30, 2016 – Metro Region</li> </ul> Next steps will be contingent on the decision from SE2.2.
SE2.3b Defendants must communicate information about New Mexico's Employment First Policy through formal training sessions, delivery of written materials, or other outreach efforts.	12/31/15	<i>DDSD Supported Employment Lead</i>	See SE2.3a status update.
SE2.3c Defendants must use the proposed Communication Matrix—which contains columns indicating audience size, frequency	12/31/15	<i>DDSD Supported Employment</i>	See SE2.3a status update.

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of event, method of communication, key message delivered, and date of communication—to identify communications about New Mexico’s Employment First Policy.		<i>Lead</i>	
<b>Supported Employment Objective SE2.4</b> <b>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	<i>DDSD Deputy Director</i>	See SE1.2a
<b>Supported Employment Objective SE2.5</b> <b>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, in consultation with the Jackson Employment Expert, must maintain and must analyze current employment data and the CPR.	12/31/15	<i>DDSD Deputy Director</i>	2015 CPR Statewide Annual Report has been produced by the Community Monitor and presented to DDSD on December 28, 2015. Recommendations related to employment were utilized in the Narrow the Group process. Will clarify with the JCA in regards to what is meant by “analyze current employment data and the CPR.”
SE2.5b Defendants, through the Statewide Supported Employment Lead will use the resulting information to enhance employment outcomes for individual JCMs and the employment system.	12/31/15	<i>DDSD Deputy Director</i>	See SE2.5a status update.
<b>Supported Employment Objective SE2.6</b> <b>Increase the number of qualified providers statewide. Qualified providers are defined as those that get people jobs in the</b>	No need for evaluative component per court order. Component Manager is DDSD Deputy Director.  See SE1.4a		

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<b>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 Expert, must provide competency-based training for all JCM case managers.	4/30/16-first data collected and reported.	<i>DDSD Deputy Director</i>	No data at this time.
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.	<i>DDSD Deputy Director</i>	No data at this time.
<b>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.</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'	12/31/15	<i>DDSD Supported Employment Lead</i>	SE Lead to work with PFE to create a scope of work for a contract amendment in order to perform the Informed Choice project. SE Lead to work with PFE to create a draft process for next steps to Narrow the Group and begin to implement the Narrow the Group project. Follow up meeting on April 25, 2016 with the Parties to review progress and next steps.

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families and guardians, case managers, providers, DDS personnel, DVR personnel, and advocates.			
SE2.8b The DOH must disseminate the information addressed in SE2.8a to case managers, providers, JCMs, guardians, and IDTs.	12/31/15	<i>DDSD Supported Employment Lead</i>	Jackson Strike Force data reveals no RORI's filed during the last Quarter related to barriers for employment. Provider Enrollment Unit distributed information via email on 1.15.16 regarding promoting the use of RORI's and how to overcome barriers to employment. Letter uploaded to <a href="http://www.ACTNewMexico.org">www.ACTNewMexico.org</a> on 1.25.16. (Letter was provided in last Jackson Quarterly Report submission).
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	<i>DDSD Supported Employment Lead</i>	See status updates above
<b><i>Supported Employment Objective SE2.9</i></b> <b>Qualified employment providers have capacity to do individualized job development.</b>			
SE2.9a Defendants must provide adequate training for providers that are unable to perform the individualized job development.	4/30/16	<i>DDSD Deputy Director</i>	See SE1.4 status update.
<b><i>Supported Employment Objective SE2.10</i></b> <b>Qualified employment providers have the capacity to provide individualized job supports to JCMs.</b>			
SE2.10a For JCM's who need job supports, Defendants will ensure qualified supported employment providers can supply the required job supports.	9/30/15-first data collected and reported.	<i>DDSD Deputy Director</i>	See SE1.4a status update.
<b><i>Supported Employment Objective SE2.11</i></b> <b>Provider agencies use outcome data to improve practice.</b>			
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	1/31/16-first data collected and reported.	<i>DDSD Supported Employment Lead</i>	Defendants are currently collecting this data from providers via the SELN spreadsheet as well as conducting on-site visits. An annual summary will be produced after Defendants collect a year's worth of this data.

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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.			
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.	<i>DDSD Supported Employment Lead</i>	The SELN Spreadsheet for FY16 Q3 provides summaries at the bottom of the report so that providers receive information about their averages immediately.  Defendants will continue to collect this data from providers via the SELN spreadsheet as well as conducting on-site visits. An annual summary will be produced after Defendants collect a year's worth of this data.
SE2.11c Provider agencies must use "the required QA/QI agency plan in regards to ISP implementation specific to Supported Employment."	4/30/16	<i>DDSD Supported Employment Lead</i>	SE2.11a and b need to be completed in order for agencies to receive feedback about their services in order to update their QA/QI plans. See status updates above.
<b><i>Supported Employment Objective SE3.1</i></b> <b>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.</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	<i>DDSD Deputy Director</i>	VAP policy rescinded in January of 2015 (provided in last Jackson Quarterly Report). New policy requires providers to perform a quality assessment. ToolKit does not exist. Will ask JCA how to meet this antiquated evaluative component.



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SE3.1b Defendants must develop training on how to use the Assessment Toolkit, and DDS D Supported Employment Coordinators and other pertinent staff must receive that training.	9/30/15	<i>DDS D Deputy Director</i>	See SE3.1a status update
SE3.1c Defendants must provide training to employment providers on how to use the Assessment Toolkit.	9/30/15	<i>DDS D Deputy Director</i>	See SE3.1a status update
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	<i>DDS D Deputy Director</i>	See SE3.1a status update
<b><i>Supported Employment Objective SE3.2</i></b> <b>IDTs are informed about the importance of accommodations to increase independent performance in the workplace.</b>			
SE3.2a 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.	4/30/16	<i>DDS D Supported Employment Lead</i>	An internal DDS D team met on 2.12.16 and 2.29.16. It was decided that enhancing current training related to AT and SE would be preferable to creating a new training and a pre-existing training had already been established and used by Julie Mehrl. The Participatory Communication and Choice-Making materials were reviewed. The training material, trainer's guide, resource packet and test were reviewed and modified to enhance the content relative to AT and SE. Example teaching and support strategies related to AT and SE were provided for that training. The Participatory Approach (PA) training was also reviewed for AT and SE content. The schedule for PA training has been posted to <a href="http://www.trainnewmexico.com">www.trainnewmexico.com</a> During the March 2, 2016 check-in meeting with the JCA, it was unclear whether the JCA agreed with the current approach by Defendants. Defendants will continue to seek feedback from the JCA regarding this training requirement.
SE3.2b IDTs, case managers, and qualified employment providers must understand,	4/30/16-first data collected and	<i>DDS D Supported</i>	See SE3.2a status above.

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through training and written communications, the availability of accommodations, supports, and assistive technology for use by a JCM in the workplace.	reported.	<i>Employment Lead</i>	
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	<i>DDSD Supported Employment Lead</i>	No new data to report at this time. See previous Jackson Quarterly Report for activities to date.
<b>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.</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	<i>DDSD Supported Employment Lead</i>	FY 16 Partners for Employment Contract is in place and provided last Jackson Quarterly Report submission. PFE retreat to plan for FY17 is scheduled for April 18, 2016.
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.	<i>DDSD Supported Employment Lead</i>	<b>Supporting Documentation:</b> PFE December 2015 monthly report (Bates No. JQR Q2 2016 0075-0092), PFE January 2016 monthly report (Bates No. JQR Q2 2016 0040-0055), PFE February 2016 monthly report (Bates No. JQR Q2 2016 0115-0120), PFE Activities for FY16 Q1 (Bates No. JQR Q2 2016 0056-0063), PFE Activities for FY16 Q2 (Bates No. JQR Q2 2016 0064-0074), PFE Public Relations and Information Campaign document (Bates No. JQR Q2 2016 0093-0096).
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.	<i>DDSD Supported Employment Lead</i>	See SE3.3b status update.
SE3.3d Defendants quarterly reports must	9/30/15-first data	<i>DDSD</i>	A new Discovery report will be written. The format will be modified

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disclose Partner's for Employment's success in assisting the advancement of employment opportunities for JCMs. When feasible, the reports will include quantitative information.	collected and reported.	<i>Supported Employment Lead</i>	to include outcomes. PFE retreat to plan for FY17 is scheduled for April 18, 2016. The discovery project for FY17 will be a part of the discussion.
<b><i>Supported Employment Objective SE3.4</i></b> <b>DDSD will provide technical assistance to teams as requested for individuals whom they support to access employment opportunities.</b>			
SE3.4a DDSD 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	<i>DDSD Supported Employment Lead</i>	See SE1.1b status update.
SE3.4b DDSD 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.	<i>DDSD Supported Employment Lead</i>	See SE1.1b status update.
<b><i>Supported Employment Objective SE3.5</i></b> <b>Defendants, through UNM/CDD Partners for Employment will provide training for people with disabilities, family members, providers, guardians, advocates, case managers, DDSD and DVR consistent with the Employment First Principle.</b>	12/31/15 date of completion-no evaluative components. Component Manager: DDSD Supported Employment Lead <b>Supporting Documentation:</b> Supported Employment Training report dated 3.15.16 August 2014-January 2016 (Bates No. JQR Q2 2016 0097-0103), PFE Public Relations and Information Campaign Document (Bates No. JQR Q2 2016 0093-0096) (same report referenced in SE3.3b).  The PFE Public Relations and Information Campaign will be reviewed and revised as needed to meet this EC to incorporate all target audiences. PFE retreat to plan for FY17 is scheduled for April 18, 2016.		
<b><i>Supported Employment Objective SE3.6</i></b> <b>Defendants will provide training to employment providers and case managers on evidence based practices in Supported Employment.</b>	12/31/15 date of completion-no evaluative components. Component Manager: DDSD Supported Employment Lead		

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	On March 1, 2016, Defendants requested a disengagement determination from the JCA. The JCA provided feedback to Defendants on April 1, 2016. Defendants withdrew their request for disengagement and will be compiling additional evidence/information in regards to this Objective.		
<b>Supported Employment Objective SE3.7</b> <b>Defendant(s) will work with Partners for Employment (formerly known as Employment Institute) to maintain an ongoing learning collaborative.</b>			
SE3.7a Defendants must continue to fund and support Partners for Employment in accordance with an active formal agreement between DDSD and UNM, pertinent state procurement rules, and funding appropriated by the state legislature.	7/31/15	<i>DDSD</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	FY16 contract is in place. PFE retreat to plan for FY17 is scheduled for April 18, 2016.
SE3.7b The Partners for Employment program is intended to provide a learning collaborative that enhances employment opportunities for JCMs.	10/31/15	<i>DDSD</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	See SE3.7a status update.
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.	<i>DDSD</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	The PFE Implementation Committee will have a follow up meeting with Dr. Cahill and his team to discuss ideas for future planning relative to program evaluation. <b>Supporting Documentation:</b> Intro to Employment Services Training survey has been uploaded (Bates No. JQR Q2 2016 0104-0107), PFE Multiple Trainings survey (Bates No. JQR Q2 2016 0108-0111) See SE3.3b supporting documentation for monthly reports.
SE3.7d Defendants must communicate the results of the annual evaluation with Partners for Employment.	4/30/16-first data collected and reported.	<i>DDSD</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	Continue to update the “Partners for Employment Outcomes and Efficacy” report on an annual basis.
<b>Supported Employment Objective SE4.1</b> <b>Class members are able to explore community work experiences including job sampling, trial work experiences and volunteering.</b>			
SE4.1a Defendants must identify JCMs who	9/30/15	<i>DDSD</i>	<b>Supporting Documentation:</b> Trial Work Experience Grant Program

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wish to do job sampling, trial work, or volunteering, provided the JCMs have their guardians' consent to do this type of work.		<i>Supported Employment Lead</i>	Participation as of 3.15.2016 Report (Bates No. JQR Q2 2016 0112-0114)
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	<i>DDSD Supported Employment Lead</i>	See SE4.1a status update.
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	<i>DDSD Supported Employment Lead</i>	See SE4.1a status update.
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	<i>DDSD Supported Employment Lead</i>	See SE4.1a status update. Defendants will continue to gather information to determine which providers and regions have utilized this program and which may need more outreach.
<b><i>Supported Employment Objective SE4.2</i></b> <b>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.</b>			
SE4.2a 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.	4/30/16	<i>DDSD Meaningful Day Lead</i>	Strikeforce Meaningful Day has convened. 100% review of class members day services begun. Collaborate with Community Programs Bureau on provider's self-assessment as to congregate settings.  Weekly Strikeforce meetings held in every region. ISP MD work learn vision reviewed, site visits planned, discussion of next steps to facilitate greater community inclusion as desired by JCM.
SE4.2b For those JCMs identified in SE4.2a, Defendants must take steps to decrease the	4/30/16	<i>DDSD Meaningful Day</i>	See SE4.2a status above.

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amount of time the JCMs spend in congregated, segregated settings, provided the JCMs' guardians agree.		<i>Lead</i>	
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 and reducing the time spent by JCMs in congregated, segregated settings.	4/30/16	<i>DDSD Meaningful Day Lead</i>	Met with JCA to determine who in IDT must receive competency based training.
SE4.2d Defendants must annually identify and monitor those JCMs who wish to reduce time spent in congregated segregated settings and those JCMs who spent reduced hours in congregated, segregated settings.	4/30/16	<i>DDSD Meaningful Day Lead</i>	See SE4.2a status above.
<b>OUTCOME E ISP: People will receive appropriate services / supports through integrated and meaningful ISP's</b>	<b>Next scheduled meeting with the JCA and Community Monitor to discuss ISP Strategic Plan is April 26, 2016.</b>		
<b>Individual Service Planning OUTCOME C: Identify and correct ISP deficiencies, both individual and systemic, using the community audit information</b>			
<b>OUTCOME K ASSISTIVE TECHNOLOGY: People will have access to appropriate Assistive Technology</b>	<b>Plaintiffs' Counsel rejected Defendants' AT plan. Plaintiffs' Counsel letter to Defendants' Counsel of November 17, 2015 states Plaintiffs' Counsel would defer to the JCA to determine Defendants' compliance with Assistive Technology. JCA has requested a meeting with DDSD Director to discuss this issue the week of April 25.</b>		
<b>Assistive Technology OUTCOME A: Enhance and expand the Assistive Technology Initiative statewide.</b>			
<b>2005 Appendix A to the Plan of Action MEANINGFUL DAY SERVICES</b>	<b>DDSD Director informed JCA that state will proceed with disengagement motion of Appendix A. DDSD Deputy will discuss current initiatives and impact of CMS final rule on day services at meeting April 25 2016.</b>		
<b>2005 Appendix A to the Plan of Action DIVISION OF VOCATIONAL REHABILITATION</b>	<b>DVR submitted a plan to aid in disengagement on April 15, 2016. DVR's plan and current Appendix A obligations assume/require the adoption a final protocol regarding the exercise of informed choice regarding the decision to work. DVR will provide input regarding this process at the April 25, 2016,</b>		

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	<b>employment meeting.</b>
<b>JSD Continuous Improvement</b>	In regards to the ISP and Behavior outstanding continuous improvement areas, the Department's position is that the new ISP Strategic Plan described will supplant the continuous improvement obligations. Plaintiffs' counsel stated that they are not opposed to this outright, however will need to see the ISP Strategic Plan after its creation in order to make a decision whether the ISP strategic Plan contains provisions that can supplant continuous improvement requirements. As mentioned above, Plaintiffs have until September 8, 2015 to respond Defendants ISP Strategic Plan. <b>Update: ISP Strategic Plan meeting with JCA and Community Monitor on April 26, 2016.</b>
<b>ISP JSD Paragraph 35</b>	
<b>Metro:</b>	
Total Program Adequate	<b>DISENGAGED Doc. 2069</b>
Adequate Use of Generic Services	
Person Integrated Into Community	
<b>Southeast:</b>	
Total Program Adequate	<b>Doc. 2074 Plaintiffs Opposed Response, Doc. 2077 Reply in Support of the Motion to Disengage</b>
<b>Southwest:</b>	
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	

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Person Receive Employment Services	
<b>Southwest:</b>	
Have Career Development Plan	
Person Receive Employment Services	
<b>1998 Audit Recommendations</b>	<b>DISENGAGED 12/14/15 Doc. 2076 Disengaging the 1998 Audit</b>