

**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 AUGUST 1, 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

I HEREBY CERTIFY that on the 1st day of August 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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2015 Objectives for Health, Safety and Supported Employment Plans with Evaluative Components	Date of Completion	Component Manager	Comments
HEALTH PLAN			
<i>Health Objective H1.1</i> 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.			
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.	Original Date: 9/30/15 Date Ext. 1: 2/29/16 Date Ext 2: 6/30/16	<i>CSB Bureau Chief</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • DDS D meetings were held to plan implementation of the DDS D process improvement plan for healthcare coordination (HCC) that was presented at the 4/28/16 JQM. • In May of 2016, the HCC plan and timelines were refined, and implementation of DDS D’s Health Care Coordination Plan began with the initial stakeholder meeting on June 29, 2016. Over 40 stakeholders participated, including representatives from DD Waiver provider agencies, HSD, Medicaid Managed Care Organizations, case management agencies, advocacy organizations, DDS D, and the Jackson Community Monitor. <p>(DDS D will continue implementation of the HCC plan with groups to focus on specific areas generated at the stakeholder’s meeting).</p> <p>Supporting Documentation: HCC Meeting Agenda (Bates Number JQR Q3 00001), Roster of Attendees (Bates Number JQR Q3 00002-00003) and record of priority issues generated at the meeting (Bates Number JQR Q3 0004-00014).</p>
H1.1b The DOH must disseminate the definitions referred to in H1.1a to all pertinent providers.	Original Date: 9/30/15 Date Ext. 1: 2/29/16	<i>CSB Bureau Chief</i>	<p>Activities Completed in the Quarter: (See H1.1a.)</p>

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	Date Ext 2: 6/30/16 Date Ext 3: 12/31/16		
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.	Original Date: 9/30/15 Date Ext. 1: 2/29/16 Date Ext 2: 6/30/16 Date Ext 3: 12/31/16	<i>CSB Bureau Chief</i>	Activities Completed in the Quarter: <i>(See H1.1a)</i>
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.	Original Date: 12/31/15 Date Ext. 1: 12/31/17	<i>CSB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • A contract with Columbus was instituted to begin reviews of JCM using the <i>Health Field Survey Tool</i> (HFST), beginning with the SW Region. • Dr. Voorhees and Mr. Stuewe met with the Columbus reviewer to clarify and refine elements of the HFST instrument, and also to develop provider agency entry and exit procedures to maximize the quality improvement potential of the survey process. • Three reviews are complete and an additional 5 are expected by August 15, 2016. A report of HFST findings to date will be prepared for the August 17 JQM. <p style="text-align: right;"><i>(See also H1.1a)</i></p>
H1.1e The DOH must take prompt action to address healthcare coordination performance that does not meet the measurable performance indicators.	Original Date: 4/30/16 Date Ext. 1: 9/30/17	<i>CSB Bureau Chief</i>	<i>(See H1.1d)</i>
Health Objective H1.2 Nurses routinely monitor Jackson Class Members' individual health needs through (1)			

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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.			
H1.2a Defendants must ensure that each JCM's healthcare needs, conditions, and risk factors are accurately documented in the JCM's healthcare record.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: TBD	<i>CSB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • A Director's Release issued on June 14, 2016 established required actions for nurses to monitor the accuracy of health records, including healthcare plans, aspiration risk management plans, emergency response plans and other health monitoring records. • The Director's Release also established standards for effectively transmitting health information to health care professionals who are providing evaluation and/or treatment. • Met with JCA for clarifications in Health Director's Release and clarifications will be provided to the field via a revised Director's Release or memo and also clarified through statewide Health Director's Release Training to take place in August 2016. <p style="text-align: center;"><i>(See also H1.1d)</i></p> Supporting Documentation Director's Release distributed 6/14/16 (Bates Number JQR Q3 00015-00023).
H1.2b DSP and their supervisors must receive training by nurses in order to competently and correctly implement each JCM's healthcare plan.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: TBD	<i>CSB Bureau Chief</i>	
H1.2c Nurses must visit each JCM in accordance with DOH requirements.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: TBD	<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	Original Date: 10/31/15 Date Ext. 1:	<i>CSB Bureau Chief</i>	

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<p>status to monitor the individual.</p>	<p>4/30/16 Date Ext 2: 6/30/16 Date Ext 3: TBD</p>		
<p>H1.2e Defendants must ensure prompt revision of a JCM’s healthcare plan if there is a change in the JCM’s health status.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: TBD</p>	<p><i>CSB Bureau Chief</i></p>	
<p><i>Health Objective H1.3 Teams use accurate health records for Jackson Class Members.</i></p>			
<p>H1.3a Defendants must monitor the accuracy of each JCM’s health record, including the JCM’s current healthcare plans.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: TBD</p>	<p><i>BSI Bureau Chief and CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • A Director’s Release issued on June 14, 2016 established required actions for nurses to monitor the accuracy of health records, including healthcare plans, aspiration risk management plans, emergency response plans and other health monitoring records. • The Director’s Release also established standards for effectively transmitting health information to health care professionals who are providing evaluation and/or treatment. • Met with JCA for clarifications in Health Director’s Release and clarifications will be provided to the field via a revised Director’s Release or memo and also clarified through statewide Health Director’s Release Training to take place in August 2016. <p><i>(See also H1.1d)</i></p> <p>Supporting Documentation: Director’s Release distributed 6/14/16 (See supporting documentation for H1.2)</p>

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<p>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.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: 10/31/16</p>	<p style="text-align: center;"><i>BSI Bureau Chief and CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • BSI has begun to run verify eCHAT updates via Therap. Providers are contacted via SCOMM with a standard email requesting remediation. The reports are re-run following the request for remediation to verify completion. • BSI is tracking providers on a monthly and basis to ensure timely eChat completions <p>Supporting Documentation: eChat Tally Spreadsheets (Bates Number JQR Q3 00024-00031); eChat Summary results (Bates Number JQR Q3 00032).</p>
<p>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.</p>		<p>Original Date: 7/31/15 Date Ext. 1: 7/31/16</p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See Quarterly reports for information and actions taken on this evaluative component. DDS D has requested for this topic to be discussed at next JCA check in meeting as we believe it may be ripe for disengagement and would like the JCA's feedback.
<p>H1.4a Upon request, DDS D will assist IDTs to identify professionals with specialized skills to provide needed information, consultation, and technical assistance. DDS D will inform IDTs of the availability of DDS D's assistance.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 7/31/16</p>	<p style="text-align: center;"><i>DDS D Medical Director</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See H1.4a
<p>H1.4b Each JCM must have access to healthcare professionals with specialized skills, as needed.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 7/31/16</p>	<p style="text-align: center;"><i>DDS D Medical Director</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See H1.4a

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	<p>Date Ext. 2: 12/31/16</p>		
<p>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.</p>			
<p>H1.5a Defendants must prepare quarterly reports on a sample of the JCMs to monitor the accuracy of the JCMs' individual healthcare record.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: TBD</p>	<p><i>CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter: <i>(See H1.1d)</i></p>
<p>H1.5b Defendants must take action to correct inaccuracies in the JCMs' individual healthcare record.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: TBD</p>	<p><i>CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • The Director's Release issued on June 14, 2016 defined required actions to ensure that healthcare records are maintained in a current and accurate manner, and established a timeline for updating an individual's eCHAT following a change in health status or hospitalization. • Met with JCA for clarifications in Health Director's Release and clarifications will be provided to the field via a revised Director's Release or memo and also clarified through statewide Health Director's Release Training to take place in August 2016. • See H1.1d

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			Supporting Documentation: Director's Release distributed 6/14/16 (See supporting documentation for H1.2)
Health Objective H1.6 Current and complete information is provided to the healthcare professionals treating or evaluating the individual.			
H1.6a Healthcare professionals, who treat or evaluate a JCM, must have a copy of the JCM's accurate "Health Passport."	Original Date: 12/31/15 Date Ext. 1: 6/30/16 Date Ext 2: 12/31/16	<i>BSI Bureau Chief and CSB Bureau Chief</i>	Activities Completed in the Quarter: The Director's Release issued on June 14, 2016: <ul style="list-style-type: none"> • Revised the existing <i>Health Passport</i> policy, • Defined required actions to ensure that the <i>Health Passport</i> is accurate, • Established mechanisms to ensure that the <i>Health Passport</i> and the <i>Physician Consultation Form</i> is delivered to healthcare professionals when they evaluate or treat a JCM • Established mechanisms for documenting that this information was provided to the healthcare professional. Supporting Documentation: Director's Release distributed 6/14/16 (See supporting documentation for H1.2)
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.	Original Date: 12/31/15 Date Ext. 1: 6/30/16 Date Ext 2: 12/31/16	<i>BSI Bureau Chief and CSB Bureau Chief</i>	See H1.6a.
H1.6c A JCM's provider must ensure a JCM's current healthcare information is provided to treating and evaluating healthcare professionals and the case manager must verify that through review of the Physician Consultation Form.	Original Date: 12/31/15 Date Ext. 1: 6/30/16 Date Ext 2: 12/31/16	<i>BSI Bureau Chief and CSB Bureau Chief</i>	See H1.6a.
Health Objective H1.7 The team assures recommendations from healthcare professionals are reviewed with the			

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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.			
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.	Original Date: 10/31/15 Date Ext. 1: 12/31/16	<i>DDSD Statewide CM Lead</i>	Activities Completed in the Quarter: The Director's Release issued on June 14, 2016: <ul style="list-style-type: none"> • Established policy and defined required actions to ensure that a healthcare professional's recommendations are communicated and implemented unless specifically declined using a <i>Decision Consultation Form</i>. • Directed that the JCM's nurse must assure that the JCM's healthcare records accurately identify and reflect all recommendations and assessments of the JCM's treating and evaluating healthcare professionals. • Mandated that all healthcare recommendations must be implemented within the timeframe prescribed by the treating professional, unless the recommendation has been declined by the individual or his/her healthcare decision maker. • Directed that if a healthcare professional's recommendation has been declined by the individual or his/her health decision maker, this must be documented by the JCM's case manager using the <i>DDSD Decision Consultation Form</i>, as appropriate, for use by the JCM's healthcare professionals.
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.	Original Date: 10/31/15 Date Ext. 1: 12/31/16	<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.	Original Date: 10/31/15 Date Ext. 1: 12/31/16	<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 Form must be kept in the JCM's healthcare records	Original Date: 10/31/15 Date Ext. 1: 12/31/16	<i>DDSD Statewide CM Lead</i>	
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			

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frequency prescribed, and (3) at the times prescribed.			
H1.8a Defendants must monitor the accuracy of administration of prescription medications to each JCM.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: TBD	<i>CSB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • Significant Events Committee met on 7/25/16 and it was decided that medications errors specific to JCMs will be reviewed and analyzed by category (dose, route, etc.) • (See H1.1d for Health Field Tool update, as this information was monitored).
H1.8b Defendants must take prompt action to correct any failure to properly administer medications to a JCM in accordance with prescriptions.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: TBD	<i>CSB Bureau Chief</i>	
Health Objective H2.1 Jackson Class Members receive age appropriate preventive/early detection screening/immunizations for health risk factors.			
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.	Original Date: 9/30/15 Date Ext. 1: 2/29/16 Date Ext 2: 6/30/16 Date Ext 3: 10/31/16	<i>CSB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • A process and procedure for generating prevention recommendations based on national standards for all persons has been developed. • DDS has worked to complete condition-specific preventive services and combining both general and condition-specific guidelines into a unified procedure.
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	Original Date: 12/31/15 Date Ext. 1: 4/30/16	<i>CSB Bureau Chief</i>	Activities Completed in the Quarter: (See H1.1d)

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guardian and primary healthcare provider, makes an informed choice to reject the recommended screening and immunization standards.	Date Ext 2: 6/30/16 Date Ext 3: 10/31/16		
Health Objective H3.1 Jackson Class Members receive increased intensity of services during acute episodes or illnesses.			
H3.1a A nurse's monitoring, including nursing assessments and oversight, must increase during a JCM's acute episodes or illnesses.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: 12/31/16	<i>CSB Bureau Chief</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • The Director's Release of June 14, 2016 established standards for assurance of nursing assessment and follow-up during a JCM's acute episodes or illnesses. • Met with JCA for clarifications in Health Director's Release and clarifications will be provided to the field via a revised Director's Release or memo and also clarified through statewide Health Director's Release Training to take place in August 2016. <p>Supporting Documentation: Director's Release distributed 6/14/16 (See supporting documentation for H1.2)</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.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: 12/31/16	<i>CSB Bureau Chief</i>	
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 and DOH will review patterns and trends via the health field tool and identify nurse	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3:	<i>CSB Bureau Chief</i>	

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performance issues, and will take corrective action.	12/31/16		
Health Objective H3.2 Direct Service Personnel/supervisors are able to identify subtle signs of change/acute symptoms.			
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.	Original Date: 10/31/15 Date Ext. 1: 7/31/16	<i>CSB Bureau Chief</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • The Community Monitor provided the DDS Medical Director with five alerts (Change of Condition, Choking and Aspiration, Constipation and Bowel Obstruction, Dehydration, GERD and Seizure Disorder). • Alerts sent to DDS provider enrollment unit for distribution to the field <p>Supporting Documentation: Change of Condition (Bates Number JQR Q3 00033), Choking and Aspiration (Bates Number JQR Q3 00034-00035), Constipation and Bowel Obstruction (Bates Number JQR Q3 00036-00037), Dehydration (Bates Number JQR Q3 00038-00039), GERD (Bates Number JQR Q3 00040-00041) and Seizure Disorder Alerts (Bates Number JQR Q3 00042-00043).</p>
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.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: TBD	<i>CSB Bureau Chief</i>	<p>Activities Completed in the Quarter: (See HI.1d)</p>
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.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3:	<i>CSB Bureau Chief</i>	

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	TBD		
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.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: TBD	<i>CSB Bureau Chief</i>	
Health Objective H3.3 When informed of signs of change in health status (including chronic and acute pain) agency nurses take immediate action.			
H3.3a The pertinent DDW agency nurse must implement pain management strategies for addressing a JCM's chronic and acute pain.	Original Date: 1/31/16 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: TBD	<i>CSB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • Standards for nursing implementation of pain management strategies were specified in the Director's Release of June 14, 2016. • Met with JCA for clarifications in Health Director's Release and clarifications will be provided to the field via a revised Director's Release or memo and also clarified through statewide Health Director's Release Training to take place in August 2016. Supporting Documentation: Director's Release distributed 6/14/16 (See supporting documentation for H1.2)
H3.3b The DOH or pertinent agency must communicate these effective pain management strategies to the JCM's treating healthcare professionals.	Original Date: 1/31/16 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: TBD	<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.	Original Date: 1/31/16 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16	<i>CSB Bureau Chief</i>	

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	Date Ext 3: TBD		
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.	Original Date: 1/31/16 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: TBD	<i>CSB Bureau Chief</i>	
Health Objective H3.4 When an individual is receiving healthcare in an out of home setting, critical health and functional information will be provided and the individual's existing adaptive equipment that can be used in that setting will be offered.			
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.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: 12/31/16	<i>JCO and CSB Bureau Chief</i>	<p>Activities Completed in the Quarter: The Director's Release issued on June 14, 2016:</p> <ul style="list-style-type: none"> • Established policy and defined required actions to ensure that accurate information is maintained regarding these supports and to ensure that this information is communicated to out of home providers. <p>Supporting Documentation: Director's Release distributed 6/14/16 (See supporting documentation for H1.2)</p>
H3.4b The out-of-home provider must receive a JCM's Health Passport, along with information concerning the JCM's mobility, comfort, safety, and sensory items within 24 hours of the JCM's placement with an out-of home provider.	Original Date: 12/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: 12/31/16	<i>JCO and CSB Bureau Chief</i>	<p>Activities Completed in the Quarter: The Director's Release issued on June 14, 2016:</p> <ul style="list-style-type: none"> • Established policy and defined required actions to: ensure that accurate supports information is communicated to out of home providers <p>Supporting Documentation: Director's Release distributed 6/14/16 (See supporting documentation for H1.2)</p>

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<p>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.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: 12/31/16</p>	<p style="text-align: center;"><i>JCO and CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter: The Director's Release issued on June 14, 2016:</p> <ul style="list-style-type: none"> • Established policy and defined required actions to: maintain accurate information on adaptive supports and communicate this information to an out-of-home provider within 24 hours of the JCM's placement. <p>Supporting Documentation: Director's Release distributed 6/14/16 (See supporting documentation for H1.2)</p>
<p>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.</p>			
<p>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.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: 12/31/16</p>	<p style="text-align: center;"><i>JCO and CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter: The Director's Release issued on June 14, 2016 established policy and defined required actions:</p> <ul style="list-style-type: none"> • Providers must assure that the JCM's case manager(s), Agency Nurse(s) and, as appropriate, DDS Regional Office staff will coordinate with appropriate staff at the hospital or other out-of-home setting to plan for a JCM's safe and smooth discharge. • Providers must assure that nurses and other appropriate healthcare providers update the JCM's e-CHAT and other health records in accordance with the 2015 Standards. • Healthcare recommendations and adaptive supports that the JCM received from the out-of-home provider should be implemented in order to ensure a safe and smooth transition back to the JCM's home. <p>Supporting Documentation: Director's Release distributed 6/14/16 (See supporting documentation for H1.2)</p>
<p>H3.5b The JCM's e-CHAT and other</p>	<p>Original Date:</p>	<p style="text-align: center;"><i>JCO and CSB</i></p>	<p>Activities Completed in the Quarter:</p>

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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.	<p>10/31/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext. 3: 12/31/16</p>	<i>Bureau Chief</i>	<p>The Director's Release issued on June 14, 2016 established policy and defined required actions:</p> <ul style="list-style-type: none"> If the individual received new healthcare recommendations or adaptive supports, then the health records must also be updated i.e.: Individual Data Form (IDF) in Therap, Medical Information Section Adaptive Equipment portion and the appropriate eCHAT sections. <p>Supporting Documentation: Director's Release distributed 6/14/16 (See supporting documentation for H1.2)</p>
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)			
H4.1a The parties and the JCA must develop a mandatory competency based training program.	<p>Original Date: 10/31/15 Date Ext. 1: 3/31/16 Date Ext. 2: Pending further discussion with the JCA.</p>	<i>DDSD Training Unit and CSB Bureau Chief</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Defendants have provided the JCA with all pertinent training curriculum and crosswalks. Defendants are planning to meet with the JCA in August 2016 to discuss the JCA's findings regarding the crosswalk and curriculum review. There are current established, mandatory training requirements in the 2015 version of the DD Waiver Standards for nursing and therapy (OT, PT and SLP). 7 trainings are required for nurses. 4 trainings are required for Therapists. CSB developed draft protocols for monitoring these training sessions. An additional analysis of the nursing orientation program "Introduction to Developmental Disabilities Nursing in New Mexico" was completed on June 10, 2016. This analysis demonstrated that the majority of the slides (64%) are focused on orienting the new nurse to the DDSD system and
H4.1b Nurses, DSP, front-line supervisors, ancillary providers, and case managers must satisfactorily complete the mandatory competency based training program.	<p>Original Date: 1/31/16 Date Ext. 1: 9/30/16 Date Ext. 2: Pending further discussion with the JCA.</p>	<i>DDSD Training Unit and CSB Bureau Chief</i>	

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			<p>funding structure while 44% of the slides in that session are related to health issues. While atypical or subtle signs are not included in Orientation, this topic is addressed in Health Care Planning and Aspiration Risk Management (ARM).</p> <p>Supporting Documentation: Nursing Training Analysis 6-10-16 (based on April 27, 2016 letter from Dr. Gant) (Bates Number JQR Q3 00048-00049).</p>
<p>H4.1c The DOH must independently measure compliance by nurses, DSP, front-line supervisors, ancillary providers, and case managers with mandatory competency based training.</p>	<p>Original Date: 1/31/16 Date Ext. 1: 9/30/16 Date Ext. 2: Pending further discussion with the JCA.</p>	<p><i>DDSD Training Unit and CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Compliance with DDSD core curriculum training is currently monitored through the CDD database, and compliance reports for DSP, DSS, and CM are run every quarter. • Compliance with DDSD required training for nurses and therapists is recorded in the CDD database. • CSB and JCO met with Regional Nurses to discuss standardization to track nursing training compliance statewide. This included discussion of reaching out to providers to obtain current list of nurses and provide technical assistance in regards to updating the database with training information. <p>Supporting Documentation: 3rd Quarter Training Compliance Status Report (Bates Number JQR Q3 00044-00046), 4th Quarter Compliance Percentage Summary (Bates Number JQR Q3 00047), Protocol for Monitoring DDW Agency Training Requirements for Nursing Draft (Bates Number JQR Q3 00050-00051).</p>
<p>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.</p>	<p>Original Date: 1/31/16 Date Ext. 1: 9/30/16 Date Ext. 2: Pending further discussion with</p>	<p><i>DDSD Training Unit and CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • The training unit provided regular follow-up with agencies out of compliance with DSP, DSS, and CM trainings. These activities were included in each regional training coordinator's quarterly report. <p>Supporting Documentation: See H4.1c Supporting documents</p>

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	the JCA.		
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.	Original Date: 10/31/15 Moot per letter of 1/28/16 from JCA.	<i>DDSD Training Unit and CSB Bureau Chief</i>	Moot per letter of 1/28/16 from JCA.
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.			
H4.2a Case managers and agency nurses must provide up-to-date information and resources to JCMs and their guardians about advanced care planning and palliative or end-of-life care so that the JCMs and their guardians can make informed choices.	Original Date: 10/31/15 Date Ext. 1: 12/31/16	<i>DDSD Statewide CM Lead</i>	<p>Activities Completed in the Quarter: The Director’s Release issued on June 14, 2016 established policy and defined required actions:</p> <ul style="list-style-type: none"> • Directing staff to utilize the existing ISP questions to inquire if a JCM or his/her guardian wants information about advanced directives can be found in the last few pages of the ISP. • Directing that if the JCM or the individual’s guardian chooses advance care planning, the Case Manager should inform the individual or the individual’s guardian that assistance is available from UNM Continuum of Care. • Directing that discussions and follow-up about advance care planning and referrals to UNM Continuum of Care should be documented in the IDT meeting minutes. This documentation needs to include both whether the discussion regarding advanced care planning/palliative care occurred; and whether the JCM/guardian wanted advanced care planning, including palliative care. <p>Supporting Documentation: Director’s Release distributed 6/14/16 (See supporting documentation for H1.2)</p>
H4.2b The DOH must identify, and must	Original Date:	<i>DDSD</i>	Activities Completed in the Quarter:

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document on an annual basis in the pertinent healthcare records, those JCMs who want advanced care planning, including palliative care, and those JCMs who decline advanced care planning.	10/31/15 Date Ext. 1: 12/31/16	<i>Statewide CM Lead</i>	(See H1.1d)
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.	Original Date: 10/31/15 Date Ext. 1: 12/31/16	<i>DDSD Statewide CM Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> DOH provides advanced care planning and palliative care to those JCMs who choose to have advanced care planning and palliative care through a contract with Continuum of Care at the University of New Mexico.
Health Objective H4.3 Quality Assurance information is used to improve health outcomes.			
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.	Original Date: 1/31/16 Date Ext. 1: 6/30/16 Date Ext. 2: Pending further discussion with the JCA	<i>DDSD Deputy Director and BSI Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> The DDSD has met with our consultant to develop key performance indicator (KPI) charts. A sample of Quarter 3 data has been inserted in the chart and discussed at the last DDSQI meeting. The remaining quarter 3 data has been pulled. There has recently been an Abuse Neglect, Exploitation KPI tested. Out of home placement and emergency services data is reviewed at the Significant Events meetings. Action steps are developed out of those discussions. DDSD uses Emergency Services, Out of Home Placement, and Abuse Neglect Exploitation data in our Significant Events meetings to create action plans based on trending data. <p>(Quarter 3 data will be presented at the August 4, 2016 DDSQI meeting).</p> <p>Supporting Documentation: KPI Quad Charts (Bates Number JQR Q3 000605).</p>

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SAFETY PLAN			
<i>Safety Objective SI.1.1</i> Define “Abuse, Neglect and Exploitation” (ANE) consistent with New Mexico Statutory Adult Protective Services (APS) definitions.			
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
<i>Safety Objective SI.1.2</i> Provide educational information about how to detect ANE.			
S1.2a The DOH must develop and must provide annually educational information to providers, physicians, clinicians, families, guardians, and law enforcement about detecting ANE.	Original Date: 7/1/15 Date Ext. 1: 9/30/16 Date Ext. 2: 10/31/16	<i>IMB Chief</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> The IMB Bureau Chief made presentations to one Provider agency and at the DDSQ Quarterly Provider meeting in Santa Fe. <p>This is an ongoing, continuous effort. Activities remaining include outreach to Law Enforcement and Physicians.</p> <p>Supporting Documentation: FY15 IMB Presentation (Bates Number JQR Q3 00056-00083), Advantage Communication Presentation Note 6-8-16 (Bates Number JQR Q3 00084).</p>
<i>Safety Objective SI.1.3</i> 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.			

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<p>S1.3a All current and new staff as listed in POA CIMS B and the DDS staff (Regional Directors, Assistant Regional Office Bureau Chief, and the DDS Training Unit) must successfully complete DHI's competency based training on ANE from a DHI Trainer or a DHI approved trainer that incorporates the principles of adult learning as described in Kutas Recommendations # 7 and #8 before working alone with JCMs and their guardians.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 12/31/16</p>	<p style="text-align: center;"><i>DHI Trainer</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> During the Quarter (04/2016 – 07/2016), the rollout of ANE Train-the-Trainer sessions and certifications commenced. Fourteen (14) Train-the-Trainer sessions were conducted in the metro (5), NE (3), SE (5), and SW (1) regions, resulting in a total of 52 DHI-certified trainers. In addition to ANE Train-the-Trainer sessions, DOH staff trainings (DHI and DDS staff) were also offered in the metro, NE, SE and SW regions, with forty-two (42) DOH staff successfully completing the training. <p>Supporting Documentation: <i>(Certification documentation of DHI-certified trainers includes Certified Trainer Verification Records (CTVR) and certificates. Signature/attendance sheets for all DOH staff trainings and Train-the-Trainer sessions and can be produced upon request).</i></p>
<p>S1.3b. All current and new staff in POA CIMS B and the DDS staff must demonstrate a knowledge and understanding of the training received in S1.3a and S1.3b by passing a formal test.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 12/31/16</p>	<p style="text-align: center;"><i>DHI Trainer</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> All 42 DOH staff who have attended the 4.0 hour (standard) ANE training have passed the formal test. All 52 DHI-certified trainers who have successfully completed the two-day ANE Train-the-Trainer sessions have passed the formal test. <p>Supporting Documentation: (Certificates for DHI Trainer certification and certificates for DOH staff providing proof of successfully having passed the formal competency exam (post-test) can be produced upon request).</p>
<p>S1.3c. All current and new staff listed in POA CIMS B and the DDS staff must receive refresher competency based training on an annual basis.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 12/31/16</p>	<p style="text-align: center;"><i>DHI Trainer</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Refresher competency-based training will be implemented on an annual basis (not applicable at this time, as training has just been initiated).
<p>Safety Objective S1.1.4 ANE is reported</p>			

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<p>immediately.</p> <p>S1.4a The DOH must maintain a toll-free 24 hour, 7 days a week, telephone number to receive reports of ANE.</p>	<p>Original Date: 7/2/14 Date Ext. 1: 6/30/16 Date Ext. 2: 7/31/16 Date Ext. 3: 8/31/16</p>	<p style="text-align: center;"><i>IMB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • IMB received 519 calls on the hotline. 260 cases (50%) were assigned for investigation. There were seven referrals from APS, representing a 98.7% compliance rate. <p>This Evaluative Component is complete.</p> <p>Supporting Documentation: IMB Quarterly Indicators report (Bates Number JQR Q3 00137).</p>
<p>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.</p>	<p>Original Date: 7/2/14 Date Ext. 1: 6/30/16 Date Ext. 2: 7/31/16 Date Ext. 3: 8/31/16</p>	<p style="text-align: center;"><i>IMB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • The SFY16 ANE Guide was published and distributed in August 2016, along with a Spanish language version. <p>Changes are being made to the SFY17 ANE Guide, which will be published in this quarter. This Evaluative Component is complete.</p> <p>Supporting Documentation: SFY16 ANE Guide (Bates Number JQR Q3 00085-00131).</p>
<p>S1.4c IMB must formally document reports of ANE of JCMs and must take corrective action when ANE is not reported immediately.</p>	<p>Original Date: 7/2/14 Date Ext. 1: 6/30/16 Date Ext. 2: 7/31/16 Date Ext. 3: 8/31/16</p>	<p style="text-align: center;"><i>IMB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • IMB implemented a new policy on responding to late ANE reports or a failure to report ANE. Late/Failed reports are reviewed monthly and corrective action taken for providers with 3 or more late/fail reports in a three-month period. <p>This Evaluative Component is complete.</p> <p>Supporting Documentation: IMB Late/Fail policy (Bates Number JQR Q3 00132-00136), Failure and late report (Bates Number JQR Q3 00613-00614), Letters to providers with 3 or more Late/Fail reports in a three-month period (Bates Number JQR Q3 00607-00612).</p>

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Safety Objective S1.1.5. Providers will take immediate action to develop a safety plan after an allegation of ANE to protect the alleged victim(s) during the course of an investigation.			
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.	Original Date: 7/2/14 Date Ext. 1: 4/30/16 Date Ext. 2: 7/31/16 Date Ext. 3: 8/31/16	<i>IMB Bureau Chief</i>	Activities Completed in the Quarter: IMB is currently collecting documentation to submit for disengagement.
S1.5b The DOH must monitor providers for compliance with IASPs and must take corrective action as needed.	Original Date: 7/2/14 Date Ext. 1: 4/30/16 Date Ext. 2: 7/31/16 Date Ext. 3: 8/31/16	<i>IMB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • IMB implemented a new report writing process to document that the IASP was reviewed and to document revisions, or the fact no additional plans were necessary. This Evaluative Component is complete.
Safety Objective S1.1.6 Severity of the alleged ANE dictates the investigation response.			
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 Date Ext. 1: 8/31/16	<i>IMB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • IMB submitted this Evaluative Component for disengagement. The JCA raised some concerns about timeliness of response, so the IMB instituted a new process to send our Investigators prior to the case being assigned in order to preserve and collect fragile evidence. This Evaluative Component is complete.
Safety Objective S [Kutas] 1.2.1 Competent ANE Investigators conduct professionally adequate investigations.			

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S2.1a ANE Investigators must pass Core Competency and Field Training before conducting investigations of ANE.	Original Date: 7/2/14 Date Ext. 1: 10/1/16 Date Ext. 2: 12/31/16	<i>IMB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • IMB centralized all training documentation in one location. IMB reviewed the training records for all current Investigators to verify compliance. Compliance is 100%. <p>This Evaluative Component is complete.</p> <p>Supporting Documentation: (<i>Investigator Training Records available upon request</i>).</p>
S2.1b The JCM Supervisory Review Tool must be used to assess an ANE investigation in every case of ANE.	Original Date: 7/2/14 Date Ext. 1: 10/1/16 Date Ext. 2: 12/31/16	<i>IMB Bureau Chief</i>	Activities Completed in the Quarter: The JCM Supervisory Review tool was amended to remove duplication. The Review tool is used on all IMB cases. <p>This Evaluative Component is complete.</p>
S2.1c ANE investigations must not be closed until they meet the standards of the Supervisory Review Tool, which verifies whether the investigation meets the standard for professionally adequate investigations.	Original Date: 7/2/14 Date Ext. 1: 10/1/16 Date Ext. 2: 12/31/16	<i>IMB Bureau Chief</i>	Activities Completed in the Quarter: <i>See S2.1b</i>
S2.1d The DOH must review ANE intake and investigation quality, consistent with the Kutas quality indicators, on a quarterly basis.	Original Date: 7/2/14 Date Ext. 1: 10/1/16 Date Ext. 2: 12/31/16	<i>IMB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • IMB worked with the JCA consultants to continue to refine the Investigative Report QA tool. The tool is being developed to assist in determining report writing deficiencies that require remedial training. Recently, the tool was used on a test case by all IMB Supervisors in order to determine the accuracy of the tool. Some revisions were made to the tool. <p>Another test case will be scheduled in the next quarter to refine and</p>

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			finalize the Investigative Report QA tool. Supporting Documentation: Revised Investigative Report QA tool
Safety Objective S [Kutas] 1.3.1 Consistent with the IGA (Inter-Governmental Agreement), IMB will be the primary authority for ANE investigations.			
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.	Original Date: 7/2/14 Date Ext. 1: 6/30/16 Date Ext. 2: 8/31/16	<i>IMB Bureau Chief</i>	Activities Completed in the Quarter: None. This Evaluative Component is complete.
S3.1b The DOH must monitor the provider's compliance with these administrative rules on a quarterly basis and must promptly correct any deficiencies.	Original Date: 10/1/14 Date Ext. 1: 6/30/16 Date Ext. 2: 8/31/16	<i>IMB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> IMB held its Quarterly APS/IMB meeting on April 28th. The discussion included a review of APS referrals, joint investigations, and IMB data. This Evaluative Component is complete. Supporting Documentation: APS/IMB meeting minutes (Bates Number JQR Q3 00161-00166), IMB review and remediation of APS referral (Bates Number JQR Q3 00139-00160) (see S1.1.4 for IMB Quarterly Indicators report).
Safety Objective S [Kutas] 1.4.1 Provide information regarding ANE reports/investigations to designated stakeholders.			
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	Original Date: 7/2/14 Date Ext. 1: 6/30/16 Date Ext. 2:	<i>IMB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> IMB is developing policy and procedure to ensure information is provided to those individuals who are responsible for ensure the health and safety of the consumers.

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who need that information to ensure the safety of JCMs.	8/31/16 Date Ext. 3: 12/31/16		
S4.1b The reporter of ANE must receive information from the DOH about the status of the ANE report and any findings.	Original Date: 7/2/14 Date Ext. 1: 6/30/16 Date Ext. 2: 8/31/16 Date Ext. 3: 12/31/16	<i>IMB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • IMB implemented a new procedure to send a Notice of Case Extension to the Reporter, Community-Based Provider and Case Manager on all approved investigative extensions. <p>This Evaluative Component is complete.</p> <p>Supporting Documentation: Case Extension Procedure (Bates Number JQR Q3 00052-00055).</p>
S4.1c Notification of substantiation of ANE reports must comply with New Mexico Administrative Code 7.1.14.12 (Notification of Investigation Results).	Original Date: 7/2/14 Date Ext. 1: 6/30/16 Date Ext. 2: 8/31/16 Date Ext. 3: 12/31/16	<i>IMB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • IMB reviewed JCM investigative case files to ensure compliance. <p>This Evaluative Component is complete.</p>
<i>Safety Objective S [Kutas] 1.5.1 Risk of ANE is reduced when individual/systems issues are identified and prevent [vie] and remedial measures are taken.</i>			
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.	Original Date: 7/2/14 Date Ext. 1: 7/1/16 Date Ext. 2: 8/31/16	<i>IMB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • With the assistance of the JCA consultants, a new Corrective and Preventive Action Plan policy was developed; awaiting Division approval. <p>Supporting Documentation: Draft Corrective and Preventive Action policy (Bates Number JQR Q3 00167-00173).</p>
S5.1b When there is substantiated ANE, the	Original Date:	<i>IMB Bureau</i>	Activities Completed in the Quarter:

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case manager must ensure that identified health and safety risks for a JCM are addressed and remediated.	7/2/14 Date Ext. 1: 7/1/16 Date Ext. 2: 8/31/16	<i>Chief</i>	<ul style="list-style-type: none"> The case manager is contacted on all substantiated cases and IDT minutes are obtained documenting the health and safety risks are addressed. <p>This Evaluative Component is complete.</p>
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.	Original Date: 7/2/14 Date Ext. 1: 7/1/16 Date Ext. 2: 8/31/16	<i>IMB Bureau Chief</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> The new draft policy developed with the assistance of the JCA consultants addresses a process to review all Corrective and Preventive Actions during the Regional Monthly meetings. Any Corrective and Preventive Action which is not completed, or is determined to be inadequate, is addressed in an Action Plan for follow up by DDSD with the Provider agency. <p>This Evaluative Component is complete.</p> <p>Supporting Documentation: Regional Monthly meeting minutes uploaded to FileZilla on the 10th of every month, Draft IMB Corrective and Preventive Action Plan Policy provided in S5.1a.</p>
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 and preventing ANE.	Original Date: 7/2/14 Date Ext. 1: 7/1/16 Date Ext. 2: 8/31/16	<i>IMB Bureau Chief</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> IDT minutes for all substantiated allegations of ANE are obtained by the Investigator and placed in the case file. <p>This Evaluative Component is complete.</p>
<i>Safety Objective S [Kutas] 1.6.1 Use ANE information to improve health/safety.</i>			
S6.1a The DOH must implement the IMB database to identify patterns concerning ANE at the individual, program, and systems levels.	Original Date: 10/31/15 Date Ext. 1: 12/31/16	<i>IMB Bureau Chief and DDSD Assistant Regional Office Bureau Chief</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> The new IMB database went live on 7/27/16. <p>This Evaluative Component is complete.</p>

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			Supporting Documentation: IMB Availability Report (Bates Number JQR Q3 00187-00193), and New Standard Reports (Bates Number JQR Q3 00194-00196).
S6.1b Quarterly, the DHI and DDSO 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.	Original Date: 10/31/15 Date Ext. 1: 12/31/16	<i>IMB Bureau Chief and DDSO Assistant Regional Office Bureau Chief</i>	Activities Completed in the Quarter: None to report at this time. The next Quarterly Quality Management Meeting to be held in August 2016.
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.	Original Date: 10/31/15 Date Ext. 1: 12/31/16	<i>IMB Bureau Chief and DDSO Assistant Regional Office Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> The IMB SFY15 Annual Report was published and distributed in September 2015. The SFY16 Annual Report is in production and will be distributed this Quarter. <p>This Evaluative Component is complete. Defendants will submit for disengagement after the SFY16 Annual Report is distributed.</p> <p>Supporting Documentation: IMB SFY15 Annual Report (Bates Number JQR Q3 00174-00186).</p>
<i>Safety Objective S2.1 All deaths are reviewed and a root cause analysis is done of preventable deaths. The findings from the root cause analysis will be used to strategically reduce the likelihood of preventable deaths.</i>			
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.	Original Date: 12/31/15 Date Ext. 1: 9/30/16	<i>DDSO Medical Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> System and contract for independent mortality review is in place and ongoing. The MRC Chair met with review staff at the UNM Continuum of Care on June 23, 2016 to explain the current root cause methodology used by the MRC and to emphasize the need for reviews to identify systemic

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			strengths, weaknesses and opportunities for improvement.
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.	Original Date: 12/31/15 Date Ext. 1: 9/30/16	<i>DDSD Medical Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> The system for obtaining and reporting autopsies is in place and ongoing.
S2.1c The DOH must identify and take appropriate actions in response to the MRC's findings and recommendations.	Original Date: 12/31/15 Date Ext. 1: 9/30/16	<i>DDSD Medical Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> The tracking system for MRC recommendations and resultant actions is in place and ongoing.
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.	Original Date: 1/31/16 Date Ext. 1: 7/31/16 Date Ext. 2: 9/30/16	<i>DDSD Medical Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> The MRC Chair had a phone conversation with the JCA and consultant on April 4, 2016 to discuss GAO criteria and the New Mexico MRC process. The Division Director, MRC Chair and Litigation Management Bureau Chief met with the JCA and consultant on May 11, 2016 to refine compliance criteria with this element. The draft MRC Policy and Procedures have been distributed for comment, as well as a new draft Safety Check Policy and Procedure. The JCA and consultant have requested a meeting for the end of July to provide input on these policies. <p>Will work to Complete internal process to finalize and implement the new MRC and Safety Check Policies and Procedures.</p> <p>Supporting Documentation: MRC Draft Policy and Procedure (Bates Number JQR Q3 00197-00212) and Draft Setting Safety Check Policy and Procedure (Bates Number JQR Q3 00213-00216).</p>

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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.	Original Date: 12/31/15 Date Ext. 1: 9/30/16	<i>DDSD Medical Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • The MRC implemented a root cause methodology in October 2015 and continues to be utilized for all reviews. Findings and recommendations from the root-cause analysis are recorded and transmitted to the appropriate entity for follow up actions.
Safety Objective S3.1 Establish and use indicators to measure quality of DD [Developmentally Disabled] Services in New Mexico.			
S3.1a The DOH must establish "DD key indicators" at the individual, program, and systems levels that guide programs and services for JCMs.	Original Date: 11/30/15	<i>BSI Bureau Chief and DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • DD key indicators are complete. The DDSD has met with our consultant to develop key performance indicator charts. The data for the Quarter 2 and Quarter 3 has been pulled. A sample of Quarter 3 data has been inserted in the chart for analysis and discussed at the last DDSQI meeting. The remaining quarter 3 data has been pulled. Supportive Documentation: See Supporting Documents for H4.3a
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.	Original Date: 12/31/15	<i>BSI Bureau Chief and DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • None. Complete. See Quarterly reports. DD Key indicators are complete and in standards and agreements. These KPI's are integrated into the QMB survey process.
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 integrated community activities are met.	Original Date: 3/31/16 Date Ext. 1: 6/30/16 Date Ext. 2: Pending further discussion with the JCA	<i>BSI Bureau Chief and DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • JCA has requested that all evaluative components related to CPR be combined. • Met with the Community Monitor on July 21, 2016 to begin developing a process to collect this data.
S3.1d The DOH and providers must respect a	Original Date:	<i>BSI Bureau</i>	Activities Completed in the Quarter:

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JCM's informed choices for program development and services to meet the JCM's preferences and needs.	3/31/16 Date Ext. 1: 6/30/16 Date Ext. 2: Pending further discussion with the JCA	<i>Chief and DDSD Deputy Director</i>	<ul style="list-style-type: none"> None to report at this time. <p>Defendants plan to discuss this with the JCA and Community Monitor in order to determine the best methodology to collect data related to this evaluative component. It is possible that this may be combined with CPR related evaluative components. See S3.1c.</p>
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.	Original Date: 3/31/16 Date Ext. 1: 6/30/16 Date Ext. 2: Pending further discussion with the JCA	<i>BSI Bureau Chief and DDSD Deputy Director</i>	See S3.1c
Safety Objective S3.2 Community Practice Reviews are provided by competent personnel as evidenced by reviewers who have passed competency based training.			
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 compliance with the elements of the CPR, consistent with related requirements in the JSD (Joint Stipulation on Disengagement)	Completed as per Community Monitor	<i>Community Monitor and JCO</i>	
Safety Objective S3.3 Implement the CPR.			

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<p>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.</p>	<p>Complete and contract will be established for FY16.</p>	<p style="text-align: center;"><i>DDSD CPR Lead and JCO</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • The Community Practice Review 2016 calendar year is roughly halfway completed. <p>Upcoming are the NW, NE and Metro 2 CPR cycles to complete the year.</p>
<p>S3.3b The Community Monitor must issue individual, regional, and statewide reports that contain the Community Monitor’s findings and recommendations.</p>	<p>Complete and contract will be established for FY16.</p>	<p style="text-align: center;"><i>DDSD CPR Lead and JCO</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Defendants are presently in the Individual report 2nd draft phase of the SE region CPR. Once Team Meetings are held with the Community Monitor, Final drafts will be issued by the Community Monitor including information taken from those Team Meetings. • 1st, 2nd and final draft Individual CPR reports will be developed in the upcoming months for the NW, NE and Metro 2. <p>Upcoming regional reports based on the CPR include the SE, NW, NE and Metro. At the end of the 2016 CPR, the Community Monitor issues a Statewide CPR report.</p>
<p>S3.3c The DOH must continue to provide adequate resources to support the implementation of the CPR for purposes of demonstrating sustainability.</p>	<p>Complete and contract will be established for FY16.</p>	<p style="text-align: center;"><i>DDSD CPR Lead and JCO</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • The DDSD regions and CPR Team coordinate with the IDTs to schedule the CPR Interviews and gather documentation to be used in the CPR. This information, which is used specifically for CPR, is provided to the Community Monitor via FTP and Therap SCOMM. <p>The NW, NE and Metro 2 regions remain for this calendar year and as information is available, it will be provided to the Community Monitor. Scheduling of Team Meetings is coordinated by the region and will be for the upcoming SE, NW, NE and Metro 2.</p>
<p>Safety Objective S3.4 Use the findings from</p>			

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<p>the CPR to improve services for class members and to improve the system of services for Jackson class members.</p>			
<p>S3.4a DDS must work with service providers and case management agencies that have “repeat findings” of deficiencies or problems to improve and sustain improvement with respect to the identified deficiencies or problems.</p>	<p>Original Date: 10/31/15 Date Ext. 1: Pending further discussion with the JCA</p>	<p><i>JCO and Regional Office Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • DDS continues to engage in 30-60-90 day follow up with providers related to all findings and recommendations including repeat findings. • The Regional Office Bureau Chief and Litigation Management Bureau Chief continue to review and close all repeat findings and recommendations. Many of the repeat issues are identified and a decision is rendered on the appropriate interventions, which is tailored to the identified deficiency. An intervention may include stepped up monitoring from the regional office or a performance Improvement Plan implemented by the agency. See 30-60-90 day reports, which detail these interventions. <p>Supporting documentation 30 -60-90 day reports submitted to the Community Monitor on the 5th of every month.</p>
<p>S3.4b The DDS and providers must use the 2013–2015 CPR findings and recommendations.</p>	<p>Original Date: 10/31/15 Date Ext. 1: Pending further discussion with the JCA</p>	<p><i>JCO and Regional Office Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Worked with providers on 2013-2014 CPR findings in order to develop a sustainable and meaningful process for utilizing CPR data on individual, program and systems levels. • JCA has recommended we combine all evaluative components involving CPR data. • Met with Community Monitor on July 21, 2016, to discuss possible strategies for combining all CPR data related Evaluative components. <p>Supporting Documentation: Objective S3.4 Report (Bates Number JQR Q3 00217-00238).</p>
<p>S3.4c DDS must meet with providers that have high health risk-related findings and providers that have the highest number or</p>	<p>Original Date: 10/31/15 Date Ext. 1:</p>	<p><i>JCO and Regional Office Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See S3.4b

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2013–2015 CPR findings of deficiencies to improve those providers’ services to JCMs.	Pending further discussion with the JCA		
S3.4d Defendants must identify actions taken in response to the 2013–2015 CPR findings and ensure that deficiencies are remedied.	Original Date: 10/31/15 Date Ext. 1: Pending further discussion with the JCA	<i>JCO and Regional Office Bureau Chief</i>	Activities Completed in the Quarter: See S3.4b
<i>Safety Objective S3.5 Competency based training is provided based in part on analysis of identified deficiencies from the CPR through the DDS D required trainings and to specific entities as appropriate.</i>			
S3.5a DDS D must evaluate CPR findings to identify deficiencies in its required competency-based training.	Original Date: 3/27/15 Date Ext. 1: Pending further discussion with the JCA	<i>DDS D Training Unit Manager</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • The Training Unit reviewed the 2015 Statewide CPR findings during our annual retreat April 26, 2016 to identify whether there may be findings that related to deficiencies in DDS D competency-based core curriculum trainings. This is the second review performed by the Training Unit and we could not identify differences in the findings for 2015 and 2014. The crosswalk that was created in 2015 and provided in previous quarterly reports addresses the same content as it relates to the 2015 findings. • 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.
S3.5b Using its evaluation of CPR findings, the DDS D must modify existing competency-based training or must provide	Original Date: 4/29/15 Date Ext. 1:	<i>DDS D Training Unit Manager</i>	Activities Completed in the Quarter: <i>See S3.5a</i>

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additional competency-based training to address identified deficiencies.	Pending further discussion with the JCA		
S3.5c When training is needed to address identified deficiencies, competency based training must be provided to address deficiencies.	Original Date: 12/31/15 Date Ext. 1: Pending further discussion with the JCA	<i>DDSD Training Unit Manager</i>	Activities Completed in the Quarter: <i>See S3.5a</i>
<i>Safety Objective S3.6 Use information from the CPR in an integrated manner to inform program development and management for class members.</i>			
S3.6a DOH must develop, modify, and manage the service system for JCMs based on identified correlations in the CPR information and other JCM data.	Original Date 1/31/16 Date Ext. 1: 6/30/16 Date Ext. 2: Pending further discussion with the JCA	<i>JCO</i>	Activities Completed in Quarter: <ul style="list-style-type: none"> • Report on S3.6 was completed and provided to JCA and Community Monitor for their review on July 1, 2016. • JCA has recommended we combine all evaluative components involving CPR data. • Met with Community Monitor on July 21, 2016, to discuss possible strategies for combining all CPR data related Evaluative components. Supporting Documentation: Objective S3 6 Report 7.1.16 (Bates Number JQR Q3 00239-00245).
S3.6b DDSD must file semi-annual reports identifying program development and implementation.	Original Date 1/31/16 Date Ext. 1: 6/30/16 Date Ext. 2: Pending further discussion with the JCA	<i>JCO</i>	Activities Completed in the Quarter: <i>See S3.6a</i>
<i>Safety Objective S3.7 Regulatory program</i>			

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<p>reviews are completed by staff who have received and passed competency based training specific to their QMB roles and responsibilities.</p>			
<p>S3.7a DHI/QMB staff must receive competency-based training for evaluating programs that serve JCMs.</p>	<p>Original Date: 7/1/15 Date Ext. 1: 7/31/16 Date Ext. 2: 8/31/16 Date Ext. 3: 12/31/16</p>	<p style="text-align: center;"><i>QMB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Revisions to the QMB Core Competency Training (also known as the Survey Process Training) were completed during this last quarter. On June 1 – 3, 2016 survey process training (classroom training) was completed for 5 of 6 new QMB surveyors. Additionally, seven QMB surveyors participated in the revised training, as a refresher course. • June 2016 Dr. Gant requested copies of all the materials which QMB is using for training. On June 22 and June 30th DHI Deputy Director and QMB Bureau Chief met with Dr. Gant, Jodi Simmons and Eva Kutas to discuss the survey process and training. • QMB developed a mentor’s guidebook for training new surveyors. It has not yet been implemented. • Work continues to revise survey process guide (QMB Operations Manual) for surveyors. <p>One QMB surveyor needs to complete the classroom training. Based on meetings that have been held with Dr. Gant, Jodi Simmons, Eva Kutas, there are potentially revisions that need to be made, as they provided feedback on June 30th of their review of the documents.</p> <p>Supporting Documentation: Survey Process Training materials and Handouts, Survey Process Sign-in sheets, QMB Competency Pre/Post Test and Mentors Guide ((Bates Number JQR Q3 00246-00550).</p>
<p>S3.7b DHI/QMB staff must satisfactorily complete competency-based training before evaluating programs and providers that serve JCMs.</p>	<p>Original Date: 7/1/15 Date Ext. 1: 7/31/16 Date Ext. 2:</p>	<p style="text-align: center;"><i>QMB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • QMB Core Competency Training (also known as the Survey Process Training) was completed for 5 of 6 new QMB staff. Classroom training was provided to 12 of 13 Surveyors. For seven Surveyors this was a refresher course. Training was

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	<p>8/31/16 Date Ext. 3: 12/31/16</p>		<p>completed June 1 – 3, 2016.</p> <ul style="list-style-type: none"> Six surveyors which were hired during FY 16 continue to participate in on-the-job training. On-the-job training includes participating as a team member and a team leader. During this stage new surveyors will work with an experienced surveyor (aka mentor) to learn the prepping stages, completion of the survey and report writing. <p>One QMB surveyor needs to complete the classroom training. Six new surveyors need to be evaluated using the mentor’s guide evaluation tool.</p>
<p><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></p>			
<p>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.</p>	<p>Original Date: 11/30/15 Date Ext. 1: 4/30/16 Date Ext. 2: 8/31/16 Date Ext. 3: 12/31/16</p>	<p style="text-align: center;"><i>QMB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Community living / Inclusion tools modification continue to be worked on to ensure they are reflective of current changes and language used through the tools as consistent with current DDS standards and policies. All QMB tags are being cross walked with tools to ensure that they are reported in the tools correctly. <p>Supporting Documentation: Revised Case Management Survey Field Tools (Bates Number JQR Q3 00551-00584).</p>
<p>S3.8b QMB must modify its CM data to reflect the identified essential services for JCMs.</p>	<p>Original Date: 4/15/16 Date Ext. 1: 7/31/16 Date Ext. 2: 8/31/16</p>	<p style="text-align: center;"><i>QMB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> The QMB Bureau Chief has completed specific trends for Case Management for quarters 1 – 4 for FY16. This allows for the analysis of specific details to findings and percentage of compliance for each area of case manager reviewed. QMB tracking by domain has been completed for quarters 1 –

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	<p>Date Ext. 3: 12/31/16</p>		<p>3 which shows the percentage of compliance for each area of case management.</p> <ul style="list-style-type: none"> • 100% of case management agencies have been reviewed for FY16. <p>The QMB Bureau Chief needs to complete the QMB tracking by domain for the 4th quarter. Once this is completed QMB will be able to summarize the final numbers for FY 16.</p>
<p>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.</p>	<p>Original Date: 11/30/15 Date Ext. 1: 7/31/16 Date Ext. 2: 8/31/16 Date Ext. 3: 12/31/16</p>	<p><i>QMB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • QMB completed four remaining case management surveys. As of June 30, 2016 QMB completed 18 total case management surveys for 100% of case management agencies. Three of the case management agencies (Peak, Unidas and Excel case management) were duplicated as they provide services in multiple regions. • QMB found 17 of 18 case management agencies in Compliance with Conditions of Participation, while one agency was found to be in Partial Compliance with Conditions of Participation. • The agency in Partial Compliance was New Mexico Quality case management as they have 1 CoP of 12 total tags. The condition of participation was assessment activities (i.e. annual physical, level of care, client individual assessment. As a result, this agency is under a plan of correction. <p>Supporting Documentation: <i>QMB case management survey Report of Findings and Plan of Correction documentation is available upon request.</i></p>
<p>Safety Objective S4.1 Examine current Quality Assurance and Quality Improvement processes and activities intended to safeguard Jackson Class Members and to improve the quality of</p>			

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<p>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.</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>Original Date: 1/31/16 Date Ext. 1: 7/31/16</p>	<p style="text-align: center;"><i>BSI Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • DDS D continues to regularly engage stakeholders, meet with and receive recommendations from the ACQ and ADDCP.
<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>Original Date: 1/31/16 Date Ext. 1: 7/31/16 Date Ext. 2: 7/31/17</p>	<p style="text-align: center;"><i>BSI Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • DDS D has built its first set of data for residential, day, and employment data obtained from areas identified as data sources for Provider Scorecard. <p>Final recommendations from internal DDS D stakeholders currently being incorporated into the Scorecard Format. Defendants have asked for this to be discussed at the next JCA Check In Meeting on August 3, 2016.</p> <p>Supporting Documentation: Provider scorecard July update (Bates Number JQR Q3 00606).</p>
<p>S4.1c The DOH must allow public access to the provider report cards</p>	<p>Original Date: 1/31/16 Date Ext. 1: 7/31/16 Date Ext. 2: 7/31/17</p>	<p style="text-align: center;"><i>BSI Bureau Chief</i></p>	<p>Activities Completed in the Quarter: <i>See S4.1b</i></p>
<p>S4.1d Clear, current and specific information about available provider services will be</p>	<p>Original Date: 11/30/15</p>	<p style="text-align: center;"><i>BSI Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • None. Completed. See previous Quarterly reports for

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available to the public as part of the Provider Selection Guide.			information.
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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • Complete. QMB already reviews through the Focus Review Process.
<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>			
S4.2a Defendants must identify a provider's deficiencies in cases where the contractor failed to effectively implement corrective action.	Original Date: 7/31/15 Date Ext. 1: 5/31/16 Date Ext. 2: 7/31/16 Date Ext. 3: 9/30/16	<i>IRC Chair</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • Developed 'Implementation of Provider Oversight' guidance document (IMB/QMB) • Completed bi-annual case review (March '16) of all cases since implementation of new IRC policy (12/2012) • Provided JCA with a request for informal review of draft disengagement motion.
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.	Original Date: 1/31/16 Date Ext. 1: 7/31/16 Date Ext. 2: 9/30/16	<i>IRC Chair</i>	Activities Completed in the Quarter: <i>See S4.2a</i>
<i>Safety Objective S5.1 Providers will use the identified performance indicators as part of their agency quality assurance system to improve quality.</i>			
S5.1a The DOH must establish measurable quality indicators, including (1)	Original Date: 11/30/15	<i>QMB Bureau Chief</i>	Activities Completed in the Quarter:

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<p>implementation of a QA/QI (Quality Assurance/Quality Improvement) Plan, (2) implementation of ISPs, (3) analysis of General Events Reports data, (4) compliance with Caregivers Criminal History Screening requirements, (5) compliance with Employee Abuse Registry requirements, (6) compliance with DDS training requirements, (7) patterns of reporting incidents, and (8) results of improvement actions taken in Quarters, at the individual, program, and systems levels.</p>			<ul style="list-style-type: none"> In this last quarter QMB completed 26 DDW surveys (22 Community living / Inclusion Services and 4 Case Management) for a total of 97 surveys this fiscal year. There are 8 outstanding reports which are in the editing stages. QMB to continue to offer and provide Survey Process Training to providers, as requested. This training covers the areas indicated as part of the training. This information is also expressed to providers within the provider agreement. <p>Need to discuss and determine source for data for S5.1a # 6 – 8. Analysis needs to be completed for compliance surveys for the fourth quarter.</p>
<p>S5.1b The DOH must communicate these required measurable quality indicators to providers.</p>	<p>Original Date: 12/31/15</p>	<p><i>QMB Bureau Chief</i></p>	<p>Need to discuss what document to provide as proof of findings and results, i.e. QMB Tracking by Domain.</p> <p>Supporting Documentation: Measurable quality indicators (Bates Number JQR Q3 00585).</p>
<p>S5.1c Providers must use the required measurable quality indicators to improve the quality of their services to JCMs.</p>	<p>Original Date: 1/31/16 Date Ext. 1: 7/31/16 Date Ext. 2: 9/30/16 Date Ext. 3: 12/31/16</p>	<p><i>QMB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> In FY 2016 QMB 7/1/2015 – 6/30/2016 QMB has completed 97 compliance surveys. QMB surveyed 79 Community living / Inclusion Service Providers and 18 Case Management Providers (3 CM agencies are duplicated as they serve multiple regions). At this time 8 reports are yet to be distributed, as they are in the editing stage. Each agency surveyed has either completed a Plan of Correction or are actively in the process of completing a Plan of Correction. As required by the provider agreement all DDW must have the quality indicators in place and implemented. QMB has verified via QMB compliance survey these elements are in place, nevertheless, if they did not meet the requirement they are

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			<p>required to complete a Plan of Correction.</p> <ul style="list-style-type: none"> QMB has completed analysis for FY 16 quarter 1 through 3rd quarter. KPI's have been developed by the defendants and are being complied. Information will be shared with DDSQL. <p>FY2016 Plans of Corrections for providers surveyed must be completed in order for the agency to be in full compliance. Fourth quarter analysis must be completed. QMB continues to work with the Bureau of Systems Improvement (BSI) to report this information.</p>
<p>S5.1d The DOH must determine providers' compliance in using the measurable quality indicators through the use of QMB surveys.</p>	<p>Original Date: 4/30/16 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16</p>	<p style="text-align: center;"><i>QMB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> In FY 2016 QMB 7/1/2015 – 6/30/2016 QMB has completed 97 compliance surveys. QMB surveyed 79 Community living / Inclusion Service Providers and 18 Case Management Providers (3 CM agencies are duplicated as they serve multiple regions). At this time 8 reports are yet to be distributed, as they are in the editing stage. At this time the overall compliance determination with conditions of participation are as follows: <ul style="list-style-type: none"> 44 DDW providers received a Compliance with Conditions of Participation determination. 39 DDW providers received a Partial Compliance with Conditions of Participation determination. 6 DDW providers received a Non-Compliance with Conditions of Participation determination. 8 DDW providers have yet to receive a determination as their report of finding are in the editing stages. <p><i>*Note: All surveys completed by QMB require a Plan of Correction for all findings.</i></p>

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			<p>QMB needs to complete analysis of the FY16th 4th quarter numbers. Once analysis is completed can provide compliance for indicators # 1 – 5. Compliance for #6 (compliance with DDS training requirements) Data is collected by DDS Training Unit and # 7 (patterns of reporting incidents) Data is collected by IMB. Compliance for #8 is a combination of information from QMB and other information regarding system level improvements should be reported by Bureau of Systems Improvement.</p>
<p>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.</p>			
<p>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.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16</p>	<p style="text-align: center;"><i>DDSD Deputy Director</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Significant Events Committee met on April 20, 2016. At the meeting there was discussion about falls which continues to be identified as an ongoing significant issue. • An action plan was developed which included meeting with the Policy and Quality subcommittee of the ACQ for their recommendations. • Action Plan also included creating a Falls Alert and possibly working with other existing Falls Task Forces to come up with the most appropriate and effective intervention to address this issue. <p>Supporting Documentation: Significant Events Meeting Minutes April 20, 2016 (Bates Number JQR Q3 00586-00587).</p>
<p>S5.2b Defendants must provide DDSQI with significant event information found in electronic reporting through Therap GER for use by members of the joint DDS and DHI</p>	<p>Original Date: 10/31/15 Date Ext. 1: 9/30/16</p>	<p style="text-align: center;"><i>DDSD Deputy Director</i></p>	<p>Activities Completed in the Quarter: None</p>

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Significant Events Committee in program development and improvement.	Date Ext. 2: 12/31/16		
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.	Original Date: 4/30/16 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDSD Deputy Director</i>	Activities Completed in the Quarter: None
<i>Safety Objective S5.3 Implement a responsive and effective case management system as evidenced by the provision of needed supports and services.</i>			
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.	Original Date: 1/31/16 Date Ext. 1: 7/31/17	<i>QMB Bureau Chief and DDSD CM Lead</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • QMB has conducted 100% of case management provider surveys. Since July 1, 2015 through June 30, 2016; 173 Case Managers have received a record review of trainings and 156 case managers had interviews related to the knowledge of the individual they serve on QMB survey sample. • No Case Managers were found deficient in the area of competency as they were able to demonstrate knowledge of the individual they served and their needs. However, 13 of 173 case managers had one or more DDSD required trainings missing, as well as, six case managers were deficient in Incident Management training. • Additionally, it should be noted that of 461 Individuals seen in case management services, 4 Individuals had ISPs which were either not current (1), not found (2) or incomplete (1). • Four Case Management agencies were seen in the 4th quarter and are currently in the Plan of Correction process. • JCA observed a Case Management Survey during the month of July 2016 and provided feedback to QMB leadership. <p>Supporting Documentation: <i>Case Management survey report of findings is available upon request.</i></p>

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S5.3b Case Managers must ensure that each JCM's ISP is properly implemented.	Original Date: 1/31/16 Date Ext. 1: 7/31/17	<i>QMB Bureau Chief and DDSD CM Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • ISP Strategic Plan milestones were submitted to the JCA on 7-11-16. Supporting Documentation: ISP Redesign 7-11-16 (Bates Number JQR Q3 00589-00592); Dr. Gant Memo 7-12-16 (Bates Number JQR Q3 00588)
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.	Original Date: 1/31/16 Date Ext. 1: 7/31/17	<i>QMB Bureau Chief and DDSD CM Lead</i>	Activities Completed in the Quarter: <i>See S5.3b</i>
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.	Original Date: 1/31/16 Date Ext. 1: 7/31/17	<i>QMB Bureau Chief and DDSD CM Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • As of June 30, 2016 QMB completed surveys of 100% of case management agencies. QMB found 17 of 18 case management agencies in Compliance with Conditions of Participation, while one agency was found to be in Partial Compliance with Conditions of Participation. The agency in Partial Compliance was New Mexico Quality case management as they have 1 CoP of 12 total tags. The condition of participation was assessment activities (i.e. annual physical, level of care, client individual assessment. As a result, this agency is under a plan of correction. Supporting Documentation: <i>QMB case management survey Report of Findings and Plan of Correction documentation available upon request.</i>
Safety Objective S5.4 Develop and implement an effective, integrated DD Strategic Information Management System.			
S5.4a The DOH must evaluate its	Original Date:	<i>BSI Bureau</i>	Activities Completed in the Quarter:

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<p>information management system’s ability to use information related to JCMs in an integrated manner.</p>	<p>11/30/15 Date Ext. 1: 8/31/16</p>	<p style="text-align: center;"><i>Chief</i></p>	<ul style="list-style-type: none"> • The data hub conducted a full review of all of the folders that were created on the Data Hub Drive. • The data hub reviewed all documents/data that was submitted for review. • The data hub discussed the review process for new submissions • The data hub discussed modification of the necessary folders on the drive. • The data hub received a tutorial on the naming conventions. • We reviewed the Data Hub drive for consistency and any new recommended files. • FIT data presentation occurred for new submission to the drive. • Pivot table presentation and training by Mark Friedland. <p>Supporting Documentation: Data Hub Meeting Minutes 4-27-16 (Bates Number JQR Q3 00593) and Data Hub Summary 6-29-16 (Bates Number JQR Q3 00594).</p>
<p>S5.4b The DOH must ensure that the “ad-hoc reports pulled from HSD’s MMIS” are available from DDSD.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 8/31/16</p>	<p style="text-align: center;"><i>BSI Bureau Chief</i></p>	<p>Activities Completed this Quarter:</p> <ul style="list-style-type: none"> • None. Completed. DDSD 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.</p>	<p>Original Date: 4/30/16 Date Ext. 1: 8/31/16</p>	<p style="text-align: center;"><i>BSI Bureau Chief</i></p>	<p>Activities Completed this Quarter:</p> <ul style="list-style-type: none"> • None. Completed. 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.
<p>SUPPORTED EMPLOYMENT PLAN</p>			
<p><i>Supported Employment Objective SE 1.1</i> Achieve an annual increase of Jackson Class Members working “at criteria,” in accordance with information gathered</p>			

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<p>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.</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>Original Date: 10/31/15 Date Ext. 1: TBD</p>	<p style="text-align: center;"><i>DDSD Supported Employment Lead</i></p>	<p>Activities Completed this Quarter:</p> <ul style="list-style-type: none"> • SELN Q4 data for the entire waiver received June 15. QA of the data required a total review for data entry errors. QA completed July 15. Q4 data currently being aggregated by BSI. To date, there are no changes in the Strikeforce data that detailed which class members want to work and those that decline, however the informed choice project, created to clarify the basis of the class member’s position on employment, is progressing.
<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>Original Date: 10/31/15 Date Ext. 1: TBD</p>	<p style="text-align: center;"><i>DDSD Supported Employment Lead</i></p>	<p>Activities Completed this Quarter:</p> <ul style="list-style-type: none"> • No job developers or job coaches have been identified in SE1.1a to date.
<p>SE1.1c Defendants must achieve an annual increase in the number of JCMs working at criteria, consistent with SE1.1a.</p>	<p>Original Date: 1/31/16 Date Ext. 1: 9/30/16 Date Ext. 2: TBD</p>	<p style="text-align: center;"><i>DDSD Supported Employment Lead</i></p>	<p>Activities Completed this Quarter:</p> <ul style="list-style-type: none"> • The “Informed Choice” project will target LLCP as the first provider to receive intensive training to meet the criteria of informed choice. DDSD and PFE are in discussion with Marc Gould to bring a dedicated expert to NM to both train provider employment staff and provide class members with a discovery experience. Details will be provided at the August 16, 2016 Jackson Employment Meeting
<p>SE1.1d Defendants must provide technical assistance to JCMs and their teams to obtain</p>	<p>Original Date: 1/31/16</p>	<p style="text-align: center;"><i>DDSD Supported</i></p>	<p>Activities Completed this Quarter: <i>See SE1.1b</i></p>

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jobs for JCMs consistent with the federal definition of Supported Employment.	Date Ext. 1: TBD	<i>Employment Lead</i>	
Supported Employment Objective SE 1.2 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.			
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.	Original Date: 9/30/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext. 3: TBD	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • After multiple meetings with Linda Rolfe, the strategy to date is: finalize what is meant by a “qualified provider” (meeting 8/16/17); analyze data delivered by each provider to determine which provider gets jobs in the community at minimum wage or better; communicate those results to providers and families; assist providers to meet any new requirements identified as “quality”.
SE1.2b Defendants must provide a current written list of qualified employment providers to JCMs and their guardians.	Original Date: 9/30/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext. 3: 9/30/16	<i>DDSD Deputy Director</i>	To be determined.
SE1.2c Defendants must use the list of qualified employment providers to increase the number of JCMs earning minimum wage or better and to increase the number of hours	Original Date: 9/30/15 Date Ext. 1: 6/30/16	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <i>See SE1.2b.</i> In the process of determining list of qualified providers.

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per week worked by JCMs.	Date Ext. 2: TBD		
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.	Original Date: 10/31/15 Date Ext. 1: 6/30/16 Date Ext. 2: TBD	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> Class members who are not working, but opt to work after completing the informed choice project, will be assisted to do so.
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.	Original Date: 12/31/15 Date Ext. 1: 9/30/16 Date Ext. 2: TBD	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> Annual data is in process.
<i>Supported Employment Objective SE 1.3</i> Personnel who develop or implement career development plans will receive and pass competency based training based on DDW standards on career development planning.			
SE1.3a Defendants must develop competency based training on DDW standards for career development planning.	Original Date: 12/31/15 Date Ext. 1: 6/30/16 Date Ext. 2: 12/31/16	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> No data to report. PFE continues to offer training on career development planning when requested.
SE1.3b Personnel must have satisfactorily passed competency based training on DDW standards for career development planning before providing career development planning to JCMs and their guardians.	Original Date: 4/30/16 Date Ext. 1: 9/30/16 Date Ext. 2: TBD	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> No data to report at this time. Much of this EC is dependent upon the outcomes of the Informed Choice project. If class members opt to work, those personnel who provide career development planning will have undergone competency based training on career development.

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Supported Employment Objective SE 1.4 Increase capacity to create traditional and non-traditional paths to employment.			
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.	Original Date: 7/31/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDS Deputy Director</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • For the purposes of the evaluative components, “qualified” providers have not been identified at this time. Carrie Roberts and Tanya Baker McCue of PFE have consulted with Mark Gold to bring a dedicated expert to NM to train providers on discover. Carrie continues to provide training to provider leadership and to staff on person centered assessments which is part of the action plan to increase the number of non- traditional employment opportunities for class members.
SE1.4b Defendants, through Partners for Employment, must deliver customized employment training to qualified employment providers in reference to employment of JCMs at criteria.	Original Date: 10/31/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDS Deputy Director</i>	Activities Completed this Quarter: <i>See SE1.4a</i>
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. Date Ext. 1: 9/30/16	<i>DDS Deputy Director</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • The IGA must be revised to reflect the fact that the VAP policy was 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.	Original Date: 1/31/16 Date Ext. 1: 9/30/16	<i>DDS Deputy Director</i>	Activities Completed this Quarter: <i>See SE1.4a.</i>

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<p><i>Supported Employment Objective SE 1.5</i> Individual records (including ISPs) of Jackson Class Members will contain accurate employment plans that include information about the Jackson Class Members' desires to work, the Jackson Class Members' skills for existing jobs, and whether the guardians want the Jackson Class Members to work.</p>			
<p>SE1.5a Defendants, through appropriately trained personnel, must update each JCM's ISP with a current and accurate employment plan, including information about the JCM's employment goals and whether the JCM wishes to work, has skills for existing work, seeks traditional or nontraditional work, and has the guardian's consent to work.</p>	<p>Original Date: 4/30/16 Date Ext. 1: TBD</p>	<p style="text-align: center;"><i>DDSD Supported Employment Lead</i></p>	<p>Activities Completed this Quarter:</p> <ul style="list-style-type: none"> • Every ISP for class members has been reviewed by the Deputy Director and the Statewide Employment lead. The data is accurate, and most class members do not want to work; their guardians and teams agree. If the Informed Choice project results in a change of position, the ISP will be updated as required in SE1.5a.
<p><i>Supported Employment Objective SE 1.6</i> 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.</p>			
<p>SE1.6a Defendants must have a system in place to minimize the disruption to a JCM's employment when a JCM suffers a "life change" (hospitalization, significant health status change, relocation to another city, loss of employment).</p>	<p>Original Date: 9/30/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16</p>	<p style="text-align: center;"><i>DDSD Supported Employment Lead</i></p>	<p>Activities Completed this Quarter:</p> <ul style="list-style-type: none"> • In addition to the Director's Release sent to teams in April 2016 with this new requirement, DDSD Coordinators review the Out of Home Placement Report each week to determine if a working class member is out of home. The coordinator contacts the case manager and the employment provider to make sure that all actions that can be taken to minimize disruption have been taken. This action will be documented in the SE database.
<p>SE1.6b Defendants must promptly document any life change for a JCM in appropriate</p>	<p>Original Date: 9/30/15</p>	<p style="text-align: center;"><i>DDSD Supported</i></p>	<p>Activities Completed this Quarter:</p> <ul style="list-style-type: none"> • Ongoing no new data this quarter.

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forms, including Case Management Site Visit Forms and IDT Meeting minutes.	Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>Employment Lead</i>	
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.	Original Date: 10/31/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <i>See SE1.6a.</i>
<i>Supported Employment Objective SE2.1</i> Qualified regional providers will be available in each region for each individual seeking employment.			
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.	Original Date: 9/30/15 Date Ext. 1: 4/30/16 Date Ext. 2: 7/31/16	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • Discussion planned with Plaintiffs JCA and Linda Rolfe August 16, 2016. Data on where people work, wages and time in job development will be part of the qualified provider criteria, and is being aggregated.
SE2.1b Defendants must create written standards that qualified employment providers must meet, including standards addressing employment goals for JCMs.	Original Date: 9/30/15 Date Ext. 1: 4/30/16 Date Ext. 2: 12/31/16	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • Criteria in addition to the current DDSD standards will be presented at the meeting on August 16, 2016.
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.	Original Date: 12/31/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <i>See SE1.4a.</i>

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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.	Original Date: 12/31/15 Date Ext. 1: 6/30/16 Date Ext. 2: 12/31/16	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <i>See SE1.4a.</i>
Supported Employment Objective SE2.2 Defendants will implement the Employment First Policy that explicitly sets forth the role and importance of employment, as well as expectations for employment, in a Jackson Class Member's life.			
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.	Original Date: 9/30/15 Date Ext. 1: 4/30/16 Date Ext. 2: TBD	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • A draft employment first policy has been created through the work of JCA expert Linda Rolfe and Carrie Roberts. The draft will be presented to the DDSD Case Management Coordinators for feedback in August. Following that review, the policy and procedure will go through the usual channels for approval. Supporting Documents: E1st Policy Draft 8-1-16 (Bates Number JQR Q3 00595-00599), and E1st Procedures Draft 8-1-16 (Bates Number JQR Q3 00600-00604).
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.	Original Date: 9/30/15 Date Ext. 1: 4/30/16 Date Ext. 2: 9/30/16	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <i>See SE2.2a.</i>
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	Original Date: 12/31/15 Date Ext. 1: 9/30/16	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • Carrie Roberts has been meeting with DVR to produce a single document with the information on how to obtain vocational assistance, vocational assessment, assistance for

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for non-traditional employment, and DVR services.			non-traditional employment and DVR services. Last meeting on July 28, 2016 included Linda Rolfe. A written document is anticipated.
Supported Employment Objective SE2.3 Clarify what the employment first principle means in terms of day-to-day practice for all stakeholders (people with disabilities, family members, providers, guardians, advocates, case managers, DDS, DVR, Partners for Employment).			
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.	Original Date: 9/30/15 Date Ext. 1: 6/30/16 Date Ext. 2: 8/31/16	<i>DDS</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> Once the New Employment First Policy and Procedure has been formally approved, it will be provided to stakeholders, self-advocates, guardians, families, providers and staff. Method and manner of distribution under discussion with Linda Rolfe.
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.	Original Date: 12/31/15 Date Ext. 1: 9/30/16	<i>DDS</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	Activities Completed this Quarter: See SE2.3a.
SE2.3c Defendants must use the proposed Communication Matrix—which contains columns indicating audience size, frequency of event, method of communication, key message delivered, and date of communication—to identify communications about New Mexico's Employment First Policy.	Original Date: 12/31/15 Date Ext. 1: 9/30/16	<i>DDS</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	Activities Completed this Quarter: See SE2.3a.
Supported Employment Objective SE2.4 Identify quality employment providers based on employment outcome data.			
SE2.4a Defendants must measure qualified employment providers through employment outcome data that includes each JCM's	Original Date: 9/30/15 Date Ext. 1:	<i>DDS Deputy</i> <i>Director</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> Annual data under development. Target date for production August 16, 2016.

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name, start and end date of each job, employer of record, wages earned, hours worked, and summary of qualified employment providers' assistance.	9/30/16		
Supported Employment Objective SE2.5 Review CPR and other employment data. Analyze data and use the resulting information annually to help make improvements to the employment system and improve provider performance.			
SE2.5a Defendants, in consultation with the Jackson Employment Expert, must maintain and must analyze current employment data and the CPR.	Original Date: 12/31/15 Date Ext. 1: 9/30/16	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> JCA suggested DDSD meet with the Community Monitor to meet this evaluative component. First meeting took place July 21, 2016 regarding the different data provided by the Strikeforce and the CPR as to class members' interest in working. Discussions continue.
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.	Original Date: 12/31/15 Date Ext. 1: 9/30/16	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <i>See SE2.5a.</i>
Supported Employment Objective SE2.6 Increase the number of qualified providers statewide. Qualified providers are defined as those that get people jobs in the community, maintain jobs and help individuals with career advancement.	No need for evaluative component per court order. Component Manager is DDSD Deputy Director. SELN data will provide data on provider who get people jobs in the community. Due August 16, 2016. Maintaining jobs and helping individuals with career development more difficult to quantify. Linda Rolfe has provided guidance and this will be topic of meeting on August 16, 2016. Date: 9/30/16		
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.			

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SE2.7a DOH, in consultation with the Jackson Employment Expert, must provide competency-based training for all JCM case managers.	Original Date: 4/30/16 Date Ext. 1: 6/30/16 Date Ext. 2: 12/31/16	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • The JCA has agreed to permit DDSD to group CM training components for efficiency. No data on training this quarter.
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.	Original Date: 4/30/16 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <i>See SE2.7a.</i>
<p><i>Supported Employment Objective SE2.8</i> 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.</p>			
SE2.8a The DOH must collect annual data and information useful in identifying barriers to employment and in developing strategies for overcoming barriers to employment for JCMs. The data and information may include CPRs, RORIs, and input from JCMs, JCMs' families and guardians, case managers, providers, DDSD personnel, DVR personnel, and advocates.	Original Date: 12/31/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • No data this quarter. The Informed Choice Project may provide relevant data.
SE2.8b The DOH must disseminate the information addressed in SE2.8a to case managers, providers, JCMs, guardians, and	Original Date: 12/31/15 Date Ext. 1:	<i>DDSD Supported Employment</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • None. See previous Quarterly reports for information on these actions.

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IDTs.	9/30/16 Date Ext. 2: 12/31/16	<i>Lead</i>	
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.	Original Date: 10/31/15	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> No new data this quarter.
<i>Supported Employment Objective SE2.9</i> Qualified employment providers have capacity to do individualized job development.			
SE2.9a Defendants must provide adequate training for providers that are unable to perform the individualized job development.	Original Date: 4/30/16 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <i>See SE1.4a.</i>
<i>Supported Employment Objective SE2.10</i> Qualified employment providers have the capacity to provide individualized job supports to JCMs.			
SE2.10a For JCM's who need job supports, Defendants will ensure qualified supported employment providers can supply the required job supports.	Original Date: 9/30/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <i>See SE1.4a.</i>
<i>Supported Employment Objective SE2.11</i> Provider agencies use outcome data to improve practice.			
SE2.11a Defendants must identify outcome data related to employment of JCMs that will assist provider agencies to improve their services to JCMs. That data may include information concerning provider agencies	Original Date: 1/31/16 Date Ext. 1: 4/30/16 Date Ext. 2:	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> Target for annual report August 16, 2016.

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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.	6/30/16 Date Ext. 3: 7/31/16		
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.	Original Date: 1/31/16 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext. 3: 7/31/16	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • Target Date for dissemination September 2016.
SE2.11c Provider agencies must use “the required QA/QI agency plan in regards to ISP implementation specific to Supported Employment.”	Original Date: 4/30/16 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • No data this quarter.
<i>Supported Employment Objective SE3.1</i> 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.	The toolkit concept was abandoned prior to the issuance of this Order under the guidance of the JCA and her Expert. The following actions are underway.		
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	Original Date: 9/30/15 Date Ext. 1: 6/30/16	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • DDSD and DVR in development of written materials to meet this expectation, including how to maximize funding through “scaffolding” of services of both agencies.

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person-centered vocational assessment.	Date Ext. 2: TBD		
SE3.1b Defendants must develop training on how to use the Assessment Toolkit, and DDS Supported Employment Coordinators and other pertinent staff must receive that training.	Original Date: 9/30/15 Date Ext. 1: 9/30/16 Date Ext. 2: TBD	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <i>See SE3.1a.</i>
SE3.1c Defendants must provide training to employment providers on how to use the Assessment Toolkit.	Original Date: 9/30/15 Date Ext. 1: 9/30/16 Date Ext. 2: TBD	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <i>See SE3.1a.</i>
SE3.1d Defendants must inform employment providers that they may schedule follow-up meetings with Defendants about the use of the Assessment Toolkit.	Original Date: 9/30/15 Date Ext. 1: 9/30/16 Date Ext. 2: TBD	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <i>See SE3.1a.</i>
<i>Supported Employment Objective SE3.2 IDTs are informed about the importance of accommodations to increase independent performance in the workplace.</i>			
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.	Original Date: 4/30/16 Date Ext. 1: 9/30/16	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • Evaluative components for the training of Case managers will be grouped together. No data at this time. • Available provider training has not been specifically reviewed to determine compliance with this EC at this date.
SE3.2b IDTs, case managers, and qualified employment providers must understand, through training and written	Original Date: 4/30/16 Date Ext. 1:	<i>DDSD Supported Employment</i>	Activities Completed this Quarter: <i>See SE3.2a.</i>

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communications, the availability of accommodations, supports, and assistive technology for use by a JCM in the workplace.	9/30/16	<i>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.	Original Date: 7/31/15	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> No new data to report at this time. See previous Jackson Quarterly Report for activities to date.
<i>Supported Employment Objective SE3.3 Use the statewide employment institute to provide training and technical assistance to the field to advance employment opportunities for class members.</i>	This Objective is being prepared for review by the JCA for possible disengagement.		
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.	Original Date: 7/1/15 Date Ext. 1: 7/31/16	<i>DDSD Supported Employment Lead</i>	
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.	Original Date: 9/30/15 Date Ext. 1: TBD	<i>DDSD Supported Employment Lead</i>	
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.	Original Date: 9/30/15 Date Ext. 1: 9/30/16	<i>DDSD Supported Employment Lead</i>	
SE3.3d Defendants quarterly reports must disclose Partner's for Employment's success in assisting the advancement of employment opportunities for JCMs. When feasible, the	Original Date: 9/30/15 Date Ext. 1: 9/30/16	<i>DDSD Supported Employment Lead</i>	

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reports will include quantitative information.			
Supported Employment Objective SE3.4 DDSD will provide technical assistance to teams as requested for individuals whom they support to access employment opportunities.			
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.	Original Date: 7/31/15 Date Ext. 1: 9/30/16	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <i>See SE1.1b.</i>
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.	Original Date: 9/30/15 Date Ext. 1: 12/31/16	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <i>See SE1.1b.</i>
Supported Employment Objective SE3.5 Defendants, through UNM/CDD Partners for Employment will provide training for people with disabilities, family members, providers, guardians, advocates, case managers, DDSD and DVR consistent with the Employment First Principle.	Original Date: 12/31/15 date of completion-no evaluative components. New Employment First policy and procedure under development. No data on this EC at this time Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16 Component Manager: DDSD Supported Employment Lead		
Supported Employment Objective SE3.6 Defendants will provide training to employment providers and case managers on evidence based practices in Supported Employment.	Original Date: 12/31/15 date of completion-no evaluative components. Date Ext. 1: 12/31/16 Component Manager: DDSD Supported Employment Lead Activities Completed this Quarter: <ul style="list-style-type: none"> • All evaluative components regarding training of Case managers to be grouped as appropriate. No data on this EC this quarter. 		
Supported Employment Objective SE3.7 Defendant(s) will work with Partners for	This Objective is under preparation for review by the JCA for possible disengagement.		

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Employment (formerly known as Employment Institute) to maintain an ongoing learning collaborative.			
SE3.7a Defendants must continue to fund and support Partners for Employment in accordance with an active formal agreement between DDS and UNM, pertinent state procurement rules, and funding appropriated by the state legislature.	7/31/15	<i>DDS Supported Employment Lead</i>	
SE3.7b The Partners for Employment program is intended to provide a learning collaborative that enhances employment opportunities for JCMs.	10/31/15	<i>DDS Supported Employment Lead</i>	
SE3.7c Defendants must annually evaluate the outcomes and efficacy of Partners for Employment as the program relates to employment services for JCMs.	Original Date: 4/30/16 Date Ext. 1: 9/30/16	<i>DDS Supported Employment Lead</i>	
SE3.7d Defendants must communicate the results of the annual evaluation with Partners for Employment.	Original Date: 4/30/16	<i>DDS Supported Employment Lead</i>	
<i>Supported Employment Objective SE4.1</i> Class members are able to explore community work experiences including job sampling, trial work experiences and volunteering.			
SE4.1a Defendants must identify JCMs who wish to do job sampling, trial work, or volunteering, provided the JCMs have their guardians' consent to do this type of work.	Original Date: 9/30/15 Date Ext. 1: 9/30/16 Date Ext. 2: TBD	<i>DDS Supported Employment Lead</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> The Informed Choice Project intends to provide a discovery experience, under the guidance and supervision of Mark Gold and Associates, for every interested class member. Details to be presented August 16, 2016.
SE4.1b Defendants must identify processes that encourage job sampling, trial work experience, and volunteer opportunities for	Original Date: 9/30/15 Date Ext. 1:	<i>DDS Supported Employment</i>	Activities Completed this Quarter: <i>See SE4.1a</i>

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JCMs identified in SE4.1a.	TBD	<i>Lead</i>	
SE4.1c Defendants must communicate processes identified in SE4.1b to JCMs and their guardians, IDTs, case managers, and qualified employment providers.	Original Date: 9/30/15 Date Ext. 1: TBD	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <i>See SE4.1a</i>
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.	Original Date: 4/30/16 Date Ext. 1: 9/30/16 Date Ext. 2: TBD	<i>DDSD Supported Employment Lead</i>	Activities Completed this Quarter: <i>See SE4.1a</i>
<i>Supported Employment Objective SE4.2</i> 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.			
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.	Original Date: 4/30/16 Date Ext. 1: 6/30/16 Date Ext. 2: TBD	<i>DDSD Meaningful Day Lead</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • DDSD Community Inclusion coordinators and the statewide expert are in the process of identifying all class members who are in facility based day settings, or those who work in facility settings. Names of those who work in facility settings have been provided to DVR for follow up.
SE4.2b For those JCMs identified in SE4.2a, Defendants must take steps to decrease the amount of time the JCMs spend in congregated, segregated settings, provided the JCMs’ guardians agree.	Original Date: 4/30/16 Date Ext. 1: 9/30/16 Date Ext. 2: TBD	<i>DDSD Meaningful Day Lead</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • Class members in congregate settings will be part of the CMS Settings Rule validation surveys to occur in fall 2016. Long term follow up is still under development through the Statewide Transition Plan.
SE4.2c Defendants must provide education and competency-based training to IDTs and pertinent personnel concerning the	Original Date: 4/30/16 Date Ext. 1:	<i>DDSD Meaningful Day Lead</i>	Activities Completed this Quarter: <ul style="list-style-type: none"> • Unclear what is meant by “IDT”; “pertinent personnel”. Under discussion with JCA.

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importance of having JCMs participate in integrated community activities and reducing the time spent by JCMs in congregated, segregated settings.	9/30/16 Date Ext. 2: TBD		
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.	Original Date: 4/30/16 Date Ext. 1: 9/30/16 Date Ext. 2: TBD	<i>DDSD Meaningful Day Lead</i>	Activities Completed this Quarter: <i>See SE4.2a</i>
OUTCOME E ISP: People will receive appropriate services / supports through integrated and meaningful ISP's	ISP Strategic Plan milestones were provided to the JCA on July 15, 2016.		
Individual Service Planning OUTCOME C: Identify and correct ISP deficiencies, both individual and systemic, using the community audit information			
OUTCOME K ASSISTIVE TECHNOLOGY: People will have access to appropriate Assistive Technology	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 DDS Director to discuss this issue the week of April 25. Division Director provided JCA with draft AT proposal on June 28, 2016. Awaiting JCA response.		
Assistive Technology OUTCOME A: Enhance and expand the Assistive Technology Initiative statewide.			
2005 Appendix A to the Plan of Action MEANINGFUL DAY SERVICES	DDS Director informed JCA that state will proceed with disengagement motion of Appendix A. DDS Deputy will discuss current initiatives and impact of CMS final rule on day services at meeting April 25 2016. No update.		
2005 Appendix A to the Plan of Action DIVISION OF VOCATIONAL REHABILITATION	DVR has been meeting regularly with the JCA. Next scheduled check in meeting to discuss DVR initiatives is Tuesday, August 2, 2016.		
JSD Continuous Improvement	Status Conference held on July 27, 2016. Community Monitor has scheduled a meeting for August 16, 2016 to discuss remaining Employment Continuous Improvement items and their incorporation into the Individual Quality Review.		
ISP JSD Paragraph 35			
Metro:			

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Total Program Adequate	DISENGAGED Doc. 2069
Adequate Use of Generic Services	
Person Integrated Into Community	
Southeast:	
Total Program Adequate	Doc. 2074 Plaintiffs Opposed Response, Doc. 2077 Reply in Support of the Motion to Disengage
Southwest:	
Person Integrated into Community	
Behavioral Supports JSD Paragraph 36	
Northeast:	
Behavior Services Integrated into ISP	
Northwest:	
Behavior Services Integrated into ISP	
Southeast:	
Person Receive Behavior Services	
Southwest:	
Behavior Services Integrated into ISP	
Supported Employment JSD Paragraph 37	
Metro:	
Have Career Development Plan	
Person Receive Employment Services	
Northeast:	
Have Career Development Plan	
Person Receive Employment Services	
Southwest:	
Have Career Development Plan	
Person Receive Employment Services	
1998 Audit Recommendations	DISENGAGED 12/14/15 Doc. 2076 Disengaging the 1998 Audit