

**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 FOR NOVEMBER 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 _____

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I HEREBY CERTIFY that on the 1st day of November 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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	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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> Healthcare records were reviewed for 26 Jackson Class Members in the Southwest Region. This included a review of class members' records for more than 700 healthcare professional appointments and resulting orders and recommendations over the previous 12 months. In addition to providing useful documentation, the HFST is being used to provide feedback to the provider agencies during the reviews. Exit interviews coordinated between the DDS Regional Offices, the reviewer and the agencies are planned at each provider agency.
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 Date Ext 2: 6/30/16 Date Ext 3: 12/31/16	<i>CSB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> The statewide process is continuing to develop and refine HCC roles and responsibilities. Due to unanticipated events, the planned September meeting had to be rescheduled to November 1. Definitions will be included in the recommendations and standards developed during this process.
H1.1c The definitions of healthcare coordination roles and responsibilities must contain measurable performance indicators so that the DOH can assess whether the	Original Date: 9/30/15 Date Ext. 1:	<i>CSB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> The statewide process is continuing to develop and refine HCC roles and responsibilities. Due to unanticipated events,

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<p>assigned responsibilities are carried out at the provider, regional, and state levels.</p>	<p>2/29/16 Date Ext 2: 6/30/16 Date Ext 3: 12/31/16</p>		<p>the planned September meeting had to be rescheduled to November 1. This meeting will include representatives from case management MCO care coordination, guardians, HSD, DDS and others and will focus on measurable, structural improvements to assure health care coordination, collaboration and communication.</p>
<p>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.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 12/31/17</p>	<p><i>CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Progress is continuing on completing the HFST in the SW Region. Records for 26 class members have been completed. • In addition to providing useful documentation, the HFST is being used to provide feedback to the provider agencies during the reviews. Exit interviews coordinated between the DDS Regional Offices, the reviewer and the agencies are planned at each provider agency.
<p>H1.1e The DOH must take prompt action to address healthcare coordination performance that does not meet the measurable performance indicators.</p>	<p>Original Date: 4/30/16 Date Ext. 1: 9/30/17</p>	<p><i>CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • The HFST review of class members' records included information for more than 700 healthcare professional appointments and resulting orders and recommendations over the previous 12 months.
<p>Health Objective H1.2 Nurses routinely monitor Jackson Class Members' individual health needs through (1) oversight, (2) communication with DSP (Direct Support Professionals), and (3) corrective actions in order to implement the Jackson Class Members' health plans, to ensure that the Jackson Class Members' health needs are being met, and</p>			

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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"> • 8/11/16: The Director's Release related to Health and Healthcare requirements in the Jackson Remedial Plan was revised and distributed on August 11, 2016. • 8/12/16: Two webinar sessions were held for DDW agencies statewide that provided an overview of the Director's Release in order to support provider agency awareness and compliance with Judge Parker's final order on the Jackson Remedial Plan. • Healthcare records were reviewed for 26 Jackson Class Members in the Southwest Region which includes a thorough review of class member healthcare records. Supporting Documentation: Revision to June 13, 2016 Director's Release on Jackson Remedial Plan related to Health and Healthcare (Bates Number JQR 000001-000010), PowerPoint: Overview of the 2016 Director's Release related to Health and Healthcare in the Jackson Remedial Plan (Bates Number JQR 000011-000075).
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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • Training records were reviewed for the more than 192 DSPs and their supervisors supporting 26 Jackson Class Members in the Southwest Region. This was augmented with reviews of nurse follow up actions for more than 700 healthcare professional appointments and resulting orders and recommendations over the previous 12 months.
H1.2c Nurses must visit each JCM in accordance with DOH requirements.	Original Date: 10/31/15 Date Ext. 1:	<i>CSB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • THERAP and other medical records were reviewed to determine each class member's acuity level and aspiration risk, which in

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	<p>4/30/16 Date Ext 2: 6/30/16 Date Ext 3: TBD</p>		<p>turn determine the minimum expected number of nurse visits from the relevant DOH standards.</p> <ul style="list-style-type: none"> Nursing notes, staff notes, quarterly nursing reports, and GER information for the past 12 months were reviewed for 26 Jackson Class Members in the Southwest Region. This information was used to determine the documented frequency of nurse visits each class member had received over the past year.
<p>H1.2d Nurses must meet with DSP's as needed based upon the JCM's ECHAT acuity level and any significant change in health status to monitor the individual.</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"> In addition to the reviews and determinations associated with H1.2c, reviews of medical records, nursing notes, staff notes, quarterly nursing reports, and GER information for the past 12 months for 26 Jackson Class Members in the Southwest Region were used to determine if nurses meet with DSPs as needed based upon the JCM's ECHAT acuity level and any significant change in health status to monitor the individual.
<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>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Healthcare records were reviewed for 26 Jackson Class Members in the Southwest Region. This included reviews of the class members' records for more than 700 healthcare professional appointments and resulting orders and recommendations over the previous 12 months and the class members' more than 200 Healthcare Plans, MERPs, and CARMPs.
<p>Health Objective H1.3 Teams use accurate health records for Jackson Class Members.</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</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"> See H1.2a

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	Date Ext 3: TBD		
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.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: 10/31/16	<i>BSI Bureau Chief and CSB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • BSI continues to verify eCHAT updates in 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. Supporting Documentation: See 45 day eCHAT report summary results and eCHAT tally spreadsheets (Bates Number JQR 000076-000078).
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.			
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.	Original Date: 7/31/15 Date Ext. 1: 7/31/16	<i>DDS D Medical Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • The DDS D Medical Director initiated a monthly Community of Practice, which creates an informal forum for communication and sharing of experience regarding clinical cases and clinical care. • The DDS D Medical Director coordinated an initial meeting with the medical directors of the Medicaid MCO to create a forum to discuss care and care coordination issues related to the care of persons with developmental disabilities. The meeting was held on October 11, and all MCOs were represented. The plan is to continue to meet as a group and

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			to meet as needed to resolve individual clinical issues.
H1.4b Each JCM must have access to healthcare professionals with specialized skills, as needed.	Original Date: 12/31/15 Date Ext. 1: 7/31/16 Date Ext. 2: 12/31/16	<i>DDSD Medical Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> See H1.1 and H1.2 for HFST update.
<p><i>Health Objective H1.5 Identified health needs for Jackson Class Members, including daily medical considerations, are addressed in individualized healthcare plans, MERPs, CARMPs, and written direct support instructions as appropriate to the Jackson Class Members. Healthcare plans are reviewed and promptly modified in response to changes in health status.</i></p>			
H1.5a Defendants must prepare quarterly reports on a sample of the JCMs to monitor the accuracy of the JCMs' individual 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"> See H1.1 and H1.2 for HFST update.
H1.5b Defendants must take action to correct inaccuracies in the JCMs' individual 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"> In addition to providing useful documentation, the HFST is being used to provide feedback to the provider agencies during the reviews. Exit interviews coordinated between the DDSD Regional Offices, the reviewer and the agencies are planned at each provider agency.

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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: <ul style="list-style-type: none"> • Defendants finalized the Out of Home Placement report Policy and Procedure on 10-04-16. • Defendants met with JCA regarding Policy and incorporated recommendations. • Out of Home placement Report template has been modified to include tracking of delivery of Health Passport during Out of Home placements. • Aggregate data will compiled by 12-31-16. Supporting Documentation: Out of Home Placement Policy and Procedure (Bates Number JQR 000079-000084), Out of Home Placement template (Bates Number JQR 000085).
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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • Completed (see last Quarterly)
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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • See H1.6a
Health Objective H1.7 The team assures			

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<p>recommendations from healthcare professionals are reviewed with the individual and guardian in a manner that supports informed decision making and [are] either implemented, or documented in a Decision Consultation Form if recommendation is declined.</p>			
<p>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.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 12/31/16</p>	<p style="text-align: center;"><i>DDSD Statewide CM Lead</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See H1.1 and H1.2 for HFST update.
<p>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.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 12/31/16</p>	<p style="text-align: center;"><i>DDSD Statewide CM Lead</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See H1.1 and H1.2 for HFST update.
<p>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.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 12/31/16</p>	<p style="text-align: center;"><i>DDSD Statewide CM Lead</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See H1.1 and H1.2 for HFST update.
<p>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</p>	<p>Original Date: 10/31/15 Date Ext. 1: 12/31/16</p>	<p style="text-align: center;"><i>DDSD Statewide CM Lead</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See H1.1 and H1.2 for HFST update.
<p><i>Health Objective H1.8 Each Jackson Class Member will receive the Jackson Class</i></p>			

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<p>Member’s medications (1) in the doses prescribed, (2) in the manner and frequency prescribed, and (3) at the times prescribed.</p>			
<p>H1.8a Defendants must monitor the accuracy of administration of prescription medications to each JCM.</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"> • See H1.1 and H1.2 for HFST update.
<p>H1.8b Defendants must take prompt action to correct any failure to properly administer medications to a JCM in accordance with prescriptions.</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>Health Objective H2.1 Jackson Class Members receive age appropriate preventive/early detection screening/immunizations for health risk factors.</p>			
<p>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.</p>	<p>Original Date: 9/30/15 Date Ext. 1: 2/29/16 Date Ext 2: 6/30/16 Date Ext 3: 10/31/16</p>	<p><i>CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • The proposed use of the <i>HealthFinder.gov</i> online prevention recommendations was discussed with the MCO medical directors. • Two new sets of condition-specific prevention guidelines have been identified and means to incorporate them into the overall preventive services recommendations are being explored.

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<p>H2.1b Each JCM must receive routine preventive screening and immunizations consistent with the national standards unless the JCM, in conjunction with the JCM's guardian and primary healthcare provider, makes an informed choice to reject the recommended screening and immunization standards.</p>	<p>Original Date: 12/31/15 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>CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See H1.2a for Director's Release and Powerpoint • The presentation included an overview of the Decision Consultation process related to declining health care recommendations. Refer to slides 52- 55.
<p>Health Objective H3.1 Jackson Class Members receive increased intensity of services during acute episodes or illnesses.</p>			
<p>H3.1a A nurse's monitoring, including nursing assessments and oversight, must increase during a JCM's acute episodes or illnesses.</p>	<p>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>CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See H1.1 and H1.2 for HFST update.
<p>H3.1b Prompt face to face visits by a Nurse must occur upon a JCM's significant change of condition unless the Nurse directs and the JCM receives care from a Healthcare Practitioner, from urgent care or from emergency services. This visit will include a nursing assessment, monitoring and management of JCMs acute illness or episodes. If the JCM receives care from a Healthcare Practitioner, from urgent care or from emergency services the nurse will promptly assess the JCM at the conclusion of the care.</p>	<p>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>CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See H1.1 and H1.2 for HFST update.
<p>H3.1c In each individual case where a Nurse fails to comply with DOH requirements regarding significant health status change, the</p>	<p>Original Date: 10/31/15 Date Ext. 1:</p>	<p style="text-align: center;"><i>CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See H1.2a for Director's Release and PowerPoint.

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<p>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 performance issues, and will take corrective action.</p>	<p>4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: 12/31/16</p>		
<p>Health Objective H3.2 Direct Service Personnel/supervisors are able to identify subtle signs of change/acute symptoms.</p>			
<p>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.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 7/31/16</p>	<p><i>CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • 8/12/16 The Fact sheet regarding “Subtle Signs of Illness and Injury “was revised and re-distributed on August 12, 2016. <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • 8/12/16: Alert: Subtle Signs of Illness and Injury (Bates Number JQR 000086)
<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.</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"> • See H1.2a for the Director’s Release and PowerPoint
<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.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext. 2:</p>	<p><i>CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See H1.1 and H1.2 for HFST update.

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	6/30/16 Date Ext 3: 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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • See H1.1 and H1.2 for HFST update.
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"> • See H1.1 and H1.2 for HFST update.
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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • See H1.1 and H1.2 for HFST update.
H3.3c: The DDW Agency Nurse will evaluate the effectiveness of pain management strategies and record the effectiveness in nursing notes or on the	Original Date: 1/31/16 Date Ext. 1: 4/30/16	<i>CSB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • See H1.1 and H1.2 for HFST update.

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MAR. If needed, the JCM's healthcare record will be promptly updated.	Date Ext. 2: 6/30/16 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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • See H1.1 and H1.2 for HFST update.
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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • Out of Home placement Report template has been modified to include tracking of delivery of AT during Out of Home placements. Supporting Documentation: See H1.6
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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • See H3.4a

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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><i>JCO and CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See H3.4a
<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><i>JCO and CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Out of Home Placement Report template has been modified to include tracking of discharge planning discussions in the comments section. Regional Office nurses have been trained on the Out of Home Placement Policy and Procedure and asked to include all pertinent information about discharge planning in the weekly out of home placement report. <p>Supporting Documentation: See H1.6</p>
<p>H3.5b The JCM's e-CHAT and other healthcare records must be promptly updated by appropriate healthcare providers to indicate healthcare and adaptive supports that the JCM received from the out-of-home provider in order to ensure a safe and smooth transition back to the JCM's home.</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><i>JCO and CSB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See H3.5a
<p>Health Objective H4.1 Competent personnel (nurses, DSP, front line supervisors, ancillary providers, and case</p>			

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<p>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)</p>			
<p>H4.1a The parties and the JCA must develop a mandatory competency based training program.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 3/31/16 Date Ext. 2: Pending further discussion with the JCA.</p>	<p><i>DDSD Training Unit and CSB Bureau Chief</i></p>	<p>No status update at this time.</p>
<p>H4.1b Nurses, DSP, front-line supervisors, ancillary providers, and case managers must satisfactorily complete the mandatory competency based training program.</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"> • Mandatory competency-based trainings for DSP, DSP Supervisors and CM occurs as part of ongoing activities. • CSB continues to provide “pilot” health related training to therapists who attend the Participatory Approach sessions. This was initiated in July of 2015 and will continue until further clarification of 4.1 is obtained. 2 sessions were provided this quarter. (7/21/2016 – Roswell , 9/8/16-Farmington) <p>Supporting Documentation: Health Information for therapists. 7.15 Pilot ppt (Bates Number JQR 000087-000103).</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. <p>Supporting Documentation: FY17 Q1 Compliance Status Summary – DSP/DSS/CM (Bates Number JQR 000104). Protocol for</p>

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			monitoring DDW Nurse Training Requirements. Draft 5 (Bates Number JQR 000105-000106).
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.	Original Date: 1/31/16 Date Ext. 1: 9/30/16 Date Ext. 2: Pending further discussion with the JCA.	<i>DDSD Training Unit and CSB Bureau Chief</i>	Activities Completed in the Quarter: <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 are included in the Training Compliance Status Summary.
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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> See H1.1 and H1.2 for HFST update.
H4.2b The DOH must identify, and must document on an annual basis in the pertinent healthcare records, those JCMs who want advanced care planning, including palliative care, and those JCMs who decline advanced care planning.	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"> See H1.1 and H1.2 for HFST update.
H4.2c The DOH must provide advanced care	Original Date:	<i>DDSD</i>	Activities Completed in the Quarter:

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planning and palliative care to those JCMs who choose to have advanced care planning and palliative care.	10/31/15 Date Ext. 1: 12/31/16	<i>Statewide CM Lead</i>	<ul style="list-style-type: none"> See H1.1 and H1.2 for HFST update.
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>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Significant Events review takes place each quarter including out of home placement, Emergency Services, and ANE. The review of this is shared prior to the Significant Events meeting to address patterns in real time. The significant Events group has identified Jackson Class events and the number of Jackson’s specific to each event type. Review of Out of Home Placement Reports from the five regions (Metro, SERO, SWRO, NERO, and NWRO) each week. <p>Supporting Documentation: Significant Events Meeting Summary 7/26/2016 (Bates Number JQR 000107-000108).</p> <p>Activities Remaining to Complete EC:</p> <ul style="list-style-type: none"> Identify process for reviewing CPR measurements Identify process for reviewing Provider QA Roll this data up to DDSQL.
SAFETY PLAN			
Safety Objective S1.1.1 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	7/2/14 Complete and	<i>IMB Chief</i>	Disengaged on February 11, 2016. See Doc 2095

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APS definitions.	sustained		
Safety Objective S1.1.2 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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • IMB is working on completing the FY16 Annual Report. • IMB has completed the ANE reporting Guide SFY17 and it's been approved by the DOH Communications Office. Supporting Documentation: ANE Guide SFY17 (Bates Number JQR 000109-000156).
Safety Objective S1.1.3 The individuals listed in POA [Plan of Action] CIMS B [Community Incident Management System] [regional coordinators, agency coordinators, direct contact staff, DD[S] D staff, case managers, agency executive staff, IMB investigators, agency IMCs, agency direct service staff] will receive the training described in the Eva Kutas Recommendations #7 and #8 and will pass a formal test of the individuals' knowledge and understanding of IMB provider policy requirements.			
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	Original Date: 12/31/15 Date Ext. 1: 12/31/16	<i>DHI Trainer</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • During the previous quarter (07/2016 – 10/2016), ANE Train-the-Trainer certification sessions continued. • Fourteen more (14) Train-the-Trainer sessions were conducted in the metro (6), NE (3), NW (2), SE (1), and SW (2) regions, resulting in 49 additional DHI certifications of trainers.

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<p>guardians.</p>			<ul style="list-style-type: none"> • There have been a total of 28 TTT sessions conducted statewide; a total of 101 trainers have been DHI-certified. • DOH staff trainings for DHI and DDS staff were conducted by DHI Mentors in the NW and SW regions, with 14 more DOH staff successfully completing the training, bringing the total number of DOH staff having completed the ANE training to 56 employees. <p>Supporting Documentation: Certified Trainer Verification Records (CTVRs) document the certification of DHI-certified trainers. Signature/attendance sheets for DOH staff trainings and Train-the-Trainer sessions document attendance to the respective course and are available upon request. Database summary reports support certified trainer records by regions and are available upon request.</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 56 DOH staff who have attended the standard ANE training have passed the formal test. • All 101 DHI-certified trainers who have successfully completed the two-day ANE Train-the-Trainer sessions have passed the formal test. <p>Supporting Documentation: CTVRs for DHI Trainer certification and certificates for DOH staff provide proof of successfully having passed the formal competency exam. Certificates available on 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 reflecting DHI’s standardized curriculum will be implemented on an annual basis (not applicable at this time, as training remains in phase

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			two of TTT certification rollout). Supporting Documentation: Supporting documentation is currently being gathered during current trainings to be used in the refresher training. Supporting documentation will include case scenarios, questions which have arisen during Train-the-Trainer sessions, and modified content from the in-person training.
Safety Objective SI.1.4 ANE is reported immediately.			
S1.4a The DOH must maintain a toll-free 24 hour, 7 days a week, telephone number to receive reports of ANE.	Original Date: 7/2/14 Date Ext. 1: 6/30/16 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"> • On 08/23/16 this objective was submitted to the JCA for determination on disengagement. • 10/19/16 JCA recommended disengagement
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.	Original Date: 7/2/14 Date Ext. 1: 6/30/16 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"> • See S1.4a
S1.4c IMB must formally document reports of ANE of JCMs and must take corrective action when ANE is not reported immediately.	Original Date: 7/2/14 Date Ext. 1: 6/30/16 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"> • See S1.4a
Safety Objective SI.1.5. Providers will take			

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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: <ul style="list-style-type: none"> • This objective was submitted to the JCA for disengagement on 08/23/16. • Received JCA recommendation to disengage on 10/03/16.
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>	
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"> • This objective was submitted to the JCA for disengagement on 08/23/16.
Safety Objective S [Kutas] 1.2.1 Competent ANE Investigators conduct professionally adequate investigations.			
S2.1a ANE Investigators must pass Core Competency and Field Training before	Original Date: 7/2/14	<i>IMB Bureau Chief</i>	Activities Completed in the Quarter:

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conducting investigations of ANE.	Date Ext. 1: 10/1/16 Date Ext. 2: 12/31/16		<ul style="list-style-type: none"> Complete.
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: <ul style="list-style-type: none"> Complete
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: <ul style="list-style-type: none"> Complete
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 continues to work with the JCA consultants on finalizing the Investigation QA and Intake QA review tools. FY17 First Quarter Intake review is in process. Supporting Documentation: Draft Investigation QA Review tool (Bates Number JQR 000157-000160) and Scoring Methodology (Bates Number JQR 000161-000164).
<i>Safety Objective S [Kutas] 1.3.1 Consistent with the IGA (Inter-Governmental Agreement), IMB will be the primary authority for ANE investigations.</i>			

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<p>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.</p>	<p>Original Date: 7/2/14 Date Ext. 1: 6/30/16 Date Ext. 2: 8/31/16</p>	<p><i>IMB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • This objective was submitted to the JCA for disengagement on 08/23/16. • Received JCA recommendation to disengage on 10/03/16.
<p>S3.1b The DOH must monitor the provider's compliance with these administrative rules on a quarterly basis and must promptly correct any deficiencies.</p>	<p>Original Date: 10/1/14 Date Ext. 1: 6/30/16 Date Ext. 2: 8/31/16</p>	<p><i>IMB Bureau Chief</i></p>	
<p>Safety Objective S [Kutas] 1.4.1 Provide information regarding ANE reports/investigations to designated stakeholders.</p>			
<p>S4.1a The DOH must provide timely information regarding ANE reports, investigations, and findings to JCMs, stakeholders (families, guardians, providers, case managers), and other individuals or staff who need that information to ensure the safety of JCMs.</p>	<p>Original Date: 7/2/14 Date Ext. 1: 6/30/16 Date Ext. 2: 8/31/16 Date Ext. 3: 12/31/16</p>	<p><i>IMB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • This objective was submitted to the JCA for disengagement on 08/23/16.
<p>S4.1b The reporter of ANE must receive information from the DOH about the status of the ANE report and any findings.</p>	<p>Original Date: 7/2/14 Date Ext. 1: 6/30/16 Date Ext. 2: 8/31/16 Date Ext. 3: 12/31/16</p>	<p><i>IMB Bureau Chief</i></p>	

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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>	
<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"> • This objective was submitted to the JCA for disengagement on 08/23/16.
S5.1b When there is substantiated ANE, the case manager must ensure that identified health and safety risks for a JCM are addressed and remediated.	Original Date: 7/2/14 Date Ext. 1: 7/1/16 Date Ext. 2: 8/31/16	<i>IMB Bureau Chief</i>	
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>	
S5.1d When there is substantiated ANE, the JCM's IDT must meet as required by NMAC and pertinent information about the ANE	Original Date: 7/2/14 Date Ext. 1:	<i>IMB Bureau Chief</i>	

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investigation and the ANE report must be properly documented, including in the IDT meeting minutes for purposes of reducing and preventing ANE.	7/1/16 Date Ext. 2: 8/31/16		
Safety Objective S [Kutas] 1.6.1 Use ANE information to improve health/safety.			
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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> The new IMB database went live on 7/27/16.
S6.1b Quarterly, the DHI and DDSD 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 DDSD Assistant Regional Office Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> IMB is working with IT to further develop database reports to be used in identifying patterns of ANE, identifying system issues and identifying causes and contributing factors in ANE. First quarter FY17 Quarterly Quality Management Meeting (QQMM) was held on Oct. 27, 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 DDSD Assistant Regional Office Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> IMB is working on completing the FY16 Annual Report
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			

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<p>preventable deaths.</p> <p>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.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 9/30/16</p>	<p style="text-align: center;"><i>DDSD Medical Director</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Independent health professional review reports are obtained for each JCM death and utilized by the Mortality Review Committee. • The DDSD Mortality Review Coordinator, who is a Registered Nurse, requests, compiles and reviews health care, case management and provider records and prepares a report for the Mortality Review Committee. • The DDSD Medical Director reviews records, the internal review report and the independent mortality review. • DHI-IMB and Regional Nurse input is also obtained for each death reviewed by the Mortality Review Committee. • The DDSD Mortality Review Coordinator took immediate retirement in October.
<p>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.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 9/30/16</p>	<p style="text-align: center;"><i>DDSD Medical Director</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Information from autopsies is routinely obtained and utilized by the Mortality Review Committee whenever an autopsy has been performed. • Independent health professional review reports are consistently obtained and utilized by the Mortality Review Committee. <p>Activities Remaining to Complete EC:</p> <ul style="list-style-type: none"> • Continue to obtain and use autopsy reports in mortality review. • Continue to obtain and use independent health professional

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			review reports
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>	
S2.1 d 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>	
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 Mortality Review Committee continue to use root cause methodology in its review of mortality.
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"> The agreed upon DD Key Indicators have been completed and entered into the Key Performance Indicator (KPI) quad charts The updated KPI have been reviewed through the DDSQI up through our most recent meeting on 10/6/16 Feedback was given on updating our GER KPI and our Training KPI. Some modifications are being conducted related to our training indicator.

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			Supporting Documentation: Key Performance Indicator Quad Charts (Bates Number JQR 000165-000174). DDSQI Meeting Minutes 10/6/2016 (Bates Number JQR 000175-000176).
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 Remaining to Complete EC: <ul style="list-style-type: none"> • DD KPI are present in the QMB tool and in the waiver standards
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"> • DDSD met with Dr. Gant and her consultants to identify common data to use to satisfy this objective.
S3.1d The DOH and providers must respect a JCM's informed choices for program development and services to meet the JCM's preferences and needs.	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"> • DDSD met with Dr. Gant and her consultants to identify common data to use to satisfy this objective.
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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • CPRs have been conducted and provider meetings occur throughout the year. Also refer to S3.4 activities for other ways CPR information is used to correct deficiencies and improve services and practice. • QMB Surveys are completed each quarter. QMB meets with

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			<p>providers about findings and requires provider submission of plan of correction to correction deficiencies. QMB data is aggregated and sent to DDSQI for analysis and program modifications if appropriate.</p> <ul style="list-style-type: none"> CPR findings and recommendations are completed for each CPR. Individual findings and recommendations are remediated through 30-60-90 day follow up and repeat recommendation review through DDSD management structure. <p>Supporting Documentation: CPR and QMR Reviews over the last Quarter (Bates Number JQR 000177-000180).</p>
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>	Completed as per Community Monitor
S3.2b The Community Monitor must approve Community Practice Reviewers and Case Judges.	Completed as per Community Monitor	<i>Community Monitor and JCO</i>	Completed as per Community Monitor
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>	Completed as per Community Monitor
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><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 is nearly completed for the 2016 calendar year. • At the end of October 2016, the Metro 2 CPR cycle will be completed. This is the final cycle of reviews this year. <p>Supporting Documentation: CPR Statewide Annual Reports available on the Community Monitor's website.</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><i>DDSD CPR Lead and JCO</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • The Community Monitor provided the 2016 SW Regional CPR report. • The SE CPR cycle has been completed. Final drafts of the individual CPR reports have been provided. The Community Monitor provided the 2016 SE Regional CPR report. • The NW cycle has been completed. 1st, 2nd and final drafts of the individual CPR reports have been provided. The Community Monitor provided the 2016 NW Regional CPR report. • The NE cycle has been completed. 1st, 2nd and Final drafts of the individual CPR reports have been provided. The Community Monitor provided the 2016 NE Regional CPR report. • The Metro 2 CPR cycle is nearing completion. 1st and 2nd draft individual reports have been provided. <p>Supporting Documentation: CPR Regional Reports available on the Community Monitor's website.</p>
<p>S3.3c The DOH must continue to provide adequate resources to support the implementation of the CPR for purposes of</p>	<p>Complete and contract will be established for</p>	<p><i>DDSD CPR Lead and JCO</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Scheduling for the CPR interviews was scheduled by the

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demonstrating sustainability.	FY16.		<p>NW, NE and Metro 2 regions.</p> <ul style="list-style-type: none"> • Documentation needed for review during the CPR was obtained and provided to the Community Monitor for the NW, NE and Metro 2 regions. • Team Meetings with the Community Monitor were scheduled and took place for the NW and NE regions. • Team Meetings with the Community Monitor have been scheduled for the Metro 2 region.
Safety Objective S3.4 Use the findings from the CPR to improve services for class members and to improve the system of services for Jackson class members.			
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>Original Date: 10/31/15</p> <p>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"> • Regional Office and Litigation Management Bureau Chiefs continue to review and close all repeat findings and recommendations. Specific interventions are identified in the 30-60-90 day reports submitted to the Community Monitor on the 5th of every month. <p>Supporting Documentation: 30 -60-90 day reports submitted to the Community Monitor on the 5th of every month.</p>
S3.4b The DDS and providers must use the 2013–2015 CPR findings and recommendations.	<p>Original Date: 10/31/15</p> <p>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"> • Litigation Management Bureau Chief and other pertinent DDS staff met with the JCA and Community Monitor on 9/15/16. It was decided that DDS would work on developing an alternative framework to address this evaluative component which would better integrate into existing work within DDS. On 10/17/16, Regional Office Bureau Chief, Bureau of Systems Improvement Chief and Litigation Management Bureau Chief met to discuss development of new framework to address this evaluative

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			component.
S3.4c DDSD must meet with providers that have high health risk-related findings and providers that have the highest number or 2013–2015 CPR findings of deficiencies to improve those providers’ services to JCMs.	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: <ul style="list-style-type: none"> • See 3.4b above
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 DDSD required trainings and to specific entities as appropriate.</i>			
S3.5a DDSD 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>DDSD Training Unit Manager</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • Sally Karingada, DDSD CPR Manager, attended 2-Day PCP (Aug. 17-18, 2016) and ISP Critique (Sept. 14-15, 2016) Trainings and began to cross-walk potential areas of deficiency related to CPR findings.
S3.5b Using its evaluation of CPR findings, the DDSD must modify existing competency-based training or must provide additional competency-based training to address identified deficiencies.	Original Date: 4/29/15 Date Ext. 1: Pending further discussion with	<i>DDSD Training Unit Manager</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • No activities completed this quarter. We are still collecting and evaluating information.

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	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: <ul style="list-style-type: none"> No activities completed this quarter. We are still collecting and evaluating information.
<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 the Quarter: <ul style="list-style-type: none"> JCO and other pertinent DDSD staff met with the JCA and Community Monitor on 9/15/16 to discuss combining all CPR related evaluative components. It was discussed that the JCO will continue to work with the pertinent Bureau Chiefs to refine the semi-annual report to include all information related to the use of CPR. The JCO will continue to meet with the JCA and Community Monitor if a different approach is warranted.
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>	
<i>Safety Objective S3.7 Regulatory program reviews are completed by staff who have received and passed competency based training specific to their QMB roles and responsibilities.</i>			
S3.7a DHI/QMB staff must receive competency-based training for evaluating	Original Date: 7/1/15	<i>QMB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> Revisions to the QMB Survey Process Training and the

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<p>programs that serve JCMs.</p>	<p>Date Ext. 1: 7/31/16 Date Ext. 2: 8/31/16 Date Ext. 3: 12/31/16</p>		<p>Operations Manual continue based on the QMB check-in meeting held with Dr. Gant and Dr. Gant’s team on October 2nd.</p> <ul style="list-style-type: none"> • Revisions to the QMB operations manual is ¾ completed. <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Draft versions of Survey Process Training PowerPoint (Bates Number JQR 000181-000441), Draft Operations Manual (Bates Number JQR 000442-000520) <p>Activities Remaining to Complete EC:</p> <ul style="list-style-type: none"> • During the next quarter QMB will complete the Operations Manual and incorporate into the QMB Survey Process training. • QMB’s next Survey Process training will occur in December 2016.
<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: 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"> • None due to revisions and changes being made to training based on information obtained during Oct 2nd check-in meeting. <p>Activities Remaining to Complete EC:</p> <ul style="list-style-type: none"> • Train QMB staff on revised QMB survey process training.
<p>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.</p>			
<p>S3.8a QMB must identify and must review</p>	<p>Original Date:</p>	<p><i>QMB Bureau</i></p>	<p>Activities Completed in the Quarter:</p>

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<p>the essential services that should be provided to JCMs, consistent with IDT decisions and determinations by medical professionals, therapists, and nutritional experts.</p>	<p>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>Chief</i></p>	<ul style="list-style-type: none"> • During check-in meeting on October 2nd case management survey tools were discussed and given to Jodi Simmons for review and feedback. • QMB tags continue to be cross walked with survey tools • Case Management survey tools provided to JCA <p>Activities Remaining to Complete EC:</p> <ul style="list-style-type: none"> • Scheduling meeting with Dr. Gant, DDS, QMB to discuss key indicators for case management. • Once meeting is completed will have further direction to complete this EC.
<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 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"> • July 1 – Sept 30, 2016 six case management compliance surveys have been completed. <p>Supporting Documentation: Available upon request QMB Report of Findings and applicable Plan of Corrections for A Step Above, Advocates of NM, Sun Country CM, Unidas and Unique Opportunities.</p> <p>Activities Remaining to Complete EC:</p> <ul style="list-style-type: none"> • QMB needs to complete trends for Case Management surveys completed to show compliance
<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:</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 16 100% of case management agencies were reviewed. • July 1 – Sept 30, 2016 six case management compliance surveys have been completed.

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	12/31/16		<p>Supporting Documentation:</p> <ul style="list-style-type: none"> • See S3.8b <p>Activities Remaining to Complete EC:</p> <ul style="list-style-type: none"> • QMB needs to complete tends for Case Management surveys completed to show compliance.
<p><i>Safety Objective S4.1</i> Examine current Quality Assurance and Quality Improvement processes and activities intended to safeguard Jackson Class Members and to improve the quality of provider performance in relation to Jackson Class Members. Take steps to increase transparency, accountability, and effective remediation. Establish measurable indicators that are consistent with the pertinent standards that address the quality of provider performance.</p>			
<p>S4.1a Using stakeholder input, DDS will analyze its quality assurance and quality improvement systems and will modify these systems accordingly to improve the quality of services and of provider performance for JCMs.</p>	<p>Original Date: 1/31/16 Date Ext. 1: 7/31/16</p>	<p><i>BSI Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • The Bureau of Systems improvement (BSI) continues to attend the ACQ. • The BSI has taken the lead in coordinating the ACQ to take on such roles as coordinating effective sub-committees. • The BSI Chief is the chair of the Policy and Quality. This sub-committee has taken on tasks such as stakeholder review of the DDW scorecard, Stakeholder review of a Provider QA/QI template, guideline review, and Fall tracking template review <p>Supporting Documentation: Policy and Quality sub-committee minutes 10/3/2016 (Bates Number JQR 000521).</p>

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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.	Original Date: 1/31/16 Date Ext. 1: 7/31/16 Date Ext. 2: 7/31/17	<i>BSI Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • BSI Has met with the SW, SE, and NW Providers to review the DDW scorecard and receive feedback. • Presented the most recent revision of the provider score card to the ACQ Policy and Quality Subcommittee. • Scorecard Draft and data package has been sent to Senior Management for final review. Supporting Documentation: See Draft Provider scorecard PowerPoint and data package (Bates Number JQR 000522-000539).
S4.1c The DOH must allow public access to the provider report cards	Original Date: 1/31/16 Date Ext. 1: 7/31/16 Date Ext. 2: 7/31/17	<i>BSI Bureau Chief</i>	Activities Remaining to Complete EC: <ul style="list-style-type: none"> • Approval by Senior Management • Placing scorecard on line.
S4.1d Clear, current and specific information about available provider services will be available to the public as part of the Provider Selection Guide.	Original Date: 11/30/15	<i>BSI Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • This is complete and on-line
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"> • This is complete and on-line
Safety Objective S4.2 DOH response is proportionate to the seriousness of the contractor's alleged substandard performance when corrective action is not			

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effectively implemented.			
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"> • DDS D continues to provide contract management to agencies of concern, DHI refers agencies through IMB and QMB based on substantiated ANE and poor performance during surveys • EC Submitted to JCA for informal consideration, awaiting response - request for disengagement or request for additional information/documentation.
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: <ul style="list-style-type: none"> • IRC continues to provide oversight of providers referred by DDS D/DHI and take action on underperforming agencies.
<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) 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 D training requirements, (7) patterns of reporting incidents, and (8) results of improvement actions taken in Quarters, at the individual, program, and systems levels.	Original Date: 11/30/15	<i>QMB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • Key Performance Indicator information provided to DDS D Bureau of Systems Improvement for FY 16 4th Q.

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S5.1b The DOH must communicate these required measurable quality indicators to providers.	Original Date: 12/31/15	<i>QMB Bureau Chief</i>	This has been completed. Established in provider agreements.
S5.1c Providers must use the required measurable quality indicators to improve the quality of their services to JCMs.	Original Date: 1/31/16 Date Ext. 1: 7/31/16 Date Ext. 2: 9/30/16 Date Ext. 3: 12/31/16	<i>QMB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> In FY 2017 QMB 7/1/2016 – 9/30/2016 QMB has completed 21 compliance surveys.
S5.1d The DOH must determine providers' compliance in using the measurable quality indicators through the use of QMB surveys.	Original Date: 4/30/16 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>QMB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> In FY 2017 QMB 7/1/2016 – 9/30/2016 QMB has completed 21 compliance surveys. <i>*Note: All surveys completed by QMB require a Plan of Correction for all findings.</i> Supporting Documentation: See DHI website for survey reports.
<i>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.</i>			
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.	Original Date: 12/31/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> On 9/15/16, at a check-in meeting with JCA, Defendants sought and received guidance regarding the list's intent/value/purpose, the criteria for making the list, and guidance on how the list will be retained, evaluated and updated.

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			<ul style="list-style-type: none"> The Litigation Management QA nurse was assigned task of creating list. On 10/28/16, a “side by side” meeting was held with JCA experts to discuss specific methodologies for creating list. (Follow up meeting scheduled for 11/2/16). <p>Supporting Documentation: At Risk List Meeting Discussion points and first proposal (Bates Number JQR 000540-000541), At Risk List August 2016 Draft (Bates Number JQR 000542-000549).</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 Significant Events Committee in program development and improvement.	<p>Original Date: 10/31/15</p> <p>Date Ext. 1: 9/30/16</p> <p>Date Ext. 2: 12/31/16</p>	<i>DDS Deputy Director</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> BSI will provide significant events quarterly summary for analysis on 11/3/16.
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.	<p>Original Date: 4/30/16</p> <p>Date Ext. 1: 9/30/16</p> <p>Date Ext. 2: 12/31/16</p>	<i>DDS Deputy Director</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Significant events meetings occur quarterly and have resulted in action plans being developed. BSI is sending Significant Events data monthly to Bureau of Behavioral Supports for review. BSI reviews previous quarterly data tracking to evaluate effectiveness of past interventions (on-going).
<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,	<p>Original Date: 1/31/16</p>	<i>QMB Bureau Chief and</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> QMB has conducted 6 case management provider surveys

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<p>preferences, and medical conditions of each JCM they serve and the JCM's ISP must address these factors.</p>	<p>Date Ext. 1: 7/31/17</p>	<p><i>DDSD CM Lead</i></p>	<p>from July 1, 2016 through Sept 30, 2016.</p> <ul style="list-style-type: none"> • 52 Case Managers have received a record review of trainings and 49 case managers had interviews related to the knowledge of the individual they serve on QMB survey sample. • 1 of 52 case managers had one DDSO required trainings missing and 15 case managers were deficient in Incident Management training. • Additionally, it should be noted that of 117 Individuals were seen in case management services and one Individual had an ISPs where an outcome was not updated and another had an ISP which was not found. <p>Supporting Documentation: See 3.8b</p>
<p>S5.3b Case Managers must ensure that each JCM's ISP is properly implemented.</p>	<p>Original Date: 1/31/16 Date Ext. 1: 7/31/17</p>	<p><i>QMB Bureau Chief and DDSD CM Lead</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • DDSO is currently working with the JCA and Community in developing an ISP Strategic Plan. An initial stakeholder meeting was held in October 2016. QMB continues to review ISP implementation as it is identified as a key performance indicator. Data is presented to DDSO from QMB, however DDSO is aware of the need to incorporate other data sources to inform this evaluative component.
<p>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.</p>	<p>Original Date: 1/31/16 Date Ext. 1: 7/31/17</p>	<p><i>QMB Bureau Chief and DDSD CM Lead</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • QMB has conducted 6 case management provider surveys from July 1, 2016 through Sept 30, 2016. • 52 Case Managers have received a record review of trainings and 49 case managers had interviews related to the knowledge of the individual they serve on QMB survey

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			sample. Supporting Documentation: See 3.8b
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"> • From July 1, 2016 – Sept 30, 2016 QMB completed 6 case management surveys. • During the compliance surveys 5 agencies were found in compliance with Conditions of Participation and 1 was found to be in partial compliance. All agencies are required to complete plan of corrections for deficiencies identified. • The agency in partial compliance was Sun Country Case Management. Sun Country’s condition level finding was regarding personnel Incident Management Training. Supporting Documentation: See 3.8b
Safety Objective S5.4 Develop and implement an effective, integrated DD Strategic Information Management System.			
S5.4a The DOH must evaluate its information management system’s ability to use information related to JCMs in an integrated manner.	Original Date: 11/30/15 Date Ext. 1: 8/31/16	<i>BSI Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • Held data hub meeting on 8/30/16 with JCA present. Supporting Documentation: Data Hub Summary 8/30/16 (Bates Number JQR 000550-000551).
S5.4b The DOH must ensure that the “ad-hoc reports pulled from HSD’s MMIS” are available from DDSD.	Original Date: 12/31/15 Date Ext. 1: 8/31/16	<i>BSI Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • DDSD Data Management unit provides all ad hoc reports to the Division.
S5.4c Defendants must evaluate the usefulness and gaps in the above described	Original Date: 4/30/16	<i>BSI Bureau Chief</i>	Activities Completed in the Quarter:

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<p>data collection system and must modify or update the system where practicable.</p>	<p>Date Ext. 1: 8/31/16</p>		<ul style="list-style-type: none"> • Data Hub meeting held on 8/30/16. • Data Hub process demonstrated to Dr. Gant <p>Supporting Documentation: See S5.4a</p>
<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 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 in the Quarter:</p> <ul style="list-style-type: none"> • SELN Q1 data collected. CI Coordinators have been provided authority and training on electronic validation of data resulting in swift corrective action for errors in data required for successful data base operation. • SE data base is in beta test mode. • Informed Choice project initiated at LLCPC; some class members have begun profile process. Informed choice project introduced in SW at TRESKO. Smaller providers in other regions contacted to explore means of combining resources.
<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>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:</p>	<p style="text-align: center;"><i>DDSD Supported Employment Lead</i></p>	

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<p>SE1.1d Defendants must provide technical assistance to JCMs and their teams to obtain jobs for JCMs consistent with the federal definition of Supported Employment.</p>	<p style="text-align: center;">TBD</p> <p>Original Date: 1/31/16 Date Ext. 1: TBD</p>	<p style="text-align: center;"><i>DDSD Supported Employment Lead</i></p>	<p>Supporting Documentation: JCM Wage and Hour report (Bates Number JQR 000552-000555), DDSD Data Collection Update (Bates Number JQR 000556-000557), Discovery Assignment Schedule (Bates Number JQR 000558-000562), and Informed Choice Work Plan (Bates Number JQR 000563-000569).</p> <p>Activities Remaining to Complete EC:</p> <ul style="list-style-type: none"> • Transfer of all database operation from IT to Statewide Employment lead • Continue roll out of IC project.
<p><i>Supported Employment Objective SE 1.2</i> Defendants will increase the number of qualified providers statewide in order to increase the number of Jackson Class Members earning minimum wage or better, and to increase the average number of hours per week worked by Jackson Class Members. Defendants will develop a plan with time lines to provide quality supported employment at criteria to all priority class members who are determined to be appropriate for work.</p>			
<p>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.</p>	<p>Original Date: 9/30/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext. 3: TBD</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"> • Defendants met with Linda Rolfe and designed written strategy to identify and retain qualified providers. <p>Supporting Documentation: See SE1.1d for Informed Choice Work plan and Qualified provider update (Bates Number JQR 000570-000572).</p>
<p>SE1.2b Defendants must provide a current written list of qualified employment providers to JCMs and their guardians.</p>	<p>Original Date: 9/30/15 Date Ext. 1: 4/30/16</p>	<p style="text-align: center;"><i>DDSD Deputy Director</i></p>	<p>Activities Remaining to Complete EC:</p> <ul style="list-style-type: none"> • With Linda Rolfe, identify process to implement written strategy.

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	Date Ext. 2: 6/30/16 Date Ext. 3: 9/30/16		
SE1.2c Defendants must use the list of qualified employment providers to increase the number of JCMs earning minimum wage or better and to increase the number of hours per week worked by JCMs.	Original Date: 9/30/15 Date Ext. 1: 6/30/16 Date Ext. 2: TBD	<i>DDSD Deputy Director</i>	
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>	
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>	
<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:	<i>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> Defendants have met with Linda Rolfe to discuss national standards on career development planning.

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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>	
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>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • The Deputy Director, Linda Rolfe, State wide lead Carrie Roberts and Leaders from PFE developed the Informed Choice project to offer Discovery to all class members identified through the DDS Employment Strikeforce as potentially available for employment even though their ISP documents state that they currently decline to work • This plan has been presented to the JCA and Plaintiffs and has been approved. Supporting Documentation: See SE1.1a for Informed Choice Work Plan
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>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • PFE Training report August 2016 and Informed Choice Work plan (Bates Number JQR 000593-000598)

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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>DDSD Deputy Director</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Defendants do not limit assessment to VAPS. The term "VAP" was retired in January 2016 and the IC project initiated to encourage experiential component to assessment. <p>Supporting Documentation: See SE1.1a for Informed Choice Work Plan</p>
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>DDSD Deputy Director</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> IC project initiated in Metro; introduced in SW. No data at this time. <p>Activities Remaining to Complete EC:</p> <ul style="list-style-type: none"> Continue IC project roll out.
<p><i>Supported Employment Objective SE 1.5 Individual records (including ISPs) of Jackson Class Members will contain accurate employment plans that include information about the Jackson Class Members' desires to work, the Jackson Class Members' skills for existing jobs, and whether the guardians want the Jackson Class Members to work.</i></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.	Original Date: 4/30/16 Date Ext. 1: TBD	<i>DDSD Supported Employment Lead</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Informed Choice project will support this EC. For those class members who are retired or medically unable to work, clear documentation is expected. <p>Supporting Documentation: See SE1.1a for Informed Choice Work Plan</p> <p>Activities Remaining to Complete EC: Continue to roll out IC project.</p>

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<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.			
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).	Original Date: 9/30/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDSD Supported Employment Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> Director's release has informed field of this requirement. CI Coordinators review OOH placement weekly to identify any class member who is OOH and employed. CI will contact the class member's CM and SE provider to assure that all measures are taken to protect the class member's employment.
SE1.6b Defendants must promptly document any life change for a JCM in appropriate forms, including Case Management Site Visit Forms and IDT Meeting minutes.	Original Date: 9/30/15 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 to report.
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	<i>DDSD Deputy Director</i>	Supporting Documentation: See SE1.2a Qualified Provider Update

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	Date Ext. 2: 7/31/16		
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>	
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>	
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>	
<i>Supported Employment Objective SE2.2</i> 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:	<i>DDSD Supported Employment Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • A draft Employment First policy and procedure has been created through the work of the JCA expert Linda Rolfe and Carrie Roberts.

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	TBD		<ul style="list-style-type: none"> • The draft policy and procedure were reviewed with the DDS D Community Inclusion Coordinators on 7.27.16. • The draft policy and procedure were reviewed with Cathy Stevenson on 8.1.16. • The draft policy and procedure were reviewed with the DDS D Case Management Coordinators on 8.15.16. • The draft policy and procedure were shared and ideas for a communication plan were discussed with key stakeholders on 9.19.05 including Sally Faubion – ARC, Kathleen Cates – Life Roots, Kathy Kunkel – DDS D, Ellen Carpenter – DVR, Daniel Lucero – DDS D, Linda Rolfe – SME, Tanya Baker McCue – UNM/CDD and Carrie Roberts – DDS D. • On 10.17.16, Carrie, Linda, Kathy and Cathy discussed the Informed Choice language in the policy and procedure. It varies slightly from the language in the standards. However, the intent is the same. The standards will be updated to reflect the new language at the next available opportunity. The policy and procedure were approved to move forward. Additionally, a response to Plaintiffs Council was discussed on this date. • Kathy Kunkel forwarded the policy and procedure to the ACQ for an emergency review by their executive committee. <p>Supporting Documentation: 10-1-16 Employment First Policy Draft (Bates Number JQR 000573-000577), 10-1-16 v3 Employment 1st NM Procedures (Bates Number JQR 000578-000582).</p>
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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 in the Quarter: <ul style="list-style-type: none"> • See SE2.2a status update.
SE2.2c The DOH must make available to a JCM and the JCM's family and guardian information on how to obtain vocational assistance, vocational assessment, assistance for non-traditional employment, and DVR services.	Original Date: 12/31/15 Date Ext. 1: 9/30/16	<i>DDSD Supported Employment Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • Meetings continue with DVR to produce a single document with information on how to obtain vocational assistance, vocational assessment, assistance with non-traditional employment and DVR services. The last meeting was 11.18.16 and included Linda Rolfe. • The Employment First Policy and Procure Communication Plan is a working document designed to track the stakeholders who obtain information about the policy and procedure. The procedure outlines a process for IDTs to ensure that individuals have access to valued employment opportunities. Supporting Documentation: Employment First Communication Plan 10.20.16 (Bates Number JQR 000583-000584).
<i>Supported Employment Objective SE2.3</i> Clarify what the employment first principle means in terms of day-to-day practice for all stakeholders (people with disabilities, family members, providers, guardians, advocates, case managers, DDSD, DVR, Partners for Employment).			
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-	Original Date: 9/30/15 Date Ext. 1: 6/30/16	<i>DDSD Supported Employment Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • Policy approved by ACQ, Plaintiffs and under review by Bureau Chiefs.

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to-day practice and assistance to JCMs and their guardians.	Date Ext. 2: 8/31/16		Supporting Documentation: See SE2.2c
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>DDSD Supported Employment Lead</i>	Supporting Documentation: See SE1.1a for Informed Choice Work Plan
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>DDSD Supported Employment Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • Employment Lead, Linda Rolfe and PFE developing matrix.
<i>Supported Employment Objective SE2.4</i> 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 name, start and end date of each job, employer of record, wages earned, hours worked, and summary of qualified employment providers' assistance.	Original Date: 9/30/15 Date Ext. 1: 9/30/16	<i>DDSD Deputy Director</i>	Supporting Documentation: See SE1.2a Qualified Provider Update
<i>Supported Employment Objective SE2.5</i> 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 in the Quarter: <ul style="list-style-type: none"> • No activities to report this quarter

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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 in the Quarter: <ul style="list-style-type: none"> • See SE1.1a Informed Choice Work plan
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. Date: 9/30/16 Activities Completed in the Quarter: <ul style="list-style-type: none"> • See SE2.1a Qualified providers update report 		
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.			
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 in the Quarter: <ul style="list-style-type: none"> • Deputy Director meets monthly with Case Management Advocacy and Action Council. • Proposed design for CM training created; • Core competencies under development. Supporting Documentation: Update on Competency Based training (Bates Number JQR 000585-000586). Activities Remaining to Complete EC: <ul style="list-style-type: none"> • Draft written proposal for JCA approval on training process. • Broaden membership at monthly meeting to enhance development of core competencies.

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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 in the 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 IDTs.	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 in the Quarter: <ul style="list-style-type: none"> • The letter promoting the use of RORIs for employment assistance was sent per the Supported Employment Communication Matrix. (See previous reports for information on these actions.) Supporting Documentation: SE Communication Matrix 10.21.16 (Bates Number JQR 000587-000592).
SE2.8c The DOH must collect RORI	Original Date:	<i>DDSD</i>	Activities Completed in the Quarter:

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information on an annual basis and must promote RORI use to identify barriers that JCMs encounter in obtaining employment.	10/31/15	<i>Supported Employment Lead</i>	<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 in the Quarter: <ul style="list-style-type: none"> No data to report
<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 in the Quarter: <ul style="list-style-type: none"> See SE1.2a Qualified providers update
<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 that are successfully developing jobs for JCMs at criteria or above criteria, provider agencies that are successfully supporting JCMs in maintaining community based jobs	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 in the Quarter: <ul style="list-style-type: none"> See SE1.2a Qualified providers update

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at criteria or above criteria, and provider agencies that are enabling JCMs to work more hours, receive higher wages, and obtain greater levels of social integration.			
SE2.1 1b 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 in the Quarter: <ul style="list-style-type: none"> • See SE1.1a DDSD Data Collection Update; SE1.2a Qualified providers update
SE2.1 1c 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 in the Quarter: <ul style="list-style-type: none"> • See SE1.2a Qualified providers update
<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.			
SE3.1a Defendants must identify appropriate tools, e.g., the “Assessment Toolkit,” for employment providers, including information about where to refer JCMs for a complete person-centered vocational assessment.	Original Date: 9/30/15 Date Ext. 1: 6/30/16 Date Ext. 2: TBD	<i>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • DDSD meeting with DVR to create Assessment tool kit. Linda Rolfe and DVR expert meeting in November to discuss tool kit, training and implementation.
SE3.1b Defendants must develop training on how to use the Assessment Toolkit, and	Original Date: 9/30/15	<i>DDSD Deputy Director</i>	Activities Completed this Quarter: <i>See SE3.1a.</i>

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DDSD Supported Employment Coordinators and other pertinent staff must receive that training.	Date Ext. 1: 9/30/16 Date Ext. 2: TBD		
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</i> IDTs are informed about the importance of accommodations to increase independent performance in the workplace.			
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 in the Quarter: <ul style="list-style-type: none"> • See SE1.2a; qualified providers update, and SE2.7a Update on Competency Based training
SE3.2b IDTs, case managers, and qualified employment providers must understand, through training and written communications, the availability of accommodations, supports, and assistive technology for use by a JCM in the workplace.	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"> • <i>See SE3.2a.</i>

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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 in the Quarter: <ul style="list-style-type: none"> • No data to report.
<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>			
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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • This EC will be submitted for disengagement.
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 reports will include quantitative information.	Original Date: 9/30/15 Date Ext. 1: 9/30/16	<i>DDSD Supported Employment Lead</i>	
<i>Supported Employment Objective SE3.4 DDSD will provide technical assistance to teams as requested for individuals whom</i>			

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they support to access employment opportunities.			
SE3.4a DDS D must identify necessary technical assistance and information to provide to IDTs and JCMs and their guardians for purposes of responding to JCMs' employment inquiries and issues.	Original Date: 7/31/15 Date Ext. 1: 9/30/16	<i>DDS D Supported Employment Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> No data to report.
SE3.4b DDS D must respond to inquiries about employment opportunities and provide appropriate job-related technical assistance and information that may include job coaching, mentoring, and problem solving to IDTs and JCMs and their guardians.	Original Date: 9/30/15 Date Ext. 1: 12/31/16	<i>DDS D Supported Employment Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> No data to report.
<i>Supported Employment Objective SE3.5</i> Defendants, through UNM/CDD Partners for Employment will provide training for people with disabilities, family members, providers, guardians, advocates, case managers, DDS D and DVR consistent with the Employment First Principle.	Activities Completed in the Quarter: <ul style="list-style-type: none"> Preparing disengagement 		
<i>Supported Employment Objective SE3.6</i> 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: DDS D 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. 		
<i>Supported Employment Objective SE3.7</i> Defendant(s) will work with Partners for Employment (formerly known as Employment Institute) to maintain an ongoing learning collaborative.	This Objective is under preparation for review by the JCA for possible disengagement.		
SE3.7a Defendants must continue to fund	7/31/15	<i>DDS D</i>	

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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.		<i>Supported Employment Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> Preparing disengagement
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 in the Quarter: <ul style="list-style-type: none"> Defendants secured Community Engagement Life grant through ICI. Federal team in NM October 26-28. Supporting Documentation: See SE1.1a for Informed Choice Work Plan
SE4.1b Defendants must identify processes that encourage job sampling, trial work experience, and volunteer opportunities for JCMs identified in SE4.1a.	Original Date: 9/30/15 Date Ext. 1: TBD	<i>DDS Supported Employment Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> See SE4.1a

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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 in the Quarter: <ul style="list-style-type: none"> • See SE2.7a
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 in the Quarter: <ul style="list-style-type: none"> • See SE1.2a Qualified providers update
<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 in the Quarter: <ul style="list-style-type: none"> • CLE project initiated • CMS Settings Rule validation to begin 12/16
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>	
SE4.2c Defendants must provide education and competency-based training to IDTs and pertinent personnel concerning the importance of having JCMs participate in	Original Date: 4/30/16 Date Ext. 1: 9/30/16	<i>DDSD Meaningful Day Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • See SE2.7a

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integrated community activities and reducing the time spent by JCMs in congregated, segregated settings.	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 in the Quarter: <ul style="list-style-type: none"> • See SE4.2a
OUTCOME E ISP: People will receive appropriate services / supports through integrated and meaningful ISP's	JCA and Community Monitor have been meeting with DDSD Deputy Director and Community Programs Bureau Chief in developing the ISP Strategic Plan. An initial stakeholder meeting was held in October 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 DDSD 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. No new information at this time.		
Assistive Technology OUTCOME A: Enhance and expand the Assistive Technology Initiative statewide.			
2005 Appendix A to the Plan of Action MEANINGFUL DAY SERVICES	DDSD Director informed JCA that state will proceed with disengagement motion of Appendix A. DDSD Deputy will discuss current initiatives and impact of CMS final rule on day services at meeting April 25 2016. 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	Discussions needed to review remaining Employment Continuous Improvement items and their incorporation into the Individual Quality Review.		
ISP JSD Paragraph 35			
Metro:			
Total Program Adequate	DISENGAGED Doc. 2069		

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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