

**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 JANUARY 27, 2017

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

Respectfully Submitted,

/s/ Jerry A. Walz _____

Jerry A. Walz, Esq.

James J. Grubel, Esq.

Attorney for Defendants

Walz and Associates, P.C.

133 Eubank NE

Albuquerque NM 87123

505-275-1800

Email: jerryawalz@walzandassociates.com

I HEREBY CERTIFY that on the 27th day of January 2017, 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

	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 health care coordination roles and responsibilities at the provider, regional, and state levels in DOH policies, procedures, and standards.	Original Date: 9/30/15 Date Ext. 1: 2/29/16 Date Ext 2: 6/30/16	<i>CSB Bureau Chief</i>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> In May of 2016, the HCC plan and timelines were refined, and implementation of DDS's Health Care Coordination Plan began with the initial stakeholder meeting on June 29, 2016. A follow up meeting was held on November 1, 2016 and was very productive in developing a framework for improving coordination of case management and MCO care coordination. Over 40 stakeholders participated, including representatives from DD Waiver provider agencies, HSD, Medicaid Managed Care Organizations, case management agencies, advocacy organizations, DDS, and the Jackson Community Monitor. Adopted definition of health care coordination. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> DDS completed edits to Healthcare Coordination definition, roles and responsibilities document. These were sent to the JCA on 1/6/2017.
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:	<i>CSB Bureau Chief</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> This activity is pending agreement on document noted

	2/29/16 Date Ext 2: 6/30/16 Date Ext 3: 12/31/16		above.
H1.1c The definitions of healthcare coordination roles and responsibilities must contain measurable performance indicators so that the DOH can assess whether the assigned responsibilities are carried out at the provider, regional, and state levels.	Original Date: 9/30/15 Date Ext. 1: 2/29/16 Date Ext 2: 6/30/16 Date Ext 3: 12/31/16	<i>CSB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> Meetings were scheduled in December 2016 between DDS, plaintiffs and JCA to discuss the plan for healthcare coordination. These were postponed due to illness and are now scheduled on February 8-9, 2017.
H1.1d The DOH must annually evaluate the performance of healthcare coordination roles and responsibilities consistent with the measurable performance indicators through the use of the health field survey tool or other appropriate tools.	Original Date: 12/31/15 Date Ext. 1: 12/31/17	<i>CSB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> Pending agreement on the HCC document.
H1.1e The DOH must take prompt action to address healthcare coordination performance that does not meet the measurable performance indicators.	Original Date: 4/30/16 Date Ext. 1: 9/30/17	<i>CSB Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> Pending agreement on the HCC document
Health Objective H1.2 Nurses routinely monitor Jackson Class Members' individual health needs through (1) oversight, (2) communication with DSP (Direct Support Professionals), and (3) corrective actions in order to implement the Jackson Class Members' health plans, to ensure that the Jackson Class Members' health needs are being met, and to timely respond to changes in Jackson Class Members' health status.			

<p>H1.2a Defendants must ensure that each JCM's healthcare needs, conditions, and risk factors are accurately documented in the JCM's healthcare record.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: TBD</p>	<p><i>Regional Office Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Therap Audit process designed and currently being reviewed by the JCA and Community Monitor for feedback: Provider Agency Nurses and Regional Office (RO) Nurses will complete quality assurance reviews of the health record for Jackson Class Members (JCM).
<p>H1.2b DSP and their supervisors must receive training by nurses in order to competently and correctly implement each JCM's healthcare plan.</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>DHI / DDSD Deputies</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Therap Audit Process created • Individual Specific Training (IST) Task Force created and meeting monthly to identify potential gaps in IST. Task Force includes DDSD Deputy Director, IMB Deputy Bureau Chief, BBS Bureau Chief, Regional Office Bureau Chief, Litigation Management Bureau Chief and Metro RO staff. • QQMM to track IMB training findings.
<p>H1.2c Nurses must visit each JCM in accordance with DOH requirements.</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>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • Director's release dated August 11, 2016 established practice standards for Nurse visits • 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 nurse visit requirement.
<p>H1.2d Nurses must meet with DSP's as needed based upon the JCM's ECHAT</p>	<p>Original Date:</p>	<p><i>CSB Bureau Chief</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • Practice standard requirements for Nurse visits based on

<p>acuity level and any significant change in health status to monitor the individual.</p>	<p>10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: TBD</p>		<p>acuity and change in health status established in Director’s Release, dated August 11, 2016.</p> <ul style="list-style-type: none"> 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 nurse visit requirement. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> No data to report
<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>Regional Office Bureau Chief</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> Practice standard related to health care plan revisions established in Director’s Release, dated August 11, 2016. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Therap Audit Tool and Process developed and will include review of whether health care plans are updated when there is a change in the JCM’s health status.
<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 Date Ext 3: TBD</p>	<p><i>Regional Office Bureau Chief</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> Practice standard related to Nurse visits established in Director’s Release, dated August 11, 2016. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Therap Audit tool and Process created. See H1.2e.

<p>H1.3b Each JCM's "Therap eCHATS" ("Electronic Comprehensive Assessment Tool") must be updated within 45 days before an IDT (Interdisciplinary Team) Meeting at which the JCM's annual ISP (Individual Service Plan) is created.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: 10/31/16</p>	<p><i>BSI Bureau Chief</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> This eCHAT 45-day report review has been in place since October 2015. (We have seen a steady decline in non-compliance with this particular measure). <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Reviewed and analyzed this quarter's data. Providers with non-compliance have been contacted for remediation. <p>Supporting Documentation: Q4 45 Day eCHAT report and summary (Bates number 0001-0004).</p>
<p>Health Objective H1.4 Teams (including the individual) have information (education, consultant and technical assistance) needed to achieve goals stated in individual Healthcare Plans, MERPs [Medical Emergency Response Plans], CARMPs [Comprehensive Aspiration Risk Management Plans] and written direct support instructions as appropriate to the individual.</p>			
<p>H1.4a Upon request, DDS D will assist IDTs to identify professionals with specialized skills to provide needed information, consultation, and technical assistance. DDS D will inform IDTs of the availability of DDS D's assistance.</p>	<p>Original Date: 7/31/15 Date Ext. 1: 7/31/16</p>	<p><i>DDS D Medical Director</i></p>	<p>Milestones achieved toward completion:</p> <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. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Medical Director and CSB routinely assist to identify professionals with specialized skills as requested. Offer of assistance is reiterated at Nursing Community of Practice monthly calls.
<p>H1.4b Each JCM must have access to healthcare professionals with specialized skills, as needed.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 7/31/16</p>	<p><i>DDS D Medical Director</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Medical Director and CSB assist to identify professionals with specialized skills as requested. Offer of assistance reiterated at Nursing Community of Practice monthly call.

	Date Ext. 2: 12/31/16		
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.			
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>Regional Office Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> Therap Audit tool and Process created. (See H1.2e).
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>Regional Office Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> Therap Audit process outlines actions for correcting inaccuracies and includes content about further contract management activities if inaccuracies are not corrected.
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	<i>Litigation Management Nurse</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Practice standards related to Health Passport established in Director's Release, dated August 11, 2016.

	<p>Date Ext. 1: 6/30/16 Date Ext 2: 12/31/16</p>		<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 includes tracking of delivery of Health Passport during Out of Home placements <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> ● DDSO monitored and collected data on compliance using weekly Out of Home placement reports. ● Out of Home Policy and Procedure reviewed for potential amendment based on data below. ● OOH Health Passport compliance data for Q1 2017: <ul style="list-style-type: none"> ○ Metro -23 OOH, 13 with a Health Passport ○ SERO -7 OOH, 7 with a Health Passport ○ SWRO -2 OOH, 2 with a Health Passport ○ NERO - 7 OOH, 6 with a Health Passport ○ NWRO - 4 OOH, 4 with a Health Passport ● Metro Regional nurses’ meeting scheduled for 1/30/17. <p>Supporting Documentation: Out of Home Placement Reports are provided to plaintiffs weekly and are available upon request.</p>
<p>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.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 6/30/16 Date Ext 2: 12/31/16</p>	<p><i>Litigation Management Nurse</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> ● This EC was completed via the Health Director’s Release dated 8/11/2016 as this is the appropriate mechanism for issuing new requirements to providers. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> ● See H1.6a
<p>H1.6c A JCM’s provider must ensure a</p>	<p>Original</p>	<p><i>Litigation</i></p>	<p>Activities Completed in the Quarter:</p>

<p>JCM's current healthcare information is provided to treating and evaluating health care professionals and the case manager must verify that through review of the Physician Consultation Form.</p>	<p>Date: 12/31/15 Date Ext. 1: 6/30/16 Date Ext 2: 12/31/16</p>	<p><i>Management Nurse</i></p>	<ul style="list-style-type: none"> • See H1.6a
<p><i>Health Objective H1.7</i> The team assures recommendations from healthcare professionals are reviewed with the individual and guardian in a manner that supports informed decision making and [are] either implemented, or documented in a Decision Consultation Form if recommendation is declined.</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><i>DDSD Statewide CM Lead</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • Director's Release, dated August 11, 2016, established policy and defined required actions to ensure that a healthcare professional's recommendations are communicated and implemented unless specifically declined using a <i>Decision Consultation Form</i>. Release also directed that the JCM's nurse must assure that the JCM's healthcare records accurately identify and reflect all recommendations and assessments of the JCM's treating and evaluating healthcare professionals. It also mandated that all healthcare recommendations must be implemented within the timeframe prescribed by the treating professional, unless the recommendation has been declined by the individual or his/her healthcare decision maker. • Training with case managers on expectations and communication regarding healthcare professionals' recommendations and assessments was completed. Additionally, use of the Decision Consultation Form

			was included in this training that was facilitated by Jennifer Rodriguez, DDS at the statewide quarterly case management meeting on January 29, 2015.
H1.7b A JCM's healthcare records must accurately identify and reflect any recommendations and assessments of the JCM's treating and evaluating healthcare professionals.	Original Date: 10/31/15 Date Ext. 1: 12/31/16	<i>Regional Office Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> Therap Audit process designed: Provider Agency Nurses and Regional Office (RO) Nurses will complete quality assurance reviews of the health record for Jackson Class Members (JCM) which will include a review of whether recommendations and assessments are included in the health record as appropriate.
H1.7c Defendants, through appropriate personnel, e.g., provider agencies and case managers, must ensure that a healthcare professional's recommendations are implemented within the prescribed timeframe.	Original Date: 10/31/15 Date Ext. 1: 12/31/16	<i>DDSD Medical Director</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Practice standard established in Director's Release, dated August 11, 2016. Activities Completed in the Quarter: <ul style="list-style-type: none"> Discussions with Community Monitor and Therap to develop electronic method for tracking this information.
H1.7d The JCM's Case Manager must complete a Decision Consultation Form, as appropriate, for use by the JCM's healthcare professionals. The Decision Consultation Form must be kept in the JCM's healthcare records	Original Date: 10/31/15 Date Ext. 1: 12/31/16	<i>DDSD Statewide CM Lead</i>	See H1.7a
Health Objective H1.8 Each Jackson Class Member will receive the Jackson Class Member's medications (1) in the doses prescribed, (2) in the manner and frequency prescribed, and (3) at the times prescribed.			
H1.8a Defendants must monitor the accuracy of administration of prescription	Original Date:	<i>BSI Bureau Chief</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> The Significant Events Committee reviews medication

medications to each JCM.	<p>10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: TBD</p>		<p>errors using both the GER and IMB data. There is also a Jackson Class specific medication error review identifying both provider and individual.</p> <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Significant Events Meeting on 10/26/16 and 1/25/17.
H1.8b Defendants must take prompt action to correct any failure to properly administer medications to a JCM in accordance with prescriptions.	<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>Regional Office Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Significant medication errors are required to be reported to IMB. Guidelines provided in GER guidelines). Safety and corrective and preventative action plans are often required. Regional office continues to provide technical assistance regarding medication errors via Therap review, GER review, site visits, etc.
<p><i>Health Objective H2.1 Jackson Class Members receive age appropriate preventive/early detection screening/immunizations for health risk factors.</i></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>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>Medical Director</i></p>	<p>Milestones achieved toward completion:</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. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Used Nursing Community of Practice forum to discuss

			implementation issues with provider and regional nurses and to refine protocol.
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.	Original Date: 12/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: 10/31/16	<i>CSB Bureau Chief</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> An online tool which was developed by the United States Preventive Services Task Force (USPSTF) has been identified, which will greatly facilitate communication with the JCM's primary care physician regarding the preventive services that are recommended for the JCM. Activities Completed in the Quarter: <ul style="list-style-type: none"> A separate tool is under development to address preventive services that are specific to the JCM's specific condition(s).
Health Objective H3.1 Jackson Class Members receive increased intensity of services during acute episodes or illnesses.			
H3.1a A nurse's monitoring, including nursing assessments and oversight, must increase during a JCM's acute episodes or illnesses.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: 12/31/16	<i>CSB Bureau Chief</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Practice standard established in Director's Release, dated August 11, 2016. Activities Completed in the Quarter: <ul style="list-style-type: none"> Individual record reviews were completed in the SW Region using the Health Field Survey Tool.
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	Original Date: 10/31/15	<i>CSB Bureau Chief</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> See H3.1

<p>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>Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: 12/31/16</p>		<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Individual record reviews were completed in the SW Region using the Health Field Survey Tool.
<p>H3.1c In each individual case where a Nurse fails to comply with DOH requirements regarding significant health status change, the provider will report the failure to IMB. IMB will investigate and take appropriate action and DOH will review patterns and trends via the health field tool and identify nurse performance issues, and will take corrective action.</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>CSB Bureau Chief</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> Practice standard established in Director's Release, dated August 11, 2016.
<p><i>Health Objective H3.2 Direct Service Personnel/supervisors are able to identify subtle signs of change/acute symptoms.</i></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</p>	<p>Original Date: 10/31/15 Date Ext. 1: 7/31/16</p>	<p><i>Medical Director</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> Practice standard established in Director's Release, dated August 11, 2016. <i>Health Alert</i> issued regarding early identification of subtle or other early signs of a change in health status. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Falls Alert distributed to providers on 1/25/17.

condition, related signs and symptoms, and recommended actions, or the DOH may develop other pertinent policies and procedures that provide the required guidance.			
H3.2b Each JCM's healthcare plans and MERP's must contain individual specific information on how provider agency staff can identify subtle signs of change or acute symptoms.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: TBD	<i>Regional Office Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> Therap Audit process designed: Provider Agency Nurses and Regional Office (RO) Nurses will complete quality assurance reviews of the health record for Jackson Class Members (JCM). The quality assurance reviews will include a review of whether healthcare plans and MERPs contain individual specific information on subtle signs of change or acute symptoms.
H3.2c DSP and supervisors must receive and must complete appropriate training on how to timely identify signs of change or acute symptoms in a JCM.	Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3: TBD	<i>Medical Director and DDS Deputy</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> <i>Health Alert</i> issued on recognition of subtle signs and symptoms.
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:	<i>CSB Bureau Chief</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Practice standard established in Director's Release, dated August 11, 2016. Activities Completed in the Quarter: <ul style="list-style-type: none"> Individual record reviews were completed in the SW

	6/30/16 Date Ext 3: TBD		Region using the Health Field Survey Tool.
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>	Milestones achieved toward completion: <ul style="list-style-type: none"> Practice standard established in Director's Release, dated August 11, 2016. Activities Completed in the Quarter: <ul style="list-style-type: none"> Individual record reviews were completed in the SW Region using the Health Field Survey Tool.
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>	Milestones achieved toward completion: <ul style="list-style-type: none"> Practice standard established in Director's Release, dated August 11, 2016. Activities Completed in the Quarter: <ul style="list-style-type: none"> Individual record reviews were completed in the SW Region using the Health Field Survey Tool.
H3.3c: The DDW Agency Nurse will evaluate the effectiveness of pain management strategies and record the effectiveness in nursing notes or on the MAR. If needed, the JCM's healthcare record will be promptly updated.	Original Date: 1/31/16 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext 3:	<i>CSB Bureau Chief</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Practice standard established in Director's Release dated August 11, 2016. Activities Completed in the Quarter: <ul style="list-style-type: none"> Individual record reviews were completed in the SW Region using the Health Field Survey Tool.

	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>	Milestones achieved toward completion: <ul style="list-style-type: none"> Practice standard established in Director's Release dated August 11, 2016. Activities Completed in the Quarter: <ul style="list-style-type: none"> Individual record reviews were completed in the SW Region using the Health Field Survey Tool.
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>Litigation Management Nurse</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Practice standard established in Director's Release dated August 11, 2016. Out of Home Policy, dated 10/4/2016 Activities Completed in the Quarter: <ul style="list-style-type: none"> DDSD monitored compliance with the requirements set forth in Director's Release by monitoring the Out of Home placement representative.
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:	<i>Litigation Management Nurse</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Practice standards related to out of home placements established in Director's Release, dated August 11, 2016. Defendants finalized the Out of Home Placement report Policy and Procedure on 10-04-16. Out of Home placement Report template includes tracking of delivery of Health Passport and Home

	12/31/16		<p>placements.</p> <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See H1.6 <p>Supporting Documentation: Weekly Out of Home Placement Reports are provided to plaintiffs weekly and are available upon request.</p>
<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>Litigation Management Nurse</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • Director’s Release dated 8/11/2016 • Out of Home Policy dated 10/4/2016 <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Compiled aggregate data from Out of Home Placement Report. Data for Q1 2017: <ul style="list-style-type: none"> ○ Metro- 20 out of 23 JCMs had information & AT given to providers ○ SERO- 6 out of 7 JCMs had information & AT given to providers ○ SWRO- 1 out of 2 JCMs had information & AT given to providers ○ NERO 7 out of 7 JCMs had information & AT given to providers ○ NWRO 2 out of 4 JCMs had information & AT given to providers <p>Supporting Documentation: Weekly Out of Home Placement Reports are provided to plaintiffs weekly and are available upon request.</p>
<p>Health Objective H3.5 When a JCM is receiving healthcare in an out-of-home setting, the IDT will plan for a smooth transition back to the JCM’s home as soon as medically feasible.</p>			

<p>H3.5a The JCM's case managers, Agency Nurses and pertinent Regional Office staff will meet promptly to plan for a JCM's safe discharge.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 4/30/16 Date Ext 2: 6/30/16 Date Ext 3: 12/31/16</p>	<p><i>Litigation Management Nurse</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> Practice standards related to out of home placement and discharge established in Director's Release, dated August 11, 2016. Providers must assure that the JCM's case manager(s), Agency Nurse(s) and, as appropriate, DDS Regional Office staff will coordinate with appropriate staff at the hospital or other out-of-home setting to plan for a JCM's safe and smooth discharge. Providers must assure that nurses and other appropriate healthcare providers update the JCM's e-CHAT and other health records in accordance with the 2015 Standards. Healthcare recommendations and adaptive supports that the JCM received from the out-of-home provider should be implemented in order to ensure a safe and smooth transition back to the JCM's home. <p>Activities completed in the Quarter:</p> <ul style="list-style-type: none"> LMB Nurse working with DDS Deputy Director to amend Out of Home template to include tracking of discharge planning.
<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>Litigation Management Nurse</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> Practice standards related to Health Passport established in Director's Release, dated August 11, 2016. Defendants finalized the Out of Home Placement Report Policy and Procedure on 10-04-16. Out of Home Placement Report template includes tracking of required eCHAT update. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Compiled aggregate data from the Out of Home Placement Report. Data for Q1 2017:

			<ul style="list-style-type: none"> ○ Metro 23 OOH, 15 with eCHAT updated ○ SERO- 7 OOH, 6 with eCHAT updated ○ SWRO- 2 OOH, 2 with eCHAT updated ○ NERO 7 OOH, 6 with eCHAT updated ○ NWRO 4 OOH, 3 with eCHAT updated <p>Supporting Documentation: Weekly Out of Home Placement Reports are provided to plaintiffs weekly and are available upon request.</p>
<p>Health Objective H4.1 Competent personnel (nurses, DSP, front line supervisors, ancillary providers, and case managers), who have received and passed competency based training related to prevention and early identification, provide services to Jackson Class Members. (Ashton #6, 7, 8)</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>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • There are current established, mandatory training requirements in the 2015 version of the DD Waiver Standards for nursing and therapy (OT, PT and SLP). 7 trainings are required for nurses. 4 trainings are required for Therapists. • An additional analysis of the nursing orientation program “Introduction to Developmental Disabilities Nursing in New Mexico” was completed on June 10, 2016. This analysis demonstrated that the majority of the slides (64%) are focused on orienting the new nurse to the DDSD system and funding structure while 44% of the slides in that session are related to health issues. While atypical or subtle signs are not included in Orientation, this topic is addressed in Health Care Planning and Aspiration Risk Management (ARM).
<p>H4.1b Nurses, DSP, front-line supervisors, ancillary providers, and case managers must satisfactorily complete the mandatory</p>	<p>Original Date: 1/31/16 Date Ext. 1:</p>	<p><i>DDSD Training Unit and CSB</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • DDSD’s core curriculum competency-based trainings that address issues related to prevention and early

competency based training program.	9/30/16 Date Ext. 2: Pending further discussion with the JCA.	<i>Bureau Chief</i>	identification were provided to Case Managers, Direct Support Personnel, and Direct Support Supervisors throughout the state of NM. This is happening on an ongoing basis.
H4.1c The DOH must independently measure compliance by nurses, DSP, front-line supervisors, ancillary providers, and case managers with 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>BSI Bureau Chief and DDS Deputy</i>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> This measure is now being monitored and analyzed as part of the DDSQI process. <p>Activities Completed in the Quarter</p> <ul style="list-style-type: none"> The CDD database has been updated to support this process. All Nursing and Therapy data has been updated. Regional compliance reports have been received for DS, DSS, and CMs. Compliance report completed. <p>Supporting Documentation: DDSQI Key Performance Indicator Training Quad Charts (Bates number 0005-8); Compliance Report 2Q FY17 – Regional Summary (Bates number 0009)</p>
H4.1d The DOH must take prompt remedial action for nurses, DSP, frontline supervisors, ancillary providers, and case managers who are found deficient in the mandatory competency based training.	Original Date: 1/31/16 Date Ext. 1: 9/30/16 Date Ext. 2: Pending further discussion	<i>DDS Training Unit and CSB Bureau Chief</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Training Unit performed routine follow-up action with agencies that were below established compliance percentages for DSP, DSS, and CM. These activities are included in the Training Compliance Status Summary. <p>Supporting Documentation: FY16 Q1 Training Compliance Status Summary (Bates number 0010-11)</p>

	with the JCA.		
H4.1e Nurses, DSP, front-line supervisors, ancillary providers, and case managers must receive information specific to Ashton #6, 7, and 8, as outlined in the Health Communications Matrix.	Original Date: 10/31/15 Moot per letter of 1/28/16 from JCA.	<i>DDSD Training Unit and CSB Bureau Chief</i>	Moot per letter of 1/28/16 from JCA.
Health Objective H4.2 IDTs provide for the changing health supports class members need as they age including advanced care planning and have access to palliative care consistent with their individual needs.			
H4.2a Case managers and agency nurses must provide up-to-date information and resources to JCMs and their guardians about advanced care planning and palliative or end-of-life care so that the JCMs and their guardians can make informed choices.	Original Date: 10/31/15 Date Ext. 1: 12/31/16	<i>Medical Director</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Practice standard established in Director's Release, dated August 11, 2016. Activities Completed in the Quarter: <ul style="list-style-type: none"> Individual record reviews were completed in the SW Region using the Health Field Survey Tool.
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>Medical Director</i>	
H4.2c The DOH must provide advanced care planning and palliative care to those	Original Date:	<i>Medical Director</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Practice standard established in Director's Release,

<p>JCMs who choose to have advanced care planning and palliative care.</p>	<p>10/31/15 Date Ext. 1: 12/31/16</p>		<p>dated August 11, 2016. Directing staff to utilize the existing ISP questions to inquire if a JCM or his/her guardian wants information about advanced directives can be found in the last few pages of the ISP. Directing that if the JCM or the individual’s guardian chooses advance care planning, the Case Manager should inform the individual or the individual’s guardian that assistance is available from UNM Continuum of Care. Directing that discussions and follow-up about advance care planning and referrals to UNM Continuum of Care should be documented in the IDT meeting minutes. This documentation needs to include both whether the discussion regarding advanced care planning/palliative care occurred; and whether the JCM/guardian wanted advanced care planning, including palliative care.</p> <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • This is done through DDW case managers and the UNM Continuum of Care upon request.
<p>Health Objective H4.3 Quality Assurance information is used to improve health outcomes.</p>			
<p>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</p>	<p>Original Date: 1/31/16 Date Ext. 1: 6/30/16 Date Ext. 2: Pending further discussion</p>	<p><i>DDSD Deputy Director and BSI Bureau Chief</i></p>	<p>Milestones achieved</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.

<p>in the healthcare services to JCMs and to improve healthcare outcomes to JCMs.</p>	<p>with the JCA</p>		<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> ● Significant Events Quarterly meeting 10/26/16 ● Weekly review of Out of Home Placement Reports from the five regions (Metro, SERO, SWRO, NERO, and NWRO) and compilation of At Risk List. ● Draft CPR report for 2016 reviewed with Community Monitor on 1/18/17. (See S3.4). ● Defendants are in the process of drafting a formal response to report (see S3.6). <p>Supporting Documentation: 10/26/16 Meeting Summary (Bates number 0012-13)</p>
<p>SAFETY PLAN</p>			
<p>Safety Objective SI.1.1 Define “Abuse, Neglect and Exploitation” (ANE) consistent with New Mexico Statutory Adult Protective Services (APS) definitions.</p>			
<p>S1.1a The DOH must promulgate revised regulations that define ANE consistent with APS definitions.</p>	<p>7/2/14 Complete and sustained</p>	<p><i>IMB Chief</i></p>	<p>Disengaged on February 11, 2016. See Doc 2095</p>
<p>Safety Objective SI.1.2 Provide educational information about how to detect ANE.</p>			
<p>S1.2a The DOH must develop and must provide annually educational information to providers, physicians, clinicians, families, guardians, and law enforcement about detecting ANE.</p>	<p>Original Date: 7/1/15 Date Ext. 1: 9/30/16 Date Ext. 2: 10/31/16</p>	<p><i>IMB Chief</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> ● On 11/02/16 IMB issued the FY2016 Annual Report to Providers, Guardians, families, DDS and DHI staff. ● IMB contacted the Albuquerque PD, Rio Rancho PD, Bernalillo County SO, and New Mexico State Police about conducting training on ANE for their officers and have commitments from each. ● Contacts are currently scheduled with the Los Lunas

			<p>PD, Los Alamos PD and Sandoval County SO.</p> <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • IMB is developing a law enforcement training curriculum with DDS D assistance. <p>Supporting Documentation:</p> <p>FY2016 Annual Report (Bates number 0014-0029)</p>
<p>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.</p>			
<p>S1.3a All current and new staff as listed in POA CIMS B and the DDS D staff (Regional Directors, Assistant Regional Office Bureau Chief, and the DDS D Training Unit) must successfully complete DHI’s competency based training on ANE from a DHI Trainer or a DHI approved trainer that incorporates the principles of adult learning as described in Kutas Recommendations # 7 and #8 before working alone with JCMs and their guardians.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 12/31/16</p>	<p><i>DHI Trainer</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • Overall for 2016, 835 agency personnel and state employees have been trained on the new class. • DHI issued a director’s release requiring all agencies to implement the new ANE training on January 1, 2017 for all new staff and for recertifying current staff. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • DHI is developing the new ANE annual refresher training as an on-line, competency-based class. • DHI is developing the new ANE annual refresher training as an on-line, competency-based class. • Five ANE classes were held for DDS D and DHI staff; Additional classes for DOH staff are scheduled for January and February • 11 DDS D staff were trained • 21 DHI staff were trained • 30 new trainers were trained and certified to teach the class, there is now 118 certified ANE trainers statewide.
<p>S1.3b. All current and new staff in POA CIMS B and the DDS D staff must demonstrate a knowledge and understanding of the training received in S1.3a and S1.3b by passing a formal test.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 12/31/16</p>	<p><i>DHI Trainer</i></p>	

<p>S1.3c. All current and new staff listed in POA CIMS B and the DDSD staff must receive refresher competency based training on an annual basis.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 12/31/16</p>	<p><i>DHI Trainer</i></p>	<ul style="list-style-type: none"> 321 additional agency personnel and state employees were trained and certified with the new ANE training on recognizing and reporting ANE. <p>Supporting Documentation: Course attendance summary for Q2 FY17 (Bates number 0030); Course attendance summary for Q2 FY17 by region (Bates number 0031-0035)</p>
<p>Safety Objective S1.1.4 ANE is reported immediately. JCA Disengagement Determination Received on 10/19/16.</p>			
<p>S1.4a The DOH must maintain a toll-free 24 hour, 7 days a week, telephone number to receive reports of ANE.</p>	<p>Original Date: 7/2/14 Date Ext. 1: 6/30/16 Date Ext. 2: 7/31/16 Date Ext. 3: 8/31/16</p>	<p><i>IMB Bureau Chief</i></p>	<p>Objective complete and sustained</p>
<p>S1.4b The DOH must communicate to its staff and the providers who have contact with JCMs that ANE of JCMs must be reported immediately.</p>	<p>Original Date: 7/2/14 Date Ext. 1: 6/30/16 Date Ext. 2: 7/31/16 Date Ext. 3: 8/31/16</p>	<p><i>IMB Bureau Chief</i></p>	
<p>S1.4c IMB must formally document reports of ANE of JCMs and must take corrective action when ANE is not reported</p>	<p>Original Date: 7/2/14 Date Ext. 1:</p>	<p><i>IMB Bureau Chief</i></p>	

immediately.	6/30/16 Date Ext. 2: 7/31/16 Date Ext. 3: 8/31/16		
Safety Objective SI.1.5. Providers will take immediate action to develop a safety plan after an allegation of ANE to protect the alleged victim(s) during the course of an investigation. JCA Disengagement Determination Received on 9/29/16.			
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>	Objective Complete and sustained.
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 SI.1.6 Severity of the alleged ANE dictates the investigation response.	This objective was submitted to the JCA for disengagement on 08/23/16.		
S1.6a The DOH must establish a priority of	4/7/14	<i>IMB Bureau</i>	Milestones achieved toward completion:

<p>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.</p>	<p>Date Ext. 1: 8/31/16</p>	<p><i>Chief</i></p>	<ul style="list-style-type: none"> This objective was submitted to the JCA for disengagement on 08/23/16. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> On 10/17/16 IMB made significant changes to the “case initiation” timeline. The JCA consultants have been reviewing Intake packets to evaluate the priority of investigation responses to ensure compliance with the EC.
<p><i>Safety Objective S [Kutas] 1.2.1 Competent ANE Investigators conduct professionally adequate investigations.</i></p>			
<p>S2.1a ANE Investigators must pass Core Competency and Field Training before conducting investigations of ANE.</p>	<p>Original Date: 7/2/14 Date Ext. 1: 10/1/16 Date Ext. 2: 12/31/16</p>	<p><i>IMB Bureau Chief</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> IMB centralized all training documentation in one location. IMB reviewed the training records for all current Investigators to verify compliance. Compliance is 100%.
<p>S2.1b The JCM Supervisory Review Tool must be used to assess an ANE investigation in every case of ANE.</p>	<p>Original Date: 7/2/14 Date Ext. 1: 10/1/16 Date Ext. 2: 12/31/16</p>	<p><i>IMB Bureau Chief</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> The JCM Supervisory Review tool is used on all IMB cases. This Evaluative Component is complete.
<p>S2.1c ANE investigations must not be closed until they meet the standards of the Supervisory Review Tool, which verifies whether the investigation meets the standard for professionally adequate investigations.</p>	<p>Original Date: 7/2/14 Date Ext. 1: 10/1/16 Date Ext. 2:</p>	<p><i>IMB Bureau Chief</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> The JCM Supervisory Review tool is used on all IMB cases.

	12/31/16		<ul style="list-style-type: none"> This Evaluative Component is complete.
S2.1d The DOH must review ANE intake and investigation quality, consistent with the Kutas quality indicators, on a quarterly basis.	<p>Original Date: 7/2/14</p> <p>Date Ext. 1: 10/1/16</p> <p>Date Ext. 2: 12/31/16</p>	<i>IMB Bureau Chief</i>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> The Intake QA review tool and policy were finalized and approved by the JCA consultants. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Two Intake QA reviews have been conducted. The FY17 Q1 Investigation QA was conducted using the new investigation QA tool. Minor adjustments to the tool were made, and the Q2 review is scheduled. <p>Supporting Documentation:</p> <p>Intake analysis and report 4/1/16-6/30/16 (Bates number 0336-340)</p> <p>Intake analysis and report 7/1/16-9/30/16 (Bates number 0341-345)</p> <p>FY 17 Q1 Investigator review (Bates number 0346-349)</p>
<p>Safety Objective S [Kutas] 1.3.1 Consistent with the IGA (Inter-Governmental Agreement), IMB will be the primary authority for ANE investigations. JCA Disengagement Determination Received on 9/30/16</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>Original Date: 7/2/14</p> <p>Date Ext. 1: 6/30/16</p> <p>Date Ext. 2: 8/31/16</p>	<i>IMB Bureau Chief</i>	This objective is complete and sustained.
S3.1b The DOH must monitor the provider’s compliance with these administrative rules	<p>Original Date: 10/1/14</p>	<i>IMB Bureau Chief</i>	

on a quarterly basis and must promptly correct any deficiencies.	Date Ext. 1: 6/30/16 Date Ext. 2: 8/31/16		
Safety Objective S [Kutas] 1.4.1 Provide information regarding ANE reports/investigations to designated stakeholders.			
S4.1a The DOH must provide timely information regarding ANE reports, investigations, and findings to JCMs, stakeholders (families, guardians, providers, case managers), and other individuals or staff who need that information to ensure the safety of JCMs.	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>	Milestones achieved toward completion: <ul style="list-style-type: none"> This objective was submitted to the JCA for disengagement on 08/23/16. Activities Completed in the Quarter: <ul style="list-style-type: none"> Change in process for IMB to notify all Reporters of the outcome of the IMB investigation (no longer asking if the Reporter wants to be notified). Investigators were instructed to notify the alleged victim at the time of their interview, regardless of the alleged victim's perceived ability to understand. Case managers will notify the alleged victim of investigation outcomes in unsubstantiated cases. To ensue case managers are trained on this policy, defendants will make this part of the case management core competency training.
S4.1b The reporter of ANE must receive information from the DOH about the status of the ANE report and any findings.	Original Date: 7/2/14 Date Ext. 1: 6/30/16 Date Ext. 2: 8/31/16 Date Ext. 3: 12/31/16	<i>IMB Bureau Chief</i>	
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:	<i>IMB Bureau Chief</i>	

	8/31/16 Date Ext. 3: 12/31/16		
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.			
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>	Milestones achieved toward completion: <ul style="list-style-type: none"> This objective was submitted to the JCA for disengagement on 08/23/16. Activities Completed in the Quarter: <ul style="list-style-type: none"> Change made in IMB procedure to always enter the IDT meeting minutes and the corrective and preventive action plan as an Exhibit in the case file. For every substantiated case, timeliness, effectiveness and sustainability of the corrective and preventive action plan is thoroughly discussed at each monthly Regional meeting, and an action plan is created for any “no” answer. The IDT meeting minutes and the corrective and preventive action plan are reviewed to ensure they adequately address the reason for the substantiated finding, and ensure health and safety. Change in IMB procedure to notify the Case Manager and the Responsible Provider in writing of the substantiated finding (versus by phone) so they have detailed information on which to create the corrective and preventive action plan and hold the IDT meeting.
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	Original	<i>IMB Bureau</i>	

JCM's IDT must meet as required by NMAC and pertinent information about the ANE investigation and the ANE report must be properly documented, including in the IDT meeting minutes for purposes of reducing and preventing ANE.	Date: 7/2/14 Date Ext. 1: 7/1/16 Date Ext. 2: 8/31/16	<i>Chief</i>	
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 Regional Office Bureau Chief</i>	Milestones achieved toward completed: <ul style="list-style-type: none"> The new IMB database went live on 7/27/16. Activities Completed in the Quarter: <ul style="list-style-type: none"> Information from the database was used in the FY2016 Annual Report to identify patterns and trends in ANE. Supporting Documentation: See S1.1.2
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 Regional Office Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> The Regional Offices continue to review Out of Home Placement reports, Jackson Class Member Emergency Service General Event Reports, and monitor Regional Performance Improvement Plans. All of these reports are reviewed at the monthly Quality Management meetings with the Division of Health Improvement. Concerns or follow up that cannot be resolved at the monthly meetings are referred and discussed at the Quarterly Quality Management Meeting (QQMM). Supporting Documentation: <ul style="list-style-type: none"> Monthly Regional Jackson Class Member Emergency Services Tracking Grids.

			<ul style="list-style-type: none"> Monthly Quality Management meeting minutes.
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 DDS Regional Office Bureau Chief</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> SFY 2016 Incident Management Bureau (IMB) Annual Report SFY2016 was published and distributed on 12/9/16. Supporting Documentation: SFY16 Annual report
<p>Safety Objective S2.1 All deaths are reviewed and a root cause analysis is done of preventable deaths. The findings from the root cause analysis will be used to strategically reduce the likelihood of preventable deaths.</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.	Original Date: 12/31/15 Date Ext. 1: 9/30/16	<i>DDS Medical Director</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> All JCM deaths are reviewed by a physician with DD experience and is external to NMDOH. All deaths are reviewed by internal staff to prepare reviews for the NMDOH Mortality Review Committee.
S2.1b The DOH must provide autopsy reports and independent healthcare professionals’ reports of JCMs’ deaths to the Mortality Review Committee (MRC), promptly after their receipt that then reviews and analyzes all JCM deaths, and makes findings and recommendations.	Original Date: 12/31/15 Date Ext. 1: 9/30/16	<i>DDS Medical Director</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> All autopsy reports are provided to the Mortality Review Committee.
S2.1c The DOH must identify and take appropriate actions in response to the	Original Date:	<i>DDS Medical</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Recommendations are tracked and actions reported to

MRC's findings and recommendations.	12/31/15 Date Ext. 1: 9/30/16	<i>Director</i>	the MRC.
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>	Milestones achieved toward completion: <ul style="list-style-type: none"> The MRC operates in a manner consistent with this GAO report.
S2.1e In response to analysis of JCMs' deaths and the mortality review process, in the case of preventable deaths the DOH must identify root causes of the JCM deaths and must remediate identified deficiencies so as to reduce the likelihood of preventable deaths.	Original Date: 12/31/15 Date Ext. 1: 9/30/16	<i>DDSD Medical Director</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Root cause analysis consistently is used by the MRC.
<i>Safety Objective S3.1</i> Establish and use indicators to measure quality of DD [Developmentally Disabled] Services in New Mexico.			

<p>S3.1a The DOH must establish “DD key indicators” at the individual, program, and systems levels that guide programs and services for JCMs.</p>	<p>Original Date: 11/30/15</p>	<p><i>BSI Bureau Chief and DDS D Deputy Director</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • DD Key indicators established • Key Performance Indicators (KPI) for each indicator established <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • New KPI format completed at the last DDSQI Monthly meeting • CDD Training Data updated in the database <p>Supporting Documentation: DDS D KPI data and Quad Charts (Bates number 0036-53)</p>
<p>S3.1b The DOH must ensure that the DD key indicators are present in the DDW provider agreements, DDW (Developmentally Disabled Waiver) standards, and the QMB (Quality Management Bureau) review tool.</p>	<p>Original Date: 12/31/15</p>	<p><i>BSI Bureau Chief and DDS D Deputy Director</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • Key Indicators are in the standards and provider agreements.
<p>S3.1c Through the use of the CPR, QMB and other JCM data, the DOH will identify and document whether the JCM’s preferences and needs, with respect to gaining skills, increasing independence, and participating in integrated community activities are met.</p>	<p>Original Date: 3/31/16 Date Ext. 1: 6/30/16 Date Ext. 2: Pending further discussion with the JCA</p>	<p><i>BSI Bureau Chief and DDS D Deputy Director</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • ISP Strategic Plan initial planning meeting with stakeholders occurred on 10/17/16. A second, larger stakeholder meeting occurred on 11/21/16 to begin work on developing a new ISP document. Next stakeholder meeting will be scheduled in March 2017. • Met with case managers on 10/27/16 to review the high level ISP Strategic Plan. • Met with Case Management Advocacy and Action Committee (CMAAC) on 11/16/16 to review high level ISP Strategic Plan.
<p>S3.1d The DOH and providers must respect</p>	<p>Original</p>	<p><i>BSI Bureau</i></p>	

<p>a JCM's informed choices for program development and services to meet the JCM's preferences and needs.</p>	<p>Date: 3/31/16 Date Ext. 1: 6/30/16 Date Ext. 2: Pending further discussion with the JCA</p>	<p><i>Chief and DDS Deputy Director</i></p>	<ul style="list-style-type: none"> • High level ISP Strategic Plan updated 9/1/16 and again on 1/18/17. CPB Chief cross-walking 2016 CPR data, DDS ISP QA and Site Visit Monitoring data from 2016, the CMS Final Rule: HCBS Settings Requirements and the Evaluative Components to develop a more detailed ISP Plan that addresses areas of deficiencies, revisions and/or additions to monitoring processes and tools, training needs and resources. • Met with the JCA on 11/18/16 to review case management areas of concern.
<p>S3.1e Providers must use information from the DD key indicators, the CPR, and the JCM to promptly correct deficiencies in programs and services and to improve practice.</p>	<p>Original Date: 3/31/16 Date Ext. 1: 6/30/16 Date Ext. 2: Pending further discussion with the JCA</p>	<p><i>BSI Bureau Chief and DDS Deputy Director</i></p>	
<p>Safety Objective S3.2 Community Practice Reviews are provided by competent personnel as evidenced by reviewers who have passed competency based training.</p>			
<p>S3.2a Community Practice Reviewers must satisfactorily complete mandatory competency-based training as identified by the Community Monitor before independently participating in the CPR.</p>	<p>Completed as per Community Monitor</p>	<p><i>Community Monitor and JCO</i></p>	<p>Completed as per Community Monitor</p>
<p>S3.2b The Community Monitor must approve Community Practice Reviewers and Case Judges.</p>	<p>Completed as per Community Monitor</p>	<p><i>Community Monitor and JCO</i></p>	

<p>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)</p>	<p>Completed as per Community Monitor</p>	<p><i>Community Monitor and JCO</i></p>	
<p>Safety Objective S3.3 Implement the CPR.</p>			
<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>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • The 2016 CPR was completed. A total of 93 Jackson Class Members were in the 2016 sample. • The Individual Quality Review draft protocol and schedules are in place and initial testing has begun on the protocol. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Metro 2 CPR cycle was completed. This was the final cycle in the 2016 CPR year. • Progress continues with the development of the Individual Quality Review. Drafts of the Review Tool, Calendar, Process and Scoring were developed. • Progress has been made with the creation of the Individual Quality Review, schedules, and testing samples have initiated. • The IQR Steering Committee and Parties met on 12/6/16 to review the proposed IQR work plan and activities to date, discussed Continuous Improvement, reviewed draft IQR tools, calendar, and scoring, and discussed identified staffing issues and next steps. • The proposed CPR to IQR transition components have

			<p>been developed and provided to the Parties.</p> <ul style="list-style-type: none"> • Test #1 of the IQR protocol is completed. <p>Supporting Documentation: Community Monitor website with CPR reports for each region and statewide report; Agenda 12.6.16 (Bates number 00054); IQR Transition Draft (Bates number 0055-056).</p>
S3.3b The Community Monitor must issue individual, regional, and statewide reports that contain the Community Monitor’s findings and recommendations.	Complete and contract will be established for FY16.	<i>DDSD CPR Lead and JCO</i>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • The Metro Region Combined PowerPoint Report was issued on 11/8/16. • A draft of the Statewide Report was issued by the Community Monitor which includes Appendix A: Findings and Recommendations Summary. • Jackson Class member Final draft reports were issued by the Community Monitor for Metro 2 CPR. <p>Supporting Documentation: See Community Monitor website with CPR reports for each region and statewide report. See DRAFT CPR 2016 State Report 12.22.16 provided by Community Monitor to parties</p>
S3.3c The DOH must continue to provide adequate resources to support the implementation of the CPR for purposes of demonstrating sustainability.	Complete and contract will be established for FY16.	<i>DDSD CPR Lead and JCO</i>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • DOH posted 7 new positions for the Individual Quality Review including one manager, one clerk and five healthcare surveyors. <p>Activities completed in the Quarter:</p> <ul style="list-style-type: none"> • 7 new positions with DHI were posted for the Individual Quality Review. These postings will close end of January 2017. • Team meetings with the Community Monitor were scheduled and took place for the Metro 2 region.

			Supporting Documentation: See Team Mtgs Day 1; (Bates number 0057) Team Mtgs Day 2 (Bates number 0058) Team Mtgs Day 3 (Bates number 0059).
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.	Original Date: 10/31/15 Date Ext. 1: Pending further discussion with the JCA	<i>JCO and Regional Office Bureau Chief</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Defendants instituted a revised internal policy and procedure related for Regional Office Follow up to CPR Finding and Recommendations effective August 2015 (provided in previous quarterly reports). The Regional Office Bureau Chief and Litigation Management Bureau Chief continue to review and close all repeat findings and recommendations. Many of the repeat issues are identified and a decision is rendered on the appropriate interventions, which is tailored to the identified deficiency. An intervention may include stepped up monitoring from the regional office or a performance Improvement Plan implemented by the agency. See 30-60-90 day reports, which detail these interventions. Supporting Documentation: 30 60 90 day reports uploaded to Filezilla on the 5th of every month.
S3.4b The DDS and providers must use the 2013–2015 CPR findings and recommendations.	Original Date: 10/31/15 Date Ext. 1: Pending further	<i>JCO and Regional Office Bureau Chief</i>	See S3.4a, S3.4c, S3.4d

	discussion with the JCA		
<p>S3.4c DDS D 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.</p>	<p>Original Date: 10/31/15 Date Ext. 1: Pending further discussion with the JCA</p>	<p><i>JCO and Regional Office Bureau Chief</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> ● The Regional Offices met with the identified Providers with the highest health risk-related findings and Providers that have the highest number of 2013-2014 CPR findings of deficiencies. ● JCO, RO Bureau Chief and BSI Chief reviewed QA/QI plans and or/other agreed upon interventions post CPR meetings to determine whether providers had effectively implemented the necessary changes to their QA/QI plans and measured the effectiveness of their interventions. ● DDS D compiled a summary report of their work with providers on this particular Objective (submitted in August 2016 Quarterly Report). <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> ● DDS D met with the Community Monitor on November 29th to identify an alternative method to satisfy the intent of the activities. Introduced the idea of working on provider quality assurance and improvement via the Provider Application process. ● DDS D formed a provider application workgroup with the task of revising the additional program description section of the provider application to include more specific information about interventions and measurement of their effectiveness. Workgroup held their first meeting on January 6th. ● BSI met with the ACQ Policy and Quality

			subcommittee and created a draft template for QA/QI plans to assist providers in developing effective plans. The draft template was presented and during the provider application workgroup.
S3.4d Defendants must identify actions taken in response to the 2013–2015 CPR findings and ensure that deficiencies are remedied.	<p>Original Date: 10/31/15</p> <p>Date Ext. 1: Pending further discussion with the JCA</p>	<i>JCO and Regional Office Bureau Chief</i>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • See S3.4a, S3.4c. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • CPR statewide Lead and LM Bureau Chief meet bi-monthly with the RO Bureau Chief and Deputy Director to identify barriers to follow up and need for a higher level of intervention. • Defendants issued two Civil Monetary Penalties in January 2017 for agencies that were deficient in their response to 2015 CPR follow up and will continue to utilize the RO contract management policy in this way as appropriate. • CPB Chief cross-walked data with additional data sources to include in a revised version of the ISP Strategic Plan.
<i>Safety Objective S3.5 Competency based training is provided based in part on analysis of identified deficiencies from the CPR through the DDS required trainings and to specific entities as appropriate.</i>			
S3.5a DDS must evaluate CPR findings to identify deficiencies in its required competency-based training.	<p>Original Date: 3/27/15</p> <p>Date Ext. 1: Pending further discussion with the JCA</p>	<i>DDS Training Unit Manager</i>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • CPR Findings and recommendations were reviewed at the Training Unit Strategic Planning meeting in April 2016, and it was discovered that the Findings and Recommendations had not changed in substance from 2015 <p>Activities Completed in the Quarter:</p>

S3.5b Using its evaluation of CPR findings, the DDS D 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 the JCA	<i>DDS D Training Unit Manager</i>	<ul style="list-style-type: none"> • Sally Karingada, DDS D CPR lead attended two-Day ISP, Health and Wellness Coordination, and ISP Critiques to look for potential gaps in training content regarding CPR Findings and Recommendations; she reported that the primary gap she found was a lack of information on person-centered assessments • A follow-up meeting regarding PCAs and Supported Employment was scheduled with Carrie Roberts and other DDS D staff on November 28, 2016, but got cancelled due to illness. Another meeting will be scheduled. • Training Unit Manager attended the ISP Strategic Planning Meeting at CDD on November 21, 2016.
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>DDS D Training Unit Manager</i>	
Safety Objective S3.6 Use information from the CPR in an integrated manner to inform program development and management for class members.			
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"> • See S3.4 • Defendants met with the Community Monitor on 1/18/17 to review the draft 2016 Statewide Report. Defendants are in the process of responding to the Community Monitor's 10 recommendations and will produce their formal response upon completion.
S3.6b DDS D must file semi-annual reports	Original	<i>JCO</i>	

identifying program development and implementation.	Date 1/31/16 Date Ext. 1: 6/30/16 Date Ext. 2: Pending further discussion with the JCA		
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.			
S3.7a DHI/QMB staff must receive competency-based training for evaluating programs that serve JCMs.	Original Date: 7/1/15 Date Ext. 1: 7/31/16 Date Ext. 2: 8/31/16 Date Ext. 3: 12/31/16	<i>QMB Bureau Chief</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> ● QMB “draft” operations manual Activities Completed in the Quarter: <ul style="list-style-type: none"> ● Revisions to the Operations Manual continue based on guidance received from Dr. Gant on 10/2/2016. Supporting Documentation: <ul style="list-style-type: none"> ● QMB DD Waiver Operations Manual draft (Bates number 0060-0135)
S3.7b DHI/QMB staff must satisfactorily complete competency-based training before evaluating programs and providers that serve JCMs.	Original Date: 7/1/15 Date Ext. 1: 7/31/16 Date Ext. 2: 8/31/16 Date Ext. 3: 12/31/16	<i>QMB Bureau Chief</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> ● Input received from Dr. Gant and consultant Rosanna Soloperto relating surveyor probes for case management. Activities Completed in the Quarter: <ul style="list-style-type: none"> ● Pending. Staff will be retrained when operations manual is completed and approved.

<i>Safety Objective S3.8</i> 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>S3.8a QMB must identify and must review the essential services that should be provided to JCMs, consistent with IDT decisions and determinations by medical professionals, therapists, and nutritional experts.</p>	<p>Original Date: 11/30/15 Date Ext. 1: 4/30/16 Date Ext. 2: 8/31/16 Date Ext. 3: 12/31/16</p>	<p><i>QMB Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> ● QMB Bureau Chief and CPB Chief met and reviewed the DHI Case Manager Interview Tool and Agency Individual Case File and Billing Field Tool on 12/29/16. Information from the JCM Case Management Consultant was reviewed and considered. Areas were identified that are not appropriate for these tools and CPB Chief will address these findings in other areas of the case management system. DDS Site Visit Monitoring and ISP QA tools were sources identified where this information can be monitored upon revision of tools. ● Based on 12/29/2016 meeting revisions to case management tools will be made during next quarter. ● 11/29/16 and 12/5/16 participated in CM Indicators of Quality meetings.
<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><i>QMB Bureau Chief</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> ● Between July 1, 2016 - Dec 31, 2016 QMB has completed more than 50% of case management surveys have been completed. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> ● Oct 1 - Dec 31, 2016 four case management compliance surveys have been completed. <p>Supporting Documentation: FY 2017 1st Q - CM Compliance by TAGS - Updated 12-11-2016 (Bates number 00136-0140)</p>

<p>S3.8c QMB must review CM agencies on an annual basis, using quality indicators consistent with the DDS 2006 Case Management Manual Resource Guide and DDS Service Standards, to ensure essential services are being provided to JCMs.</p>	<p>Original Date: 11/30/15 Date Ext. 1: 7/31/16 Date Ext. 2: 8/31/16 Date Ext. 3: 12/31/16</p>		<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Oct 1 - Dec 31, 2016 four case management compliance surveys have been completed.
<p>Safety Objective S4.1 Examine current Quality Assurance and Quality Improvement processes and activities intended to safeguard Jackson Class Members and to improve the quality of 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>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> Met with the ACQ policy and quality subcommittee to develop a new Quality Improvement plan template. Received stakeholder input. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Template created and reviewed with Bureau Chiefs. <p>Supporting Documentation: QA/ QI plan template (Bates number 0141- 0152)</p>
<p>S4.1b The DOH must annually evaluate the quality of providers' services and must promptly issue "provider report cards" that use measurable indicators to identify strengths, deficiencies, and remediation plans of the providers.</p>	<p>Original Date: 1/31/16 Date Ext. 1: 7/31/16 Date Ext. 2: 7/31/17</p>	<p><i>BSI Bureau Chief</i></p>	<p>Activities Completed in the Quarter:</p> <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 scorecard to the ACQ Policy and Quality Subcommittee. Scorecard Draft and data package has been sent to Senior Management for final review. Met with IT to upload data to ACT NM Website

			Supporting Documentation: Provider Scorecard document (Bates number 0153-0158)
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>	Milestones achieved toward completion: <ul style="list-style-type: none"> Shared with ACQ, ADDCP, and outlying regional providers Activities Completed in the Quarter: <ul style="list-style-type: none"> See above Met with IT to upload provider summary Supporting Documentation: See above
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>	Milestones achieved toward completion: <ul style="list-style-type: none"> Provider Selection guide complete and available
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>	Milestones achieved toward completion: <ul style="list-style-type: none"> QMB has a Focused Survey process in place to address this type of review.
<i>Safety Objective S4.2 DOH response is proportionate to the seriousness of the contractor's alleged substandard performance when corrective action is not effectively implemented.</i>			
S4.2a Defendants must identify a provider's deficiencies in cases where the contractor failed to effectively implement corrective action.	Original Date: 7/31/15 Date Ext. 1: 5/31/16 Date Ext. 2: 7/31/16	<i>IRC Chair</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> System to review case classification and past actions developed, conducted bi-annually Activities Completed in the Quarter: <ul style="list-style-type: none"> Second bi-annual review of case classification completed in Nov. 2016

	Date Ext. 3: 9/30/16		Supporting Documentation: IRC comprehensive report Bi-annual review of last 20 cases (Bates number 0159-0202); Bi-annual review IRC tracking Log (Bates number 0203); Bi-annual Review IRC Case tracking visual (Bates number 0204)
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>	Milestones achieved toward completion: <ul style="list-style-type: none"> System to review case classification and past actions developed, conducted bi-annually Activities Completed in the Quarter: <ul style="list-style-type: none"> Second bi-annual review of case classification completed in Nov. 2016 Supporting Documentation: See S4.2
Safety Objective S5.1 Providers will use the identified performance indicators as part of their agency quality assurance system to improve quality.			
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 DDSD 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>	Milestones achieved toward completion: <ul style="list-style-type: none"> DDSD identified Key Performance Indicators. Activities Completed in the Quarter: <ul style="list-style-type: none"> Key Performance Indicator information provided to DDSD Bureau of Systems Improvement for FY17 Q1. Supporting Documentation: See S3.1a

S5.1b The DOH must communicate these required measurable quality indicators to providers.	Original Date: 12/31/15	<i>QMB Bureau Chief</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Information is documented in Provider Agreement. Activities Completed in the Quarter: <ul style="list-style-type: none"> None Supporting Documentation:
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 10/1/2016 - 12/31/2016 QMB has completed 18 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>	Milestones achieved toward completion: <ul style="list-style-type: none"> During FY 17 1st & 2nd quarters QMB has completed 39 DDW compliance surveys Activities Completed in the Quarter: <ul style="list-style-type: none"> In FY 2017 QMB 10/1/2016 - 12/31/2016 QMB has completed 18 compliance surveys. All surveys completed by QMB require a Plan of Correction for all deficient practices identified. Supporting Documentation: See DHI website for survey reports.
Safety Objective S5.2 Use significant events reported through GER (General Events Reporting) -- including use of emergency services, falls, medication errors, and law enforcement incidents -- to support DD system management, that includes responses to significant events.			

<p>S5.2a Defendants must use the GER information to identify the JCMs most at risk, to inform providers and regional staff of JCMs most at risk, and to request the development and implementation of prevention plans specific to a JCM's identified risks.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16</p>	<p><i>DDSD Deputy Director</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Met with the JCA consultants Rosanna Soloperto and Jodi Simmons to recreate At Risk List process. DDS D adopted JCA's methodology for creating At Risk List. • Completed At Risk List for FY 17 Q2 • Designed template for tracking interventions. <p>Supporting Documentation: At Risk List 2nd Quarter, October – December, FY2017 (Bates number 0205-0253).</p>
<p>S5.2b Defendants must provide DDSQI with significant event information found in electronic reporting through Therap GER for use by members of the joint DDS D and DHI Significant Events Committee in program development and improvement.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16</p>	<p><i>DDSD Deputy Director</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • BSI provides Significant Events information to DDSQI for consideration in program development and division action plans. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Significant Events Committee meets Quarterly to review BSI data analysis of all GERs. Regional Office Directors, nurses, BBS, litigation management are members of the committee. Data is sent one week in advance for full review for possible need for intervention, further analysis and identification of trends. • Interventions and action plans are tracked through committee meeting minutes. • Falls were identified as an area in need of intervention, action plan was created and falls alert was sent out, falls tracking template was drafted with assistance ACQ Policy and Quality Subcommittee. Significant events will continue to review falls data to determine if interventions are effective and if further action is

			required. Supporting Documentation: See H3.2 for Supporting documents
S5.2c The DOH must (1) analyze significant event information, (2) identify trends in provider performance, (3) intervene, and evaluate the effectiveness of the intervention.	Original Date: 4/30/16 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDSD Deputy Director</i>	See S5.2b
Safety Objective S5.3 Implement a responsive and effective case management system as evidenced by the provision of needed supports and services.			
S5.3a Case managers must demonstrate that they know the current strengths, needs, preferences, and medical conditions of each JCM they serve and the JCM's ISP must address these factors.	Original Date: 1/31/16 Date Ext. 1: 7/31/17	<i>QMB Bureau Chief and DDSD CM Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> QMB Bureau Chief and CPB Chief met and reviewed the DHI Case Manager Interview Tool and Agency Individual Case File and Billing Field Tool on 12/29/16. Information from the JCM Case Management Consultant was reviewed and considered. Areas were identified that are not appropriate for these tools and CPB Chief will address these findings in other areas of the case management system. DDSD Site Visit Monitoring and ISP QA tools were sources identified where this information can be monitored upon revision of tools. 11/29/16 and 12/5/16 participated in CM Indicators of Quality meetings. ISP Strategic Plan initial planning meeting with stakeholders occurred on 10/17/16. A second, larger

			<p>stakeholder meeting occurred on 11/21/16 to begin work on developing a new ISP document. Next stakeholder meeting will be scheduled in March 2017.</p> <ul style="list-style-type: none"> ● Met with case managers on 10/27/16 to review the high level ISP Strategic Plan. ● Met with Case Management Advocacy and Action Committee (CMAAC) on 11/16/16 to review high level ISP Strategic Plan. ● High level ISP Strategic Plan updated 9/1/16 and again on 1/18/17. CPB Chief cross-walking 2016 CPR data, DDS ISP QA and Site Visit Monitoring data from 2016, the CMS Final Rule: HCBS Settings Requirements and the Evaluative Components to develop a more detailed ISP Plan that addresses areas of deficiencies, revisions and/or additions to monitoring processes and tools, training needs and resources. ● Met with the JCA on 11/18/16 to review case management areas of concern. ● QMB has conducted four (4) case management provider surveys from Oct 1, 2016 through Dec 31, 2016. ● 28 Case Managers received a record review of required trainings and 26 case managers had interviews related to the knowledge of the individual they serve on the QMB survey sample. ● 1 of 28 case managers had one required training which was not completed within the required timeline. ● It should be noted 90 Individuals were reviewed during the case management services. <p>Supporting Documentation:</p>
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			<ul style="list-style-type: none"> Case Management survey report of findings available upon request
S5.3b Case Managers must ensure that each JCM's ISP is properly implemented.	Original Date: 1/31/16 Date Ext. 1: 7/31/17	<i>QMB Bureau Chief and DDS D CM Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> See S5.3a ISP activities
S5.3c Case Managers must identify significant risks, needed supports, and unmet needs for each JCM; must convene the IDT promptly whenever a JCM is at risk or a JCM's needs are not being fully addressed; must ensure DOH if the IDT is unable to adequately meet a JCM's needs.	Original Date: 1/31/16 Date Ext. 1: 7/31/17	<i>QMB Bureau Chief and DDS D CM Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> See S5.3a ISP activities QMB has conducted four (4) case management provider surveys from Oct 1, 2016 through Dec 31, 2016. 28 Case Managers received a record review of required trainings and 26 case managers had interviews related to the knowledge of the individual they serve on the QMB survey sample. Supporting Documentation: <ul style="list-style-type: none"> Case Management survey report of findings available upon request
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 DDS D CM Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> See S5.3a activities QMB has completed four (4) case management provider surveys from Oct 1, 2016 through Dec 31, 2016. During the QMB compliance surveys three (3) agencies were found in compliance with conditions of participation and one (1) was found in partial compliance. All agencies are required to complete a

			<p>plan of correction for deficient practices identified.</p> <ul style="list-style-type: none"> The agency in partial compliance was New Behavioral Health Institute (NMBHI). NMBHI condition level finding was for Parent / Guardian Abuse, Neglect, Exploitation Training. <p>Supporting Documentation: Case Management survey report of findings available upon request</p>
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.	<p>Original Date: 11/30/15 Date Ext. 1: 8/31/16</p>	<p><i>BSI Bureau Chief</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> The BSI developed a regularly scheduled Data Hub meeting with pertinent Division managers to discuss data availability, use and needs. The JCA has attended this meeting. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Data Hub meeting held on 12/13/16. <p>Supporting Documentation: Data Hub Summary 12/13/16 (Bates number 0254)</p>
S5.4b The DOH must ensure that the "ad-hoc reports pulled from HSD's MMIS" are available from DDS.	<p>Original Date: 12/31/15 Date Ext. 1: 8/31/16</p>	<p><i>BSI Bureau Chief</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> DDS is receiving raw data from HSD and BSI is able to generate reports upon request. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> Working on development of an FTP site to facilitate easier transfer of data throughout the Division. Working on development of a DDS database.
S5.4c Defendants must evaluate the usefulness and gaps in the above described	<p>Original Date: 4/30/16</p>	<p><i>BSI Bureau Chief</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> DDS has met and identified gaps and is creating a data

<p>data collection system and must modify or update the system where practicable.</p>	<p>Date Ext. 1: 8/31/16</p>		<p>system to meet our needs.</p>
<p>SUPPORTED EMPLOYMENT PLAN</p>	<p>Major Strategies:</p> <ol style="list-style-type: none"> 1. <u>Employment First Policy/Procedure</u> - Established the vision for competitive integrated employment as the preferred outcome, including instituting new definitions consistent with WIOA. 2. <u>SELN Database</u> - Established provider accountability for employment outcomes. 3. <u>Informed Choice Pilot Project</u> - The goal of this project is to increase provider capacity relative to discovery. Discovery will be used to guide informed choice about employment. 4. <u>Qualified Provider Project</u> - DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes. 5. <u>Strike Force</u> - This is an extension of the work that has previously been completed. Strike Force is currently focusing on increasing the time spent in community participation and decreasing time in facility-based non-work settings. 6. <u>CLE Project</u> - This is a research project through ThinkWork that is developing a National toolkit to be used to assist providers with Community Life Engagement. It will ultimately assist providers with compliance of the CMS Final Rule and a systemic culture shift. 7. <u>CM Competency Based Training</u> - DDS is in the process of developing competency based training in the broad areas of Employment First, Informed Choice, Person-Centered Assessments, Resources and System Drivers. 		
<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</p>	<p>Original Date:</p>	<p><i>DDS</i> <i>Supported</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • The Supported Employment database has been

criteria, but who wish to work and are capable of working at criteria, provided the JCMs' guardians support working at criteria.	10/31/15 Date Ext. 1: TBD	<i>Employment Lead</i>	converted from beta testing and is now in production mode. <ul style="list-style-type: none"> Three providers are now involved in the Informed Choice project.
SE1.1b Defendants must provide technical vocational assistance and support through job developers and job coaches for all JCMs identified in SE1.1a.	Original Date: 10/31/15 Date Ext. 1: TBD	<i>DDSD Supported Employment Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> SELN FY17 Q2 data has been collected, validated and imported into the Supported Employment database. Two new providers are involved in the Informed Choice project - Tresco and LifeRoots, Inc. 14 JCMs have been assigned to have Discovery Profiles completed.
SE1.1c Defendants must achieve an annual increase in the number of JCMs working at criteria, consistent with SE1.1a.	Original Date: 1/31/16 Date Ext. 1: 9/30/16 Date Ext. 2: TBD	<i>DDSD Supported Employment Lead</i>	Supporting Documentation: JCM Wage and Hour Report 1.23.17 Bates number 0255-0258 July 2016 - DDSD Informed Choice Monthly Deliverables Report (Bates number 0259-260) August 2016 - DDSD Informed Choice Monthly Deliverables Report (Bates number 0261) September 2016 - DDSD Informed Choice Monthly Deliverables Report (Bates number 0262-263) October 2016 - DDSD Informed Choice Monthly Deliverables Report (Bates number 0264-266) November 2016 - DDSD Informed Choice Monthly Deliverables Report (Bates number 0267-269)
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.	Original Date: 1/31/16 Date Ext. 1: TBD	<i>DDSD Supported Employment Lead</i>	
Supported Employment Objective SE 1.2 Defendants will increase the number of qualified providers statewide in order to increase the number of Jackson Class Members earning minimum wage or better, and to increase the average number of hours per week worked by Jackson Class Members. Defendants will develop a plan with time lines to provide quality supported employment at criteria to all priority class members who are determined to be appropriate for work.			
SE1.2a Defendants must develop a written strategy and process to recruit and retain qualified employment providers for all	Original Date: 9/30/15 Date Ext. 1:	<i>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> The Qualified Provider committee met on 1.19.17. Committee members were given assignments to develop

JCMs who wish to and are able to work at criteria, with their guardians' consent.	4/30/16 Date Ext. 2: 6/30/16 Date Ext. 3: TBD		portions of the provider application. Linda Rolfe, SME, developed a reporting template.
SE1.2b Defendants must provide a current written list of qualified employment providers to JCMs and their guardians.	Original Date: 9/30/15 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext. 3: 9/30/16	<i>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • See SE1.2a for updates.
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>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • See SE1.2a for updates.
SE1.2d Defendants must create and must disseminate a timeline with target dates for the employment at criteria of all JCMs who wish to work, who can work, and who have the consent of the guardians to work at criteria.	Original Date: 10/31/15 Date Ext. 1: 6/30/16 Date Ext. 2: TBD	<i>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • See SE1.2a for updates.
SE1.2e Defendants must maintain and must report annual statistics on the number of (1)	Original Date:	<i>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • See SE1.2a for updates.

JCMs who wish to work at criteria, (2) JCMs who can work at criteria with their guardians' consent, and (3) JCMs who are working at criteria. Defendants must correlate these annual statistics with the target dates in the timeline.	12/31/15 Date Ext. 1: 9/30/16 Date Ext. 2: TBD		
Supported Employment Objective SE 1.3 Personnel who develop or implement career development plans will receive and pass competency based training based on DDW standards on career development planning.			
SE1.3a Defendants must develop competency based training on DDW standards for career development planning.	Original Date: 12/31/15 Date Ext. 1: 6/30/16 Date Ext. 2: 12/31/16	<i>DDSD Deputy Director</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Four 2-day training sessions on person-centered assessments and career planning were conducted January - March of 2016. · Activities Completed in the Quarter: <ul style="list-style-type: none"> Qualified Provider committee was formed and met this quarter.
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 DDSD 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	Original Date: 7/31/15 Date Ext. 1: 9/30/16 Date Ext. 2:	<i>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> The Informed Choice project continues. Qualified Provider committee was formed and met this quarter.

employment opportunities for JCMs to work at criteria.	12/31/16		
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>	Milestones achieved toward completion: <ul style="list-style-type: none"> • Informed Choice project started. Activities Completed in the Quarter: <ul style="list-style-type: none"> • Two new providers are involved in the Informed Choice project - Tresco and LifeRoots, Inc. 14 JCMs have been assigned to have Discovery Profiles completed. Supporting Documentation: See SE1.1 for PFE Informed Choice supporting documentation.
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>	Milestones achieved toward completion: <ul style="list-style-type: none"> • VAP Policy was rescinded. Activities Completed in the Quarter: <ul style="list-style-type: none"> • Three providers are learning to do discovery through the Informed Choice project. DVR is involved in the project.
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>	Milestones achieved toward completion: <ul style="list-style-type: none"> • Supported Employment database is fully operational. Activities Completed in the Quarter: <ul style="list-style-type: none"> • See SE1.4c for updates. • PFE held 2 Trainings on Customized Employment held in November in Farmington and ABQ.
<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>			
SE1.5a Defendants, through appropriately	Original	<i>DDSD</i>	Milestones achieved toward completion:

<p>trained personnel, must update each JCM's ISP with a current and accurate employment plan, including information about the JCM's employment goals and whether the JCM wishes to work, has skills for existing work, seeks traditional or nontraditional work, and has the guardian's consent to work.</p>	<p>Date: 4/30/16 Date Ext. 1: TBD</p>	<p><i>Supported Employment Lead</i></p>	<ul style="list-style-type: none"> • Director's Release rescinding the VAP outlined requirements for career development plans. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Strike Force reconvened. ISP reviews will continue through that process. • Informed Choice pilot project added two new providers.
<p><i>Supported Employment Objective SE 1.6</i> When there is a change in an individual's life that impacts their employment status, the team will meet within 10 days and take action to minimize the disruption to the class member's employment.</p>			
<p>SE1.6a Defendants must have a system in place to minimize the disruption to a JCM's employment when a JCM suffers a "life change" (hospitalization, significant health status change, relocation to another city, loss of employment).</p>	<p>Original Date: 9/30/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • Director's Release sent to the field on 4.1.16. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • CI Coordinators reviewing Out of Home Placement reports. <p>Supporting Documentation: Supported Employment Communication Matrix (Bates number 0270-276)</p>
<p>SE1.6b Defendants must promptly document any life change for a JCM in appropriate forms, including Case Management Site Visit Forms and IDT Meeting minutes.</p>	<p>Original Date: 9/30/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Strike Force reconvened this quarter. Discussing changes in a JCM's life is part of the review process.
<p>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.</p>	<p>Original Date: 10/31/15 Date Ext. 1: 9/30/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See SE1.6b for updates.

	Date Ext. 2: 12/31/16		
Supported Employment Objective SE2.1 Qualified regional providers will be available in each region for each individual seeking employment.			
SE2.1a Defendants must develop a process to produce a list of qualified employment providers in all regions of the State for JCMs who seek employment.	Original Date: 9/30/15 Date Ext. 1: 4/30/16 Date Ext. 2: 7/31/16	<i>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> The Qualified Provider committee met on 1.19.17. Committee members were given assignments to develop portions of the provider application. Linda Rolfe, SME, developed a reporting template.
SE2.1b Defendants must create written standards that qualified employment providers must meet, including standards addressing employment goals for JCMs.	Original Date: 9/30/15 Date Ext. 1: 4/30/16 Date Ext. 2: 12/31/16	<i>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> See SE2.1a for updates.
SE2.1c Qualified employment providers that do not meet Defendants' standards must be placed on probation for a period not to exceed six (6) months. If a qualified employment provider does not meet Defendants' standards by the end of the probationary period, Defendants must eliminate that employment provider from the list.	Original Date: 12/31/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> See SE2.1a for updates.
SE2.1d Defendants must ensure that JCMs in every region of the State have some	Original Date:	<i>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> See SE2.1a for updates.

<p>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.</p>	<p>12/31/15 Date Ext. 1: 6/30/16 Date Ext. 2: 12/31/16</p>		
<p><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.</p>			
<p>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.</p>	<p>Original Date: 9/30/15 Date Ext. 1: 4/30/16 Date Ext. 2: TBD</p>	<p><i>DDSD</i> <i>Supported Employment</i> <i>Lead</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • Employment First policy/procedure was completed effective 11.15.2016. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Employment First policy/procedure was developed. <p>Supporting Documentation: Employment First Authorization and Implementation Policy and Procedure (Bates number 0277-0282)</p>
<p>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.</p>	<p>Original Date: 9/30/15 Date Ext. 1: 4/30/16 Date Ext. 2: 9/30/16</p>	<p><i>DDSD</i> <i>Supported Employment</i> <i>Lead</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See SE2.2a for updates.
<p>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.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 9/30/16</p>	<p><i>DDSD</i> <i>Supported Employment</i> <i>Lead</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • Letter about how to obtain assistance with vocational assistance and DVR services sent 1.15.16. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Employment First policy/procedure was shared with Case Managers, service providers and other interested parties electronically on 11.21.16.

			<p>Supporting Documentation: See supporting documents in SE 1.6a - Supported Employment Communication Matrix</p>
<p>Supported Employment Objective SE2.3 Clarify what the employment first principle means in terms of day-to-day practice for all stakeholders (people with disabilities, family members, providers, guardians, advocates, case managers, DDS, DVR, Partners for Employment).</p>			
<p>SE2.3a Defendants must communicate to stakeholders, including pertinent agency personnel, the meaning of New Mexico's Employment First Policy as it relates to day-to-day practice and assistance to JCMs and their guardians.</p>	<p>Original Date: 9/30/15 Date Ext. 1: 6/30/16 Date Ext. 2: 8/31/16</p>	<p><i>DDS</i> <i>Supported Employment</i> <i>Lead</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • Employment First PowerPoint with trainers notes has been finalized. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Employment First PowerPoint with trainers notes was developed in conjunction with Linda Rolfe. <p>Supporting Documentation: Employment First PPT dated 12.20.16 (Bates number 0283-0298).</p>
<p>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.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 9/30/16</p>	<p><i>DDS</i> <i>Supported Employment</i> <i>Lead</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • Formal trainings about E1st have started. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Community Inclusion Manager conducted 2 formal training sessions at the NE Regional Provider meeting and the NW Supported Employment Local Leaders (SELL) meeting. • Employment First policy/procedure was shared with Case Managers, service providers and other interested parties electronically on 11.21.16. <p>Supporting Documentation: Employment 1st Presentations Master List dated 1.11.17 (Bates number 0299-300)</p>

<p>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.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 9/30/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See SE2.3b status update. <p>Supporting Documentation: See supporting documents SE 1.6a</p>
<p><i>Supported Employment Objective SE2.4 Identify quality employment providers based on employment outcome data.</i></p>			
<p>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.</p>	<p>Original Date: 9/30/15 Date Ext. 1: 9/30/16</p>	<p><i>DDSD Deputy Director</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • The Supported Employment database has been converted from beta testing and is now in production mode. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • The Qualified Provider committee met on 1.19.17. Committee members were given assignments to develop portions of the provider application. Linda Rolfe, SME, developed a reporting template.
<p><i>Supported Employment Objective SE2.5 Review CPR and other employment data. Analyze data and use the resulting information annually to help make improvements to the employment system and improve provider performance.</i></p>			
<p>SE2.5a Defendants, in consultation with the Jackson Employment Expert, must maintain and must analyze current employment data and the CPR.</p>	<p>Original Date: 12/31/15 Date Ext. 1: 9/30/16</p>	<p><i>DDSD Deputy Director</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • The Supported Employment database has been converted from beta testing and is now in production mode. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See SE2.5a for updates. • Draft 2016 Community Practice Review report received.

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"> • Draft 2016 Community Practice Review report received and reviewed with the Community Monitor on 1/18/17. Defendants are in the process.
<p><i>Supported Employment Objective SE2.6 Increase the number of qualified providers statewide. Qualified providers are defined as those that get people jobs in the community, maintain jobs and help individuals with career advancement.</i></p>			
<p>No need for evaluative component per court order. Component Manager is DDSD Deputy Director.</p> <p>Date: 9/30/16</p> <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See SE2.1a Qualified providers update. 			
<p><i>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.</i></p>			
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"> • DDSD met with Case Management Advocacy and Action Council (CMAAC) on 12.21.16 and 1.18.17. Supporting Documentation: Proposed Training Outline for Case Managers 1.18.17 (Bates number 0301)
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	Original Date: 4/30/16 Date Ext. 1: 9/30/16	<i>DDSD Deputy Director</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • See SE2.7a for updates.

are successful.	Date Ext. 2: 12/31/16		
Supported Employment Objective SE2.8 DOH will disseminate information to CM[s], Providers and IDTs regarding strategies for overcoming identified barriers to employment and will promote use of the RORI system by CMs, providers and IDTs to seek assistance from DOH when they encounter obstacles related to employment. DOH will review and use the information from the RORIs at least annually.			
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, DDS personnel, DVR personnel, and advocates.	Original Date: 12/31/15 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDS</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Letter sent promoting the use of RORIs on 11.21.15. Employment First policy/procedure was completed on 11.15.17. Activities Completed in the Quarter: <ul style="list-style-type: none"> Draft 2016 Community Practice Review report received. Supporting Documentation: See supporting documents SE 1.6a - Supported Employment Communication Matrix
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>DDS</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> Training on the Employment First policy/procedure has started. Breaking down barriers is a component of the training. Supporting Documentation: See SE2.3a - Employment First PPT dated 12.20.16.
SE2.8c The DOH must collect RORI information on an annual basis and must promote RORI use to identify barriers that JCMs encounter in obtaining employment.	Original Date: 10/31/15	<i>DDS</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> DDS Community Inclusion Manager is working with the regional office to determine if any RORIs for employment have been filed in calendar year 2016. No

			RORIs for employment were filed in calendar year 2015.
<i>Supported Employment Objective SE2.9 Qualified employment providers have capacity to do individualized job development.</i>			
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"> • PFE held 2 Trainings on Customized Employment held in November in Farmington and ABQ. • Three providers are learning to do discovery through the Informed Choice project. They are LLCP, LifeRoots and Tresco.
<i>Supported Employment Objective SE2.10 Qualified employment providers have the capacity to provide individualized job supports to JCMs.</i>			
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"> • The Qualified Providers committee met on 1.19.17. • Three providers are learning to do discovery through the Informed Choice project. DVR is involved in the project.
<i>Supported Employment Objective SE2.11 Provider agencies use outcome data to improve practice.</i>			
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,	Original Date: 1/31/16 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext. 3:	<i>DDSD Supported Employment Lead</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> • The Supported Employment database has been converted from beta testing and is now in production mode. Activities Completed in the Quarter: <ul style="list-style-type: none"> • The Supported Employment database was completed to provide accountability for employment outcomes.

provider agencies that are successfully supporting JCMs in maintaining community based jobs at criteria or above criteria, and provider agencies that are enabling JCMs to work more hours, receive higher wages, and obtain greater levels of social integration.	7/31/16		<ul style="list-style-type: none"> • Three providers are learning to do discovery through the Informed Choice project. • The Qualified Providers committee met on 1.19.17.
SE2.11b Defendants must disseminate to provider agencies annual outcome data that Defendants deem helpful for use by provider agencies to improve services to JCMs.	Original Date: 1/31/16 Date Ext. 1: 4/30/16 Date Ext. 2: 6/30/16 Date Ext. 3: 7/31/16	<i>DDSD Supported Employment Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • FY17 Q2 data was uploaded to the Supported Employment database. Three quarters of data are now available.
SE2.11c Provider agencies must use “the required QA/QI agency plan in regards to ISP implementation specific to Supported Employment.”	Original Date: 4/30/16 Date Ext. 1: 9/30/16 Date Ext. 2: 12/31/16	<i>DDSD Supported Employment Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • DDSD developed a draft QA/QI plan that is being tested internally. It will be incorporated into the provider application process and the work of the Qualified Providers committee.
<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	Original Date: 9/30/15 Date Ext. 1: 6/30/16 Date Ext. 2:	<i>DDSD Deputy Director</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> • Letter about how to obtain assistance with vocational assistance and DVR services sent 1.15.16. (same as SE2.2c) Activities Completed in the Quarter:

vocational assessment.	TBD		<ul style="list-style-type: none"> • DDSD and DVR continue to meet to discuss collaboration related to the IGA revisions and guidance to the field about how to best access both service systems.
SE3.1b Defendants must develop training on how to use the Assessment Toolkit, and DDSD Supported Employment Coordinators and other pertinent staff must receive that training.	Original Date: 9/30/15 Date Ext. 1: 9/30/16 Date Ext. 2: TBD	<i>DDSD Deputy Director</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> • VAP rescinded on 1.15.16 per Director's Release. Guidance released about minimum requirements for person-centered assessments. Activities Completed in the Quarter: <ul style="list-style-type: none"> • See SE3.1a for updates. Supporting Documentation: See supporting documents SE 1.6a - Supported Employment Communication Matrix
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 in the Quarter: <ul style="list-style-type: none"> • See SE3.1a for updates.
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 in the Quarter: <ul style="list-style-type: none"> • See SE3.1a for updates.
<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</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Letter regarding the importance accommodations at the work site sent 8.14.15. Activities Completed in the Quarter: <ul style="list-style-type: none"> No data to report.
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</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> See SE 3.2a. Activities Completed in the Quarter: <ul style="list-style-type: none"> No data to report.
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</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> See SE3.2a. Activities Completed in the Quarter: <ul style="list-style-type: none"> No data to report. Supporting Documentation: See supporting documents SE 1.6a - Supported Employment Communication Matrix
<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</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> Contracts with PFE for FY14, FY15, FY16, FY17. Activities Completed in the Quarter: <ul style="list-style-type: none"> TA was provided to individuals in the Informed Choice project.

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</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	<ul style="list-style-type: none"> • 4 SELL Meetings held. SW in September; Gallup, Farmington and ABQ in November • 2 Trainings on Customized Employment held in November - Farmington and ABQ. <p>Supporting Documentation: September 2016 - PFE Monthly Deliverables Report (Bates number 0302-310) October 2016 - PFE Monthly Deliverables Report (Bates number 0311-0320) November 2016 - PFE Monthly Deliverables Report (Bates number 0321-329)</p>
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</i> <i>Supported</i> <i>Employment</i> <i>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</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	
Supported Employment Objective SE3.4 DDSD will provide technical assistance to teams as requested for individuals whom they support to access employment opportunities.			
SE3.4a DDSD must identify necessary technical assistance and information to provide to IDTs and JCMs and their guardians for purposes of responding to JCMs' employment inquiries and issues.	Original Date: 7/31/15 Date Ext. 1: 9/30/16	<i>DDSD</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • Letter sent 1.15.16. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • No data to report. <p>Supporting Documentation: See supporting documents SE 1.6a - Supported Employment Communication Matrix</p>
SE3.4b DDSD must respond to inquiries	Original	<i>DDSD</i>	Activities Completed in the Quarter:

<p>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.</p>	<p>Date: 9/30/15 Date Ext. 1: 12/31/16</p>	<p><i>Supported Employment Lead</i></p>	<ul style="list-style-type: none"> • DDS D continues to provide technical assistance as requested. TA that is provided by DDS D Community Inclusion Coordinators can now be formally captured through the SE database.
<p>Supported Employment Objective SE3.5 Defendants, through UNM/CDD Partners for Employment will provide training for people with disabilities, family members, providers, guardians, advocates, case managers, DDS D and DVR consistent with the Employment First Principle. Preparing disengagement</p>			
<p>Supported Employment Objective SE3.6 Defendants will provide training to employment providers and case managers on evidence based practices in Supported Employment.</p>	<p>Original Date: 12/31/15 date of completion-no evaluative components. Date Ext. 1: 12/31/16</p> <p>Component Manager: DDS D Supported Employment Lead</p> <p>Activities Completed this Quarter:</p> <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. • See SE 3.7.a for updates. 		
<p>Supported Employment Objective SE3.7 Defendant(s) will work with Partners for Employment (formerly known as Employment Institute) to maintain an ongoing learning collaborative.</p>	<p>This Objective is under preparation for review by the JCA for possible disengagement.</p>		
<p>SE3.7a Defendants must continue to fund and support Partners for Employment in accordance with an active formal agreement between DDS D and UNM, pertinent state</p>	<p>7/31/15</p>	<p><i>DDS D Supported Employment Lead</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • Contracts with PFE for FY14, FY15, FY16, FY17. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • TA was provided to individuals in the Informed Choice

procurement rules, and funding appropriated by the state legislature.			<p>project.</p> <ul style="list-style-type: none"> • 4 SELL Meetings held. SW in September; Gallup, Farmington and ABQ in November • 2 Trainings on Customized Employment held in November - Farmington and ABQ. <p>Supporting Documentation: See SE3.3 for updates about PFE deliverable reports.</p>
SE3.7b The Partners for Employment program is intended to provide a learning collaborative that enhances employment opportunities for JCMs.	10/31/15	<i>DDSD 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>DDSD 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>DDSD Supported Employment Lead</i>	
<i>Supported Employment Objective SE4.1 Class members are able to explore community work experiences including job sampling, trial work experiences and volunteering.</i>			
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>DDSD Supported Employment Lead</i>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • Work Experience Grant was developed in FY15. 10 JCMs have received funding from the Work Experience grant. • New Mexico was awarded the Community Life Engagement (CLE) project. • Informed Choice Pilot project initiated. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • Work experience grant application was updated and distributed via Tammy Barth to providers and Case Management agencies on 1.23.17.

			<ul style="list-style-type: none"> • DDS and each of the four provider agencies developed actions plans with goals for the project. • Monthly CLE project training has started. RTC in Minnesota trained on the Friend Workbook. <p>Supporting Documentation: Work Experience Grant 1.23.17 (Bates number 0330-332), See SE1.1 for Informed Choice updates</p>
SE4.1b Defendants must identify processes that encourage job sampling, trial work experience, and volunteer opportunities for JCMs identified in SE4.1a.	<p>Original Date: 9/30/15 Date Ext. 1: TBD</p>	<p><i>DDS</i> <i>Supported</i> <i>Employment</i> <i>Lead</i></p>	<p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See SE4.1a for update. <p>Supporting Documentation: See SE4.1a for Work Experience Grant Updates, See SE1.1 for Informed Choice updates.</p>
SE4.1c Defendants must communicate processes identified in SE4.1b to JCMs and their guardians, IDTs, case managers, and qualified employment providers.	<p>Original Date: 9/30/15 Date Ext. 1: TBD</p>	<p><i>DDS</i> <i>Supported</i> <i>Employment</i> <i>Lead</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • See SE4.1a for update. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • See SE4.1a for update. <p>Supporting Documentation: See SE4.1a for Work Experience Grant Updates, See SE1.1 for Informed Choice updates. See SE 1.6a for Supported Employment Communication Matrix</p>
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.	<p>Original Date: 4/30/16 Date Ext. 1: 9/30/16 Date Ext. 2: TBD</p>	<p><i>DDS</i> <i>Supported</i> <i>Employment</i> <i>Lead</i></p>	<p>Milestones achieved toward completion:</p> <ul style="list-style-type: none"> • See SE4.1a for update. <p>Activities Completed in the Quarter:</p> <ul style="list-style-type: none"> • The Qualified Provider committee met on 1.19.17. <p>Supporting Documentation: See SE4.1a for Work Experience Grant Updates</p>
<p><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</p>			

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</i> <i>Meaningful</i> <i>Day Lead</i>	Milestones achieved toward completion: <ul style="list-style-type: none"> • New Mexico was awarded the Community Life Engagement (CLE) project. • Informed Choice Pilot project initiated. Activities Completed in the Quarter: <ul style="list-style-type: none"> • Jackson Strike Force has reconvened with a focus on increasing outcomes with community participation. • Three providers are learning to do discovery through the Informed Choice project • Draft 2016 Community Practice Review report received. It will be reviewed in order to examine findings related to community participation. Supporting Documentation: 2017 Strike Force Tool (Bates number 0333-0335)
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</i> <i>Meaningful</i> <i>Day Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • See SE4.2a for updates.
SE4.2c Defendants must provide education and competency-based training to IDTs and pertinent personnel concerning the importance of having JCMs participate in integrated community activities and reducing the time spent by JCMs in congregated, segregated settings.	Original Date: 4/30/16 Date Ext. 1: 9/30/16 Date Ext. 2: TBD	<i>DDSD</i> <i>Meaningful</i> <i>Day Lead</i>	Activities Completed in the Quarter: <ul style="list-style-type: none"> • See SE4.2a for updates.

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 for updates.
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. CPB submitted a revised ISP Strategic Plan to the JCA and Community Monitor on 1/19/17.		
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 Defendant's' 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 February 8, 2017.		

JSD Continuous Improvement	Discussions still ongoing about remaining Employment Continuous Improvement items and their incorporation into the Individual Quality Review.
ISP JSD Paragraph 35	
Metro:	
Total Program Adequate	DISENGAGED Doc. 2069
Adequate Use of Generic Services	
Person Integrated Into Community	
Southeast:	
Total Program Adequate	Doc. 2074 Plaintiffs Opposed Response, Doc. 2077 Reply in Support of the Motion to Disengage
Southwest:	
Person Integrated into Community	
Behavioral Supports JSD Paragraph 36	
Northeast:	
Behavior Services Integrated into ISP	
Northwest:	
Behavior Services Integrated into ISP	
Southeast:	

Person Receive Behavior Services	
Southwest:	
Behavior Services Integrated into ISP	
Supported Employment JSD Paragraph 37	
Metro:	
Have Career Development Plan	
Person Receive Employment Services	
Northeast:	
Have Career Development Plan	
Person Receive Employment Services	
Southwest:	
Have Career Development Plan	
Person Receive Employment Services	
1998 Audit Recommendations	DISENGAGED 12/14/15 Doc. 2076 Disengaging the 1998 Audit