

**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 APRIL 19, 2017**

COME NOW Defendants, by and through counsel, Jerry A. Walz and James J. Grubel, Walz and Associates, P.C., and hereby submit the Jackson Quarterly Report. (“Report”)

The format of the Report has changed significantly. At her behest, Defendants met with the Jackson Compliance Administrator for three days during which they worked collaboratively to revise the Report. To provide context, the Report now includes specific goals, which were established in the Court’s Order of April 3, 2015, (Doc. 2035) and strategies as measured by specific milestones. Historical information has been removed. Milestones are measureable actions and steps taken during the last quarter that Defendants assert demonstrate compliance with specific

Evaluative Components. Further, the completion of milestones is evidenced by reference to supporting documentation. It is anticipated that the revisions to the Report will more efficiently reflect progress towards disengagement.

Respectfully Submitted,

/s/ Jerry A. Walz

Jerry A. Walz, Esq.

James J. Grubel, Esq.

*Attorney for Defendants*

Walz and Associates, P.C.

133 Eubank NE

Albuquerque NM 87123

505-275-1800

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

I HEREBY CERTIFY that on the 19<sup>th</sup> day of April 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

<p><b>HEALTH PLAN</b></p>	
<p><b>GOAL 1: Consistent, informed and effective healthcare coordination.</b></p> <p><b>GOAL 2: Early identification of deteriorating health.</b></p> <p><b>GOAL 3: Provide a reliable available form of targeted technical assistance to providers of supported employment based on all provider reviews.</b></p> <p><b>GOAL 4: Competent and consistent care in line with recommendations and good practice.</b></p>	<p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li>1. <b><u>Healthcare Coordination Improvement Initiative</u></b> - the goal of this initiative is to improve healthcare coordination throughout the DDW system to achieve safer more effective care.</li> <li>2. <b><u>Rewrite of DDW Standards:</u></b> DDS D is in process of rewriting DD Waiver Service Standards in conjunction with the DDW Renewal cycle. Standards will incorporate provider requirements that have traditionally been communicated through policy, procedure, Director’s Releases and interim memos.</li> <li>3. <b><u>Therap Audit Tool Initiative:</u></b> DDS D has developed a process by which Provider Agency Nurses and Regional Office Nurses will complete quality assurance reviews of the health record for Jackson Class Members. The expectation is that completion of the quality assurance reviews will result in health records that are individualized, accurate, and current for each Jackson Class Member. This process is referred to as the Therap Health Record Audit and is mandatory for each Provider agency serving a Jackson Class Member. This process was introduced in March 2017 to all Developmental Disabilities Waiver Provider Nurses and presentations of the process occurred during the month of April 2017. The Therap Health Record audit is set to begin in each Region on May 1, 2017.</li> <li>4. <b><u>Out of Home Placement Monitoring:</u></b> LMB Nurse follows up on Out of Home reports from Regions.</li> <li>5. <b><u>Risk Management Initiatives -OOH/AT RISK/Morbidity/Mortality -</u></b> The focus of DDS D Morbidity Review is to identify unmet health needs of Jackson Class Members and to work with providers, case managers and</li> </ol>

	<p>other health care professionals to assure that effective response to those needs has been carried out. The goal of DDS Morbidity Review is to improve health and safeguard Jackson Class Member’s health and safety through individual, provider and system-level actions to assess, review and mitigate health risks of Jackson Class Member. The primary Objective is to reduce morbidity, mortality and adverse health outcomes for Jackson Class Members</p> <p>6. <u>Training Development:</u> Subtle Signs and Symptoms curriculum and roll out.</p> <p>7. <u>Provider Application QA/QI Plans:</u> DDS has formulated a work group to review requirements for Key Performance Indicators in QA/QI plans.</p>		
<p><b>Health Objective H1.1</b> 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.</p> <p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li><b>DDW Standards Revision:</b> DDS is in process of rewriting DD Waiver Service Standards in conjunction with the DDW Renewal cycle. Standards will incorporate provider requirements that have traditionally been communicated through policy, procedure, Director’s Releases and interim memos.</li> <li><b>Healthcare Coordination Improvement Initiative</b> - the goal of this initiative is to improve healthcare coordination throughout the DDW system to achieve safer more effective care.</li> </ol>			
<p>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.</p>	<p><b>Original Date:</b> 9/30/15</p> <p><b>Date Ext. 1:</b> 2/29/16</p> <p><b>Date Ext 2:</b> 6/30/16</p>	<p><i>CSB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>Final version Health Care Coordination Roles and Responsibilities sent to Dr. Gant on 3/31/17</li> <li>A chapter for HCC was drafted for the DD Waiver Service Standards.</li> </ul>

			<ul style="list-style-type: none"> <li>• DDSB will produce a workplan for H1.1 at the Jackson Quarterly meeting which will detail roll out plan.</li> </ul> <p><b>Supporting Documentation:</b>                  Bates Number: 001-010 Health Care Coordination Roles and Responsibilities                  Bates Number: 011-012 DDW Service Standards HCC Chapter draft.</p>
H1.1b The DOH must disseminate the definitions referred to in H1.1a to all pertinent providers.	<p><b>Original Date:</b> 9/30/15</p> <p><b>Date Ext. 1:</b> 2/29/16</p> <p><b>Date Ext 2:</b> 6/30/16</p> <p><b>Date Ext 3:</b> 12/31/16</p>	<i>CSB Bureau Chief</i>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See H1.1 a</li> </ul> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>
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.	<p><b>Original Date:</b> 9/30/15</p> <p><b>Date Ext. 1:</b> 2/29/16</p> <p><b>Date Ext 2:</b> 6/30/16</p> <p><b>Date Ext 3:</b> 12/31/16</p>	<i>CSB Bureau Chief</i>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See H1.1 a</li> </ul> <p><b>Supporting Documentation:</b></p>
H1.1d The DOH must annually evaluate the performance of healthcare coordination roles and responsibilities consistent with the measurable performance indicators through the use of the health field survey tool or other appropriate tools.	<p><b>Original Date:</b> 12/31/15</p> <p><b>Date Ext. 1:</b> 12/31/17</p>	<i>CSB Bureau Chief</i>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>Supporting Documentation</b></p> <p>.</p>

<p>H1.1e The DOH must take prompt action to address healthcare coordination performance that does not meet the measurable performance indicators.</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> 9/30/17</p>	<p><i>CSB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● See H1.1 a</li> </ul> <p><b>Supporting Documentation</b></p> <p>.</p>
<p><b>Health Objective H1.2</b> 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> <p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li>1. <b><u>Therap Audit Tool Initiative:</u></b> DDS D has developed a process by which Provider Agency Nurses and Regional Office Nurses will complete quality assurance reviews of the health record for Jackson Class Members. The expectation is that completion of the quality assurance reviews will result in health records that are individualized, accurate, and current for each Jackson Class Member. This process is referred to as the Therap Health Record Audit and is mandatory for each Provider agency serving a Jackson Class Member. This process was introduced in March 2017 to all Developmental Disabilities Waiver Provider Nurses and presentations of the process occurred during the month of April 2017. The Therap Health Record audit is set to begin in each Region on May 1, 2017.</li> <li>2. <b><u>DDW Standards Revision:</u></b> DDS D is in process of rewriting DD Waiver Service Standards in conjunction with the DDW Renewal cycle. Standards will incorporate provider requirements that have traditionally been communicated through policy, procedure, Director’s Releases and interim memos.</li> </ol>			

<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><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext 2:</b> 6/30/16 <b>Date Ext 3:</b> TBD</p>	<p><i>Regional Office Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● The Therap Health Records Audit Tool and Mandatory Instructions were completed and finalized on 3/31/17.</li> <li>● Regional Trainings/Presentations will be held during the month of April with a begin date of the actual audit to start May 1, 2017.</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 064-069 Therap Health Record Audit Tool, Bates Number 070-073 Therap Health Record Audit Instructions, Bates Number 074-114 Therap Health Record Audit PowerPoint.</p>
<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><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext 2:</b> 6/30/16 <b>Date Ext 3:</b> TBD</p>	<p><i>DHI / DDSD Deputies</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>●</li> </ul> <p><b>Supporting Documentation:</b></p>
<p>H1.2c Nurses must visit each JCM in accordance with DOH requirements.</p>	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext 2:</b> 6/30/16 <b>Date Ext 3:</b></p>	<p><i>CSB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>●</li> </ul> <p><b>Supporting Documentation</b></p>

	TBD		
H1.2d Nurses must meet with DSP's as needed based upon the JCM's ECHAT acuity level and any significant change in health status to monitor the individual.	<b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext 2:</b> 6/30/16 <b>Date Ext 3:</b> TBD	<i>CSB Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>•</li> </ul> <b>Supporting Documentation</b> <ul style="list-style-type: none"> <li>•</li> </ul>
H1.2e Defendants must ensure prompt revision of a JCM's healthcare plan if there is a change in the JCM's health status.	<b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext 2:</b> 6/30/16 <b>Date Ext 3:</b> TBD	<i>Regional Office Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>• See H1.2a</li> </ul> <b>Supporting Documentation:</b>
<p><b>Health Objective H1.3 Teams use accurate health records for Jackson Class Members.</b></p> <p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li>1. <b><u>Therap Audit Tool Initiative:</u></b> DDS has developed a process by which Provider Agency Nurses and Regional Office Nurses will complete quality assurance reviews of the health record for Jackson Class Members. The expectation is that completion of the quality assurance reviews will result in health records that are individualized, accurate, and current for each Jackson Class Member. This process is referred to as the Therap Health Record Audit and is mandatory for each Provider agency serving a Jackson Class Member. This process was introduced in March 2017 to all Developmental Disabilities Waiver Provider Nurses and presentations of the process occurred during the month of April 2017. The Therap Health Record audit is set to begin in each Region on May 1, 2017.</li> <li>2. <b><u>Provider Application QA/QI Plans:</u></b> DDS has formulated a work group to review requirements for Key Performance Indicators in QA/QI plans.</li> </ol>			



<p>H1.3a Defendants must monitor the accuracy of each JCM’s health record, including the JCM’s current healthcare plans.</p>	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext 2:</b> 6/30/16 <b>Date Ext 3:</b> TBD</p>	<p><i>Regional Office Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See H1.2a.</li> </ul> <p><b>Supporting Documentation</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>
<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><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16 <b>Date Ext 3:</b> 10/31/16</p>	<p><i>BSI Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• BSI is now working with the Community Monitor (first meeting 4/3/17) comparing DDSD-BSI data to CPR related late eCHAT findings for April 2016-March 2017.</li> <li>• 3rd Quarter eCHAT review completed by BSI. Remediation Request sent to providers.</li> <li>• Monitoring of this requirement was added to the Therap Audit Tool.</li> <li>• Proposal to make this part of QA/QI plan revisions and identification of timely assessments as a required key performance indicator providers must track.</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 013-036 3rd Quarter 45-Day eCHAT Report</p>
<p><b>Health Objective H1.4 Teams (including the individual) have information (education, consultant and technical assistance) needed to achieve goals stated in individual Healthcare Plans, MERPs [Medical Emergency Response Plans], CARMPs [Comprehensive Aspiration Risk Management Plans] and written direct support instructions as appropriate to the individual.</b></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><b>Original Date:</b> 7/31/15 <b>Date Ext. 1:</b> 7/31/16</p>	<p><i>DDS D Medical Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>Two Statewide Community of Practice Calls held with agency nurses that provided technical assistance.</li> <li>DDS D is in the process of developing a proposal for the transition of JCC into the current DDS D structure. Proposal will be presented at the next JCC meeting on 5/5/17.</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 037-044 February Community of Practice Agenda and Packet, Bates Number 045-048 March Community of Practice Agenda and Packet</p>
<p>H1.4b Each JCM must have access to healthcare professionals with specialized skills, as needed.</p>	<p><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 7/31/16 <b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDS D Medical Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>No Milestones achieved.</li> </ul> <p><b>Supporting Documentation</b></p>
<p><b><i>Health Objective H1.5 Identified health needs for Jackson Class Members, including daily medical considerations, are addressed in individualized healthcare plans, MERPs, CARMPs, and written direct support instructions as appropriate to the Jackson Class Members. Healthcare plans are reviewed and promptly modified in response to changes in health status.</i></b></p>			
<p>H1.5a Defendants must prepare quarterly reports on a sample of the JCMs to monitor the accuracy of the JCMs’ individual healthcare record.</p>	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16</p>	<p><i>Regional Office Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>See H1.2a</li> </ul> <p><b>Supporting Documentation:</b></p>

	<p><b>Date Ext 2:</b> 6/30/16</p> <p><b>Date Ext 3:</b> TBD</p>		
H1.5b Defendants must take action to correct inaccuracies in the JCMs’ individual healthcare record.	<p><b>Original Date:</b> 10/31/15</p> <p><b>Date Ext. 1:</b> 4/30/16</p> <p><b>Date Ext 2:</b> 6/30/16</p> <p><b>Date Ext 3:</b> TBD</p>	<p><i>Regional Office Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See H1.2a</li> </ul> <p><b>Supporting Documentation</b></p>
<p><b>Health Objective H1.6</b> Current and complete information is provided to the healthcare professionals treating or evaluating the individual.</p> <p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li><b><u>Out of Home Placement Monitoring: LMB Nurse follows up on Out of Home reports from Regions.</u></b></li> <li><b><u>DDW Standards Revision: DDS</u></b> is in process of rewriting DD Waiver Service Standards in conjunction with the DDW Renewal cycle. Standards will incorporate provider requirements that have traditionally been communicated through policy, procedure, Director’s Releases and interim memos.</li> </ol>			
H1.6a Healthcare professionals, who treat or evaluate a JCM, must have a copy of the JCM’s accurate “Health Passport.”	<p><b>Original Date:</b> 12/31/15</p> <p><b>Date Ext. 1:</b> 6/30/16</p> <p><b>Date Ext 2:</b> 12/31/16</p>	<p><i>Litigation Management Nurse</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <p>OOH Health Passport compliance data for Q2 2017:</p> <p>Metro -23 OOH, 9 with a Health Passport                  NERO -6 OOH, 4 with a Health Passport                  NWRO -5 OOH, 5 with a Health Passport                  SWRO -7 OOH, 7 with a Health Passport</p>

			<p>SERO - 5 OOH, 5 with a Health Passport. Letters were sent to providers not in compliance with the policy, and a copy of the Director's Release dated 8/11/2016. These providers received letters:                  -Los Lunas Community Program                  -Adelante Development Center, Inc.                  -Optihealth, Inc.                  -Expressions of Life                  -ARCA                  -A Better Way of Living                  -A W Holdings                  -Bright Horizons</p> <p><b>Supporting Documentation:</b> 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><b>Original Date:</b> 12/31/15  <b>Date Ext. 1:</b> 6/30/16  <b>Date Ext 2:</b> 12/31/16</p>	<p><i>Litigation Management Nurse</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Letters were sent to providers not in compliance with the policy and a copy of the Director's Release dated 8/11/2016.</li> <li>● These providers received letters:                      Los Lunas Community Program                      Adelante Development Center, Inc.                      Optihealth, Inc.                      Expressions of Life                      ARCA                      A Better Way of Living                      Bright Horizons                      AW Holdings</li> </ul>

			<ul style="list-style-type: none"> <li>Health Passport policy and procedure requirements will be included in pertinent chapters of the 2018 DDW Standards</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 049-050 Template for letters to providers</p>
<p>H1.6c A JCM’s provider must ensure a 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><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 6/30/16 <b>Date Ext 2:</b> 12/31/16</p>	<p><i>Litigation Management Nurse</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>Requirements were issued via the August 2015 Health Director’s Release and will be included in pertinent chapters of the 2018 DDW Standards.</li> </ul> <p><b>Supporting Documentation:</b></p>
<p><b>Health Objective H1.7</b> 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><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li><b>Therap Audit Tool Initiative:</b> DDSD has developed a process by which Provider Agency Nurses and Regional Office Nurses will complete quality assurance reviews of the health record for Jackson Class Members. The expectation is that completion of the quality assurance reviews will result in health records that are individualized, accurate, and current for each Jackson Class Member. This process is referred to as the Therap Health Record Audit and is mandatory for each Provider agency serving a Jackson Class Member. This process was introduced in March 2017 to all Developmental Disabilities Waiver Provider Nurses and presentations of the process occurred during the month of April 2017. The Therap Health Record audit is set to begin in each Region on May 1, 2017.</li> </ol>			

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.	<b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 12/31/16	<i>DDSD Statewide CM Lead</i>	<b>Milestones Achieved in the Quarter:</b> •  <b>Supporting Documentation</b>
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.	<b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 12/31/16	<i>Regional Office Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> • See H1.2a  <b>Supporting Documentation</b>
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.	<b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 12/31/16	<i>DDSD Medical Director</i>	<b>Milestones Achieved in the Quarter:</b> •  <b>Supporting Documentation</b>
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	<b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 12/31/16	<i>DDSD Statewide CM Lead</i>	<b>Milestones Achieved in the Quarter:</b> •  <b>Supporting Documentation</b>
<b>Health Objective H1.8 Each Jackson Class Member will receive the Jackson Class Member's medications (1) in the doses prescribed, (2) in the manner and frequency prescribed, and (3) at the times prescribed.</b>			
H1.8a Defendants must monitor the accuracy of administration of prescription medications to each JCM.	<b>Original Date:</b> 10/31/15	<i>BSI Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> • The Significant Events Committee reviews medication errors using both

	<p><b>Date Ext. 1:</b> 4/30/16</p> <p><b>Date Ext 2:</b> 6/30/16</p> <p><b>Date Ext 3:</b> TBD</p>		<p>the GER and IMB data. There is also a Jackson Class specific medication error review identifying both provider and individual. 4th quarter Medication Error Review completed.</p> <p><b>Supporting Documentation:</b> Bates Number 051-053 Significant Events 4th Quarter Jackson Medication Error Tracking.</p>
<p>H1.8b Defendants must take prompt action to correct any failure to properly administer medications to a JCM in accordance with prescriptions.</p>	<p><b>Original Date:</b> 10/31/15</p> <p><b>Date Ext. 1:</b> 4/30/16</p> <p><b>Date Ext 2:</b> 6/30/16</p> <p><b>Date Ext 3:</b> TBD</p>	<p><i>Regional Office Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>Supporting Documentation:</b></p>
<p><b>Health Objective H2.1 Jackson Class Members receive age appropriate preventive/early detection screening/immunizations for health risk factors.</b></p>			
<p>H2.1a The DOH must publish and promote routine preventive and early detection healthcare screening standards guidelines that are consistent with national standards and adjustable for the age and the specific condition of each JCM.</p>	<p><b>Original Date:</b> 9/30/15</p> <p><b>Date Ext. 1:</b> 2/29/16</p> <p><b>Date Ext 2:</b> 6/30/16</p> <p><b>Date Ext 3:</b> 10/31/16</p>	<p><i>Medical Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• Fall prevention Alert packet distributed in January.</li> <li>• Community of Practice Calls: Jan. call cancelled. February: Jan. Fall Alert &amp; DSP guide.; Heart Health Discussion of Preventive Health Services @ healthfinder.gov. March: Discussion of unsafe discharges and calling for help.</li> </ul>

			<b>Supporting Documentation:</b> See H1.4 supporting documentation, Bates Number 054 Fall Management Alert for DSPs.
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.	<b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16 <b>Date Ext 3:</b> 10/31/16	<i>CSB Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>• See 2.1a</li> <li>• March: created Preventive Health Initiatives section on CSB web page.</li> </ul> <b>Supporting Documentation:</b> <ul style="list-style-type: none"> <li>• See H2.1a</li> </ul>
<b>Health Objective H3.1 Jackson Class Members receive increased intensity of services during acute episodes or illnesses.</b>			
H3.1a A nurse’s monitoring, including nursing assessments and oversight, must increase during a JCM’s acute episodes or illnesses.	<b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16 <b>Date Ext 3:</b> 12/31/16	<i>CSB Bureau Chief</i>	<ul style="list-style-type: none"> <li>• <b>Milestones Achieved in the Quarter:</b></li> </ul> <b>Supporting Documentation:</b>
H3.1b Prompt face to face visits by a Nurse must occur upon a JCM’s significant change of condition unless the Nurse directs and the JCM receives care from a Healthcare Practitioner, from urgent care or from emergency services. This visit will include a nursing assessment, monitoring and management of JCMs acute illness or episodes. If the JCM receives care from a Healthcare Practitioner, from urgent	<b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16 <b>Date Ext 3:</b> 12/31/16	<i>CSB Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>•</li> </ul> <b>Supporting Documentation:</b>



<p>care or from emergency services the nurse will promptly assess the JCM at the conclusion of the care.</p>			
<p>H3.1c In each individual case where a Nurse fails to comply with DOH requirements regarding significant health status change, the provider will report the failure to IMB. IMB will investigate and take appropriate action and DOH will review patterns and trends via the health field tool and identify nurse performance issues, and will take corrective action.</p>	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16 <b>Date Ext 3:</b> 12/31/16</p>	<p><i>CSB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>Supporting Documentation:</b></p> <p>.</p>
<p><b>Health Objective H3.2 Direct Service Personnel/supervisors are able to identify subtle signs of change/acute symptoms.</b></p>			
<p>H3.2a The DOH must issue healthcare guidelines for use by healthcare provider staff about the timely identification of and response to changes in the health status of a JCM so that a JCM does not experience unnecessary pain, loss of optimal function, or regression. The DOH may develop “fact sheets” that define a specific health condition, related signs and symptoms, and recommended actions, or the DOH may develop other pertinent policies and procedures that provide the required guidance.</p>	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 7/31/16</p>	<p><i>Medical Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• January 2017 - Fall Prevention Alert and DSP Fall Management Handout Distributed.</li> </ul> <p><b>Supporting Documentation:</b> See supporting documentation for H2.1</p>
<p>H3.2b Each JCM’s healthcare plans and MERP’s must contain individual specific information on how provider agency staff can identify subtle signs of change or acute symptoms.</p>	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16 <b>Date Ext 3:</b> TBD</p>	<p><i>Regional Office Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See H1.2a.</li> </ul> <p><b>Supporting Documentation:</b></p>

<p>H3.2c DSP and supervisors must receive and must complete appropriate training on how to timely identify signs of change or acute symptoms in a JCM.</p>	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16 <b>Date Ext 3:</b> TBD</p>	<p><i>Medical Director and DDS Deputy</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>Met with Dr. Gant in March, 2017 and clarified concepts of Clinical and DSP training for Signs of Illness and Injury. Work plan and training curriculum is being developed. See H4.1.</li> </ul> <p><b>Supporting Documentation:</b> See H4.1</p>
<p>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.</p>	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16 <b>Date Ext 3:</b> TBD</p>	<p><i>CSB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li></li> </ul> <p><b>Supporting Documentation:</b></p>
<p><b>Health Objective H3.3 When informed of signs of change in health status (including chronic and acute pain) agency nurses take immediate action.</b></p>			
<p>H3.3a The pertinent DDW agency nurse must implement pain management strategies for addressing a JCM's chronic and acute pain.</p>	<p><b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16 <b>Date Ext 3:</b> TBD</p>	<p><i>CSB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li></li> </ul> <p><b>Supporting Documentation:</b></p>

<p>H3.3b The DOH or pertinent agency must communicate these effective pain management strategies to the JCM’s treating healthcare professionals.</p>	<p><b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16 <b>Date Ext 3:</b> TBD</p>	<p><i>CSB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b> • <b>Supporting Documentation:</b> .</p>
<p>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.</p>	<p><b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16 <b>Date Ext 3:</b> TBD</p>	<p><i>CSB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b> • <b>Supporting Documentation:</b> .</p>
<p>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.</p>	<p><b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16 <b>Date Ext 3:</b> TBD</p>	<p><i>CSB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b> • <b>Supporting Documentation:</b> .</p>
<p><b>Health Objective H3.4</b> 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.</p> <p><b>Major Strategies:</b></p>			

1. **Rewrite of DDW Standards:** DDS is in process of rewriting DD Waiver Service Standards in conjunction with the DDW Renewal cycle. Standards will incorporate provider requirements that have traditionally been communicated through policy, procedure, Director’s Releases and interim memos.

2. **Out of Home Placement Monitoring:** LMB Nurse follows up on Out of Home reports from Regions.

<p>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.</p>	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext 2:</b> 6/30/16 <b>Date Ext 3:</b> 12/31/16</p>	<p><i>Litigation Management Nurse</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>●Compiled aggregate data from Out of Home Placement Report. Data for Q2 2017.</li> <li>Metro -9 out of 23 JCMs had information &amp; AT given to providers</li> <li>NERO- 4 out of 6 JCMs had information &amp; AT given to providers</li> <li>NWRO- 5 out of 5 JCMs had information &amp; AT given to providers</li> <li>SWRO-7 out of 7 JCMs had information &amp; AT given to providers</li> <li>SERO- 7 out of 7 JCMs had information &amp; AT given to providers</li> </ul> <p>Letters were sent to providers not in compliance with the policy, and a copy of the Director’s Release dated 8/11/2016. Refer to H1.6b</p> <p><b>Supporting Documentation:</b> Out of Home Placement Reports are provided weekly to plaintiffs and are available upon request</p>
<p>H3.4b The out-of-home provider must receive a JCM’s Health Passport, along with information concerning the JCM’s mobility, comfort, safety, and sensory items within</p>	<p><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 4/30/16</p>	<p><i>Litigation Management Nurse</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Requirements were issued via the August 2015 Health Director’s Release and will be included in</li> </ul>

<p>24 hours of the JCM’s placement with an out-of home provider.</p>	<p><b>Date Ext 2:</b> 6/30/16 <b>Date Ext 3:</b> 12/31/16</p>		<p>pertinent chapters of the 2018 DDW Standards.  <b>Supporting Documentation:</b></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><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext 2:</b> 6/30/16 <b>Date Ext 3:</b> 12/31/16</p>	<p><i>Litigation Management Nurse</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Compiled Aggregate data from Out of Home Placement Report. Data for Q 2 2017</li> </ul> <p>Metro- 9 out of 23 JCMs had information &amp; AT offered to providers                  NERO- 4 out of 6 JCMs had information &amp; AT offered to providers                  NWRO-5 out of 5 JCMs had information &amp; AT offered to providers                  SWRO 7 out of 7 JCMs had information &amp; AT offered to providers                  SERO - 5 out of 5 JCMs had information and AT offered to providers                  Letters were sent to providers not in compliance with the policy, and a copy of the Director’s Release dated 8/11/2016. Refer to H1.6b.</p> <p><b>Supporting Documentation:</b>                  Weekly Out of Home Placement Reports are provided to plaintiffs weekly and are available upon request.</p>
<p><b>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.</b></p>			

**Major Strategies:**

1. **Rewrite of DDW Standards:** DDS is in process of rewriting DD Waiver Service Standards in conjunction with the DDW Renewal cycle. Standards will incorporate provider requirements that have traditionally been communicated through policy, procedure, Director’s Releases and interim memos.
2. **Out of Home Placement Monitoring:** LMB Nurse follows up on Out of Home reports from Regions.

<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><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext 2:</b> 6/30/16 <b>Date Ext 3:</b> 12/31/16</p>	<p><i>Litigation Management Nurse</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• Requirements were issued via the August 2015 Health Director’s Release and will be included in pertinent chapters of the 2018 DDW Standards.</li> </ul> <p><b>Supporting Documentation:</b></p> <p>.</p>
<p>H3.5b The JCM’s e-CHAT and other healthcare records must be promptly updated by appropriate healthcare providers to indicate healthcare and adaptive supports that the JCM received from the out-of-home provider in order to ensure a safe and smooth transition back to the JCM’s home.</p>	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext 2:</b> 6/30/16 <b>Date Ext 3:</b> 12/31/16</p>	<p><i>Litigation Management Nurse</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <p>Metro-19 out of 23 JCMs had an updated eCHAT                  NERO- 5 out of 6 JCMs had an updated eCHAT                  NWRO- 5 out of 5 JCMs had an updated eCHAT                  SWRO- 6 out of 7 JCMs had an updated eCHAT                  SERO- 5 out of 5 JCMs had an updated eCHAT                  Refer to H1.6b</p> <p><b>Supporting Documentation:</b></p>

			Out of Home Placement Reports are provided to plaintiffs weekly and are available upon request
<p><b>Health Objective H4.1</b> 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><b>Major Strategies:</b></p> <p>1. <b>Training Development:</b> Subtle Signs and Symptoms curriculum and roll out.</p>			
H4.1a The parties and the JCA must develop a mandatory competency based training program.	<p><b>Original Date:</b> 10/31/15</p> <p><b>Date Ext. 1:</b> 3/31/16</p> <p><b>Date Ext. 2:</b> Pending further discussion with the JCA.</p>	<p><i>DDSD Training Unit and CSB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>Met in March with Dr Gant.</li> <li>CSB, BBS and Training Unit created draft proposal for 4.1 mandatory Clinical Training for discussion on April 6, 2017 with JCA.</li> <li>Draft work plan will be discussed with JCA and Plaintiffs on April 26, 2017.</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 055-057 “Indications of Illness and Injury” Draft Training Proposal for 4.1</p>
H4.1b Nurses, DSP, front-line supervisors, ancillary providers, and case managers must satisfactorily complete the mandatory competency based training program.	<p><b>Original Date:</b> 1/31/16</p> <p><b>Date Ext. 1:</b> 9/30/16</p> <p><b>Date Ext. 2:</b> Pending further</p>	<p><i>DDSD Training Unit and CSB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>See H4.1a</li> </ul> <p><b>Supporting Documentation:</b></p> <p>.</p>

	discussion with the JCA.		
H4.1c The DOH must independently measure compliance by nurses, DSP, front-line supervisors, ancillary providers, and case managers with mandatory competency based training.	<p><b>Original Date:</b> 1/31/16</p> <p><b>Date Ext. 1:</b> 9/30/16</p> <p><b>Date Ext. 2:</b> Pending further discussion with the JCA.</p>	<p><i>BSI Bureau Chief and DDS D Deputy</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>This measure is monitored and analyzed as part of the DDSQI. February 2, 2017 DDSQI review of training data was completed.</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 058-061 Key Performance Indicator Raw Data</p>
H4.1d The DOH must take prompt remedial action for nurses, DSP, frontline supervisors, ancillary providers, and case managers who are found deficient in the mandatory competency based training.	<p><b>Original Date:</b> 1/31/16</p> <p><b>Date Ext. 1:</b> 9/30/16</p> <p><b>Date Ext. 2:</b> Pending further discussion with the JCA.</p>	<p><i>DDS Training Unit and CSB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li></li> </ul> <p><b>Supporting Documentation:</b></p> <p>.</p>
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.	<p><b>Original Date:</b> 10/31/15</p> <p><b>Moot per letter of 1/28/16 from JCA.</b></p>	<p><i>DDS Training Unit and CSB Bureau Chief</i></p>	<p>Moot per letter of 1/28/16 from JCA.</p>
<p><b>Health Objective H4.2 IDTs provide for the changing health supports class members need as they age including advanced care planning and have access to palliative care consistent with their individual needs.</b></p>			



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.	<b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 12/31/16	<i>Medical Director/Community Programs Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>• COC announced upcoming conference April 21, 2017 with CE for nurses and social workers.</li> </ul> <b>Supporting Documentation:</b>
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.	<b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 12/31/16	<i>Medical Director</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>•</li> </ul> <b>Supporting Documentation:</b>
H4.2c The DOH must provide advanced care planning and palliative care to those JCMs who choose to have advanced care planning and palliative care.	<b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 12/31/16	<i>Medical Director</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>•</li> </ul> <b>Supporting Documentation:</b>
<p><b><i>Health Objective H4.3 Quality Assurance information is used to improve health outcomes.</i></b></p> <p><b>Major Strategies:</b></p> <p><b><u>1. Provider Application QA/QI Plans: DDS has formulated a work group to review requirements for Key Performance Indicators in QA/QI plans.</u></b></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	<b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 6/30/16	<i>DDSD Deputy Director and BSI</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>• Significant Events review takes place each quarter including out of home placement and ANE. The review of this is shared prior to the Significant</li> </ul>

<p>(Quality Assurance) Reports to identify gaps in the healthcare services to JCMs and to improve healthcare outcomes to JCMs.</p>	<p><b>Date Ext. 2:</b> Pending further discussion with the JCA</p>	<p><i>Bureau Chief</i></p>	<p>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> <ul style="list-style-type: none"> <li>● Met with Lyn Rucker to crosswalk CPR eCHAT data with DDS’s 45 Day eCHAT Report</li> <li>● Significant Events January Meeting</li> <li>● Provider QA/QI report development</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 062-063 Significant Event Annual Report.</p>
<p><b>SAFETY PLAN</b>  <b>GOAL 1:</b> The recommendations from the JCA’s report on the incident management system prepared by Eva Kutas are implemented. Incidents of abuse, neglect and exploitation are timely reported, professionally investigated, and needed corrective actions are promptly implemented and sustained.  <b>GOAL 2:</b> Deaths are reviewed in a timeframe consistent with DOH policy by a team of qualified, independent healthcare professionals and relevant administrative personnel. Detailed findings and recommendations, as appropriate are issued and recommendations from the MRC and corrective actions are implemented. Deaths are reviewed as a learning opportunity to improve quality at the individual, program and systems level. Incidents, deaths and significant events are documented and analyzed, root</p>	<p><b>Major Strategies</b></p> <ol style="list-style-type: none"> <li>1. ANE Training-development of refresher training.</li> <li>2. Quality Assurance Tool finalizing-improving the quality of IMB investigations.</li> <li>3. Mortality Review policy and procedure revision and restructuring of attendees/participants.</li> <li>4. CPR to IQR transition</li> <li>5. QMB Work Plan (revising tools, core competencies, drafting policies and procedures and training).</li> <li>6. IRC – Policy Revision</li> <li>7. DDS Contract Management</li> <li>8. Risk Management Initiatives - Morbidity/At Risk</li> <li>9. Quality Assurance/Quality Indicator plan requirement restructuring.</li> <li>10. Rewrite of DDW Standards: DDS is in process of rewriting DD Waiver Service Standards in conjunction with the DDW Renewal cycle. Standards will incorporate provider requirements that have</li> </ol>		

causes are identified and deficiencies are adequately remediated.

**GOAL 3:** The quality of services, settings, and supports provided by community agencies are evaluated at least annually through the Community Practice Review and at other intervals as appropriate, through provider reviews; any deficiencies are identified, corrective actions are taken and sustained on an individual, program and regional basis.

**GOAL 4:** Prompt and effective action is taken with respect to provider agencies where serious incidents, deaths, patterns of incidents or of significant events or serious programmatic deficiencies have been identified, in order to protect class members, to reduce the risk of future harm and to ensure that quality services and supports are provided.

**GOAL 5:** Establish measurable indicators of quality and develop an integrated data collection system that collects, analyzes, and employs information from multiple sources to ensure that these quality indicators are met, the safety of Jackson Class Members is protected, and quality services are provided for Jackson Class Members.

traditionally been communicated through policy, procedure, Director’s Releases and interim memos.

**11. Case Management Quality Practice Indicators:** DDS is in process of identifying key case management quality practice areas and indicators to align with current best practices.

**12. Qualified Provider Project for Case Management:** DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.

**13. Competency and Performance Based Training for Case Managers:** DDS is in the process of developing an overall training vision that will entail a review of existing trainings, training needs, frequency of training, and ongoing quality and fidelity of training. Case Management requirements will be reviewed and developed during this process.

*Safety Objective S1.1.1* Define “Abuse, Neglect and Exploitation” (ANE) consistent with New Mexico Statutory Adult Protective Services (APS) definitions.

S1.1a The DOH must promulgate revised regulations that define ANE consistent with APS definitions.

7/2/14

*IMB Chief*

	Complete and sustained		Disengaged on February 11, 2016. See Doc 2095
<b>Safety Objective SI.1.2 Provide educational information about how to detect ANE.</b>			
<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><b>Original Date:</b> 7/1/15 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> 10/31/16</p>	<p><i>IMB Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● IMB contacted the Albuquerque PD, Rio Rancho PD, Bernalillo County SO, New Mexico State Police, and other agencies (about 12 to date) about conducting training on ANE for their officers and have commitments from each.</li> <li>● Contacts are currently scheduled with the Los Lunas PD, Los Alamos PD and Sandoval County SO.</li> <li>● A Law Enforcement training Powerpoint was developed and reviewed by the JCA consultants. Recommended edits were made. Final review and approval by JCA consultants pending.</li> <li>● Provided draft medical professional letter to DDS and Continuum of Care for review/comment.</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 115-116 Law Enforcement Contact List, Bates Number 117-141 Law Enforcement Agency Powerpoint, Bates Number 535-536 Work Plan</p>

<p><b>Safety Objective S1.1.3</b> The individuals listed in POA [Plan of Action] CIMS B [Community Incident Management System] [regional coordinators, agency coordinators, direct contact staff, DD[S] D staff, case managers, agency executive staff, IMB investigators, agency IMCs, agency direct service staff] will receive the training described in the Eva Kutas Recommendations #7 and #8 and will pass a formal test of the individuals’ knowledge and understanding of IMB provider policy requirements.</p>			
<p>S1.3a All current and new staff as listed in POA CIMS B and the DDS D staff (Regional Directors, Assistant Regional Office Bureau Chief, and the DDS D Training Unit) must successfully complete DHI’s competency based training on ANE from a DHI Trainer or a DHI approved trainer that incorporates the principles of adult learning as described in Kutas Recommendations # 7 and #8 before working alone with JCMs and their guardians.</p>	<p><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 12/31/16</p>	<p><i>DHI Trainer</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Overall for 2016, 835 agency personnel and state employees have been trained on the new class.</li> <li>● 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.</li> <li>● ANE Work Plan developed to track progress and accomplishments.</li> <li>● DHI/DDS D and UNM met to discuss database needs in relation to tracking all those listed in POA CIMS-B and others.</li> <li>● Work continues on the development of ANE Online Refresher course (online account access granted to JCA in March.)</li> <li>● JCA content expert and former DHI Community Programs trainer have worked to develop Online Refresher training and get content to DOH Learning Center.</li> </ul>
<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><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 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 DDS D staff must receive refresher competency based training on an annual basis.</p>	<p><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 12/31/16</p>	<p><i>DHI Trainer</i></p>	

			<p><b>Supporting Documentation:</b> Bates Number 539-542 ANE Training Workplan, Evidence of ANE Online Refresher at: <a href="https://nmdohtraining.globalclassroom.us/porta">https://nmdohtraining.globalclassroom.us/porta</a></p> <p>1.</p>
<p><b>Safety Objective S1.1.4 ANE is reported immediately.</b> Disengaged. See Doc. 2140 dated 2/16/17.</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><b>Original Date:</b> 7/2/14</p> <p><b>Date Ext. 1:</b> 6/30/16</p> <p><b>Date Ext. 2:</b> 7/31/16</p> <p><b>Date Ext. 3:</b> 8/31/16</p>	<p><i>IMB Bureau Chief</i></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><b>Original Date:</b> 7/2/14</p> <p><b>Date Ext. 1:</b> 6/30/16</p> <p><b>Date Ext. 2:</b> 7/31/16</p> <p><b>Date Ext. 3:</b> 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 immediately.</p>	<p><b>Original Date:</b> 7/2/14</p> <p><b>Date Ext. 1:</b> 6/30/16</p> <p><b>Date Ext. 2:</b> 7/31/16</p>	<p><i>IMB Bureau Chief</i></p>	

	<b>Date Ext. 3:</b> 8/31/16		
<b>Safety Objective S1.1.5. Providers will take immediate action to develop a safety plan after an allegation of ANE to protect the alleged victim(s) during the course of an investigation.</b> Disengaged. See Doc. 2141 dated 2/16/17.			
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.	<b>Original Date:</b> 7/2/14 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 7/31/16 <b>Date Ext. 3:</b> 8/31/16	<i>IMB Bureau Chief</i>	
S1.5b The DOH must monitor providers for compliance with IASPs and must take corrective action as needed.	<b>Original Date:</b> 7/2/14 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 7/31/16 <b>Date Ext. 3:</b> 8/31/16	<i>IMB Bureau Chief</i>	
<b>Safety Objective S1.1.6 Severity of the alleged ANE dictates the investigation response.</b> JCA Disengagement Determination Received on 3/1/17.			
S1.6a The DOH must establish a priority of investigation responses consistent with the applicable policy and severity guidelines which requires investigative responses be three hours or less for emergencies, 24 hours or less for Priority 1 incidents, and 5 days or less for Priority 2 incidents.	4/7/14 <b>Date Ext. 1:</b> 8/31/16	<i>IMB Bureau Chief</i>	

<b><i>Safety Objective S [Kutas] 1.2.1 Competent ANE Investigators conduct professionally adequate investigations.</i></b>			
S2.1a ANE Investigators must pass Core Competency and Field Training before conducting investigations of ANE.	<b>Original Date:</b> 7/2/14 <b>Date Ext. 1:</b> 10/1/16 <b>Date Ext. 2:</b> 12/31/16	<i>IMB Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>• IMB centralized all training documentation in one location. IMB reviewed the training records for all current Investigators to verify compliance. Compliance is 100%.</li> </ul> <b>Supporting Documentation:</b>
S2.1b The JCM Supervisory Review Tool must be used to assess an ANE investigation in every case of ANE.	<b>Original Date:</b> 7/2/14 <b>Date Ext. 1:</b> 10/1/16 <b>Date Ext. 2:</b> 12/31/16	<i>IMB Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>• The IMB Supervisory Review Tool is used in all cases.</li> </ul> <b>Supporting Documentation:</b>
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.	<b>Original Date:</b> 7/2/14 <b>Date Ext. 1:</b> 10/1/16 <b>Date Ext. 2:</b> 12/31/16	<i>IMB Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>• The IMB Supervisory Review Tool is used in all cases.</li> </ul> <b>Supporting Documentation:</b>
S2.1d The DOH must review ANE intake and investigation quality, consistent with the Kutas quality indicators, on a quarterly basis.	<b>Original Date:</b> 7/2/14 <b>Date Ext. 1:</b> 10/1/16 <b>Date Ext. 2:</b> 12/31/16	<i>IMB Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>• IMB and the JCA consultants have developed an investigation QA tool. Two quarters of investigation QA reviews have been done. The tool is now being evaluated by DHI Director,</li> </ul>



			<p>Joe Foxhood. A meeting is scheduled for 4/21/2017 to discuss the tool and make final decisions.</p> <p><b>Supporting Documentation:</b> No Bates Number (in Excel)-Investigation QA Review Tool, Bates Number 529-532 Q2 Intake review.</p>
<p><b>Safety Objective S [Kutas] 1.3.1 Consistent with the IGA (Inter-Governmental Agreement), IMB will be the primary authority for ANE investigations.</b> Disengaged. See Doc. 2141 dated 2/16/17.</p>			
<p>S3.1a The DOH must promulgate administrative rules that delineate the IMB’s responsibilities as they relate to the IMB’s primary authority to conduct ANE investigations.</p>	<p><b>Original Date:</b> 7/2/14 <b>Date Ext. 1:</b> 6/30/16 <b>Date Ext. 2:</b> 8/31/16</p>	<p><i>IMB Bureau Chief</i></p>	
<p>S3.1b The DOH must monitor the provider’s compliance with these administrative rules on a quarterly basis and must promptly correct any deficiencies.</p>	<p><b>Original Date:</b> 10/1/14 <b>Date Ext. 1:</b> 6/30/16 <b>Date Ext. 2:</b> 8/31/16</p>	<p><i>IMB Bureau Chief</i></p>	
<p><b>Safety Objective S [Kutas] 1.4.1 Provide information regarding ANE reports/investigations to designated stakeholders.</b></p>			
<p>S4.1a The DOH must provide timely information regarding ANE reports, investigations, and findings to JCMs, stakeholders (families, guardians, providers, case</p>	<p><b>Original Date:</b> 7/2/14 <b>Date Ext. 1:</b> 6/30/16</p>	<p><i>IMB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• New “Decision” letters for the Case Manager and Responsible Provider</li> </ul>

<p>managers), and other individuals or staff who need that information to ensure the safety of JCMs.</p>	<p><b>Date Ext. 2:</b> 8/31/16 <b>Date Ext. 3:</b> 12/31/16</p>	<p>have been developed and approved by DDS.</p> <ul style="list-style-type: none"> <li>● Investigative Case files documenting notification of “other” Reporters given to the JCA consultants for review.</li> <li>● DDS statewide Case Management Coordinator developed a work plan for statewide training of Case Managers.</li> <li>● Supplemental Guidelines, training curriculum and competency test for Case managers developed.</li> <li>● Revision to Case Management Monthly Site visit form completed</li> <li>● In person training and competency based evaluation completed for 3 of 17 Case Management agencies ( 24 of 161 case managers).</li> </ul> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>● Bates Number 142-143 Task List for s1.4 v.5.pdf</li> <li>● Bates Number 144 CM Training Visit Schedule .xlsx</li> <li>● Bates Number 145-158 CM ANE Report Findings 04_10_2017.pptx</li> <li>● Bates Number 159-160 Sample letters to CM’s: CM Decision Letter - Substantiated.docx;</li> </ul>
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			<ul style="list-style-type: none"> <li>• Bates Number 161-163 Sample letters to CM's: CM Closure Letter - Substantiated.docx;</li> <li>• Bates Number 164-165 Sample letters to CM's: CM Closure Letter - Unsubstantiated.docx</li> <li>• Bates Number 166 Supplemental Guidelines.pdf</li> <li>• Bates Number 167 Competency Questions_Answer Key.docx.</li> <li>• Bates Number 537-538 Work Plan</li> </ul>
S4.1b The reporter of ANE must receive information from the DOH about the status of the ANE report and any findings.	<p><b>Original Date:</b> 7/2/14</p> <p><b>Date Ext. 1:</b> 6/30/16</p> <p><b>Date Ext. 2:</b> 8/31/16</p> <p><b>Date Ext. 3:</b> 12/31/16</p>	<i>IMB Bureau Chief</i>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• IMB changed our policy so that all Reporters receive notification of the status of all IMB investigations, including delays and findings.</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 168-174 DHI IMB Intake Policy, Bates Number 175-177 Updated Tip Sheet</p>
S4.1c Notification of substantiation of ANE reports must comply with New Mexico Administrative Code 7.1.14.12 (Notification of Investigation Results).	<p><b>Original Date:</b> 7/2/14</p> <p><b>Date Ext. 1:</b> 6/30/16</p> <p><b>Date Ext. 2:</b> 8/31/16</p> <p><b>Date Ext. 3:</b> 12/31/16</p>	<i>IMB Bureau Chief</i>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• Case files reviewed and approved by the JCA consultants.</li> </ul> <p><b>Supporting Documentation:</b></p>

<b><i>Safety Objective S [Kutas] 1.5.1 Risk of ANE is reduced when individual/systems issues are identified and preventive] and remedial measures are taken.</i></b>			
S5.1a When there is substantiated ANE, Defendants must take immediate preventive and remedial action at the individual and provider levels and if indicated at the systems level.	<b>Original Date:</b> 7/2/14 <b>Date Ext. 1:</b> 7/1/16 <b>Date Ext. 2:</b> 8/31/16	<i>IMB Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>Completed.</li> </ul> <b>Supporting Documentation:</b> .
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.	<b>Original Date:</b> 7/2/14 <b>Date Ext. 1:</b> 7/1/16 <b>Date Ext. 2:</b> 8/31/16	<i>IMB Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>During the JCA check-in, this topic was discussed with DDS Case Management Coordinator. The decision was made to hold this topic until the April Case Management training is complete. The the CM Coordinator will discuss next steps with the JCA.</li> </ul> <b>Supporting Documentation:</b>
S5.1c Providers and regional office staff must review ANE investigations and findings to determine if responses to substantiated ANE are timely, effective, and sustained.	<b>Original Date:</b> 7/2/14 <b>Date Ext. 1:</b> 7/1/16 <b>Date Ext. 2:</b> 8/31/16	<i>IMB Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>A discussion regarding the “timely, effective and sustainability” of the corrective and preventive action was added to the monthly Regional DHI/DDS meeting agenda in November 2016. Action Plans are developed for follow up when there are questions.</li> </ul>

			<p><b>Supporting Documentation:</b></p>
<p>S5.1d When there is substantiated ANE, the JCM’s IDT must meet as required by NMAC and pertinent information about the ANE investigation and the ANE report must be properly documented, including in the IDT meeting minutes for purposes of reducing and preventing ANE.</p>	<p><b>Original Date:</b> 7/2/14 <b>Date Ext. 1:</b> 7/1/16 <b>Date Ext. 2:</b> 8/31/16</p>	<p><i>IMB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Change in IMB policy to ensure IDT minutes and Corrective and Preventive Action plans are entered into the case file as Exhibits.</li> <li>● New Case Manager “Decision” letter developed to provide necessary level of detail for an adequate IDT meeting.</li> <li>● Investigative case file is reviewed and approved by a Supervisor before CM and Responsible Provider letters are sent.</li> </ul> <p><b>Supporting Documentation:</b> Supporting documentation for S1.4.1</p>
<p><b>Safety Objective S [Kutas] 1.6.1 Use ANE information to improve health/safety.</b></p>			
<p>S6.1a The DOH must implement the IMB database to identify patterns concerning ANE at the individual, program, and systems levels.</p>	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 12/31/16</p>	<p><i>IMB Bureau Chief and DDS Regional Office Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● 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 reports are reviewed at the monthly Quality Management meetings. Concerns or follow up that cannot be</li> </ul>

			<p>resolved at monthly meetings are referred and discussed at the Quarterly Quality Management Meeting(QQMM).</p> <p><b>Supporting Documentation:</b> Regional Jackson Class Member Emergency Services Tracking Grids uploaded monthly via Filezilla, Bates Number 520-528 Q3 Quarterly Quality Management Meeting Pre-filled Agenda.</p>
<p>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.</p>	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 12/31/16</p>	<p><i>IMB Bureau Chief and DDSD Regional Office Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• 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 reports are reviewed at the monthly Quality Management meetings. Concerns or follow up that cannot be resolved at monthly meetings are referred and discussed at the Quarterly Quality Management Meeting(QQMM).</li> </ul> <p><b>Supporting Documentation:</b> Regional Jackson Class Member Emergency Services Tracking Grids uploaded monthly via Filezilla.</p>

<p>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.</p>	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 12/31/16</p>	<p><i>IMB Bureau Chief and DDSD Regional Office Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>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 reports are reviewed at the monthly Quality Management meetings. Concerns or follow up that cannot be resolved at monthly meetings are referred and discussed at the Quarterly Quality Management Meeting(QQMM).</li> </ul> <p><b>Supporting Documentation:</b> Regional Jackson Class Member Emergency Services Tracking Grids uploaded monthly via Filezilla.</p>
<p><b>Safety Objective S2.1 All deaths are reviewed and a root cause analysis is done of preventable deaths. The findings from the root cause analysis will be used to strategically reduce the likelihood of preventable deaths.</b></p> <p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li><b>Mortality Review policy and procedure revision and restructuring of attendees/participants.</b></li> <li><b>Risk Management Initiatives - Morbidity/At Risk.</b></li> </ol>			
<p>S2.1a Qualified independent healthcare professionals must timely review and report to the Mortality Review Committee (MRC) on all JCM deaths. Relevant administrative personnel must timely report to the MRC and review all JCM deaths.</p>	<p><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD Medical Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>MRC reviews are continuing.</li> </ul> <p><b>Supporting Documentation:</b></p>

<p>S2.1b The DOH must provide autopsy reports and independent healthcare professionals’ reports of JCMs’ deaths to the Mortality Review Committee (MRC), promptly after their receipt that then reviews and analyzes all JCM deaths, and makes findings and recommendations.</p>	<p><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD Medical Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• .</li> </ul> <p><b>Supporting Documentation:</b></p>
<p>S2.1c The DOH must identify and take appropriate actions in response to the MRC’s findings and recommendations.</p>	<p><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD Medical Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>Supporting Documentation:</b></p>
<p>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.</p>	<p><b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 7/31/16 <b>Date Ext. 2:</b> 9/30/16</p>	<p><i>DDSD Medical Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>Supporting Documentation:</b></p>
<p>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.</p>	<p><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD Medical Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• .</li> </ul> <p><b>Supporting Documentation:</b></p>
<p><b>Safety Objective S3.1 Establish and use indicators to measure quality of DD [Developmentally Disabled] Services in New Mexico.</b></p>			



<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><b>Original Date:</b> 11/30/15</p>	<p><i>BSI Bureau Chief and DDS Deputy Director</i></p>	<p><b>Milestones achieved toward completed:</b></p> <ul style="list-style-type: none"> <li>● DDS is in the process of revising the requirements for key performance indicators.</li> <li>● DDS meeting held on 2/2/17 with current indicator data.</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 178-179 DDS Register</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><b>Original Date:</b> 12/31/15</p>	<p><i>BSI Bureau Chief and DDS Deputy Director</i></p>	<p><b>Milestones achieved toward completion:</b></p> <ul style="list-style-type: none"> <li>● DDS is in the process of revising the requirements for key performance indicators. Requirements will be consistent in standards, provider agreement and provider application.</li> </ul> <p><b>Supporting Documentation:</b> .</p>
<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><b>Original Date:</b> 3/31/16 <b>Date Ext. 1:</b> 6/30/16 <b>Date Ext. 2:</b> Pending further discussion with the JCA</p>	<p><i>BSI Bureau Chief and DDS Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● .</li> </ul> <p><b>Supporting Documentation</b> .</p>
<p>S3.1d The DOH and providers must respect a JCM’s informed choices for program development and services to meet the JCM’s preferences and needs.</p>	<p><b>Original Date:</b> 3/31/16 <b>Date Ext. 1:</b></p>	<p><i>BSI Bureau Chief and DDS</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● .</li> </ul>

	<p>6/30/16  <b>Date Ext. 2:</b>                  Pending further discussion with the JCA</p>	<p><i>Deputy Director</i></p>	<p><b>Supporting Documentation</b></p>
<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><b>Original Date:</b>                  3/31/16  <b>Date Ext. 1:</b>                  6/30/16  <b>Date Ext. 2:</b>                  Pending further discussion with the JCA</p>	<p><i>BSI Bureau Chief and DDS D Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• .</li> </ul> <p><b>Supporting Documentation</b></p>
<p><b><i>Safety Objective S3.2 Community Practice Reviews are provided by competent personnel as evidenced by reviewers who have passed competency based training.</i></b></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><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• The Community Monitor coordinated and held a two day training in Albuquerque on April 11-12, 2017. The IQR reviewers, case judges, and select personnel from DDS D and DHI, were present and participated in this training.</li> <li>• The reviewers and case judges identified for the 2017 Metro 1 IQR, participated in teleconference training of the IQR protocol tool.</li> </ul>

			<p><b>Supporting Documentation:</b> Bates Number 180-208 IQR Master Training Agenda 4.7.17, Bates Number 209-222 2017 IQR Reviewer's Guide draft 4.7.1</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><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• The Community Monitor provided a biography document including the Individual Quality Review 2017 Team Members.</li> <li>• The Community Monitor has selected and assigned the IQR Reviewers and Case Judges for the 2017 Metro 1 Individual Quality Review.</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 223-227 Bios of Reviewers and Case Judges, Bates Number 228-229 Metro 1 Sample 3.10.17</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><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• The Community Monitor provided Metro 1 Sample selection.</li> <li>• The Community Monitor provided the draft IQR Tools on website <a href="http://www.jacksoncommunityreview.org">www.jacksoncommunityreview.org</a></li> <li>• The Community Monitor provided the current IQR reviewers, case judges, and IQR small workgroup with the</li> </ul>

			<p>most updated version of the IQR tool which is in Excel format.</p> <ul style="list-style-type: none"> <li>The Community Monitor provided a draft 2017 IQR Reviewers Guide.</li> </ul> <p><b>Supporting Documentation:</b> No bates number (in excel) Copy of 4.7.17 IQR Protocol Workbook DRAFT</p>
<b>Safety Objective S3.3 Implement the CPR.</b>			
S3.3a The DOH must annually conduct the CPR consistent with the Community Monitor’s existing sampling methodology, protocol instrument, reviewers’ guidelines, scoring, and evidence.	Complete and contract will be established for FY16.	<i>DDSD CPR Lead and JCO</i>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>Presently the 2017 Metro 1 IQR is taking place.</li> <li>The SW Region provided the Community Monitor with a complete list of Jackson Class Members residing in their region for an upcoming sample selection, per the 2017 IQR Calendar.</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 230-243 Draft IQR Calendar 3.13.17</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><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>.</li> </ul> <p><b>Supporting Documentation:</b></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	<i>DDSD CPR Lead and JCO</i>	<p><b>Milestones Achieved in the Quarter:</b></p>

	<p>established for FY16.</p>		<ul style="list-style-type: none"> <li>● 3 of the 7 posted DOH positions have been submitted to SPO, pending State of NM budget and approval</li> <li>● DDSD CPR follow up team participated in the April 11-12, 2017 IQR training and are teamed with rpa Reviewers for Metro 1 IQR. Select DOH representatives have been determined to perform as Reviewers for the IQR and these individuals participated in the April 11-12, 2017 training.</li> <li>● DOH has one Reviewer identified to complete an IQR book for the current Metro 1, and one DOH Reviewer identified for the upcoming SW IQR</li> </ul> <p><b>Supporting Documentation:</b></p>
<p><b><i>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.</i></b></p> <p><b>Major Strategies:</b></p> <p><b>1. Quality Assurance/Quality Indicator plan requirement restructuring.</b></p>			
<p>S3.4a DDSD must work with service providers and case management agencies that have “repeat findings” of deficiencies or problems to improve and sustain improvement with respect to the identified deficiencies or problems.</p>	<p><b>Original Date:</b> 10/31/15</p> <p><b>Date Ext. 1:</b> Pending further discussion with the JCA</p>	<p><i>JCO and Regional Office Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● 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</li> </ul>

			<p>decision is rendered on the appropriate interventions, which is tailored to the identified deficiency. An intervention may include stepped up monitoring from the regional office or a performance Improvement Plan implemented by the agency. See 30-60-90 day reports, which detail these interventions.</p> <p><b>Supporting Documentation:</b></p>
S3.4b The DDSD and providers must use the 2013–2015 CPR findings and recommendations.	<p><b>Original Date:</b> 10/31/15</p> <p><b>Date Ext. 1:</b> Pending further discussion with the JCA</p>	<p><i>JCO and Regional Office Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• .</li> </ul> <p><b>Supporting Documentation</b></p> <ul style="list-style-type: none"> <li>.</li> </ul>
S3.4c DDSD must meet with providers that have high health risk-related findings and providers that have the highest number or 2013–2015 CPR findings of deficiencies to improve those providers’ services to JCMs.	<p><b>Original Date:</b> 10/31/15</p> <p><b>Date Ext. 1:</b> Pending further discussion with the JCA</p>	<p><i>JCO and Regional Office Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• .</li> </ul> <p><b>Supporting Documentation:</b></p>
S3.4d Defendants must identify actions taken in response to the 2013–2015 CPR findings and ensure that deficiencies are remedied.	<p><b>Original Date:</b> 10/31/15</p> <p><b>Date Ext. 1:</b></p>	<p><i>JCO and Regional Office</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• .</li> </ul>

	Pending further discussion with the JCA	<i>Bureau Chief</i>	<b>Supporting Documentation</b>
<b><i>Safety Objective S3.5</i> Competency based training is provided based in part on analysis of identified deficiencies from the CPR through the DDSO required trainings and to specific entities as appropriate.</b>			
S3.5a DDSO must evaluate CPR findings to identify deficiencies in its required competency-based training.	<b>Original Date:</b> 3/27/15 <b>Date Ext. 1:</b> Pending further discussion with the JCA	<i>DDSO Training Unit Manager</i>	<b>Milestones Achieved in the Quarter:</b> • <b>Supporting Documentation</b>
S3.5b Using its evaluation of CPR findings, the DDSO must modify existing competency-based training or must provide additional competency-based training to address identified deficiencies.	<b>Original Date:</b> 4/29/15 <b>Date Ext. 1:</b> Pending further discussion with the JCA	<i>DDSO Training Unit Manager</i>	<b>Milestones Achieved in the Quarter:</b> • <b>Supporting Documentation</b>
S3.5c When training is needed to address identified deficiencies, competency based training must be provided to address deficiencies.	<b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> Pending further discussion with the JCA	<i>DDSO Training Unit Manager</i>	<b>Milestones Achieved in the Quarter:</b> • <b>Supporting Documentation</b>
<b><i>Safety Objective S3.6</i> Use information from the CPR in an integrated manner to inform program development and management for class members.</b>			

<p>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.</p>	<p><b>Original Date</b> 1/31/16 <b>Date Ext. 1:</b> 6/30/16 <b>Date Ext. 2:</b> Pending further discussion with the JCA.</p>	<p><i>JCO</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• .</li> </ul> <p><b>Supporting Documentation</b></p>
<p>S3.6b DDSD must file semi-annual reports identifying program development and implementation.</p>	<p><b>Original Date</b> 1/31/16 <b>Date Ext. 1:</b> 6/30/16 <b>Date Ext. 2:</b> Pending further discussion with the JCA</p>	<p><i>JCO</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• .</li> </ul> <p><b>Supporting Documentation</b></p>
<p><b><i>Safety Objective S3.7</i> Regulatory program reviews are completed by staff who have received and passed competency based training specific to their QMB roles and responsibilities.</b></p>			
<p>S3.7a DHI/QMB staff must receive competency-based training for evaluating programs that serve JCMs.</p>	<p><b>Original Date:</b> 7/1/15 <b>Date Ext. 1:</b> 7/31/16 <b>Date Ext. 2:</b> 8/31/16 <b>Date Ext. 3:</b> 12/31/16</p>	<p><i>QMB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• QMB Steering Committee created on 4/7/2017. Members include DHI and DDSD Division Directors, Deputy Division Directors, QMB Bureau Chief, QMB Deputy Bureau Chief; DDSD Region Bureau Chief and DDSD COMMUNITY Program Bureau Chief.</li> <li>• Draft work plan developed, will work with steering committee to revise.</li> </ul>



			<b>Supporting Documentation:</b> Bates Number 244-248 QMB Workplan.
S3.7b DHI/QMB staff must satisfactorily complete competency-based training before evaluating programs and providers that serve JCMs.	<p><b>Original Date:</b> 7/1/15</p> <p><b>Date Ext. 1:</b> 7/31/16</p> <p><b>Date Ext. 2:</b> 8/31/16</p> <p><b>Date Ext. 3:</b> 12/31/16</p>	<i>QMB Bureau Chief</i>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>8 of 10 QMB healthcare surveyors / managers have completed DDSO required trainings.</li> <li>Steering committee developed will begin to revise workplan for training during this quarter.</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 249-250 DDSO Training compliance worksheet.</p>
<b><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.</b>			
S3.8a QMB must identify and must review the essential services that should be provided to JCMs, consistent with IDT decisions and determinations by medical professionals, therapists, and nutritional experts.	<p><b>Original Date:</b> 11/30/15</p> <p><b>Date Ext. 1:</b> 4/30/16</p> <p><b>Date Ext. 2:</b> 8/31/16</p> <p><b>Date Ext. 3:</b> 12/31/16</p>	<i>QMB Bureau Chief</i>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>Per JCA may wait until 2017 DDW standard are completed to begin this task.</li> <li>Steering Committee was created on 4/7/2017 and will work together to identify quality indicators once standards are complete. Steering committee to work on and revise QMB work plan to indicate dates for completion. First meeting to occur 4/21/2017.</li> </ul>

			<b>Supporting Documentation:</b> See QMB work plan in S3.7.
S3.8b QMB must modify its CM data to reflect the identified essential services for JCMs.	<p><b>Original Date:</b> 4/15/16</p> <p><b>Date Ext. 1:</b> 7/31/16</p> <p><b>Date Ext. 2:</b> 8/31/16</p> <p><b>Date Ext. 3:</b> 12/31/16</p>	<i>QMB Bureau Chief</i>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Per JCA may wait until 2017 DDW standard are completed to begin this task.</li> <li>● Steering Committee was created on 4/7/2017 and will work together to identify quality indicators once standards are complete. Steering committee to work on and revise QMB work plan to indicate dates for completion. First meeting to occur 4/21/2017.</li> </ul> <p><b>Supporting Documentation:</b> See QMB work plan in S3.7.</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><b>Original Date:</b> 11/30/15</p> <p><b>Date Ext. 1:</b> 7/31/16</p> <p><b>Date Ext. 2:</b> 8/31/16</p> <p><b>Date Ext. 3:</b> 12/31/16</p>	<i>QMB Bureau Chief</i>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● QMB continues to survey Case Management agencies on current survey tools. This quarter 4 Case Management agencies were reviewed.</li> <li>● Steering Committee was created on 4/7/2017 and will work together to identify quality indicators once standards are complete. Steering committee to work on and revise QMB work plan.</li> </ul>

			<p><b>Supporting Documentation:</b> See QMB work plan in S3.7, Survey reports available on DHI website.</p>
<p><b>Safety Objective S4.1 Examine current Quality Assurance and Quality Improvement processes and activities intended to safeguard Jackson Class Members and to improve the quality of provider performance in relation to Jackson Class Members. Take steps to increase transparency, accountability, and effective remediation. Establish measurable indicators that are consistent with the pertinent standards that address the quality of provider performance.</b></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><b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 7/31/16</p>	<p><i>BSI Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>Received stakeholder input via ACQ policy and quality subcommittee to develop a new QA/QI template.</li> <li>Received internal stakeholder input on the QA/QI plan template via Bureau Chiefs meeting.</li> <li>Workgroup created to continue to refine the QA/QI plan template.</li> </ul> <p><b>Supporting Documentation:</b></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><b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 7/31/16 <b>Date Ext. 2:</b> 7/31/17</p>	<p><i>BSI Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>Provider Data Summary Completed and uploaded to the ACT New Mexico Website.</li> </ul> <p><b>Supporting Documentation:</b></p>
<p>S4.1c The DOH must allow public access to the provider report cards</p>	<p><b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b></p>	<p><i>BSI Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p>

	7/31/16 <b>Date Ext. 2:</b> 7/31/17		<ul style="list-style-type: none"> <li>Provider Data Summary Completed and uploaded to the ACT New Mexico Website.</li> </ul> <b>Supporting Documentation:</b>
S4.1d Clear, current and specific information about available provider services will be available to the public as part of the Provider Selection Guide.	<b>Original Date:</b> 11/30/15	<i>BSI Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>Provider Selection guide complete, updated regularly as appropriate and available on the ACT NM website</li> </ul> <b>Supporting Documentation:</b>
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>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>QMB has a Focused Survey process in place to address this type of review. DDSD has a performance improvement plan process in place as well as other contract management methods to address provider performance issues. If contract management efforts are unsuccessful, an issue may be referred to the IRC for higher level sanctions.</li> </ul> <b>Supporting Documentation:</b>
<b>Safety Objective S4.2 DOH response is proportionate to the seriousness of the contractor’s alleged substandard performance when corrective action is not effectively implemented.</b>			

<p>S4.2a Defendants must identify a provider’s deficiencies in cases where the contractor failed to effectively implement corrective action.</p>	<p><b>Original Date:</b> 7/31/15 <b>Date Ext. 1:</b> 5/31/16 <b>Date Ext. 2:</b> 7/31/16 <b>Date Ext. 3:</b> 9/30/16</p>	<p><i>IRC Chair</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● <b>Contract Management tracking system developed.</b></li> </ul> <p><b>Supporting Documentation:</b> Bates Number 543 Contract Management Tracking Log 4.19.17.</p>
<p>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.</p>	<p><b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 7/31/16 <b>Date Ext. 2:</b> 9/30/16</p>		<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● See S4.2a</li> </ul> <p><b>Supporting Documentation</b></p>
<p><b>Safety Objective S5.1 Providers will use the identified performance indicators as part of their agency quality assurance system to improve quality.</b></p>			
<p>S5.1a The DOH must establish measurable quality indicators, including (1) implementation of a QA/QI (Quality Assurance/Quality Improvement) Plan, (2) implementation of ISPs, (3) analysis of General Events Reports data, (4) compliance with Caregivers Criminal History Screening requirements, (5) compliance with Employee Abuse Registry requirements, (6) compliance with DDS training requirements, (7) patterns of reporting incidents, and (8) results of improvement actions taken in Quarters, at the individual, program, and systems levels.</p>	<p><b>Original Date:</b> 11/30/15</p>	<p><i>QMB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● DDS identified Key Performance Indicators which are reported quarterly to BSI from responsible parties.</li> <li>● Steering Committee was created on 4/7/2017 and will work together to identify quality indicators once 2017 standards are complete. First meeting to occur on April 21st.</li> <li>● Steering committee to work on and revise QMB work plan.</li> </ul>

			<p><b>Supporting Documentation:</b> See Draft QMB workplan in S3.7, Bates Number 251 Key Performance Indicator information provided to DDSB Bureau of Systems 2nd Quarter. .</p>
<p>S5.1b The DOH must communicate these required measurable quality indicators to providers.</p>	<p><b>Original Date:</b> 12/31/15</p>	<p><i>QMB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Current Information is documented in Provider Agreement and DDSB Standards.</li> <li>● Any revisions to DDSB key performance indicators will be communicated and consistently updated in all DOH documents (QMB survey tools, provider agreements, Standards, etc.).</li> <li>● Steering Committee was created on 4/7/2017 and will work together to identify new quality indicators once 2017 standards are complete and will determine how this will be communicated. Steering committee to work on and revise QMB work plan.</li> </ul> <p><b>Supporting Documentation:</b> See Draft QMB workplan in S3.7</p>

<p>S5.1c Providers must use the required measurable quality indicators to improve the quality of their services to JCMs.</p>	<p><b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 7/31/16 <b>Date Ext. 2:</b> 9/30/16 <b>Date Ext. 3:</b> 12/31/16</p>	<p><i>QMB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>In FY 2017 3rd quarter QMB 1/1/2017 - 3/31/2017 QMB has completed 13 compliance surveys. All surveys completed by QMB require a Plan of correction which require the provider to identify how they will correct the specific deficiency noted as well as what their ongoing quality assurance / quality improvement process.</li> </ul> <p><b>Supporting Documentation:</b> See DHI website for survey reports.</p>
<p>S5.1d The DOH must determine providers' compliance in using the measurable quality indicators through the use of QMB surveys.</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> 12/31/16</p>	<p><i>QMB Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>In FY 2017 3rd quarter QMB 1/1/2017 - 3/31/2017 QMB has completed 13 compliance surveys. All surveys completed by QMB require a Plan of Correction for all deficient practices identified.</li> </ul> <p><b>Supporting Documentation:</b> See DHI website for survey reports.</p>
<p><b>Safety Objective S5.2 Use significant events reported through GER (General Events Reporting) -- including use of emergency services, falls, medication errors, and law enforcement incidents -- to support DD system management, that includes responses to significant events.</b></p>			

<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><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDSD Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Shared the 2nd Quarter At risk List at the March Regional Meetings</li> <li>● Follow up plan to share the At risk List on a monthly basis at Regional Meetings</li> <li>● Letters were sent to the following providers for noncompliance with the Director's Release Los Lunas Community Program Adelante Development Center, Inc. Optihealth, Inc. Expressions of Life ARCA A Better Way of Living</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 252-300 At Risk List 2nd Qtr. FY 2017. Bates Number 545-607 At Risk List 3<sup>rd</sup> Qtr FY2017.</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 DDSD and DHI Significant Events Committee in program development and improvement.</p>	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDSD Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● BSI provides Significant Events information to DDSQI for consideration in program development and division action plans.</li> </ul> <p><b>Supporting Documentation:</b> .</p>
<p>S5.2c The DOH must (1) analyze significant event information, (2) identify trends in provider performance, (3) intervene, and evaluate the effectiveness of the intervention.</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b></p>	<p><i>DDSD Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● .</li> </ul>



	9/30/16 <b>Date Ext. 2:</b> 12/31/16		Supporting Documentation
<p><b>Safety Objective S5.3 Implement a responsive and effective case management system as evidenced by the provision of needed supports and services</b></p> <p><b>Major Strategies:</b></p> <p><b>1. Rewrite of DDW Standards:</b> DDS is in process of rewriting DD Waiver Service Standards in conjunction with the DDW Renewal cycle. Standards will incorporate provider requirements that have traditionally been communicated through policy, procedure, Director’s Releases and interim memos.</p> <p><b>2. Case Management Quality Practice Indicators:</b> DDS is in process of identifying key case management quality practice areas and indicators to align with current best practices.</p> <p><b>3. Qualified Provider Project for Case Management:</b> DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.</p> <p><b>4. Competency and Performance Based Training for Case Managers:</b> DDS is in the process of developing an overall training vision that will entail a review of existing trainings, training needs, frequency of training, and ongoing quality and fidelity of training. Case Management requirements will be reviewed and developed during this process.</p>			
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.	<b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 7/31/17	<i>QMB Bureau Chief and DDS CM Lead</i>	<b>Milestones Achieved in the Quarter:</b> • <b>Supporting Documentation</b> •
S5.3b Case Managers must ensure that each JCM’s ISP is properly implemented.	<b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 7/31/17	<i>QMB Bureau Chief and DDS CM Lead</i>	<b>Milestones Achieved in the Quarter:</b> • <b>Supporting Documentation</b>

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.	<b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 7/31/17	<i>QMB Bureau Chief and DDSD CM Lead-</i>	<b>Milestones Achieved in the Quarter:</b> • . <b>Supporting Documentation</b>
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.	<b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 7/31/17	<i>QMB Bureau Chief and DDSD CM Lead</i>	<b>Milestones Achieved in the Quarter:</b> • DDSD completed a Problem Resolution template proposed by JCA as a strategic plan for systemic changes to Case Management System  <b>Supporting Documentation:</b> Bates Number 301-312 Case Management Problem Resolution Template v. 2.docx
<b><i>Safety Objective S5.4 Develop and implement an effective, integrated DD Strategic Information Management System.</i></b>			
S5.4a The DOH must evaluate its information management system's ability to use information related to JCMs in an integrated manner.	<b>Original Date:</b> 11/30/15 <b>Date Ext. 1:</b> 8/31/16	<i>BSI Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b> • 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.  <b>Supporting Documentation:</b> Bates Number 313 February 2017 Data Hub meeting summary.
S5.4b The DOH must ensure that the "ad-hoc reports pulled from HSD's MMIS" are available from DDSD.	<b>Original Date:</b> 12/31/15	<i>BSI Bureau Chief</i>	<b>Milestones Achieved in the Quarter:</b>

	<p><b>Date Ext. 1:</b> 8/31/16</p>		<ul style="list-style-type: none"> <li>• DDS is receiving raw data from HSD. BSI is able to generate reports upon request.</li> </ul> <p><b>Supporting Documentation:</b> .</p>
<p>S5.4c Defendants must evaluate the usefulness and gaps in the above described data collection system and must modify or update the system where practicable.</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> 8/31/16</p>	<p><i>BSI Bureau Chief</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• DDS has met and identified gaps and is creating a data system to meet our needs.</li> </ul> <p><b>Supporting Documentation:</b> .</p>
<p><b>SUPPORTED EMPLOYMENT PLAN:</b></p> <p><b>GOAL 1: People who want to work will work.</b></p> <p><b>GOAL 2: Every class member will have access to a quality network of providers throughout the state. Providers who cannot achieve work goals are eliminated.</b></p> <p><b>GOAL 3: Provide a reliable available form of targeted technical assistance to providers of supported employment based on all provider reviews.</b></p> <p><b>GOAL 4: Assist class members to have meaningful lives.</b></p>	<p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li>1. <b><u>Employment First Policy/Procedure</u></b> - Established the vision for competitive integrated employment as the preferred outcome, including instituting new definitions consistent with WIOA.</li> <li>2. <b><u>SELN Database</u></b> - Established provider accountability for employment outcomes.</li> <li>3. <b><u>Informed Choice Initiative</u></b> - The goal of this project is to increase provider capacity relative to discovery. This strategy involves intensive intervention with provider agencies to teach them to use the Discovery theories in their everyday work. As JCMs increase their experiences through Discovery, they will be better informed about the community at large and potential activities to access, which may include working. Discovery will be used as a tool to guide informed choice about employment.</li> <li>4. <b><u>Qualified Provider Project</u></b> - DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.</li> <li>5. <b><u>Strike Force</u></b> - This is an extension of the work that has previously been completed. This strategy involves working completing an ISP review to</li> </ol>		

make an initial determination about the level and quality of community participation for each JCM. The ISP review is followed up with a site visit to compare what is documented in the ISP with what is actually occurring. The site visit also serves as an opportunity to provide suggestions about improving services directly to the staff members who are performing the work with the JCM. The goal is to increase the time spent in community participation and decrease time in facility-based non-work settings, while improving the quality of the activities.

6. **CLE Project** - This is a research project through ThinkWork that is developing a National toolkit to be used to assist providers with Community Life Engagement. The four providers in the pilot are receiving technical assistance from National experts in the field. The goal of this project is to ultimately assist providers with compliance of the CMS Final Rule and create a systemic culture shift.

7. **Competency-Based Training and Technical Assistance** - DDSD continues to work with our partners at UNM/CDD and NMDVR (Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.

*Supported Employment Objective SE 1.1* Achieve an annual increase of Jackson Class Members working “at criteria,” in accordance with information gathered regarding the Jackson Class Members’ abilities and desires to be employed, and the guardians’ positions on employment of the Jackson Class Members. Defendants must provide technical, supported 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.

**Major Strategies:**

1. **SELN Database** - Established provider accountability for employment outcomes.
2. **Informed Choice Initiative** - The goal of this project is to increase provider capacity relative to discovery. This strategy involves intensive intervention with provider agencies to teach them to use the Discovery theories in their everyday work. As JCMs increase

their experiences through Discovery, they will be better informed about the community at large and potential activities to access, which may include working. Discovery will be used as a tool to guide informed choice about employment.

**3. Qualified Provider Project - DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes**

SE1.1a Defendants must obtain current statistics on JCMs who are not working at criteria, but who wish to work and are capable of working at criteria, provided the JCMs' guardians support working at criteria.	<b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> TBD	<i>DDSD</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>● The Supported Employment database went live on 1.9.17.</li> <li>● Three providers are involved in the Informed Choice project. LLCP started on 8.16.16. LifeRoots started on 11.30.16. Tresco started on 12.5.16.</li> <li>● Two providers were approached about joining the Informed Choice project. They are Cornucopia and ENMRSH. Cornucopia declined participation. A second call was held with ENMRSH leadership on April 12. They will make a decision about participation by April 14.</li> <li>● SELN FY17 Q3 data has been collected, validated and imported into the Supported Employment database.</li> </ul> <b>Supporting Documentation:</b> <ul style="list-style-type: none"> <li>● Bates Number 314-319 December 2016 - Informed Choice monthly report.</li> <li>● Bates Number 320-325 January 2017 - Informed Choice monthly report.</li> <li>● Bates Number 326-356 February 2017 - Informed Choice monthly report.</li> </ul>
SE1.1b Defendants must provide technical vocational assistance and support through job developers and job coaches for all JCMs identified in SE1.1a.	<b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> TBD	<i>DDSD</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	
SE1.1c Defendants must achieve an annual increase in the number of JCMs working at criteria, consistent with SE1.1a.	<b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> TBD	<i>DDSD</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	
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.	<b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> TBD	<i>DDSD</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	

			<ul style="list-style-type: none"> <li>• Bates Number 357 Providers for Informed Choice Project.</li> <li>• Bates Number 358-361 JCM Wage and Hour Report 4.11.17.</li> <li>• Bates Number 362-393 Discovery Summary 4.12.17.</li> <li>• Bates Number 394-423 Discovery Summary 3.29.17</li> </ul>
<p><b>Supported Employment Objective SE 1.2</b> Defendants will increase the number of qualified providers statewide in order to increase the number of Jackson Class Members earning minimum wage or better, and to increase the average number of hours per week worked by Jackson Class Members. Defendants will develop a plan with time lines to provide quality supported employment at criteria to all priority class members who are determined to be appropriate for work.</p> <p><b>Major Strategies:</b></p> <p>1. <b>Qualified Provider Project</b> - DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.</p>			
<p>SE1.2a Defendants must develop a written strategy and process to recruit and retain qualified employment providers for all JCMs who wish to and are able to work at criteria, with their guardians' consent.</p>	<p><b>Original Date:</b> 9/30/15</p> <p><b>Date Ext. 1:</b> 4/30/16</p> <p><b>Date Ext. 2:</b> 6/30/16</p> <p><b>Date Ext. 3:</b> TBD</p>	<p><i>DDSD Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• Qualified Provider committee met on 2.10.17 and 3.22.17. Draft application, scoring sheet and policy in process. Data points to be decided. Linda Rolfe, SME, in attendance.</li> <li>• Community Inclusion Manager and Metro Regional Office staff met with new provider SL Start on 3.15.17 to assist with on-boarding. SL Start will be operational as of April 2017.</li> </ul>

			<b>Supporting Documentation:</b> Bates Number 424-427 3-27-17 v3 Qualified Provider Application Draft.
SE1.2b Defendants must provide a current written list of qualified employment providers to JCMs and their guardians.	<b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16 <b>Date Ext. 3:</b> 9/30/16	<i>DDSD Deputy Director</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>See SE1.2a for updates.</li> </ul> <b>Supporting Documentation</b>
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.	<b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> 6/30/16 <b>Date Ext. 2:</b> TBD	<i>DDSD Deputy Director</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>See SE1.2a for updates.</li> </ul> <b>Supporting Documentation</b>
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.	<b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 6/30/16 <b>Date Ext. 2:</b> TBD	<i>DDSD Deputy Director</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>See SE1.2a for updates.</li> </ul> <b>Supporting Documentation</b>
SE1.2e Defendants must maintain and must report annual statistics on the number of (1) JCMs who wish to work at criteria, (2) JCMs who can work at criteria with their guardians' consent, and (3) JCMs who are working at	<b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b>	<i>DDSD Deputy Director</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>See SE1.2a for updates.</li> </ul> <b>Supporting Documentation</b>

<p>criteria. Defendants must correlate these annual statistics with the target dates in the timeline.</p>	<p>TBD</p>		
<p><b><i>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.</i></b></p> <p><b>Major Strategies:</b></p> <p><b>1. <u>Qualified Provider Project</u> - DDS D is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.</b></p> <p><b>2. <u>Competency-Based Training and Technical Assistance</u> - DDS D continues to work with our partners at UNM/CDD and NMDVR (Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.</b></p>			
<p>SE1.3a Defendants must develop competency based training on DDW standards for career development planning.</p>	<p><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 6/30/16 <b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDS D Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Qualified Provider committee met on 2.10.17 and 3.22.17. Draft application, scoring sheet and policy in process. Data points to be decided. Linda Rolfe, SME, in attendance.</li> <li>● DDS D attended the Case Management Action and Advocacy Committee (CMAAC) Meetings on 1.17.17, 2.15.17 and 3.15.17 to discuss training for Case Managers.</li> <li>● DDS D and UNM/CDD met to discuss PFE FY18 contract on 3.22.17. Linda Rolfe, SME, in attendance.</li> <li>● DDS D, DVR and UNM/CDD met to discuss the PFE FY18 contract on 4.4.17.</li> </ul>
<p>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.</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> TBD</p>	<p><i>DDS D Deputy Director</i></p>	



			<p><b>Supporting Documentation:</b> See SE1.2a Qualified Provider Application.</p>
<p><b>Supported Employment Objective SE 1.4 Increase capacity to create traditional and non-traditional paths to employment.</b></p> <p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li>1. <b><u>SELN Database</u></b> - Established provider accountability for employment outcomes.</li> <li>2. <b><u>Informed Choice Initiative</u></b> - The goal of this project is to increase provider capacity relative to discovery. This strategy involves intensive intervention with provider agencies to teach them to use the Discovery theories in their everyday work. As JCMs increase their experiences through Discovery, they will be better informed about the community at large and potential activities to access, which may include working. Discovery will be used as a tool to guide informed choice about employment.</li> <li>3. <b><u>Qualified Provider Project</u></b> - DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.</li> <li>4. <b><u>Competency-Based Training and Technical Assistance</u></b> - DDS continues to work with our partners at UNM/CDD and NMDVR (Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.</li> </ol>			
<p>SE1.4a The DDS Deputy Director must develop an approved action plan to deploy an SE expert or experts to work with qualified employment providers to increase the number of traditional and non-traditional employment opportunities for JCMs to work at criteria.</p>	<p><b>Original Date:</b> 7/31/15 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDS Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• Informed Choice Project continues. DDS met with PFE on several occasions to discuss changing their reporting methodology. PFE revised their reporting structure starting in February 2017.</li> <li>• Qualified Provider committee met on 2.10.17 and 3.22.17. Draft application and scoring sheet in process. Data points to be decided. Linda Rolfe, SME, in attendance.</li> </ul>

			<p><b>Supporting Documentation:</b> See SE1.1a for documents related to the Informed Choice Initiative.</p>
SE1.4b Defendants, through Partners for Employment, must deliver customized employment training to qualified employment providers in reference to employment of JCMs at criteria.	<p><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDSD Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• DDSD and UNM/CDD met to discuss PFE FY18 contract on 3.22.17. Linda Rolfe, SME, in attendance.</li> <li>• DDSD, DVR and UNM/CDD met to discuss the PFE FY18 contract on 4.4.17. The first draft of the contract will be completed on 4.21.17.</li> </ul> <p><b>Supporting Documentation:</b> .</p>
SE1.4c Defendants must use funding available through the IGA for the development of JCMs' vocational assessment profiles (VAPs).	<p>Complete in FY15. Negotiation underway for FY 16. <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• DDSD and DVR met on 4.3.16 to discuss the ongoing efforts related to scaffolded funding and the IGA. SME developed focus group questions for DVR and DDSD to use. Focus groups have been scheduled for May 26 in Albuquerque and Santa Fe.</li> </ul> <p><b>Supporting Documentation:</b></p>
SE1.4d Defendants must demonstrate through annual statistics that they have increased the capacity to provide traditional paths for employment of JCMs at criteria.	<p><b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• FY17 Q3 data was validated and imported into the Supported Employment database.</li> </ul>

- Partners for Employment offered training on Making Self-Employment Work for People with Disabilities in March in Albuquerque and Farmington.
- Partners for Employment offered training on Customized Employment Strategies: From Discovery to Job Development in April in Albuquerque and Farmington.

**Supporting Documentation:** Bates Number 428 PFE Spring 2017 Training Calendar.

***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.***

**Major Strategies:**

1. **Informed Choice Initiative** - The goal of this project is to increase provider capacity relative to discovery. This strategy involves intensive intervention with provider agencies to teach them to use the Discovery theories in their everyday work. As JCMs increase their experiences through Discovery, they will be better informed about the community at large and potential activities to access, which may include working. Discovery will be used as a tool to guide informed choice about employment.
2. **Qualified Provider Project** - DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.
3. **Strike Force** - This is an extension of the work that has previously been completed. This strategy involves working completing an ISP review to make an initial determination about the level and quality of community participation for each JCM. The ISP review is followed up with a site visit to compare what is documented in the ISP with what is actually occurring. The site visit also serves as an opportunity to provide suggestions about improving services directly to the staff members who are performing the work with the JCM. The goal is to increase the time spent in community participation and decrease time in facility-based non-work settings, while improving the quality of the activities.

<p>SE1.5a Defendants, through appropriately trained personnel, must update each JCM’s ISP with a current and accurate employment plan, including information about the JCM’s employment goals and whether the JCM wishes to work, has skills for existing work, seeks traditional or nontraditional work, and has the guardian’s consent to work.</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> TBD</p>	<p><i>DDSD</i> <i>Supported</i> <i>Employment</i> <i>Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Strike force meetings continue to occur weekly.</li> <li>● A new Review Grid has been developed to document who is involved in Strike Force, the CLE Project and the Informed Choice Initiative each quarter.</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 429, Cover Sheet to Review Grid, Bates Number 430-444 Strike Force Reviews 4.13.17.</p>
<p><b><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.</b></p> <p><b>Major Strategies:</b></p> <p>1. <b><u>Strike Force</u></b> - This is an extension of the work that has previously been completed. This strategy involves working completing an ISP review to make an initial determination about the level and quality of community participation for each JCM. The ISP review is followed up with a site visit to compare what is documented in the ISP with what is actually occurring. The site visit also serves as an opportunity to provide suggestions about improving services directly to the staff members who are performing the work with the JCM. The goal is to increase the time spent in community participation and decrease time in facility-based non-work settings, while improving the quality of the activities.</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><b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDSD</i> <i>Supported</i> <i>Employment</i> <i>Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● CI Coordinators reviewing Out of Home Placement Reports.</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 445-451 Supported Employment Communication Matrix dated 3.31.17.</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><b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• Strike Force met weekly. Discussing changes in a JCM’s life as part of that review process.</li> </ul> <p><b>Supporting Documentation:</b> See 1.5a for Strikeforce documentation. ·</p>
<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><b>Original Date:</b> 10/31/15 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See SE1.6b for updates.</li> </ul> <p><b>Supporting Documentation</b> ·</p>
<p><b><i>Supported Employment Objective SE2.1</i> Qualified regional providers will be available in each region for each individual seeking employment.</b></p> <p><b>Major Strategies:</b></p> <p><b>1. <u>Qualified Provider Project</u> - DDSD is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.</b></p>			
<p>SE2.1a Defendants must develop a process to produce a list of qualified employment providers in all regions of the State for JCMs who seek employment.</p>	<p><b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 7/31/16</p>	<p><i>DDSD Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• Qualified Provider committee met on 2.10.17 and 3.22.17. Draft application, scoring sheet and policy in process. Data points to be decided. Linda Rolfe, SME, in attendance. Next meeting scheduled for April 18.</li> </ul> <p><b>Supporting Documentation:</b></p>

			See SE1.2a 3-27-17 v3 Qualified Provider Application Draft
SE2.1b Defendants must create written standards that qualified employment providers must meet, including standards addressing employment goals for JCMs.	<p><b>Original Date:</b> 9/30/15</p> <p><b>Date Ext. 1:</b> 4/30/16</p> <p><b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDSD</i> <i>Deputy</i> <i>Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See SE2.1a for updates.</li> </ul> <p><b>Supporting Documentation</b> .</p>
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.	<p><b>Original Date:</b> 12/31/15</p> <p><b>Date Ext. 1:</b> 9/30/16</p> <p><b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDSD</i> <i>Deputy</i> <i>Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See SE2.1a for updates.</li> </ul> <p><b>Supporting Documentation</b> .</p>
SE2.1d Defendants must ensure that JCMs in every region of the State have some choice of qualified employment providers. Defendants need not provide qualified employment providers in regions of the State where there are no JCMs who seek employment.	<p><b>Original Date:</b> 12/31/15</p> <p><b>Date Ext. 1:</b> 6/30/16</p> <p><b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDSD</i> <i>Deputy</i> <i>Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See SE2.1a for updates.</li> </ul> <p><b>Supporting Documentation</b> .</p>
<p><b><i>Supported Employment Objective SE2.2 Defendants will implement the Employment First Policy that explicitly sets forth the role and importance of employment, as well as expectations for employment, in a Jackson Class Member’s life.</i></b></p> <p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li><b><u>Employment First Policy/Procedure</u> - Established the vision for competitive integrated employment as the preferred outcome, including instituting new definitions consistent with WIOA.</b></li> <li><b><u>Qualified Provider Project</u> - DDSD is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.</b></li> </ol>			

<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><b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> TBD</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• Employment First policy/procedure was completed effective 11.15.2016.</li> </ul> <p><b>Supporting Documentation:</b> .</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><b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 9/30/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See SE2.2a for updates.</li> </ul> <p><b>Supporting Documentation</b> .</p>
<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><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• 10 training sessions have occurred with outreach to 225+ audience members.</li> <li>• DDSD is working with DVR to create an Employment First training for DVR staff.</li> </ul> <p><b>Supporting Documentation:</b> See supporting documents in SE 1.6a - Supported Employment Communication Matrix</p>
<p><b><i>Supported Employment Objective SE2.3 Clarify what the employment first principle means in terms of day-to-day practice for all stakeholders (people with disabilities, family members, providers, guardians, advocates, case managers, DDSD, DVR, Partners for Employment).</i></b></p>			

**Major Strategies:**

1. **Employment First Policy/Procedure** - Established the vision for competitive integrated employment as the preferred outcome, including instituting new definitions consistent with WIOA.
2. **Qualified Provider Project** - DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.

<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><b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> 6/30/16 <b>Date Ext. 2:</b> 8/31/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Employment First PowerPoint with trainers notes was finalized in FY17 Q2.</li> <li>● Formal trainings about the E1st policy/procedure started FY17 Q2.</li> <li>● 10 training sessions have occurred with outreach to 225+ audience members.</li> <li>● A train the trainer session was held on 2.1.17. 5 DDS staff , 3 DVR staff and one parent attended the training.</li> <li>● A document with Frequently Asked Questions (FAQs) has been started. It will be updated as DDS continues to receive questions from the training sessions.</li> </ul> <p><b>Supporting Documentation: Bates Number 452-453</b> E1st Frequently Asked Questions 2.22.17, Bates Number 454-458 E1st Calendar 4.11.17, Bates Number 459-470 Employment First Presentations Master List 4.11.17</p>
<p>SE2.3b Defendants must communicate information about New Mexico’s Employment First Policy through formal</p>	<p><b>Original Date:</b> 12/31/15</p>	<p><i>DDSD Supported</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● See SE2.3a for updates.</li> </ul>



<p>training sessions, delivery of written materials, or other outreach efforts.</p>	<p><b>Date Ext. 1:</b> 9/30/16</p>	<p><i>Employment Lead</i></p>	<p><b>Supporting Documentation:</b></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><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Communication Matrix updated.</li> </ul> <p><b>Supporting Documentation:</b> See supporting documents in SE 1.6a - Supported Employment Communication Matrix</p>
<p><b><i>Supported Employment Objective SE2.4 Identify quality employment providers based on employment outcome data.</i></b></p> <p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li>1. <b><u>SELN Database</u> - Established provider accountability for employment outcomes.</b></li> <li>2. <b><u>Qualified Provider Project</u> - DDSD is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.</b></li> </ol>			
<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><b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Qualified Provider committee met on 2.10.17 and 3.22.17. Draft application, scoring sheet and policy in process. Data points to be decided. Linda Rolfe, SME, in attendance.</li> <li>● FY17 Q3 data was validated and imported into the Supported Employment database.</li> </ul> <p><b>Supporting Documentation:</b> See SE1.2a 3-27-17 v3 Qualified Provider Application Draft</p>

**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.**

**Major Strategies:**

1. **SELN Database - Established provider accountability for employment outcomes.**
2. **Qualified Provider Project - DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.**

<p>SE2.5a Defendants, in consultation with the Jackson Employment Expert, must maintain and must analyze current employment data and the CPR.</p>	<p><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● FY17 Q3 data has been validated and imported into the Supported Employment database.</li> <li>● Qualified Provider committee met on 2.10.17 and 3.22.17. Draft application, scoring sheet and policy in process. Data points to be decided. Linda Rolfe, SME, in attendance.</li> </ul> <p><b>Supporting Documentation:</b> .</p>
<p>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.</p>	<p><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD Deputy Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● See SE2.5a for updates.</li> </ul> <p><b>Supporting Documentation:</b> .</p>

**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.**

**Major Strategies:**

1. **Qualified Provider Project** - DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.
2. **Competency-Based Training and Technical Assistance** - DDS continues to work with our partners at UNM/CDD and NMDVR (Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.

No need for evaluative component per court order. Component Manager is DDS Deputy Director.

Date: 9/30/16

**Activities Completed in the Quarter:**

- See SE2.1a Qualified providers update.

***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.

**Major Strategies:**

1. **Competency-Based Training and Technical Assistance** - DDS continues to work with our partners at UNM/CDD and NMDVR (Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.

**Competency and Performance Based Training for Case Managers:** DDS is in the process of developing an overall training vision that will entail a review of existing trainings, training needs, frequency of training, and ongoing quality and fidelity of training. Case Management requirements will be reviewed and developed as needed during this process.

SE2.7a DOH, in consultation with the Jackson Employment Expert, must provide competency-based training for all JCM case managers.	<b>Original Date:</b> 4/30/16  <b>Date Ext. 1:</b> 6/30/16	DDS Deputy Director	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>• DDS attended the Case Management Action and Advocacy Committee (CMAAC) Meetings on 1.17.17,</li> </ul>
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	<p><b>Date Ext. 2:</b> 12/31/16</p>		<p>2.15.17 and 3.15.17 to discuss training for Case Managers.</p> <ul style="list-style-type: none"> <li>• DDS and UNM/CDD met to discuss PFE FY18 contract on 3.22.17. Linda Rolfe, SME, in attendance.</li> <li>• DDS, DVR and UNM/CDD met to discuss the PFE FY18 contract on 4.4.17. First draft of contract is due on 4.21.17.</li> <li>• DDW Unit completed an initial Training Inventory and Review for existing Case Manager requirements</li> </ul> <p><b>Supporting Documentation:</b> Bates Number 471 CM Training Inventory and Review.xlsx</p>
<p>SE2.7b DOH must identify JCM case managers who have not passed the competency-based training and must take appropriate actions until the case managers are successful.</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDS</i> <i>Deputy</i> <i>Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See SE2.7a for updates.</li> </ul> <p><b>Supporting Documentation:</b></p> <p>.</p>
<p><b>Supported Employment Objective SE2.8</b> DOH will disseminate information to CM[s], Providers and IDTs regarding strategies for overcoming identified barriers to employment and will promote use of the RORI system by CMs, providers and IDTs to seek assistance from DOH when they encounter obstacles related to employment. DOH will review and use the information from the RORIs at least annually.</p> <p><b>Major Strategies:</b></p> <p>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.</p>			

<p>SE2.8a The DOH must collect annual data and information useful in identifying barriers to employment and in developing strategies for overcoming barriers to employment for JCMs. The data and information may include CPRs, RORIs, and input from JCMs, JCMs' families and guardians, case managers, providers, DDS personnel, DVR personnel, and advocates.</p>	<p><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDS</i> <i>Supported</i> <i>Employment</i> <i>Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>RORI data collected for calendar year 2016. Three RORIs related Supported Employment were filed. The annual letter related to the use of RORIs is in draft and has been sent out for internal feedback.</li> </ul> <p><b>Supporting Documentation:</b></p>
<p>SE2.8b The DOH must disseminate the information addressed in SE2.8a to case managers, providers, JCMs, guardians, and IDTs.</p>	<p><b>Original Date:</b> 12/31/15 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDS</i> <i>Supported</i> <i>Employment</i> <i>Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>10 Employment First training sessions have occurred with outreach to 225+ audience members. Breaking down barriers is a component of the training.</li> </ul> <p><b>Supporting Documentation:</b></p> <p>.</p>
<p>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.</p>	<p><b>Original Date:</b> 10/31/15</p>	<p><i>DDS</i> <i>Supported</i> <i>Employment</i> <i>Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>See SE2.8a for updates.</li> </ul> <p><b>Supporting Documentation:</b></p> <p>.</p>
<p><b>Supported Employment Objective SE2.9 Qualified employment providers have capacity to do individualized job development.</b></p> <p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li><b>Informed Choice Initiative-</b> The goal of this project is to increase provider capacity relative to discovery. This strategy involves intensive intervention with provider agencies to teach them to use the Discovery theories in their everyday work. As JCMs increase their experiences through Discovery, they will be better informed about the community at large and potential activities to access, which</li> </ol>			

may include working. Discovery will be used as a tool to guide informed choice about employment.

2. **Qualified Provider Project** - DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.

3. **Competency-Based Training and Technical Assistance** - DDS continues to work with our partners at UNM/CDD and NMDVR (Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.

<p>SE2.9a Defendants must provide adequate training for providers that are unable to perform the individualized job development.</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDS</i> <i>Deputy</i> <i>Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• Three providers are involved in the Informed Choice project. LLCP started on 8.16.16. LifeRoots started on 11.30.16. Tresco started on 12.5.16. These three providers are receiving very intensive training on Discovery.</li> <li>• Qualified Provider committee met on 2.10.17 and 3.22.17. Draft application and scoring sheet in process. Data points to be decided. Linda Rolfe, SME, in attendance. Identifying training requirements for providers is a part of this process.</li> <li>• DDS, DVR and UNM/CDD met to discuss the PFE FY18 contract on 4.4.17. First draft of contract is due on 4.21.17.</li> <li>• Partners for Employment offered training on Making Self-Employment Work for People with Disabilities in</li> </ul>
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			<p>March in Albuquerque and Farmington.</p> <ul style="list-style-type: none"> <li>Partners for Employment offered training on Customized Employment Strategies: From Discovery to Job Development in April in Albuquerque and Farmington.</li> </ul> <p><b>Supporting Documentation:</b></p> <p>.</p>
<p><b>Supported Employment Objective SE2.10</b> Qualified employment providers have the capacity to provide individualized job supports to JCMs.</p> <p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li><b><u>Informed Choice Initiative</u></b> - The goal of this project is to increase provider capacity relative to discovery. This strategy involves intensive intervention with provider agencies to teach them to use the Discovery theories in their everyday work. As JCMs increase their experiences through Discovery, they will be better informed about the community at large and potential activities to access, which may include working. Discovery will be used as a tool to guide informed choice about employment.</li> <li><b><u>Qualified Provider Project</u></b> - DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.</li> <li><b><u>Competency-Based Training and Technical Assistance</u></b> - DDS continues to work with our partners at UNM/CDD and NMDVR (Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.</li> </ol>			
<p>SE2.10a For JCM's who need job supports, Defendants will ensure qualified supported employment providers can supply the required job supports.</p>	<p><b>Original Date:</b> 9/30/15</p> <p><b>Date Ext. 1:</b> 9/30/16</p> <p><b>Date Ext. 2:</b> 12/31/16</p>	<p><i>DDS</i> <i>Deputy</i> <i>Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>Qualified Provider committee met on 2.10.17 and 3.22.17. Draft application, scoring sheet and policy in process. Data points to be decided. Linda Rolfe, SME, in attendance.</li> </ul>

			<p>Next meeting is scheduled for April 18, 2017.</p> <ul style="list-style-type: none"> <li>● Three providers are involved in the Informed Choice project. LLCP started on 8.16.16. LifeRoots started on 11.30.16. Tresco started on 12.5.16. DVR is a partner in the project.</li> <li>● DDSD, DVR and UNM/CDD met to discuss the PFE FY18 contract on 4.4.17. First draft of contract is due on 4.21.17.</li> <li>● Partners for Employment offered training on Making Self-Employment Work for People with Disabilities in March in Albuquerque and Farmington.</li> <li>● Partners for Employment offered training on Customized Employment Strategies: From Discovery to Job Development in April in Albuquerque and Farmington.</li> </ul> <p><b>Supporting Documentation:</b> .</p>
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*Supported Employment Objective SE2.11* Provider agencies use outcome data to improve practice.

**Major Strategies:**

1. **SELN Database** - Established provider accountability for employment outcomes.
2. **Informed Choice Initiative** - The goal of this project is to increase provider capacity relative to discovery. This strategy involves



**intensive intervention with provider agencies to teach them to use the Discovery theories in their everyday work. As JCMs increase their experiences through Discovery, they will be better informed about the community at large and potential activities to access, which may include working. Discovery will be used as a tool to guide informed choice about employment.**

**3. Qualified Provider Project - DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.**

<p>SE2.11a Defendants must identify outcome data related to employment of JCMs that will assist provider agencies to improve their services to JCMs. That data may include information concerning provider agencies that are successfully developing jobs for JCMs at criteria or above criteria, provider agencies that are successfully supporting JCMs in maintaining community based jobs at criteria or above criteria, and provider agencies that are enabling JCMs to work more hours, receive higher wages, and obtain greater levels of social integration.</p>	<p><b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16 <b>Date Ext. 3:</b> 7/31/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● FY17 Q3 data has been validated and imported in the to Supported Employment database.</li> <li>● Qualified Provider committee met on 2.10.17 and 3.22.17. Draft application, scoring sheet and policy in process. Data points to be decided. Linda Rolfe, SME, in attendance. Next meeting is scheduled for April 18, 2017.</li> <li>● Three providers are involved in the Informed Choice project. LLCP started on 8.16.16. LifeRoots started on 11.30.16. Tresco started on 12.5.16.</li> </ul> <p><b>Supporting Documentation:</b> .</p>
<p>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.</p>	<p><b>Original Date:</b> 1/31/16 <b>Date Ext. 1:</b> 4/30/16 <b>Date Ext. 2:</b> 6/30/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● See SE2.11a for updates.</li> </ul> <p><b>Supporting Documentation:</b> .</p>

	<b>Date Ext. 3:</b> 7/31/16		
SE2.11c Provider agencies must use “the required QA/QI agency plan in regards to ISP implementation specific to Supported Employment.”	<b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> 12/31/16	<i>DDSD Supported Employment Lead</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>See SE2.11a for updates.</li> </ul> <b>Supporting Documentation:</b> .
<p><b><i>Supported Employment Objective SE3.1</i></b> Defendants will inform employment providers where to refer Jackson Class Members for a complete, person-centered vocational assessment, and employment providers will understand the requisite elements of a person-centered vocational assessment as defined by Defendants.</p> <p><b>Major Strategies:</b></p> <p>1. <b><u>Competency-Based Training and Technical Assistance</u></b> - DDSD continues to work with our partners at UNM/CDD and NMDVR (Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.</p>			
SE3.1a Defendants must identify appropriate tools, e.g., the “Assessment Toolkit,” for employment providers, including information about where to refer JCMs for a complete person-centered vocational assessment.	<b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> 6/30/16 <b>Date Ext. 2:</b> TBD	<i>DDSD Deputy Director</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>DDSD previously issued guidance rescinding the need to use one specific tool. Person-Centered Assessments are a now a requirement for everyone. DDSD continues to offer TA on this topic.</li> <li>DDSD and DVR met on 4.3.17 to discuss the collaboration related to the IGA revisions and guidance to the field about to how to best access both service systems. Focus groups to</li> </ul>

			<p>identify the issues/barriers have been scheduled for May 24 in Santa Fe and Albuquerque.</p> <p><b>Supporting Documentation:</b> .</p>
SE3.1b Defendants must develop training on how to use the Assessment Toolkit, and DDS D Supported Employment Coordinators and other pertinent staff must receive that training.	<p><b>Original Date:</b> 9/30/15</p> <p><b>Date Ext. 1:</b> 9/30/16</p> <p><b>Date Ext. 2:</b> TBD</p>	<p><i>DDS D</i> <i>Deputy</i> <i>Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See SE3.1a for updates.</li> </ul> <p><b>Supporting Documentation:</b> See supporting documents in SE 1.6a - Supported Employment Communication Matrix.</p>
SE3.1c Defendants must provide training to employment providers on how to use the Assessment Toolkit.	<p><b>Original Date:</b> 9/30/15</p> <p><b>Date Ext. 1:</b> 9/30/16</p> <p><b>Date Ext. 2:</b> TBD</p>	<p><i>DDS D</i> <i>Deputy</i> <i>Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See SE3.1a for updates.</li> </ul> <p><b>Supporting Documentation: :</b> .</p>
SE3.1d Defendants must inform employment providers that they may schedule follow-up meetings with Defendants about the use of the Assessment Toolkit.	<p><b>Original Date:</b> 9/30/15</p> <p><b>Date Ext. 1:</b> 9/30/16</p> <p><b>Date Ext. 2:</b> TBD</p>	<p><i>DDS D</i> <i>Deputy</i> <i>Director</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See SE3.1a for updates.</li> </ul> <p><b>Supporting Documentation:</b> .</p>
<p><b>Supported Employment Objective SE3.2</b> IDTs are informed about the importance of accommodations to increase independent performance in the workplace.</p> <p><b>Major Strategies:</b></p>			

1. **Qualified Provider Project** - DDS is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.
2. **Competency-Based Training and Technical Assistance** - DDS continues to work with our partners at UNM/CDD and NMDVR (Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.

<p>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.</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Evaluating the use of accommodations is part of the work of the Qualified Providers project. The committee met twice this quarter. The next meeting is scheduled for April 18. The work of this committee will inform training requirements for FY18.</li> <li>● DDS, DVR and UNM/CDD met to discuss the PFE FY18 contract on 4.4.17. The next meeting is scheduled for 4.13.17. The first draft of the contract is due 4.2.17.</li> </ul> <p><b>Supporting Documentation:</b> .</p>
<p>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.</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Partners for Employment offered two 2-day trainings in Systematic Instruction in Albuquerque and Las Cruces in December. Systematic Instruction teaches techniques for individuals with severe disabilities to learn multi-step tasks. Using</li> </ul>

			<p>accommodations on the work site is part of the strategy.</p> <p><b>Supporting Documentation:</b></p> <p>.</p>
<p>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.</p>	<p><b>Original Date:</b> 7/31/15</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See SE3.2b for updates.</li> </ul> <p><b>Supporting Documentation:</b></p>
<p><b><i>Supported Employment Objective SE3.3 Use the statewide employment institute to provide training and technical assistance to the field to advance employment opportunities for class members.</i></b></p> <p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li><b><u>Qualified Provider Project</u> - DDSD is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.</b></li> <li><b><u>Competency-Based Training and Technical Assistance</u> - DDSD continues to work with our partners at UNM/CDD and NMDVR (Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.</b></li> </ol>			
<p>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.</p>	<p><b>Original Date:</b> 7/1/15</p> <p><b>Date Ext. 1:</b> 7/31/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• Contracts with PFE executed for FY14, FY15, FY16, FY17.</li> <li>• DDSD and UNM/CDD met to discuss PFE FY18 contract on 3.22.17. Linda Rolfe, SME, in attendance.</li> <li>• DDSD, DVR and UNM/CDD met to discuss the PFE FY18 contract on 4.4.17. The next meeting is scheduled</li> </ul>

			<p>for 4.13.17. The first draft of the contract is due 4.2.17.</p> <ul style="list-style-type: none"> <li>• The work of the Qualified Provider Project will inform some of the training requirements that PFE will need to provide for FY18.</li> </ul> <p><b>Supporting Documentation:</b></p> <p>.</p>
<p>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.</p>	<p><b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> TBD</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• Three Supported Employment Local Leaders (SELL) Meetings were held in January in NW - Gallup, NW - Farmington and SW. Two SELL meetings were held in February in Metro and the NE.</li> <li>• Partners for Employment offered two 2-day trainings in Systematic Instruction in Albuquerque and Las Cruces in December.</li> <li>• Partners for Employment offered training on Making Self-Employment Work for People with Disabilities in March in Albuquerque and Farmington.</li> <li>• Partners for Employment offered training on Customized Employment Strategies: From Discovery to Job Development in December in Las</li> </ul>

			<p>Cruces and in April in Albuquerque and Farmington.</p> <p><b>Supporting Documentation:</b> See SE1.4d for PFE Spring 2017 Training Calendar, Bates Number 472-478 DOH DDS D PFE Monthly Deliverable Report- December 2016, Bates Number 479-487 DOH DDS D PFE Monthly Deliverable Report- January 2017, Bates Number 488-502 DOH DDS D PFE Monthly Deliverable Report- February 2017.</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.	<p><b>Original Date:</b> 9/30/15</p> <p><b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD</i></p> <p><i>Supported</i></p> <p><i>Employment</i></p> <p><i>Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See SE3.3b for updates.</li> </ul> <p><b>Supporting Documentation:</b></p>
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.	<p><b>Original Date:</b> 9/30/15</p> <p><b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD</i></p> <p><i>Supported</i></p> <p><i>Employment</i></p> <p><i>Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• See SE3.3b for updates.</li> </ul> <p><b>Supporting Documentation:</b></p>
<p><b><i>Supported Employment Objective SE3.4</i></b> DDS D will provide technical assistance to teams as requested for individuals whom they support to access employment opportunities.</p> <p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li><b><u>Informed Choice Initiative-</u></b> The goal of this project is to increase provider capacity relative to discovery. This strategy involves intensive intervention with provider agencies to teach them to use the Discovery theories in their everyday work. As JCMs increase their experiences through Discovery, they will be better informed about the community at large and potential activities to access, which may include working. Discovery will be used as a tool to guide informed choice about employment.</li> <li><b><u>Competency-Based Training and Technical Assistance</u></b> - DDS D continues to work with our partners at UNM/CDD and NMDVR</li> </ol>			

**(Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.**

<p>SE3.4a DDS D must identify necessary technical assistance and information to provide to IDTs and JCMs and their guardians for purposes of responding to JCMs' employment inquiries and issues.</p>	<p><b>Original Date:</b> 7/31/15 <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDS D Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Strike force meetings continue to occur weekly.</li> <li>● A new Review Grid has been developed to document who is involved in Strike Force, the CLE Project and the Informed Choice Initiative each quarter.</li> </ul> <p><b>Supporting Documentation:</b> See SE1.5a for Cover Sheet to Review Grid and Strike Force Reviews 4.13.17.</p>
<p>SE3.4b DDS D must respond to inquiries about employment opportunities and provide appropriate job-related technical assistance and information that may include job coaching, mentoring, and problem solving to IDTs and JCMs and their guardians.</p>	<p><b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> 12/31/16</p>	<p><i>DDS D Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● See SE3.4a for updates.</li> </ul> <p><b>Supporting Documentation:</b> .</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

**Major Strategies:**

- 1. Qualified Provider Project - DDS D is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.**
- 2. Competency-Based Training and Technical Assistance - DDS D continues to work with our partners at UNM/CDD and NMDVR (Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and**



outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.

*Supported Employment Objective SE3.6* Defendants will provide training to employment providers and case managers on evidence based practices in Supported Employment.

**Major Strategies:**

1. **Employment First Policy/Procedure** - Established the vision for competitive integrated employment as the preferred outcome, including instituting new definitions consistent with WIOA.
2. **Informed Choice Initiative** - The goal of this project is to increase provider capacity relative to discovery. This strategy involves intensive intervention with provider agencies to teach them to use the Discovery theories in their everyday work. As JCMs increase their experiences through Discovery, they will be better informed about the community at large and potential activities to access, which may include working. Discovery will be used as a tool to guide informed choice about employment.
3. **Competency-Based Training and Technical Assistance** - DDS continues to work with our partners at UNM/CDD and NMDVR (Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized

**Milestones Achieved in the Quarter:**

**Original Date:** 12/31/15 date of completion-no evaluative components.  
**Date Ext. 1:** 12/31/16

Component Manager: DDS Supported Employment Lead

<p><b>Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.</b></p>	
<p><b><i>Supported Employment Objective SE3.7</i> Defendant(s) will work with Partners for Employment (formerly known as Employment Institute) to maintain an ongoing learning collaborative.</b></p> <p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li><b>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.</b></li> <li><b>2. <u>Informed Choice Initiative</u>- The goal of this project is to increase provider capacity relative to discovery. This strategy involves intensive intervention with provider agencies to teach them to use the Discovery theories in their everyday work. As JCMs increase their experiences through Discovery, they will be better informed about the community at large and potential activities to access, which may include working. Discovery will be used as a tool to guide informed choice about employment.</b></li> <li><b>3. <u>Competency-Based Training and Technical Assistance</u> - DDS continues to work with our partners at UNM/CDD and NMDVR (Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized</b></li> </ol>	<p>This Objective is under preparation for review by the JCA for possible disengagement.</p>

<p><b>Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.</b></p>			
<p>SE3.7a Defendants must continue to fund and support Partners for Employment in accordance with an active formal agreement between DDS and UNM, pertinent state procurement rules, and funding appropriated by the state legislature.</p>	<p>7/31/15</p>	<p><i>DDS Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Contracts with PFE executed for FY14, FY15, FY16, FY17.</li> <li>● DDS and UNM/CDD met to discuss PFE FY18 contract on 3.22.17. Linda Rolfe, SME, in attendance.</li> <li>● DDS, DVR and UNM/CDD met to discuss the PFE FY18 contract on 4.4.17. The next meeting is scheduled for 4.13.17. The first draft of the contract is due 4.2.17.</li> </ul> <p><b>Supporting Documentation:</b></p> <p>.</p>
<p>SE3.7b The Partners for Employment program is intended to provide a learning collaborative that enhances employment opportunities for JCMs.</p>	<p>10/31/15</p>	<p><i>DDS Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Three Supported Employment Local Leaders (SELL) Meetings were held in January in NW - Gallup, NW - Farmington and SW. Two SELL meetings were held in February in Metro and the NE.</li> <li>● Partners for Employment offered two 2-day trainings in Systematic Instruction in Albuquerque and Las Cruces in December.</li> </ul>

			<ul style="list-style-type: none"> <li>Partners for Employment offered training on Making Self-Employment Work for People with Disabilities in March in Albuquerque and Farmington.</li> <li>Partners for Employment offered training on Customized Employment Strategies: From Discovery to Job Development in December in Las Cruces and in April in Albuquerque and Farmington</li> </ul> <p><b>Supporting Documentation:</b> See SE3.3 for supporting documentation about PFE.</p>
<p>SE3.7c Defendants must annually evaluate the outcomes and efficacy of Partners for Employment as the program relates to employment services for JCMs.</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> 9/30/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>See SE3.7b for updates on activities. PFE evaluates each training session.</li> </ul> <p><b>Supporting Documentation: Bates Number 503-510</b> FY17 - December 2016 Evaluations Report, Bates Number 511-512 FY17 - January 2017 Evaluations Report, Bates Number 513-516 FY17 - February 2017 Evaluations Report.</p>
<p>SE3.7d Defendants must communicate the results of the annual evaluation with Partners for Employment.</p>	<p><b>Original Date:</b> 4/30/16</p>	<p><i>DDSD Supported Employment Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>See SE3.7b for updates on activities. PFE evaluates each training session.</li> </ul>

		<b>Supporting Documentation:</b>
<p><b><i>Supported Employment Objective SE4.1</i></b> Class members are able to explore community work experiences including job sampling, trial work experiences and volunteering.</p> <p><b>Major Strategies:</b></p> <ol style="list-style-type: none"> <li><b><u>Informed Choice Initiative</u></b> - The goal of this project is to increase provider capacity relative to discovery. This strategy involves intensive intervention with provider agencies to teach them to use the Discovery theories in their everyday work. As JCMs increase their experiences through Discovery, they will be better informed about the community at large and potential activities to access, which may include working. Discovery will be used as a tool to guide informed choice about employment.</li> <li><b><u>CLE Project</u></b> - This is a research project through ThinkWork that is developing a National toolkit to be used to assist providers with Community Life Engagement. The four providers in the pilot are receiving technical assistance from National experts in the field. The goal of this project is to ultimately assist providers with compliance of the CMS Final Rule and create a systemic culture shift.</li> <li><b><u>Competency-Based Training and Technical Assistance</u></b> - DDS D continues to work with our partners at UNM/CDD and NMDVR (Partners for Employment) to develop training in best practices in Supported Employment and to provide technical assistance and outreach to a variety of stakeholder groups statewide. Training topics include: Employment First, Customized Employment, Discovery, Informed Choice, Person-Centered Assessments, Community Resources and National System Drivers.</li> </ol>		
<p>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.</p>	<p><b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> TBD</p>	<p><i>DDS D Supported Employment Lead</i></p> <p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>• The Trial Work Experience Grant had been placed on hold due to contracting issues. Funding was temporarily suspended from 9.30.16 to 1.23.17.</li> <li>• Once the program was restored, DDS D sent out the application to provider agencies and shared at SELL meetings.</li> <li>• One application was received on 4.12.17 and is in process.</li> </ul>

			<b>Supporting Documentation:</b> Bates Number 517-519 Trial Work Exp Grant 4.12.17.
SE4.1b Defendants must identify processes that encourage job sampling, trial work experience, and volunteer opportunities for JCMs identified in SE4.1a.	<b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> TBD	<i>DDSD</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>See SE4.1a for updates.</li> </ul> <b>Supporting Documentation:</b> See SE4.1a Trial Work Exp Grant 4.12.17 for Trial Work Experience Updates.
SE4.1c Defendants must communicate processes identified in SE4.1b to JCMs and their guardians, IDTs, case managers, and qualified employment providers.	<b>Original Date:</b> 9/30/15 <b>Date Ext. 1:</b> TBD	<i>DDSD</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>See SE4.1a for updates.</li> </ul> <b>Supporting Documentation:</b> See SE4.1a Trial Work Exp Grant 4.12.17 for Trial Work Experience Updates. See supporting documents in SE 1.6a - Supported Employment Communication Matrix.
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.	<b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> TBD	<i>DDSD</i> <i>Supported</i> <i>Employment</i> <i>Lead</i>	<b>Milestones Achieved in the Quarter:</b> <ul style="list-style-type: none"> <li>See SE4.1a for updates.</li> </ul> <b>Supporting Documentation:</b> See SE4.1a Trial Work Exp Grant 4.12.17 for Trial Work Experience Updates.
<b><i>Supported Employment Objective SE4.2</i> Decrease the amount of time class members spend in congregated, segregated settings for persons with D/D and work with IDTs to promote participation in community activities and generic resources that are comparable to those used by non-disabled persons of the same age.</b>			
<b>Major Strategies:</b>			

1. **Informed Choice Initiative** - The goal of this project is to increase provider capacity relative to discovery. This strategy involves intensive intervention with provider agencies to teach them to use the Discovery theories in their everyday work. As JCMs increase their experiences through Discovery, they will be better informed about the community at large and potential activities to access, which may include working. Discovery will be used as a tool to guide informed choice about employment.
2. **Qualified Provider Project** - DDS D is in the process of revising its provider application in order to establish new expectations for providers related to quality outcomes.
3. **Strike Force** - This is an extension of the work that has previously been completed. This strategy involves working completing an ISP review to make an initial determination about the level and quality of community participation for each JCM. The ISP review is followed up with a site visit to compare what is documented in the ISP with what is actually occurring. The site visit also serves as an opportunity to provide suggestions about improving services directly to the staff members who are performing the work with the JCM. The goal is to increase the time spent in community participation and decrease time in facility-based non-work settings, while improving the quality of the activities.
4. **CLE Project** - This is a research project through ThinkWork that is developing a National toolkit to be used to assist providers with Community Life Engagement. The four providers in the pilot are receiving technical assistance from National experts in the field. The goal of this project is to ultimately assist providers with compliance of the CMS Final Rule and create a systemic culture shift.

<p>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.</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> 6/30/16 <b>Date Ext. 2:</b> TBD</p>	<p><i>DDSD Meaningful Day Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● Strike force meetings continue to occur weekly.</li> <li>● A new Review Grid has been developed to document who is involved in Strike Force, the CLE Project and the Informed Choice Initiative each quarter.</li> </ul> <p><b>Supporting Documentation:</b> See SE1.5a for Cover Sheet to Review Grid and Strike Force Reviews 4.13.17.</p>
<p>SE4.2b For those JCMs identified in SE4.2a, Defendants must take steps to decrease the amount of time the JCMs</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b></p>	<p><i>DDSD Meaningful Day Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b></p> <ul style="list-style-type: none"> <li>● See SE4.2a for updates.</li> </ul>

<p>spend in congregated, segregated settings, provided the JCMs’ guardians agree.</p>	<p>9/30/16 <b>Date Ext. 2:</b> TBD</p>		<p><b>Supporting Documentation:</b> .</p>
<p>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.</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> TBD</p>	<p><i>DDSD Meaningful Day Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b> ● See SE4.2a for updates.  <b>Supporting Documentation:</b> .</p>
<p>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.</p>	<p><b>Original Date:</b> 4/30/16 <b>Date Ext. 1:</b> 9/30/16 <b>Date Ext. 2:</b> TBD</p>	<p><i>DDSD Meaningful Day Lead</i></p>	<p><b>Milestones Achieved in the Quarter:</b> ● See SE4.2a for updates.  <b>Supporting Documentation:</b> .</p>
<p><b>OUTCOME E ISP: People will receive appropriate services / supports through integrated and meaningful ISP’s</b></p>	<p><b>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.</b></p>		
<p><b>Individual Service Planning OUTCOME C: Identify and correct ISP deficiencies, both individual and systemic, using the community audit information</b></p>			
<p><b>OUTCOME K ASSISTIVE TECHNOLOGY: People will have access to appropriate Assistive Technology</b></p>	<p><b>Plaintiffs’ Counsel rejected Defendants’ AT plan. Plaintiffs’ Counsel letter to Defendants’ Counsel of November 17, 2015 states Plaintiffs’ Counsel would defer to the JCA to determine 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</b></p>		
<p><b>Assistive Technology OUTCOME A: Enhance and expand the Assistive Technology Initiative statewide.</b></p>			



	proposal on June 28, 2016. Awaiting JCA response. No new information at this time.
<b>2005 Appendix A to the Plan of Action MEANINGFUL DAY SERVICES</b>	<b>DDSD Director informed JCA that state will proceed with disengagement motion of Appendix A. DDSD Deputy will discuss current initiatives and impact of CMS final rule on day services at meeting April 25 2016. No update.</b>
<b>2005 Appendix A to the Plan of Action DIVISION OF VOCATIONAL REHABILITATION</b>	<b>DVR has been meeting regularly with the JCA. Next scheduled check in meeting to discuss DVR initiatives is April 20, 2017.</b>
<b>JSD Continuous Improvement</b>	<b>Discussions still ongoing about remaining Employment Continuous Improvement items and their incorporation into the Individual Quality Review.</b>
<b>ISP JSD Paragraph 35</b>	
<b>Metro:</b>	
Total Program Adequate	<b>DISENGAGED Doc. 2069</b>
Adequate Use of Generic Services	
Person Integrated Into Community	
<b>Southeast:</b>	
Total Program Adequate	<b>Doc. 2074 Plaintiffs Opposed Response, Doc. 2077 Reply in Support of the Motion to Disengage</b>
<b>Southwest:</b>	

Person Integrated into Community	
<b>Behavioral Supports JSD Paragraph 36</b>	
<b>Northeast:</b>	
Behavior Services Integrated into ISP	
<b>Northwest:</b>	
Behavior Services Integrated into ISP	
<b>Southeast:</b>	
Person Receive Behavior Services	
<b>Southwest:</b>	
Behavior Services Integrated into ISP	
<b>Supported Employment JSD Paragraph 37</b>	
<b>Metro:</b>	
Have Career Development Plan	
Person Receive Employment Services	
<b>Northeast:</b>	
Have Career Development Plan	
Person Receive Employment Services	
<b>Southwest:</b>	
Have Career Development Plan	

Person Receive Employment Services	
<b>1998 Audit Recommendations</b>	<b>DISENGAGED 12/14/15 Doc. 2076 Disengaging the 1998 Audit</b>