



**Jackson Class Member Demographics – Metro Region**

As of May 27, 2020, when the FY21 Metro samples were pulled, there were 141 (133 as of March 3, 2021) Active Jackson Class Members in the Metro Region. Details regarding individuals are provided in the tables below. There were 25 class members reviewed in the Metro region for the first and second reviews of the FY2021 IQR.

Chart #1: Demographics of JCMs in the Metro Region					
AGE		ETHNICITY		GENDER	
30-39	3 (2%)	Black/African American	8 (6%)	Female	57 (40%)
40-49	18 (13%)	Caucasian	56 (40%)	Male	84 (60%)
50-59	52 (37%)	Hispanic	62 (44%)	Other	0 (0%)
60-69	46 (33%)	Native American	15 (11%)		
70-79	19 (13%)	Other	0 (0%)		
80+	3 (2%)				
AVERAGE AGE	60				

COMMUNITY INCLUSION SERVICE	
CCS (I or G)	132 (94%)
CIES	18 (13%)
ICF/IDD	0 (0%)
Mi Via	3 (2%)
N/A	3 (2%)

LIVING CARE ARRANGEMENT SERVICE	
Family Living	28 (20%)
Supported Living	109 (77%)
CIHS	1 (0.7%)
ICF/IDD	0 (0%)
Mi Via	3 (2%)
N/A	0 (0%)

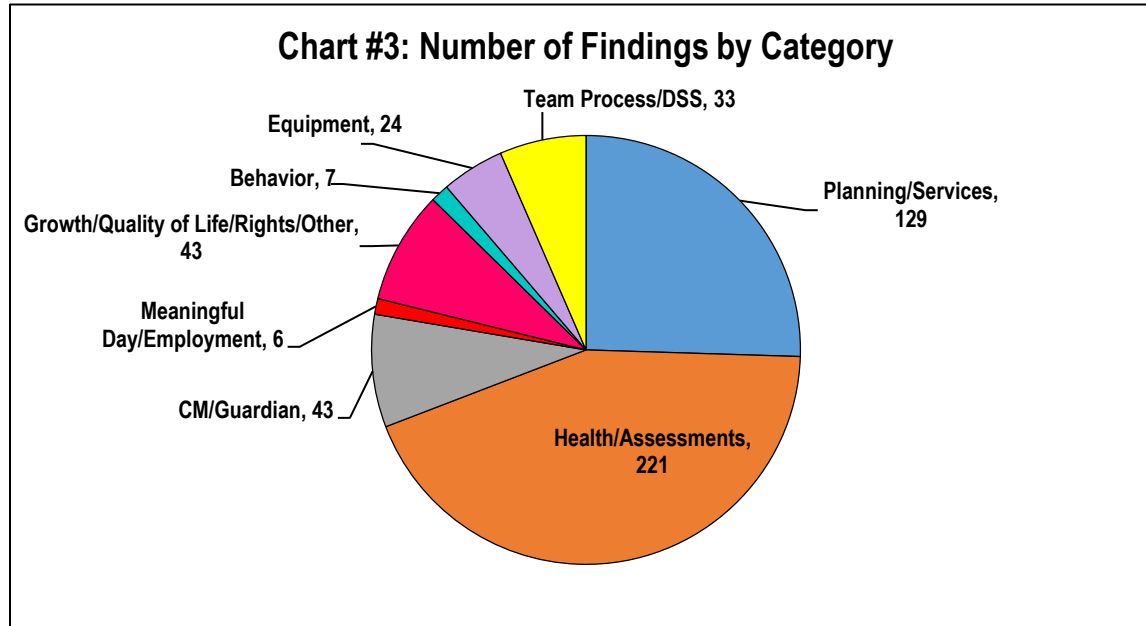
**\*Some Class Members are in more than one Community Inclusion Service**

**Chart #2: Agencies and the Number of Jackson Class Members They Serve in the Metro Region**

Case Management	A New Vision (14)	A Step Above (26)	Amigo (10)	Cariño (18)	NMQCM (12)	Peak (13)	Unidas (39)
	Unique Opportunities (5)	PCCS (1)					Mi Via (3)
<b>Residential</b>	A Better Way (1)		Adelante (31)	ADID Care (1)	Advantage Communications (1)	Alegria (2)	Alianza (1)
	Alta Mira (1)	ARCA (13)	At Home Advocacy (3)	Bright Horizons (8)	Community Options (1)	Cornucopia (2)	Dungarvin (8)
	Expressions of Life (5)	Expressions Unlimited (1)	La Vida Felicidad (1)	Life Mission (1)	LLCP (30)	Mandy's Farm (1)	MaxCare (2)
	Onyx (5)	Optihealth (3)	Su Vida (2)	The New Beginnings (11)	TLC (2)	N/A (1)	Mi Via (4)
<b>Community Inclusion</b> <i>*Note some JCMs have more than one CI provider</i>	A Better Way (4)	Active Solutions (4)	Adelante (43)	ADID Care (1)	Advantage Communications (2)		Alianza (1)
	ARCA (4)	Bright Horizons (4)	CFC (7)	Community Options (1)	Cornucopia (2)	Dungarvin (6)	Expressions Unlimited (2)
	La Vida Felicidad (1)	LifeRoots (5)	LLCP (31)	Mandy's Farm (2)	MaxCare (2)	NONE (3)	Onyx (4)
	OptiHealth (3)	Share Your Care (4)	Su Vida (2)	The New Beginnings (6)			Mi Via (4)

### B. Most Frequently Identified Findings by Category

Metro Region Rounds 1 & 2 had a total of 509 Standard Findings. The table below shows into what categories those findings fall.



### C. Most Frequently Repeated Findings by Category

IQR Findings include the identification of good and exemplary as well as areas in need of improvement. Findings are developed by the Surveyor, reviewed by a Case Judge, the IQR Supervisor, Regional Office and State DDSD and DHI Staff to ensure accuracy before they become final. The expectation is that the identified issue will be resolved not only for the individual but, if applicable, for everyone in that agency to whom the finding is relevant.

Of the 509 Standard Findings in the Metro1 & 2 Regional Reviews, there were 143 (28%) identified as “repeat findings”. Repeat findings are those which have been identified by the IQR within the last ten years. The category where ‘repeat findings’ are most frequently identified is in the area of Planning and Services and Health/Assessments. The charts below summarize, by agency, the number of repeat findings which were identified by topic area.

In the charts which follow, the number in parenthesis next to provider name represents the number of JCM in the FY2021 Metro 1 & 2 Reviews.

Chart #4: Repeat Findings by Area and Residential Provider										
AREA	ADEQUACY OF PLANNING	ASSESSMENTS	BEHAVIORAL SUPPORTS	CM & GUARDIAN	COMM/ADAPTIVE EQUIPMENT	GROWTH QUALITY OF LIFE RIGHTS/OTHER	HEALTH	SUPPORTED EMPLOYMENT	TEAM PROCESS	TOTAL
<b>PROVIDER</b>										
Adelante (7)	12	3	0	7	1	1	10	0	3	37
ARCA (2)	5	2	0	1	1	1	6	0	0	16
At Home Advocacy (1)	3	1	0	2	0	0	4	0	0	10
Bright Horizons (3)	8	2	0	4	1	1	3	0	2	21
Cornucopia (1)	2	0	0	0	0	0	1	0	0	3
Dungarvin (2)	3	2	1	0	1	1	3	0	1	12
Expressions Unlimited (1)	2	0	0	1	0	0	1	0	1	5
LLCP (8)	13	4	0	9	2	0	7	0	4	39
<b>TOTAL</b>	<b>48</b>	<b>14</b>	<b>1</b>	<b>24</b>	<b>6</b>	<b>4</b>	<b>35</b>	<b>0</b>	<b>11</b>	<b>143</b>

Chart #6: Repeat Findings by Area and Case Management Agency										
AREA	ADEQUACY OF PLANNING	ASSESSMENTS	BEHAVIORAL SUPPORTS	CM & GUARDIAN	COMM/ADAPTIVE EQUIPMENT	GROWTH QUALITY OF LIFE RIGHTS/OTHER	HEALTH	SUPPORTED EMPLOYMENT	TEAM PROCESS	TOTAL
<b>PROVIDER</b>										
A New Vision (2)	3	0	0	4	0	0	2	0	1	10
A Step Above (5)	7	2	0	5	0	0	7	0	3	24
Amigo (1)	4	2	0	1	0	0	0	0	0	7
Cariño (5)	10	3	0	1	2	1	11	0	0	28
NMQCM (2)	5	1	0	3	0	0	3	0	2	14
Peak (2)	5	2	0	1	1	1	3	0	1	14
Unidas (8)	14	4	1	9	3	2	9	0	4	46
<b>TOTAL</b>	<b>48</b>	<b>14</b>	<b>1</b>	<b>24</b>	<b>6</b>	<b>4</b>	<b>35</b>	<b>0</b>	<b>11</b>	<b>143</b>

### D. Immediate and Special Findings

There were 25 Class Members reviewed in Metro Rounds 1 & 2 as part of the FY2021 IQR. Twenty (20) individuals (80% of the sample) were found to have immediate and/or special findings. Ten (10) individuals (40% of the sample) were found to have Immediate Findings. Five of these ten also had Special Findings. Ten (10) additional individuals were found to need special attention. A total of fifteen (15) individuals were identified with Special Findings (60% of the sample). There were twelve (12) Immediate Findings and twenty-three (23) Special Findings. Details of the issues of these findings are identified in the table below.

Class Members identified as “**needing immediate attention**” are persons for whom urgent health, safety, environment and/or abuse/neglect/exploitation issues were identified which the team is not successfully and actively in the process of addressing in a timely fashion.

Class Members identified as “**needing special attention**” are individuals for whom issues have been identified that, if not addressed, are likely to become an urgent health and safety concern.

**Chart #6: Immediate/Special Identified Individual Issues – FY2021 IQR Metro Region Rounds 1 & 2**

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	ANE	Issue
<b>Case Management/Guardianship</b>							
M1	Cariño	Adelante	Adelante		X		<p>Based on interviews with the guardian and Case Manager, the guardian has been trying to surrender guardianship for three years and has not been successful.</p> <p>Per Case Manager interview and review of records, the Case Manager reached out in October 2019 to DDSD to obtain the updated “paperwork” for the guardian to fill out; CM stated she has not heard back from DDSD since.</p> <p>JCM’s guardian has not physically attended, nor has he called in, for the last two annual ISP meetings. Per CM interview she mails the guardian the annual materials and he reads, signs, and sends back the needed paperwork.</p> <p>Per guardian interview, he had not seen JCM in three years, which was to sign papers at the hospital, and prior to that he could not recall the last time he had seen JCM.</p> <p>The guardian requesting assistance in getting a Corporate guardian is a partial repeat finding of from the 2017 IQR (#26)</p>
M1	Cariño	Adelante	Adelante		X		20/21 ISP was not submitted for review or available to DSPs (Requested on initial document request, additional document request, and during interview with CM)
<b>Communication and Adaptive Equipment</b>							
M1	Cariño	ARCA	Adelante	X			Based on observation and document review: Residential DSP that showers JCM showed surveyor his shower chair and stated a gait belt was used to transfer JCM into the chair, but that the chair did not have any type of seat belt. DSP reported JCM does well and stays in the chair. However, JCM can have a seizure at any time. PT assessments states that JCM should have a shower chair with seatbelt and HRC approval for “shower chair with seatbelt” for safety was found in the record.
M1	Cariño	ARCA	Adelante	X			Based on document review and interviews JCM is suspected of having a seizure in April 2020 which resulted in him tipping over in his wheelchair and breaking his clavicle. The incident was not witnessed by staff. JCM tipping his wheelchair during a seizure is something that was reported to have happened in the past as well. JCM is still using the 2011 wheelchair, which OT and PT report needs a new cushion

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	ANE	Issue
							and back due to not being supportive enough for JCM, however report not being able to measure JCM because of COVID-19 restrictions. Per JCM's team, he is not eligible for a new wheelchair because of one being received in 2017. The 2017 wheelchair is currently not used because it is reported to not fit JCM properly, JCM needs a wheelchair that will not tip over when a seizure occurs and that provides proper support and positioning.  JCM's need to be monitored closely due to risk of injury as evidenced by past injuries is a Repeat Finding from 2008 CPR #6
M2	Cariño	Bright Horizons, Inc.	Bright Horizons, Inc.		x		Based on document review, interviews, and on-site observation, the following concerns were noted regarding JCM's adaptive equipment and assistive technology:  a. JCM does not have functioning hearing aids. Per residential interview and document review, JCM has not had hearing aids for over a year. b. Per CM interview Q#66, JCM received her bed and chair alarms that were purchased. Per onsite observation, Residential DSP reported they were still waiting on them. Wireless alarm with chair and bed sensors reported in CM interview as received.
Health/Wellness/Oversight Issues							
M1	Unidas	Adelante	Adelante	X			JCM is on a Pain Management program which includes the use of Tramadol. She also has a prescription for Naloxene in case of drug overdose. Based on Res DSP interview, the Res DSP was not aware that JCM had a prescription for Naloxene. It is unknown if specific training was provided to staff on the use of Naloxene and no MERP was developed to guide staff.
M1	NMQCM	Adelante	Adelante		X		Based on review of documentation in the record, food texture is not listed consistently in the CARMP 1/9/20 and the eCHAT 12/19/19. a. e-CHAT lists, "Chopped Mechanical soft", "Mechanical chopped diet, no larger than nickel size" and Regular/thin liquids. b. CARMP states diet order is "Diabetic, No caffeine, No spicy food due to reflux". Diet texture (p.2, 3) "Pureed pudding texture", "Minced ... 1/8 inch similar in size to sesame seeds", "Ground...or diced into ¼ inch pieces similar in size to rice...very moist and cohesive" "Chopped... 1/2" pieces similar in size to uncooked macaroni... very moist pea sized or smaller..." Liquids: thin, or nectar, "JCM has had carbonated drinks in the past. Please double check with nursing and nutritionist if still appropriate."
M1	A Step Above	At Home Advocacy	Mandy's Farm		X		Based on record review, the Nutrition Annual 2/7/2020 Diet order states, "chopped to nickel size pieces", however, CARMP 3/12/2020 Diet Texture states, "size of a quarter" and "if food type is tough (steak, chicken, pork chop, etc.) cut into...size of nickel". Inconsistencies with the CARMP is a Partial Repeat Finding from CPR 2014 (#4) and CPR 2017 (Special)
M1	A Step Above	Adelante	CFC		X		Based on interview with Supported Living Nurse, the following is noted regarding nursing supports and monitoring: a. Residential nurse indicated that she was unwilling/unable to obtain routine health screening results from providers as part of the primary healthcare record (e.g., bone density, bloodwork, x-rays, pap, mammogram, colorectal, etc.) in order to plan appropriately for JCM's healthcare needs. b. When asked during interview about an Aspirin allergy noted on PCP documents, nurse stated "...It is not my job to discuss that with the PCP. He can note things however he'd like." JCM had a GI bleed and should not take Aspirin. The eCHAT and other nursing documents do not reflect that JCM should not have Aspirin.

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	ANE	Issue
							Lack of nursing documentation to discourage use of Aspirin due to GI bleed is a repeat finding from CPR 2012 #4.
M1	Cariño	ARCA	Adelante		X		Based on the interview with the Residential DSP: a) DSP reported JCM has no HCPs or MERPs beyond the CARMP. JCM has HCPs for Skin Integrity, Constipation, Falls/Injury/Pain, Seizure/VNS and MERPs for Aspiration, Constipation, Fall/Injuries, and Seizure/VNS b) DSP was not aware of any possible side effects of JCM's medications. c) DSP was not aware JCM was diagnosed with constipation two weeks prior during an ER visit on 7/17/2020. Only dehydration was mentioned. d) DSP identified JCM's diet as "Bite size, enough so it's not a choking hazard." Per CARMP 4/18/2020 provided for review, JCM's food is to be cut to dime size and moistened with sauces and gravy. Staff not knowing diet order is a Repeat Finding from 2008 CPR #4 & a Partial Repeat Finding from 2013 CPR #2 Staff not identifying HCPs/MERPs is a Partial Repeat Finding from 2008 CPR #5.
M1	Cariño	ARCA	Adelante		X		Based on observation and document review: JCM's lunch was not prepared in accordance with the 4/18/2020 CARMP. JCM's food is to be cut to dime size and moistened with sauces and gravy per the CARMP. JCM's lunch that was observed appeared to have been cut into pieces that were larger than dime sized, and no sauce/gravy was observed or reported to be on the food. While aspiration issues were not reported for the review period, aspiration issues could arise very quickly if the proper diet order is not followed. Repeat Finding from 2008 CPR #4
M1	Unidas	ARCA	ARCA; Share Your Care		X		Based on record review, the following is noted about healthcare tracking: a) Nutrition Annual recommends monthly weight checks. Weight not recorded for 8/2019, 4/2020, or 5/20. It is not clear how nutritionist has weight information in 5/2020 as it is not in the record and nurse stated during interviewing that weights have not been taken/recorded since the COVID-19 Public Health Order began. b) ARCA Nursing Annual Health Care Report 12/24/19 states in comments JCM's weight has been stable. The Height/Weight Table indicates he has lost 20 lbs. in 9 months. (Decrease from 102.0 on 3/22/19 to 82.0 on 12/19/19- 20% decrease in weight)
M1	Cariño	Adelante	Adelante		X		Based on document review, observations and interviews the following was noted regarding JCM's bed positioning. JCM's PT stated that the hospital bed was to be elevated to 30 degrees and left unplugged. DSP during virtual onsite observation was noted to use the bed while plugged in. DSP stated the PT had provided training on determination of Head of Bed elevation. DSP used her hand as a measuring tool to determine elevation which is not a standard of measure.
M1	Cariño	Adelante	Adelante		X		Based on review of the current CARMP 5/28/20, the following was noted. a) Page 3 does not state liquid consistency of oral liquids. JCM is not NPO and may have pleasure foods/drink. It does not state how drinks, at this time, are to be presented, and no AT (page 4) for drinking/offering liquids is listed. Assisted eating techniques (p.4) states "N/A at this time." b) Page 6 under Strategies (#1) indicates fluids from all sources at least 50 fl. ounces/day. c) Page 6 (#7) states fluid needs are "1500fl ounces= 30 ml/kg" (Actual amounts would be 30 ounces= 887 ml as 1500 ounces would = 44360. ml) Total amount in #1, and #7 do not match. d) Page 3 under Strategies, states JCM "may eat PO if she wishes..." Per onsite video observation at the Residence, fluids are not given orally. Per the CCS interview JCM does not receive oral intake. DSP stated only the CMA offers oral intake, which is not listed in the CARMP, 5/28/20.
M1	Cariño	Adelante	Adelante	X			2 Based on document review and Nursing interview, JCM receives "Vivonex" as nutrition for her g-tube feedings. Per interviews, Nursing and residential DSPs work together to ensure she has food that is good for her. Per the CARMP 5/28/20, the Nutritionist is the lead contact for Nutritional

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	ANE	Issue
							Recommendations, and the Nutritional Content of Tube Feeding. It is unclear through document review and interviews who is monitoring the food/nutrition JCM receives. Vivonex ingredients shows Maltodextrin, cornstarch and soybean oil in the top 6 ingredients. A Google search shows that Maltodextrin is “a white powder made from corn, rice, potato starch, or wheat.” Per Allergy testing on 1/22/20 CST is allergic to Avocado, Banana, Orange, Soybean, Strawberry, Wheat, Corn, OAT, Potato, Rice, Shrimp, Grapefruit, Lemon, Lime.
M1	Cariño	Adelante	Adelante		X		Based on document review and interviews the following was noted regarding CST’s seizure activity and charting. From seizure tracking records obtained from Therap from 9/6/19 to 3/9/20, there were 13 instances where more than 1 seizure was noted within a 24-hour period. There were 5 instances where 3 or more seizures were noted on the same day. Per the MERP 3/23/20, “if 2 or more seizures in a 24-hour period give Lorazepam 1mg. Lorazepam 1mg dose may be repeated once if seizure activity continues in a 24-hour period. NTE 2 doses in a 24-hour period.” a) There are 9 out of the 13 instances where Lorazepam was not noted as being given in the tracking. b) Tracking consistently notes, “Staff wrote about seizure in her communication book”, which was requested, and not received. Instances of more than 1 seizure within a 24-hour period: • 3/9/20 5 seizures: @ 11:40, 10:01, 9:51, 8:36, 12:49pm Lorazepam given 10am, 1:20pm • 2/25/20 3 seizures: 9:03am, 8:57am, 12:13 pm, no indication medication given. • 2/10/20 2 seizures: 10:47, 10:56am, no indication medication given, • 1/29/20 2 seizures 8:46, 8:54am Lorazepam given, documented after the 8:46 seizure. • 1/21/20 2 seizures 9:14am, 12:24pm. no indication medication given • 1/11/20 2 seizures 11:12 am, 12:04pm, no indication medication given • 1/6/20 3 seizures 8:19am, 12:22pm, 12:53pm, no indication medication given • 12/11/19 2 seizures, 1:35pm had 2 cluster seizures within a 50 second period, no indication medication given • 11/25/19 series of 5 cluster seizure within a 25- minute period, given 1 mg Lorazepam per her seizure protocol. • 11/14/19 2 seizures: 9:25, 11:01am, given Lorazepam after 11:01 seizure. • 11/11/19 5 seizures each lasting for 5 seconds within a 35-minute period. Seizure information entered into client communication book. Per nursing discretion PRN Lorazepam was not given due to the short length of the (5) seizures. • 10/15/19 2 seizures 12:50, 1:38pm, no indication medication given • 9/6/19 2 seizures 12:31pm, 12:53pm, no indication medication given
M2	Peak	Bright Horizons, Inc.	Bright Horizons, Inc.		x		Based on document review and on-site observation, the following concerns were noted surrounding medication administration/record keeping:  a. Per JCM’s CARMP, all medications are to be crushed, 1 pill/tablet at a time, and placed in pureed food. This is not reflected on all medications listed on the 11/2020 MAR provided for review. b. 11/2020 MAR provided for review does not identify target symptoms of Letrozole. c. 11/2020 MAR provided for review does not identify target symptoms of Zinc. d. 11/2020 MAR provided for review does not identify target symptoms of Vitamin C. 11/2020 MAR provided for review does not identify target symptoms of Albuterol Aer. e. 11/6/2020 doctor’s order provided for review does not state Pantoprazole must be swallowed whole and not chewed or crushed as the 11/2020 MAR states. JCM requires all medications to be crushed and mixed with pureed food per CARMP 5/14/2020 provided for review.



Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	ANE	Issue
							<p>f. Baclofen 10mg listed on 11/2020 MAR provided for review is not on any doctor's orders provided for review.</p> <p>g. Polyethylene Glyc 3350 Powder is listed as both a scheduled medication and a PRN medication on the 11/2020 MAR provided for review.</p> <p>h. Albuterol found on 11/2020 MAR reviewed and 12/2020 MAR reviewed during virtual onsite does not match 2/20/2020 doctor's order provided for review. Order states every 4-6 hours as needed, not every 6 hours as needed as per the MARs.</p>
M2	Cariño	Cornucopia	Cornucopia	x		x	<p>Based on FLP interview when observation of CARMP was being implemented FLP did provide JCM with her coated spoon to eat with; however, JCM was not using her scoop bowl or plate. JCM ate a sliced/chopped up (approx. nickel size) apple. FLP did not place a clothing protector on JCM when she ate her snack. There were no items added to make the apples soft/moisten them (i.e. gravies/ sauces). FLP did not sit with JCM the entire time she was eating she got up five times. There was not adequate prompting when JCM would take another bite without finishing what was already in her mouth. CARMP states to only give JCM 1/3 of the meal and approx. 2oz of liquid at a time. FLP gave JCM the whole apple at once and her whole drink at the same time. there was no prompting or re-direction from SC or FLP when JCM was putting more food in her mouth before she had finished chewing and swallowed food. An ANE was called in on 11/9/2020 by IQR surveyor for not implementing the CARMP correctly.</p>
M2	Cariño	LLCP	LLCP	x			<p>Based on record review, it is not clear if JCM is receiving medication as ordered for seizures.</p> <p>a. 7/5/2020 Seizure tracking log indicates a seizure lasting 8 minutes, Seizure MERP states "for 5-minute seizure: PRN nasal Midazolam 5mg, half dose in each nostril." MAR for July 2020 does not indicate medication was given.</p> <p>b. 8/24/2020 Seizure tracking log indicates, JCM had a cluster of seizures on 8/24/2020, three of which occurred within 15 minutes (2:43 am, 2:50, and 3am). Seizure MERP states "FOR 3 SEIZURES IN 15 MINUTES: swipe magnet over VNS for 1 second every minute while seizures last and give PRN Midazolam 5mg half dose each nostril. Repeat dose in 10 minutes if seizure continues. If seizures continue 15 minutes after 2nd dose, call 911 unless seizures are decreasing/slowing. If slowing, may wait 15 minutes more but if seizures continue after this then call 911." MAR for August 2020 does not indicate medication was given.</p> <p>c. Instructions found in the Seizure and Neuro MERPs does not match the instructions in the MAR and provider orders</p> <p>d. It is not clear if the DSP are able to assist with administration of PRN emergency Midazolam without prior nurse approval</p>
M2	Unidas	LLCP	LLCP	x			<p>Based on record review, there are 2 CARMPs provided for review with the same date. CARMP 6/17/20/Revised 6/30/20 and CARMP 6/17/20/Revised 6/30/20 reportedly Nurse updated 7/22/20. However, the nurse updated CARMP continues to have the 6/30/20 date. There is confusion regarding the liquid consistency as the earlier CARMP states "Honey" consistency and the updated CARMP states "Nectar" consistency.</p>
M2	Cariño	Bright Horizons, Inc.	Bright Horizons, Inc.			x	<p>Based on document review and on-site observation, the following concerns were noted surrounding medication administration/record keeping:</p> <p>a. Oct. 2020 MAR provided for review does not specify what H-Lamotrigine is used for.</p> <p>b. No physician's order for Lamotrigine provided for review.</p> <p>c. Oct. 2020 MAR provided for review does not specify what Donepezil is used for.</p> <p>d. No physician's order for Donepezil provided for review.</p> <p>e. Oct. 2020 MAR provided for review does not specify what Quetiapine is used for.</p> <p>f. No physician's order for Quetiapine provided for review.</p>

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	ANE	Issue
							<p>g. 3/5/2019 doctor's order for Preplus 27-1 MG tablet &amp; calcium + D3 provided for review states only valid for 1 year.</p> <p>h. 3/14/2019 doctor's order provided for review for Smartmouth Clinical DDS Rinse states swish with 15 ML and not to rinse mouth for 30 minutes. Oct. MAR states 10 ML and does not reflect 30 minutes no rinse.</p> <p>i. 3/14/2019 doctor's order for Smartmouth Clinical DDS Rinse provided for review states only valid for 1 year.</p> <p>j. 2/24/2020 doctor's order for Lorazepam provided for review states 0.5 mg tablet by mouth daily at 3pm. No current order for Lorazepam 1 MG stating "Take 1 tablet by mouth daily at noon and at bedtime" as per November 2020 MAR observed during virtual onsite. Current order requested from house manager during virtual onsite, and RN by phone the next day, not received.</p> <p>k. Oct. 2020 MAR provided for review does not specify what Memantine HCL is used for.</p> <p>l. No physician's order for Memantine provided for review.</p> <p>m. 2/24/2020 doctor's order provided for review for Benztropine states 1 mg tablet by mouth daily at 8pm. No current order for Benztropine 1 MG stating "Take 1 tablet by mouth every morning and at bedtime" as per November 2020 MAR observed during virtual onsite. Current order requested from house manager during virtual onsite, and RN by phone the next day, not received.</p> <p>n. No physician's order for Fluocanotide Cream provided for review. Cream is on November 2020 MAR observed during virtual onsite.</p> <p>o. 7/01/2019 Physician's order provided for review states "RISPERIDONE 1 MG TAB Take 1 tablet by mouth at 8AM and 1 tablet by mouth at 8PM". No current order for Risperidone 0.5 MG stating "Take 1 tablet by mouth every morning" as per November 2020 MAR observed during virtual onsite. Current order requested from house manager during virtual onsite, and RN by phone the next day, not received.</p> <p>p. No physician's order for Naproxen provided for review. Naproxen is on November 2020 MAR observed during virtual onsite.</p>
M2	Peak	Dungarvin	Dungarvin		x		<p>Based on record review and interviews the following incidents occurred and the guardian has intervened with medical treatment:</p> <p>a) Per interviews it is reported JCM's mother met with the PCP and had concern about the amount of medications JCM was taking for constipation. She requested JCM be taken off his current iron supplement due to the constipation it was causing. The PCP informed the guardian there were many other factors as to why JCM has constipation. The guardian informed the PCP she had talked to an employee at Whole Foods and they recommended an Iron Supplement she wanted JCM to be taken off the Iron JCM was currently taking and be placed on the supplement she bought. (Floradix) Since JCM has started taking Floradix JCM has had low iron levels.</p> <p>b) 8/28/2020 PCP contacted staff regarding JCM's low iron levels. PCP directed staff to take JCM to the Emergency Room for a blood transfusion. Guardian refused JCM be taken in due to COVID and Flu season. During IQR the guardian stated "Why couldn't the doctor just send him a prescription if it was really that bad why does he need to be seen?" JCM has not been seen or treated for iron levels since.</p> <p>c) Per interviews it was reported JCM's guardian refused PCP to prescribe a daily pain medication to assist with muscle spasms and spasticity due to spinal stenosis diagnosis. It was reported the guardian requested JCM only take Baclofen on an as needed basis like she does.</p> <p>Guardian refusing medical treatment is a partial immediate repeat finding from the 2010 CPR (1)</p>
M2	Unidas	Dungarvin	Dungarvin		x		<p>Based on record review and virtual onsite, the following discrepancies are noted regarding JCM's medications:</p>

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	ANE	Issue
							<p>a. During interview with nurse, Depakote entry in 11/2020 MAR was updated because it initially stated "Take 8 capsules by mouth twice a day. Open the capsules and "SPRINKLE" on yogurt or pudding." Nurse updated to remove "sprinkle on yogurt or pudding."</p> <p>b. Levothyroxine 50 MCG Tablet medication label indicates "on an empty stomach." MAR 11/2020 states "Take one tablet every morning at 6 am."</p> <p>c. Lorazepam 1 mg Tablet MAR 11/2020 states medication is taken for "Antianxiety." Physician's order and medication label state medication is taken for "intermittent explosive disorder."</p> <p>d. MAR 11/2020 for Olanzapine 10 mg Tablet target symptoms state "For relief of psychosis." Physician's Order states it is for "schizophrenia."</p> <p>e. Olanzapine 20 mg Tablet MAR 11/2020 states, "Take 1 tablets (20 mg) by mouth daily after dinner for psychosis relief" and Dr.'s Order and medication label says, "Take 1 tablet by mouth nightly for schizophrenia"</p> <p>f. Omeprazole (Prilosec OTC) 20 mg Capsule MAR 11/2020 states medication is given for "Proton Pump Inhibitor (sic)." Physician's Order and medication label indicate it is given for "GERD".</p> <p>g. Omeprazole is taken at 8am and per the food and drug interaction section of the nutritional assessment, should be given 30-60 mins before meals</p> <p>h. Oxybutynin CL ER 5 mg Tablet Physician's Order states the medication is given for "prostate." MAR 11/2020 indicates it is given for "Urinary retention."</p> <p>i. Oxybutynin CL ER 5 mg Tablet Physician's Order and MAR 11/2020 state "Take three tablets by mouth once a day." Medication label indicates 15mg 1 tablet by mouth at bedtime.</p> <p>j. Propranolol 60 mg Tablet MAR 11/2020 states medication is given for "Antianxiety." Physician's Order and medication label state it is given for "Intermittent Explosive Disorder."</p> <p>k. Physician's Order for Tamsulosin HCL 0.4 states "Take 1 capsule by mouth daily for prostate." MAR 11/2020 indicates it is given for urinary retention.</p> <p>l. MAR 11/2020 for Tamsulosin HCL 0.4 mg Capsule states "Give one capsule by mouth 30 minutes after breakfast." This medication is given at 8 am with Ferrous Sulfate which indicates it is to be taken with breakfast. It is not clear if JCM takes this medication during breakfast or 30 minutes after.</p> <p>m. Physician's order for Milk of Magnesia states "Order states "Give 30 mL by mouth PRN for constipation. Not to exceed 2 dose (sic) in 24 hours." MAR 11/2020 states "Give 30 ml by mouth at bedtime as needed. Max daily dose= 30 mL"</p> <p>n. Physician's Order for Triple Antibiotic Ointment states "Not to exceed 3 applications in 24 hours." MAR 11/2020 does not have "Not to exceed limits"</p>
M2	Unidas	LLCP	LLCP		x		<p>Document review and interviews revealed multiple issues that could potentially contribute to JCM's recurrent skin breakdown</p> <p>a. ICP Bowel &amp; Bladder Function/Incontinence 9/29/2020 is inconsistent with ICP Impaired Skin Integrity; ICP Bowel &amp; Bladder indicates to change attends/briefs at least every two hours and ICP Skin Integrity indicates both every 1 hour and every 2 hours.</p> <p>b. ICP Skin integrity 9/29/20 provides contradictory/confusing information: States: "Avoid pressure on bony prominences. Use pillows or towels to bridge the body parts" later states (from wc eval)" Minimize use of layers over the seat cushion. Limit to 1 if absolutely necessary. Nu Motion should be providing an incontinent liner to maintain cushion hygiene" This indicates that staff should not be using pillows or towels.</p> <p>c. CCS/CIE DSP reported during interview (q 54. How often is JCM to be repositioned) that JCM is "repositioned every 2 hours or every hour tilt her chair when she is in the chair". Per PT WDSI, objective 2, and per HCP for skin integrity, JCM's wheelchair is to be tilted to 45 degrees to relieve pressure every</p>

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	ANE	Issue
							<p>30 minutes</p> <p>d. 1st Semiannual nursing report 8/10/2020 includes no discussion of the fact that JCM experienced “new wound on left thigh (per nursing monthly 3/2/20) and later experienced “open wound on left gluteal fold, little improvement w/ plan in place” (per nursing monthly 6/1/20). No evidence of analysis of factors contributing to recurrent skin breakdown or consideration of changes /corrections that might be needed in HCP for skin integrity due to recurrent skin breakdown during this report period</p> <p>e. 2nd Semi Annual Nursing Report 9/28/2020 states that HCPs were “reviewed” but provides no discussion of progress/efficacy of HCPs. No discussion of effectiveness of HCP for skin integrity despite at least two incidents of skin breakdown in past year.</p> <p>f. No GER documenting incidents of skin breakdown provided for this review. Documents indicate at least three incidents of skin breakdown in the past year. Nursing notes indicate that “new wound on left thigh (per nursing monthly 3/2/20), experienced “open wound on left gluteal fold” (per nursing monthly 6/1/20), developed open area R gluteal area (per nursing monthly 10/2/20.</p> <p>Inconsistency with frequency of repositioning is a Partial Repeat Finding from CPR 2013 (#1). Need to revise HCP for skin integrity to ensure appropriate repositioning instructions is a partial repeat finding from CPR 2013 (#1)</p>
M2	Amigo	LLCP	Adelante		x		<p>Based on document review and interviews, there are inconsistencies regarding multiple documents related to the overall care of JCM’s tube and administration of medications.</p> <p>1. AWMD documents. MAAT 11/22/2019 indicates administration by certified or licensed personnel and does not clearly describe which medications DSP can administer. See below for inconsistencies and issues with AWMD:</p> <p>a. eCHAT 11/21/2019 3a. states “AWMD by staff AND by Licensed or Certified Personnel”</p> <p>b. Monthly Nursing Assessment 8/27/2020 indicate nurse ordered PRN Tylenol suppository for DSP to administer.</p> <p>c. CARMP 3/31/2020 states on the bottom of page 5 “Staff may administer topicals, ear drops, eye drops, pre-mixed inhalants and suppositories. Medications administered through g-tube are administered by CMA’s and Nurses only.”</p> <p>d. LLCP Consent for Assisting with Medication Delivery signed by JCM’s primary care physician on 9/30/2020 indicates Level IV- Medication Administration by licensed (RN/LPN) or Certified (CMA) Personnel. The AWMD form does not indicate medication administered by DSP as written in the CARMP 3/31/2020 and eCHAT 11/21/2019.</p> <p>e. When asked about what medications are administered by DSP and what medications are administered by licensed or certified personnel, the nurse stated “Some are given by DSPs. They can give nebulizer treatment and suppositories.”</p> <p>2. Inconsistencies regarding JCM’s water flushes:</p> <p>a. Res and CCS DSP indicated during interviews that DSP do water flushes. MAR indicates CMA will do med and noon time water flushes.</p> <p>b. Hydration and Dehydration Risk HCP is not clearly written. An approach states “Administer water flush as ordered. Currently receives 240 mls three times a day with medication pass.” And indicates the Responsible Party as “DCS.” Direct Care Staff (or DSP) do not administer medications so it is not clear why DSP are listed as the Responsible Party.</p> <p>3. Inconsistencies in CARMP implementation:</p> <p>a. CARMP 3/31/2020 Pg. 4 states “Continuous: 1200 cc total, to be hung by CMA at 0800 to run at 92 cc/hr and started by DSP at 3:00 PM via kangaroo pump.” During virtual onsite observations for CCS and Res, the CMA came to start JCM’s feeding. DSP reported they do not start the feeding themselves</p>

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	ANE	Issue
							<p>but can stop it when JCM needs to use the restroom. (Res and CCS DSP indicated during interviews that DSP do water flushes. MAR indicates CMA will do med and noon time water flushes.)</p> <p>b. CARMP 3/31/2020 Pg. 4 states “Continuous: 1200 cc total, to be hung by CMA at 0800 to run at 92 cc/hr and started by DSP at 3:00 PM via kangaroo pump.” Shift notes indicate that he starts his feeding when shift begins at 4:00 pm and on 7/2/2020 DSP shift note indicates JCM is “finishing g-tube feeding” at 8:00 am. The pump is continuous for 13 hours which indicates JCM began his feeding at 7:00 pm, 4 hours after the scheduled time.</p> <p>c. CARMP 3/31/2020 does not indicate hydration flushes as written in nutrition orders and MAR.</p> <p>d. CARMP 3/31/2020 Pg. 4 states, “To relieve symptoms, JCM must be burped (Let air escape through G-tube 3 times per shift or more often if he seems fussy or irritable.” Res DSP stated during interview “we burp him three times a day at 6 am, 2 pm, and 10 pm.” MAR states JCM should be burped three times per shift and as needed and to document once for each shift.</p>
Rights/Other Issues							
M1	Unidas	Adelante	Adelante	X			Per CM and guardian interview it was mentioned D has advanced medical directives and they were filled out at the 19/20 ISP meeting. Per CCS, Res, and nursing interviews it was reported D does not have any advanced medical directives. No evidence in record of advanced directives.
M1	Unidas	Adelante	Adelante	X			<p>Based on document review and interviews, the team is unclear about whether ... has Advanced Directives:</p> <p>a. Adelante staff interviewed (RN, Day DSP, Residential DSP) reported that ... does not have advanced directives or end of life directions. CM Q #9 reported ... has “end of life directions” and Corporate Guardian Q #33 reported ... has “advanced directives”.</p> <p>b. All current MERPs report that ... has no advanced directives. Per Corporate guardian, ... does have advanced directives.</p>
M2	Peak	Bright Horizons, Inc.	Bright Horizons, Inc.	x			Based on interviews, both the Residential DSP and the CCS DSP reported JCM has a DNR Order. JCM is currently Full Code.
M2	Unidas	LLCP	LLCP	x			Based on the interview, the agency nurse was not aware that LJ has Advanced Directives. JCM and her guardian completed “My Choices My Advanced Directives” on 10/08/2020
M2	Amigo	LLCP	Adelante	x		x	<p>Based on Virtual Onsite Observation with Residential DSP, the following is noted:</p> <p>a. During Residential DSP Virtual onsite, DSP were heard in the background yelling and cursing loudly.</p> <p>b. JCM was not observed during Residential Virtual Onsite. Surveyor requested to greet JCM at least three times during the 3-hour observation and was told he was in the restroom every time. Surveyor was not able to observe CARMP implementation during this observation. Surveyor could not determine if Residential DSP and JCM get along or physical state of JCM.</p>
M2	Cariño	LLCP	LLCP			x	<p>JCM has been screened for illicit/illegal substances for at least the past 10 years before and after home visits. When asked during interviews, the team had mixed responses about the appropriateness of the ongoing screenings. There is no evidence that the team has discussed the need for ongoing drug screenings when there has not been a positive result since 2011. When asked during interview, the guardian said she does not feel they are appropriate and there is no reason to continue the drug screenings. The nurse indicated that they call the doctor for the order, which he provides, so testing is completed. The CM indicated that HRC is not needed because the nurse reviews the results.</p> <p>“Pre and post home visit” drug screenings are not considered in HRC reviews provided for survey. There is no evidence that the team has considered “pre and post home visit” drug screenings an event that should be reviewed by the HRC. There is no fading plan for the drug screenings.</p>
Team Process							

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR							
Reg	CM	Res	Day	Immd	Spec	ANE	Issue
M1	A Step Above	Adelante	CFC		X		Based on interviews, Adelante is including JCM in CCS activities at home during the COVID-19 Stay at Home Order. Due to lack of documentation and refusal to provide a CCS DSP for interview, it is not clear how JCM has been spending her days during the past 5 months.
M1	A Step Above	Adelante	CFC		X		Based on interviews, there is a lack of team communication regarding therapy plans and training, specifically a lack of floor time at home:  PT reported during interview that she has been trying to find a resolution to lack of floor time JCM is being afforded at home. PT reports that the residential agency "isn't supportive of it" and the guardian and PT have sent several emails requesting resolution. (Guardian emailed on 5/7/20 and 5/11/20, PT emailed on 5/13/20) The Adelante Service Coordinator replied to the PT "on 5/13/20 that she would move this forward and we haven't heard anything since then."
M1	Cariño	Adelante	Adelante		X		The Document Request Form was not responded to timely, therefor inhibiting the surveyor's ability to complete a thorough review of JCM's services and supports. Items requested on the Document Request Form sent 7/17/20 and not received include: (Please refer to DRF in record.) a) IDT meeting minutes for June and July 2020 b) MAR July 2020 c) Lab results 8/7/19 (for neurology) d) Labs 7/2020 as per PCP order 6/29/20 e) TEASC Nov 2017 report f) Evidence of Tdap/Td and Pneumococcal vaccine. g) Seizure tracking in JCM'S communication book from 7/1/19-7/1/2020 h) Swallow study results 5/2020. i) Physician orders, updated after 12/18/19 for any medications that JCM takes. j) PCP follow-up 5/28/20 as noted on appointment 5/27/20
M2	Unidas	Expressions Unlimited, Co.	Expressions Unlimited, Co.		x		Based on document review and interviews there has not been a team meeting to discuss JCM's needs.  a. DDS COVID-19 Response Memo #27, 7/31/2020, that states nurses and therapists can see individuals in their homes. The DDS Memo dated 10/1/2020 Response Status Update, outlines planning meeting requirements, and that IDTs are expected to meet remotely to plan and discuss activities that do not violate the DDS's guidance or the Public Health Order. No planning meeting has been set and the PT and SLP have each seen JCM 1x since the start of COVID-19.  b. Per documentation in record, there was not a team meeting to discuss implementing CCS in other agency homes. There were no IDT member emails submitted regarding a team discussion. Per the Case Manager interview, he did not know if the guardian was consulted before this occurred or when the activities began. The Case manager in interview reported the CCS activities at another agency home was implemented before he knew it was occurring. Per the Guardian interview, the Guardians did not agree to this and was not asked for input.  The Guardian and the IDT having issues and concerns communicating is a Partial Repeat Finding CPR 2013 # 15.

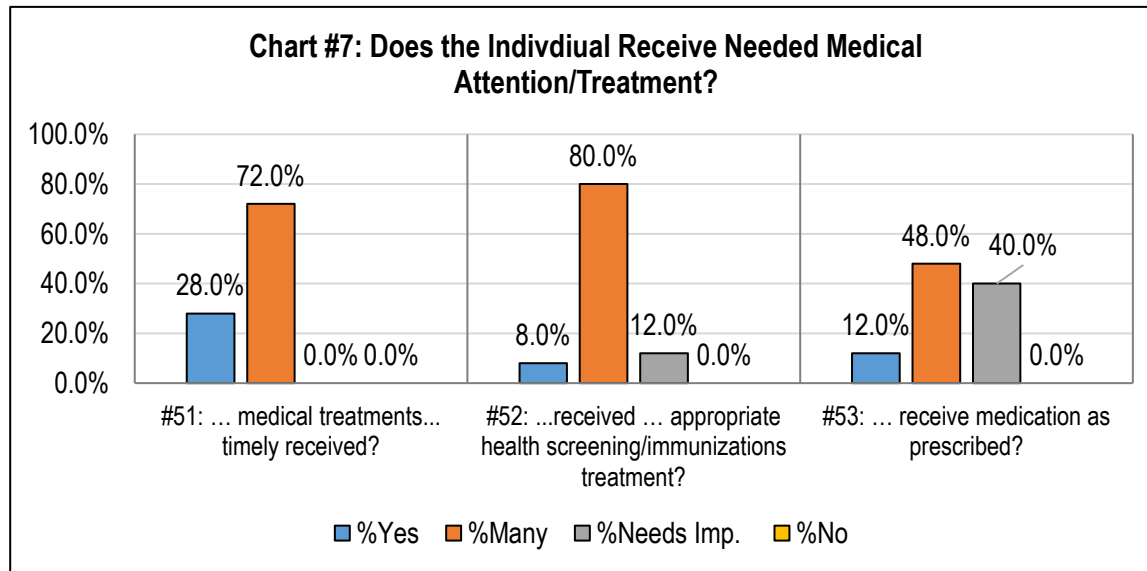
### E. Health, Assessments and Overall Wellness

There is a series of scored questions in the IQR protocol that specifically relate to the medical attention received by class members. The charts which follow detail the findings based on the specific questions asked, those questions are listed prior to each chart.

Question #51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received?

Question #52. Has the individual received ... appropriate health screening/immunizations in accordance with national best practice and/or as recommended

Question #53: Does the individual receive medication as prescribed?

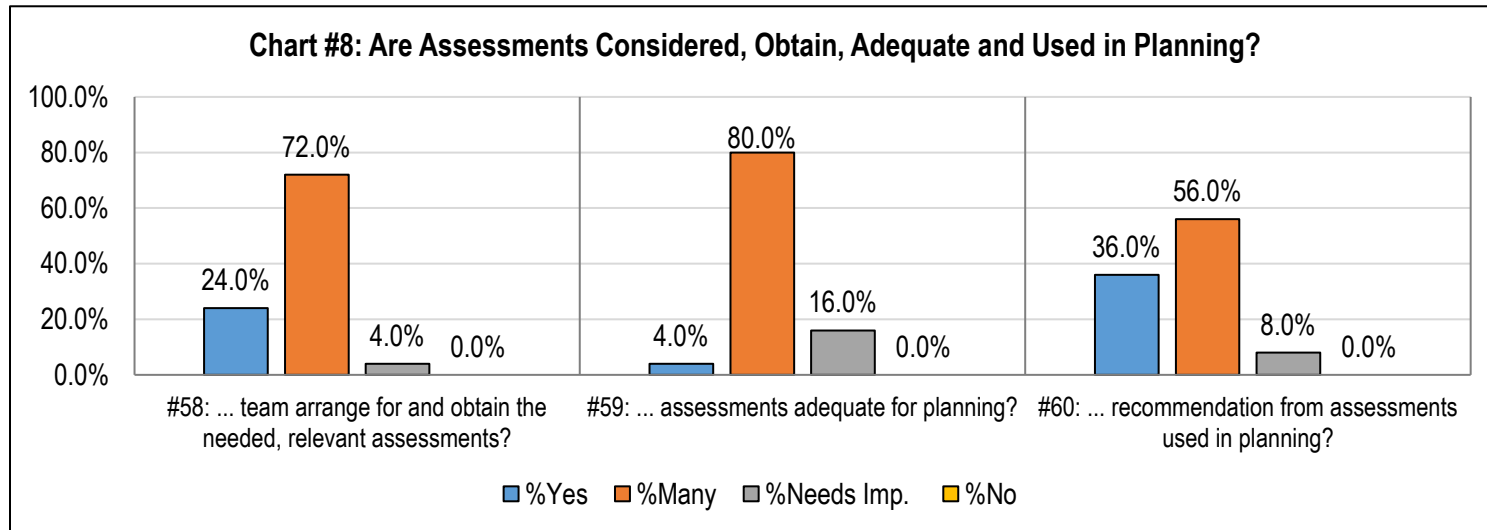


Ensuring individuals have the medical treatment they require includes scheduling and obtaining needed assessments and using information from those assessments to influence treatment and inform future planning. The IQR also evaluates the assessments needed by the individual and whether or not those assessments are obtained by the teams as summarized below.

Question #58: Did the team arrange for and obtain the needed, relevant assessments?

Question #59: Are the assessments adequate for planning?

Question #60: Were the recommendation from assessments used in planning?





Beyond the protocol questions, a letter of Findings is issued for each class member. This letter is developed by the Surveyor, reviewed by the Case Judge, IQR Supervisor Regional and State DDSD and DHI staff prior to becoming final. The table below summarizes some of the issues which were identified. It is important to note that the information below identifies the number of issues found; not the number of findings. For example, if one individual was found to have a Medication Administration Record (MAR) which called for the administration of a medication for which a doctors order was not found AND was also found to have been given a medication twice a day when the doctor's order called for one time a day, that might be ONE finding regarding medication but TWO different issues.

As the numbers in the following chart show, the following issues were identified most frequently:

1. The Medication Administration Record (MAR), the Medication label and the Doctor's orders do not match;
2. Per health.gov/myhealthfinder, individuals have not received or consulted with their PCPs to determine the need for the nationally recommended screenings/vaccination;
3. Meds not administered / given as required.

This information also helps identify agencies which may need the most support in a particular area. Please note, the number in the parenthesis next to the agencies name represents the number of individuals that agency had in this review. These counts include instances versus individuals. For example, Adelante had 30 instances of MAR/Medication/Dr. Orders which do not match and have 7 individuals in the sample.

### CHART 9

Chart #9: Type of Issues identified by Residential Agency									
PROVIDER (# IN SAMPLE)	Adelante (7)	ARCA (2)	At Home Advocacy (1)	Bright Horizons (3)	Cornucopia (1)	Dungarvin (2)	Exp. Unlimited (1)	LLCP (8)	TOTAL
ISSUE									
APPOINTMENTS									
Audiology: not completed	0	0	0	0	1	1	0	2	4
Dental: follow up not completed / not timely	2	1	0	1	0	1	0	0	5
Neurology: follow up not completed / not timely	0	1	0	0	0	0	0	0	1
PCP: follow up not completed / not timely	1	1	1	4	1	0	0	0	8
Psych: follow up not completed/not timely	0	0	0	3	0	0	0	0	3

**Chart #9: Type of Issues identified by Residential Agency**

<b>PROVIDER (# IN SAMPLE)</b>	<b>Adelante (7)</b>	<b>ARCA (2)</b>	<b>At Home Advocacy (1)</b>	<b>Bright Horizons (3)</b>	<b>Cornucopia (1)</b>	<b>Dungarvin (2)</b>	<b>Exp. Unlimited (1)</b>	<b>LLCP (8)</b>	<b>TOTAL</b>
<b>ISSUE</b>									
Specialists: follow up not completed / not timely	3	3	0	4	0	0	0	2	12
Specialists: report not provided for review	0	0	0	1	0	1	0	1	3
Vision: not completed / not current	0	0	0	0	0	1	0	1	2
<b>MAR/MEDICATIONS</b>									
MAR/Medication/Dr. Orders do not match (med strength, delivery method, purpose of med)	30	3	1	12	3	11	3	24	87
MAR needs updating	0	0	0	2	0	0	0	0	2
Meds not administered / given as required	10	2	0	0	0	3	0	10	25
Med review needed	0	0	0	0	0	1	0	5	6
Expired med in home	0	0	0	0	0	0	0	1	1
Med orders not received	0	0	0	7	1	0	0	0	8
Expired prescriptions found / orders not current	1	1	0	4	0	1	0	3	10

**Chart #9: Type of Issues identified by Residential Agency**

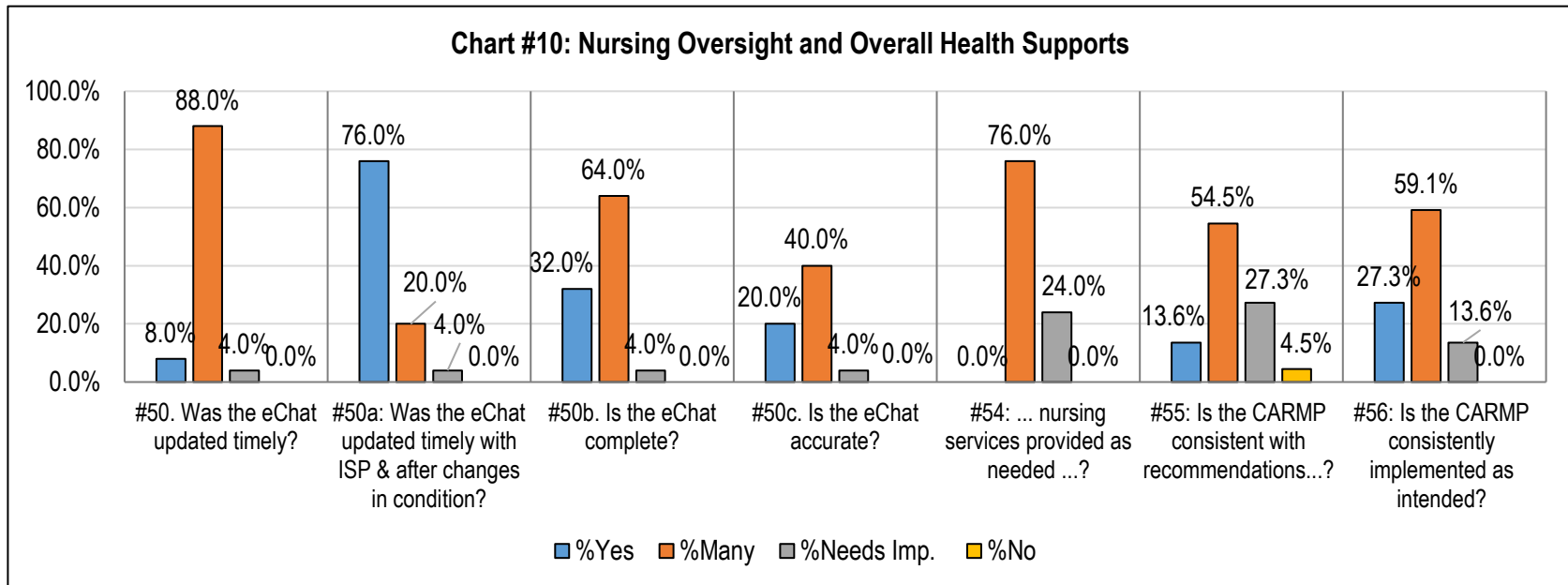
PROVIDER (# IN SAMPLE)	Adelante (7)	ARCA (2)	At Home Advocacy (1)	Bright Horizons (3)	Cornucopia (1)	Dungarvin (2)	Exp. Unlimited (1)	LLCP (8)	TOTAL
<b>ISSUE</b>									
<b>Screenings</b>									
Total number of myhealthfinder issues by agency based on a-h below:	12	6	3	13	4	7	4	11	60
a. No evidence of Hep B/HepC screening or team discussion thereof	3	2	1	3	2	2	1	5	19
b. No evidence of shingles vaccine or team discussion thereof	3	2	0	3	0	2	1	0	11
c. No evidence of HIV screening or team discussion thereof	0	0	1	2	1	1	0	3	8
d. No evidence of TD/Tdap immunizations or team discussion thereof	3	1	0	2	0	1	1	0	8
e. No evidence of colorectal screening or team discussion thereof	1	0	0	2	0	0	0	1	4
f. No evidence of flu or pneumonia vaccine or team discussion thereof	2	1	1	0	0	1	1	2	8
g. No evidence of mammogram or team discussion thereof	0	0	0	1	0	0	0	0	1
h. No evidence of cervical cancer screening or team discussion thereof	0	0	0	0	1	0	0	0	1
AIMS or other TD screening	0	0	1	3	0	4	0	0	8
No evidence of test / lab screening or alt. option discussed.	5	1	0	0	0	2	0	0	8
No evidence of recommended bone density scan (not healthfinder).	1	0	0	0	0	0	0	0	1

**Chart #9: Type of Issues identified by Residential Agency**

<b>PROVIDER (# IN SAMPLE)</b>	<b>Adelante (7)</b>	<b>ARCA (2)</b>	<b>At Home Advocacy (1)</b>	<b>Bright Horizons (3)</b>	<b>Cornucopia (1)</b>	<b>Dungarvin (2)</b>	<b>Exp. Unlimited (1)</b>	<b>LLCP (8)</b>	<b>TOTAL</b>
<b>ISSUE</b>									
<b>Other</b>									
DNR: confusion about status	2	0	0	1	0	0	0	1	4
<b>Totals</b>	<b>67</b>	<b>19</b>	<b>6</b>	<b>55</b>	<b>10</b>	<b>33</b>	<b>7</b>	<b>61</b>	<b>258</b>
<b>Average</b>	<b>9.6</b>	<b>9.5</b>	<b>6</b>	<b>18.3</b>	<b>10</b>	<b>16.5</b>	<b>7</b>	<b>7.6</b>	<b>17.2</b>

For health care coordination, oversight and monitoring, I/DD services rely heavily on nurses, primary care physicians and referrals to needed specialists. Nurses and the supports they can provide are essential for the protection and healthy living of class members. Relevant scored protocol questions related directly to nursing include:

- Question #50a: Was the eCHAT updated timely?
- Question #50b: Is the eCHAT complete?
- Question #50c: Is the eCHAT accurate?
- Question #54: Are nursing services provided as needed by the individual?
- Question #55: Is the CARMP consistent with recommendations in other healthcare documents?
- Question #56: Is the CARMP consistently implemented as intended?



Oversight provided by nurses is a critical safeguard for Jackson Class Members, direct support personnel and their supervisors. The table below provides specific details, by Residential provider, of nursing related issues identified during the FY2021 Metro 1 & 2 IQR. Again, this represents the number of issues found; not the number of findings.

As the numbers in the following chart show, the following issues were identified most frequently:

1. Nursing reports not accurate / missing information / inadequate;
2. Inconsistencies between plans;
3. CARMP inaccurate / incomplete / not current.

This information also helps identify agencies and issues within those agencies which may need the most support in a particular area. Please note, these counts include instances versus individuals. The number in the parenthesis next to the agencies name represents the number of individuals that agency had in this review.

<b>Chart #11: Type of Nursing Related Issues Identified by Residential Provider</b>									
<b>PROVIDER (# IN SAMPLE)</b>	<b>Adelante (7)</b>	<b>ARCA (2)</b>	<b>At Home Advocacy (1)</b>	<b>Bright Horizons (3)</b>	<b>Cornucopia (1)</b>	<b>Dungarvin (2)</b>	<b>Exp. Unlimited (1)</b>	<b>LLCP (8)</b>	<b>TOTAL</b>
<b>ISSUE</b>									
<b>Nursing Assessments</b>									
ARST contains conflicting information/not timely/not accurate	2	2	0	2	0	0	0	1	7
Aspiration: documents conflict on risk level	1	1	0	6	0	0	3	0	11
CARMP inaccurate/ incomplete/not current	7	2	4	2	0	3	3	13	34
CARMP not implemented properly	0	1	0	1	1	0	0	0	3
CARMP conflicts with dental recommendations	0	0	0	1	0	1	0	2	4
e-CHAT incorrect/inconsistent /not updated timely	10	6	3	1	0	0	0	0	20
e-CHAT inconsistencies with diagnoses/conditions in other documents	5	3	0	1	0	2	1	1	13
HCPs inaccurate/incomplete	0	0	0	8	0	0	7	9	24
HCPs need review/updating/more detail	17	2	1	0	0	0	0	0	20

**Chart #11: Type of Nursing Related Issues Identified by Residential Provider**

<b>PROVIDER (# IN SAMPLE)</b>	<b>Adelante (7)</b>	<b>ARCA (2)</b>	<b>At Home Advocacy (1)</b>	<b>Bright Horizons (3)</b>	<b>Cornucopia (1)</b>	<b>Dungarvin (2)</b>	<b>Exp. Unlimited (1)</b>	<b>LLCP (8)</b>	<b>TOTAL</b>
<b>ISSUE</b>									
HCPs not found	2	1	0	1	0	0	0	1	5
HCP for Aspiration and CARMP	1	0	0	0	0	0	0	0	1
MAAT: incorrect/inconsistent information	0	1	0	0	0	0	0	2	3
MAAT not timely	0	0	0	2	0	0	0	0	2
MERPs inaccurate/incomplete	0	0	0	4	2	3	5	2	16
MERPs need review, updating, more detail	2	8	4	0	0	0	1	5	20
Inconsistency between HCP/ CARMP/MERP/e-CHAT/MARS/Plans	6	3	3	9	2	3	0	17	43
<b>Nursing Documentation</b>									
Nursing reports not timely completed	3	1	4	4	0	4	0	3	19
Nursing reports not provided for review	0	2	0	5	2	0	0	0	9
Nursing reports not accurate/missing information/inadequate	5	13	4	9	0	6	0	5	42
No evidence of nursing face-to-face visits as required	12	1	0	0	0	2	0	3	18
Nurse not attending ISP meeting	5	1	1	0	0	0	0	0	7
Nurse not familiar with health-related needs/recommendations	2	3	0	0	0	0	0	1	6
Staff needs more training on health-related needs	0	0	0	6	8	0	0	17	31
Nurse not monitoring as required, e.g., tracking, plans, meds, appointments, etc.	8	2	0	0	0	0	0	1	11
<b>Totals</b>	<b>88</b>	<b>53</b>	<b>24</b>	<b>62</b>	<b>15</b>	<b>24</b>	<b>20</b>	<b>83</b>	<b>369</b>

**Chart #11: Type of Nursing Related Issues Identified by Residential Provider**

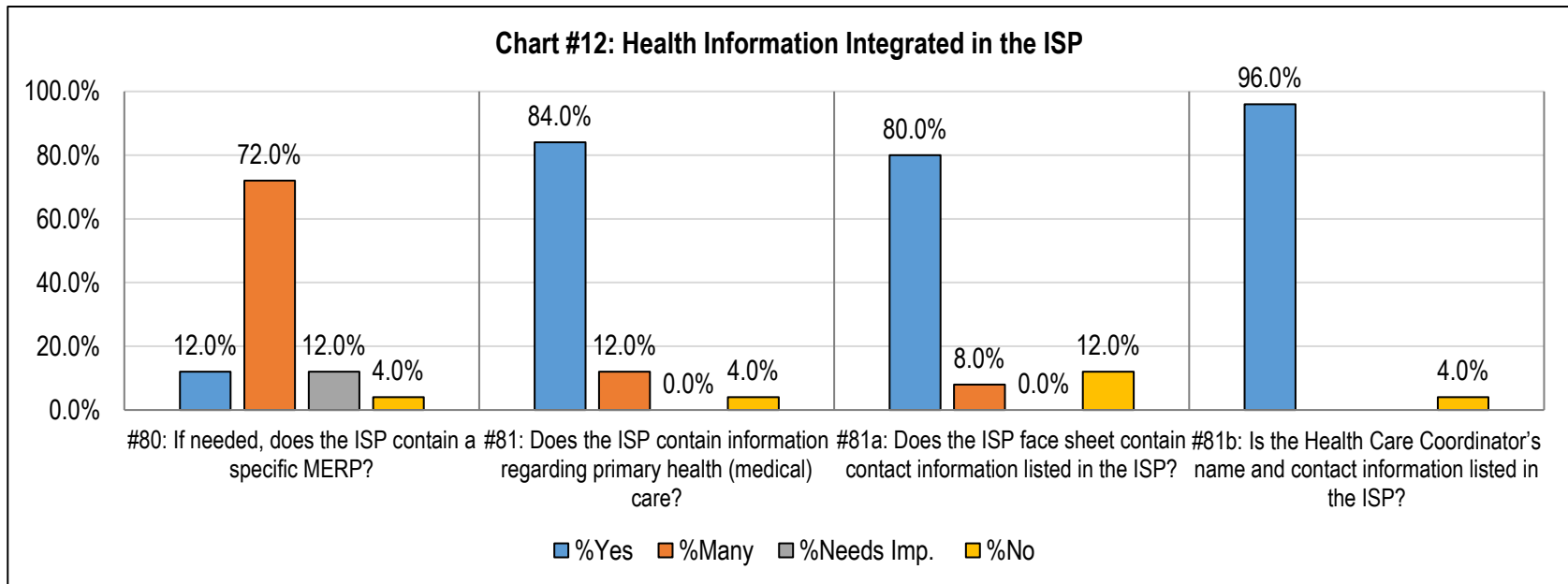
<b>PROVIDER (# IN SAMPLE)</b>	<b>Adelante (7)</b>	<b>ARCA (2)</b>	<b>At Home Advocacy (1)</b>	<b>Bright Horizons (3)</b>	<b>Cornucopia (1)</b>	<b>Dungarvin (2)</b>	<b>Exp. Unlimited (1)</b>	<b>LLCP (8)</b>	<b>TOTAL</b>
<b>ISSUE</b>									
<b>Average</b>	12.6	26.5	24	20.7	15	12	20	10.4	24.6



In addition to the issues and questions noted above, the individual's nurse is responsible, with the assistance of the rest of the Team, to assure that the documents presented and created for planning, such as the ISP, are accurate and thorough and contain the needed plans and information required. The protocol questions related to ensuring this is done include:

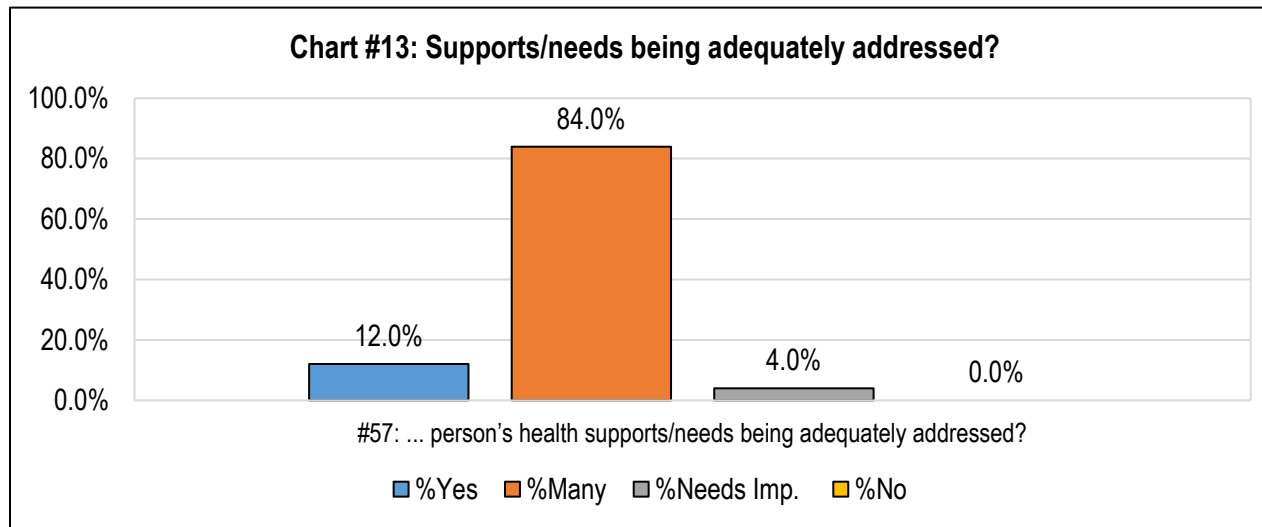
- Question #80: If needed, does the ISP contain a specific MERP?
- Question #81: Does the ISP contain information regarding primary health (medical) care?
- Question #81a: Does the ISP face sheet contain contact information listed in the ISP?
- Question #81b: Is the Health Care Coordinator's name and contact information listed in the ISP?

Overall, 80% of the ISP's in the sample did contain correct contact information on the face sheet, 84% of the ISP's in the sample contained information regarding primary health care and 96% had the individuals Health Care Coordinator's name and contact information listed in the ISP.



While the scored protocol questions cannot encompass each and every issue, it does allow for a general score that measures the adequacy of response to the individual's overall health needs. That question is: #57: Are the person's health supports/needs being adequately addressed?

As noted in the chart below, for the 25 people scored in Metro Round 1 & 2 reviews, overall, three individuals had their health supports/needs adequately addressed (12% Yes). There were 21 people who had many of their needs addressed (84%) and one individual who is receiving supports that needs improvement (4%).



As noted earlier, beyond the scored protocol questions, the Findings Letters issued for each class member in a review provides person-specific detail about the issues which impact the answer to protocol question #57. This includes the adequacy and incorporation of needed tracking, ancillary support services, and other areas to ensure the health and safety of the individual being reviewed. Again, it is important to note that the indications are number of issues found; not the number of findings in the Findings letters. For example, if one individual had a finding that noted four different inconsistencies in that person's seizure tracking, that would be counted as a "4", for the number of issues, not just a "1" for the individual to whom the findings apply.

- As the numbers in the following chart show, the following issues were identified most frequently:
1. Fluid input / urine output / bowel movement tracking (42 instances, and 17 are with Adelante, 13 with LLCP)
  2. PT Reports inadequate (32 instances)
  3. Behavior reports inaccurate/inadequate (30 instances).

<b>Chart #14: Issues Found Which Affect the Adequacy of Health Care Provision, by Residential Provider</b>									
<b>PROVIDER (# IN SAMPLE)</b>	<b>Adelante (7)</b>	<b>ARCA (2)</b>	<b>At Home Advocacy (1)</b>	<b>Bright Horizons (3)</b>	<b>Cornucopia (1)</b>	<b>Dungarvin (2)</b>	<b>Exp. Unlimited (1)</b>	<b>LLCP (8)</b>	<b>TOTAL</b>
<b>ISSUE</b>									
<b>Healthcare Tracking</b>									
Blood Pressure Tracking issues	0	12	0	0	0	0	0	0	12
Fluid Input/Urine Output/Bowel Movement Tracking issues	17	3	0	9	0	0	0	13	42
Repositioning Tracking issues	0	0	0	2	0	0	0	0	2
Seizure Tracking issues	0	0	0	0	0	1	0	0	1
Skin & Wound Tracking issues	0	0	0	1	0	0	0	0	1
Tracking requested, not provided for review	1	0	0	0	0	0	0	0	1
Weight Tracking issues	1	0	0	5	0	1	0	1	8
<b>Nutrition</b>									
Nutrition: Inadequate/inconsistent	6	1	0	1	0	0	0	0	8
Nutrition: Not timely	5	0	0	1	0	1	0	1	8
<b>Physical Therapy</b>									
PT Report/Eval not available/timely for planning/use	0	1	0	1	0	1	0	2	5
PT Report/Eval not adequate	10	3	0	3	0	5	0	11	32

<b>Chart #14: Issues Found Which Affect the Adequacy of Health Care Provision, by Residential Provider</b>									
<b>PROVIDER (# IN SAMPLE)</b>	<b>Adelante (7)</b>	<b>ARCA (2)</b>	<b>At Home Advocacy (1)</b>	<b>Bright Horizons (3)</b>	<b>Cornucopia (1)</b>	<b>Dungarvin (2)</b>	<b>Exp. Unlimited (1)</b>	<b>LLCP (8)</b>	<b>TOTAL</b>
<b>ISSUE</b>									
PT Report/Eval/WDSI not provided for review	4	0	0	0	0	2	0	0	6
<b>Occupational Therapy</b>									
OT Report/Eval not available/timely for planning/use	0	2	0	1	0	0	0	1	4
OT Report/Eval not adequate	2	5	0	1	0	1	0	6	15
OT WDSI not specific	2	0	0	0	0	0	0	0	2
OT Report/Eval/WDSI not provided for review	2	2	0	2	0	0	0	0	6
<b>Speech Language Pathology</b>									
SLP Report/Eval not available/timely for planning/use	1	1	0	2	0	1	0	1	6
SLP Report/Eval not adequate	4	3	3	2	1	2	0	0	15
SLP Report/Eval inaccurate	1	0	1	0	1	0	0	0	3
SLP Report/Eval not provided for review	2	0	0	0	0	1	0	1	4
SLP WDSI not specific/timely	2	0	0	0	0	0	0	0	2
<b>Behavior Support Consultation</b>									
BSC Report/Eval not available/timely for planning/use	0	0	2	1	0	0	0	3	6
Behavior Report inaccurate/inadequate	4	0	5	11	0	5	0	5	30
BSC Report/Eval not provided for review	1	0	0	1	0	1	0	0	3
<b>Totals</b>	<b>65</b>	<b>33</b>	<b>11</b>	<b>44</b>	<b>2</b>	<b>22</b>	<b>0</b>	<b>45</b>	<b>222</b>
<b>Average</b>	<b>9.3</b>	<b>16.5</b>	<b>11</b>	<b>14.7</b>	<b>2</b>	<b>11</b>	<b>0</b>	<b>5.6</b>	<b>14.8</b>

## F. Adequacy of Planning, Adequacy of Services, Individual Service Plan

The ISP provides details regarding the individuals' visions and outcomes and are developed by an Interdisciplinary Team that includes the Individual and those who know and provide supports to that person. This includes the Class Member, Case Manager, Guardian, the Direct Support Staff, Therapists, Nurse, any additional person invited by the class member and persons who are needed to ensure the implementation of the Plan. The FY2021 IQR protocol specifically asks questions regarding many of the aspects of the planning process, including detail of who participates in plan creation. The chart below lists answers to related questions in the FY2021 Metro1 & 2 reviews.

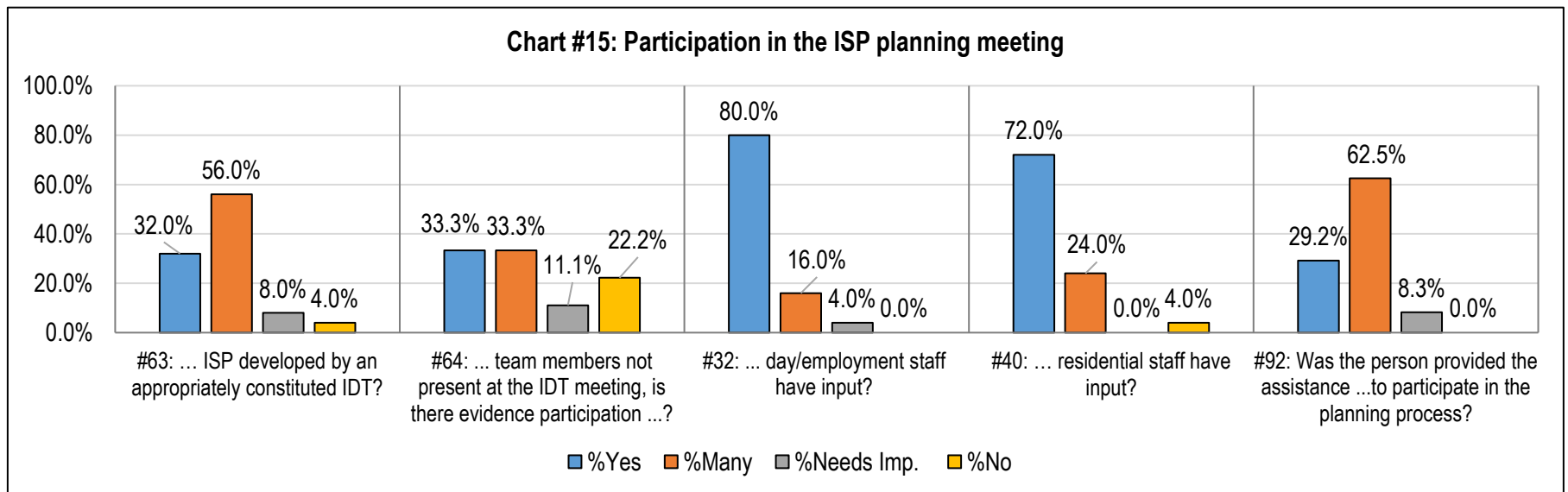
Question #63: Was the ISP developed by an appropriately constituted IDT?

Question #64: For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP?

Question #32: Did the [day/employment] direct service staff have input into the person's ISP?

Question #40: Did the [residential] staff have input into the person's ISP?

Question #92: Was the person provided the assistance and support needed to participate meaningfully in the planning process?



**Chart #16: ISP Development Participation, by Residential Provider**

The number in the parenthesis next to the agencies name represents the number of individuals that agency had in this review.

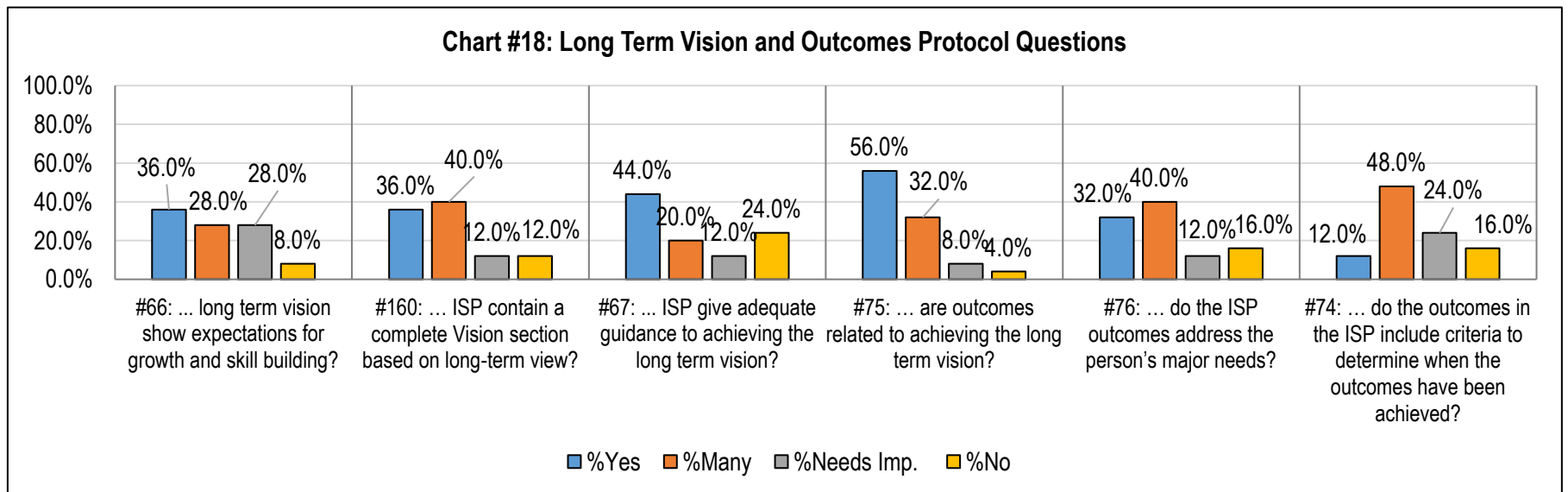
Res. Agency (# in sample)	Question				
	#63	#64	#32	#40	#92
Adelante (7)	14.3% Yes (1) 71.4% Many (5) 14.3% No (1)	33.3% Yes (2) 50% Many (3) 16.7% No (1) (1 N/A)	71.4% Yes (5) 28.6% Many (2)	71.4% Yes (5) 28.6% Many (2)	42.9% Yes (3) 57.1% Many (4)
ARCA (2)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	100% Yes (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)
At Home Advocacy (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Bright Horizons (3)	33.3% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1)	0% Yes 50% Many (1) 50% No (1) (1 N/A)	66.7% Yes (2) 33.3% Many (1)	33.3% Yes (1) 33.3% Many (1) 33.3% No (1)	33.3% Yes (1) 66.7% Many (2)
Cornucopia (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Dungarvin (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (1) (1 N/A)	100% Yes (1) (1 N/A)	100% Yes (2)	0% Yes 100% Many (2)
Expressions Unlimited (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
LLCP (8)	50% Yes (4) 37.5% Many (3) 12.5% Needs Impv (1)	40% Yes (2) 20% Needs Impv (1) 40% No (2) (3 N/A)	87.5% Yes (7) 12.5% Needs Impv (1)	100% Yes (8)	14.3% Yes (1) 57.1% Many (4) 28.6% Needs Impv (2) (1 N/A)

**Chart #17: ISP Development Participation, by Case Management Agency**

CM Agency (# in sample)	Question				
	#63	#64	#32	#40	#92
A New Vision (2)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	100% Yes (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)
A Step Above (5)	20% Yes (1) 60% Many (3) 20% Needs Impv (1)	25% Yes (1) 25% Many (1) 50% Needs Impv (2) (1 N/A)	80% Yes (4) 20% Many (1)	60% Yes (3) 40% Many (2)	20% Yes (1) 60% Many (3) 20% Needs Impv (1)
Amigo (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)
Cariño (5)	80% Yes (4) 20% No (1)	0% Yes 100% No (1) (4 N/A)	80% Yes (4) 20% Many (1)	60% Yes (3) 40% Many (2)	60% Yes (3) 40% Many (2)
NMQCM (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% Many (1)
Peak (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% No (1)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% No (1)	0% Yes 100% Many (2)
Unidas (8)	37.5% Yes (3) 62.5% Many (5)	66.7% Yes (4) 16.7% Many (1) 16.7% No (1) (2 N/A)	75% Yes (6) 12.5% Many (1) 12.5% Needs Impv (1)	87.5% Yes (7) 12.5% Many (1)	28.6% Yes (2) 71.4% Many (5) (1 N/A)

The individual's ISP must contain the Long-Term Vision, which summarizes what the individual wants to accomplish in the near future (3 to 5 years) in each life area. Then outcomes are to be developed by the Team to create a path to accomplish their vision. The FY2021 IQR protocol specifically asks the content of identified visions as well as the content and clarity of related outcomes. The chart below details the findings related to the following identified questions related to class members ISP in the FY2021 Metro1 & 2 reviews.

- Question #66: Overall, does the long-term vision show expectations for growth and skill building?
- Question #160: Does the person have an ISP that contains a complete Vision Section that is based on a long term view?
- Question #67: Overall, does the ISP give adequate guidance to achieving the person's long-term vision?
- Question #75: Overall, are the ISP outcomes related to achieving the person's long-term vision?
- Question #76: Overall, do the ISP outcomes, action plans and T&SS address the person's major needs?
- Question #74: Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcomes have been achieved?





**Chart #19: Vision and Outcome Scores, by Residential Agency**

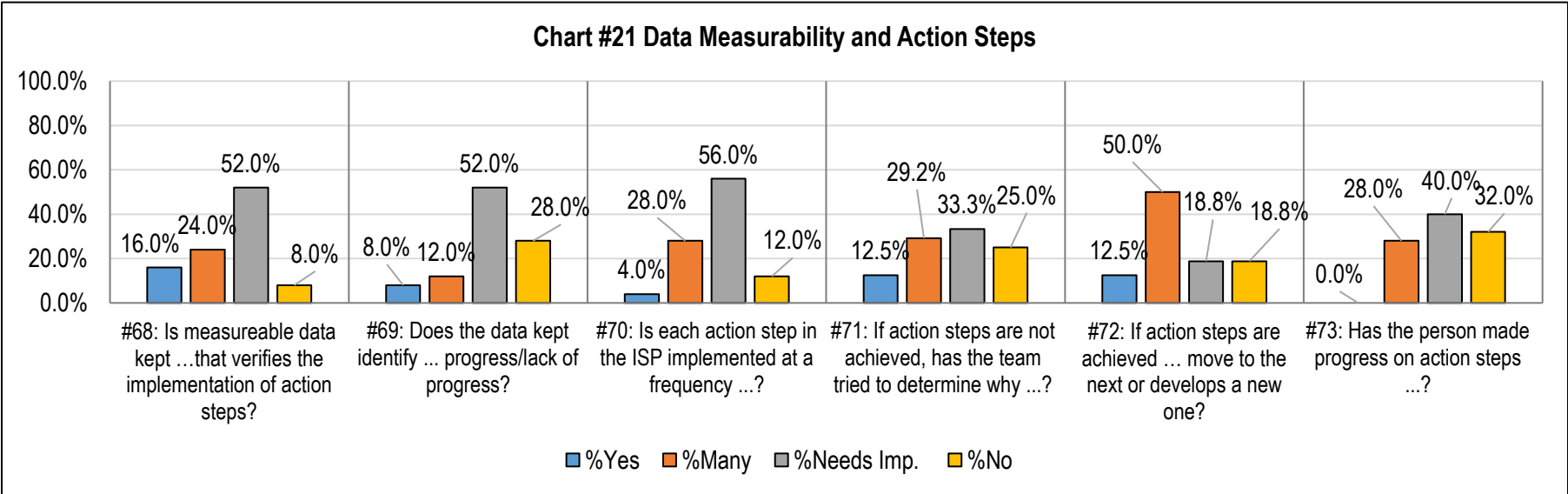
Res Agency (# in sample)	Question					
	#66	#160	#67	#75	#76	#74
Adelante (7)	0% Yes 28.6% Many (2) 42.9% Needs Impv (3) 28.6% No (2)	14.3% Yes (1) 28.6% Many (2) 28.6% Needs Impv (2) 28.6% No (2)	28.6% Yes (2) 14.3% Many (1) 14.3% Needs Impv (1) 42.9% No (3)	57.1% Yes (4) 14.3% Many (1) 14.3% Needs Impv (1) 14.3% No (1)	14.3% Yes (1) 57.1% Many (4) 28.6% No (2)	0% Yes 42.9% Many (3) 28.6% Needs Impv (2) 28.6% No (2)
ARCA (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% No (1)
At Home Advocacy (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)
Bright Horizons (3)	33.3% Yes (1) 66.7% Many (2)	66.7% Yes (2) 33.3% No (1)	66.7% Yes (2) 33.3% No (1)	33.3% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1)	0% Yes 33.3% Many (1) 66.7% Needs Impv (2)	0% Yes 100% Many (3)
Cornucopia (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Dungarvin (2)	50% Yes (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	50% Yes (1) 50% Needs Impv (1)	0% Yes 100% Many (2)	0% Yes 50% Needs Impv (1) 50% No (1)	0% Yes 100% Needs Impv (2)
Expressions Unlimited (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	100% Yes (1)	0% Yes 100% No (1)	100% Yes (1)
LLCP (8)	50% Yes (4) 12.5% Many (1) 37.5% Needs Impv (3)	62.5% Yes (5) 37.5% Many (3)	50% Yes (4) 25% Many (2) 12.5% Needs Impv (1) 12.5% No (1)	75% Yes (6) 25% Many (2)	62.5% Yes (5) 37.5% Many (3)	12.5% Yes (1) 62.5% Many (5) 12.5% Needs Impv (1) 12.5% No (1)

**Chart #20: Vision and Outcome Scores by Case Management Agency**

CM Agency (# in sample)	Question					
	#66	#160	#67	#75	#76	#74
A New Vision (2)	0% Yes 50% Yes (1) 50% Many (1)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Needs Impv (1)	50% Yes (1) 50% Many (1)
A Step Above (5)	40% Yes (2) 40% Many (2) 20% Needs Impv (1)	40% Yes (2) 40% Many (2) 20% No (1)	60% Yes (3) 20% Many (1) 20% Needs Impv (1)	60% Yes (3) 40% Many (2)	40% Yes (2) 40% Many (2) 20% No (1)	0% Yes 60% Many (3) 20% Needs Impv (1) 20% No (1)
Amigo (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)
Cariño (5)	40% Yes (2) 40% Needs Impv (2) 20% No (1)	80% Yes (4) 20% No (1)	60% Yes (3) 40% No (2)	40% Yes (2) 20% Many (1) 20% Needs Impv (1) 20% No (1)	40% Yes (2) 40% Many (2) 20% No (1)	20% Yes (1) 20% Many (1) 20% Needs Impv (1) 40% No (2)
NMQCM (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% No (1)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
Peak (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% No (1)	50% Yes (1) 50% No (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Needs Impv (2)	0% Yes 50% Many (1) 50% Needs Impv (1)
Unidas (8)	25% Yes (2) 25% Many (2) 37.5% Needs Impv (3) 12.5% No (1)	12.5% Yes (1) 62.5% Many (5) 25% Needs Impv (2)	25% Yes (2) 37.5% Many (3) 12.5% Needs Impv (1) 25% No (2)	62.5% Yes (5) 37.5% Many (3)	25% Yes (2) 50% Many (4) 25% No (2)	12.5% Yes (1) 50% Many (4) 25% Needs Impv (2) 12.5% No (1)

The individual's ISP also contains Action Steps, which should be written in measurable terms, and in a way which leads to the achievement of the related outcome. The data gathered during the implementation of the Action Steps should also be written in measurable terms, so team members can review them and determine if measurable progress toward the outcome is being made. The chart below details the findings related to specific questions which asks about the action steps and data collection intended to verify progress and opportunity for class members.

- Question #68: Is measurable data kept which verifies the consistent implementation of each of the action steps?
- Question #69: Does the data kept identify what the person does so a determination can be made regarding the progress/lack of progress?
- Question #70: Is each action step in the ISP implemented at a frequency that enables the person to learn new skills?
- Question #71: If the person is not successful in achieving action steps, has the team tried to determine why, and change their approach as needed?
- Question #72: If the person achieves action steps, does the team move to the next in a progress of steps or develops a new one?
- Question #73: Has the person made measurable progress on action steps during the past year?



The charts below identify scores related to the data tracking of the ISP outcomes and action steps (See specific questions above):

**Chart #22: Data and Related ISP Action Step Scores by Residential Agency**

Res Agency (# in sample)	Question					
	#68	#69	#70	#71	#72	#73
Adelante (7)	0% Yes 28.6% Many (2) 57.1% Needs Impv (4) 14.3% No (1)	0% Yes 71.4% Needs Impv (5) 28.6% No (2)	0% Yes 71.4% Needs Impv (5) 28.6% No (2)	14.3% Yes (1) 28.6% Many (2) 42.9% Needs Impv (3) 14.3% No (1)	0% Yes 33.3% Many (2) 33.3% Needs Impv (2) 33.3% No (2) (1 NA)	0% Yes 71.4% Needs Impv (5) 28.6% No (2)
ARCA (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Needs Impv (1) 50% No (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% No (1)	(2 N/A)	0% Yes 50% Many (1) 50% No (1)
At Home Advocacy (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)
Bright Horizons (3)	0% Yes 66.7% Needs Impv (2) 33.3% No (1)	0% Yes 100% Needs Impv (3)	0% Yes 33.3% Many (1) 66.7% Needs Impv (2)	0% Yes 50% Many (1) 50% No (1) (1 N/A)	0% Yes 100% Many (1) (2 N/A)	0% Yes 33.3% Needs Impv (1) 66.7% No (2)
Cornucopia (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Dungarvin (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	50% Yes (1) 50% No (1)	0% Yes 50% Needs Impv (1) 50% No (1)	0% Yes 50% Needs Impv (1) 50% No (1)	0% Yes 50% Many (1) 50% No (1)	0% Yes 50% Many (1) 50% No (1)
Expressions Unlimited (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	(1 N/A)	0% Yes 100% Needs Impv (1)
LLCP (8)	37.5% Yes (3) 25% Many (2) 37.5% Needs Impv (3)	12.5% Yes (1) 37.5% Many (3) 25% Needs Impv (2) 25% No (2)	12.5% Yes (1) 37.5% Many (3) 50% Needs Impv (4)	25% Yes (2) 37.5% Many (3) 25% Needs Impv (2) 12.5% No (1)	40% Yes (2) 60% Many (3) (3 N/A)	0% Yes 50% Many (4) 25% Needs Impv (2) 25% No (2)

**Chart #23: Data and Related Action Step Scores by Case Management Agency**

CM Agency (# in sample)	Question					
	#68	#69	#70	#71	#72	#73
A New Vision (2)	50% Yes (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Needs Impv (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)
A Step Above (5)	20% Yes (1) 40% Many (2) 40% Needs Impv (2)	0% Yes 40% Many (2) 20% Needs Impv (1) 40% No (2)	0% Yes 60% Many (3) 20% Needs Impv (1) 20% No (1)	0% Yes 20% Many (1) 40% Needs Impv (2) 40% No (2)	25% Yes (1) 25% Many (1) 25% Needs Impv (1) 25% No (1) (1 N/A)	0% Yes 40% Many (2) 40% Needs Impv (2) 20% No (1)
Amigo (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% No (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	(1 N/A)	0% Yes 100% No (1)
Cariño (5)	20% Yes (1) 20% Many (1) 20% Needs Impv (1) 40% No (2)	0% Yes 60% Needs Impv (3) 40% No (2)	0% Yes 40% Many (2) 40% Needs Impv (2) 20% No (1)	50% Yes (2) 25% Needs Impv (1) 25% No (1)	25% Yes (1) 50% Many (2) 25% No (1)	0% Yes 20% Many (1) 20% Needs Impv (1) 60% No (3)
NMQCM (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Needs Impv (2)	0% Yes 100% Needs Impv (2)	0% Yes 100% Needs Impv (2)	0% Yes 100% Needs Impv (2)	0% Yes 100% Needs Impv (2)
Peak (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	50% Yes (1) 50% Needs Impv (1)	0% Yes 100% Needs Impv (2)	0% Yes 100% No (2)	0% Yes 100% Many (1) (1 N/A)	0% Yes 50% Many (1) 50% No (1)
Unidas (8)	12.5% Yes (1) 12.5% Many (1) 75% Needs Impv (6)	12.5% Yes (1) 62.5% Needs Impv (5) 25% No (2)	12.5% Yes (1) 25% Many (2) 50% Needs Impv (4) 12.5% No (1)	12.5% Yes (1) 37.5% Many (3) 37.5% Needs Impv (3) 12.5% No (1)	0% Yes 66.7% Many (2) 33.3% No (1) (5 N/A)	0% Yes 25% Many (2) 50% Needs Impv (4) 25% No (2)

Another component of the ISP is Teaching and Support Strategies (T&SS). While not always required, the T&SS is additional guidance developed by the residential and/or day provider responsible for implementing the outcome. WDSIs are developed by therapists as a complement to the T&SS. The following protocol questions in the FY2021 IQR relate to the T&SS and implementation of the ISP.

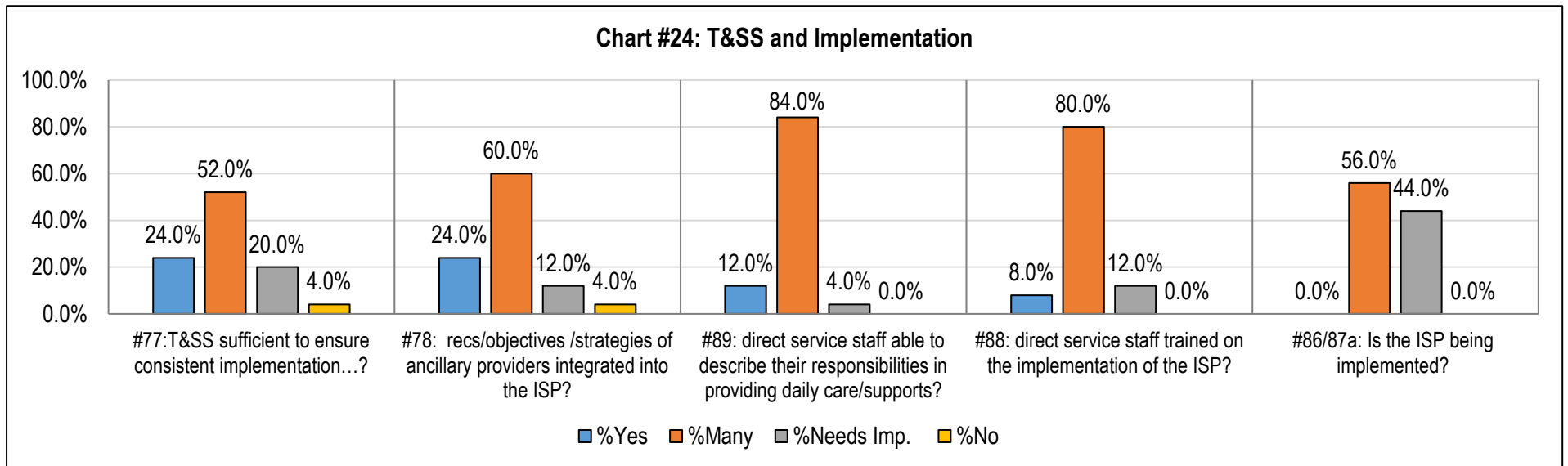
Question #77: Are the T&SS sufficient to ensure consistent implementation of the services planned?

Question #78: Are the recommendations and/or objectives/strategies of ancillary provider integrated into the ISP?

Question #89: Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person?

Question #88: Was the direct service staff trained on the implementation of this person's ISP?

Question #86/87a: Is the ISP being implemented?



**Chart #25: T&SS and ISP Implementation Scores by Residential Agency**

Res. Agency (# in sample)	Question				
	#77	#78	#89	#88	#87a
Adelante (7)	14.3% Yes (1) 42.9% Many (3) 28.6% Needs Impv (2) 14.3% No (1)	0% Yes 85.7% Many (6) 14.3% No (1)	0% Yes 100% Many (7)	0% Yes 85.7% Many (6) 14.3% Needs Impv (1)	0% Yes 57.1% Many (4) 42.9% Needs Impv (3)
ARCA (2)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 100% Needs Impv (2)
At Home Advocacy (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Bright Horizons (3)	33.3% Yes (1) 66.7% Many (2)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	0% Yes 33.3% Many (1) 66.7% Needs Impv (2)	0% Yes 100% Needs Impv (3)
Cornucopia (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Dungarvin (2)	50% Yes (1) 50% Needs Impv (1)	100% Yes (2)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% Needs Impv (1)
Expressions Unlimited (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
LLCP (8)	37.5% Yes (3) 62.5% Many (5)	37.5% Yes (3) 50% Many (4) 12.5% Needs Impv (1)	25% Yes (2) 75% Many (6)	12.5% Yes (1) 87.5% Many (7)	0% Yes 75% Many (6) 25% Needs Impv (2)

**Chart #26: T&SS and ISP Implementation Scores by Case Management Agency**

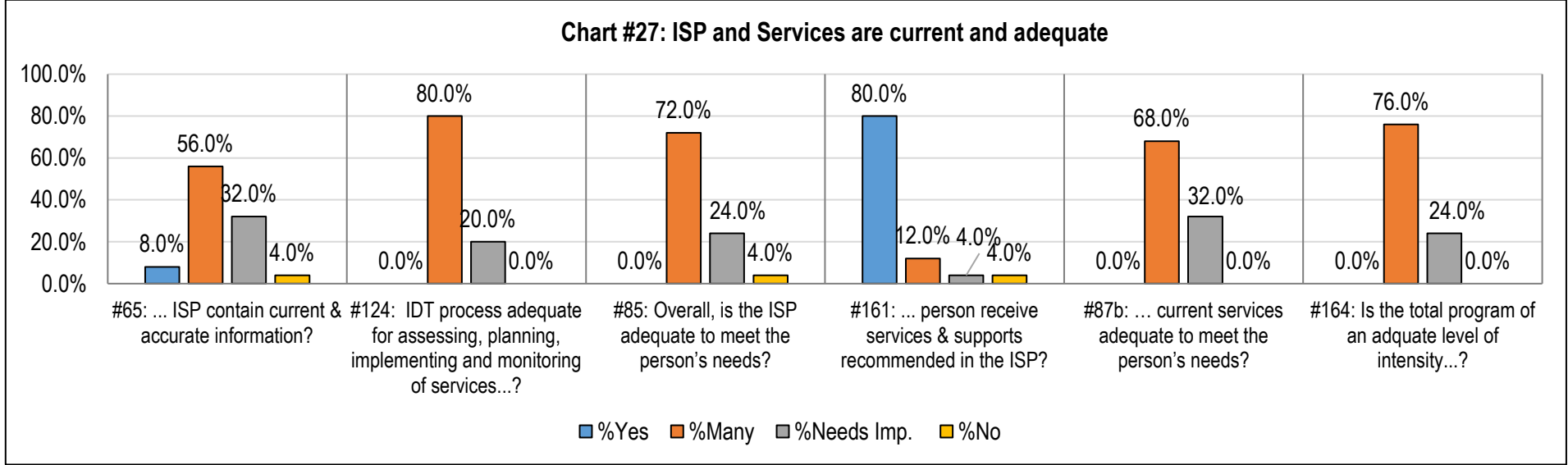
CM Agency (# in sample)	Question				
	#77	#78	#89	#88	#87a
A New Vision (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)
A Step Above (5)	0% Yes 80% Many (4) 20% Needs Impv (1)	60% Yes (3) 40% Many (2)	20% Yes (1) 80% Many (4)	0% Yes 100% Many (5)	0% Yes 60% Many (3) 40% Needs Impv (2)
Amigo (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)
Cariño (5)	20% Yes (1) 40% Many (2) 20% Needs Impv (1) 20% No (1)	0% Yes 40% Many (2) 40% Needs Impv (2) 20% No (1)	20% Yes (1) 80% Many (4)	0% Yes 100% Many (5)	0% Yes 40% Many (2) 60% Needs Impv (3)
NMQCM (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)
Peak (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	50% Yes (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)
Unidas (8)	37.5% Yes (3) 37.5% Many (3) 25% Needs Impv (2)	25% Yes (2) 75% Many (6)	0% Yes 100% Many (8)	0% Yes 100% Many (8)	0% Yes 50% Many (4) 50% Needs Impv (4)



An overview of the adequacy of ISP content as well as implementation and effectiveness of the ISP is evaluated by the IQR. There are multiple areas in the FY2021 IQR protocol that ask these questions, and the level of intensity of services that individuals in the review receive.

- Question #65: Does my ISP contain current and accurate information?
- Question #124: Overall, has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?
- Question #85: Overall, is the ISP adequate to meet the person's needs?
- Question #161: Does the person receive services and supports recommended in the ISP?
- Question #87b: Are current services adequate to meet the person's needs?
- Question #164: Is the total program of the level of intensity adequate to meet this person's needs?

**Chart #27: ISP and Services are current and adequate**



**Chart #28: ISP Content and Adequacy Scores, by Residential Agency**

Res. Agency (# in sample)	Question					
	#65	#124	#85	#161	#87b	#164
Adelante (7)	0% Yes 57.1% Many (4) 28.6% Needs Impv (2) 14.3% No (1)	0% Yes 71.4% Many (5) 28.6% Needs Impv (2)	0% Yes 57.1% Many (4) 28.6% Needs Impv (2) 14.3% No (1)	71.4% Yes (5) 14.3% Many (1) 14.3% No (1)	0% Yes 85.7% Many (6) 14.3% Needs Impv (1)	0% Yes 71.4% Many (5) 28.6% Needs Impv (2)
ARCA (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
At Home Advocacy (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)
Bright Horizons (3)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	0% Yes 33.3% Many (1) 66.7% Needs Impv (2)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	100% Yes (3)	0% Yes 33.3% Many (1) 66.7% Needs Impv (2)	0% Yes 33.3% Many (1) 66.7% Needs Impv (2)
Cornucopia (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Dungarvin (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	100% Yes (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)
Expressions Unlimited (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
LLCP (8)	0% Yes 50% Many (4) 50% Needs Impv (4)	0% Yes 100% Many (8)	0% Yes 75% Many (6) 25% Needs Impv (2)	75% Yes (6) 25% Many (2)	0% Yes 62.5% Many (5) 37.5% Needs Impv (3)	0% Yes 87.5% Many (7) 12.5% Needs Impv (1)

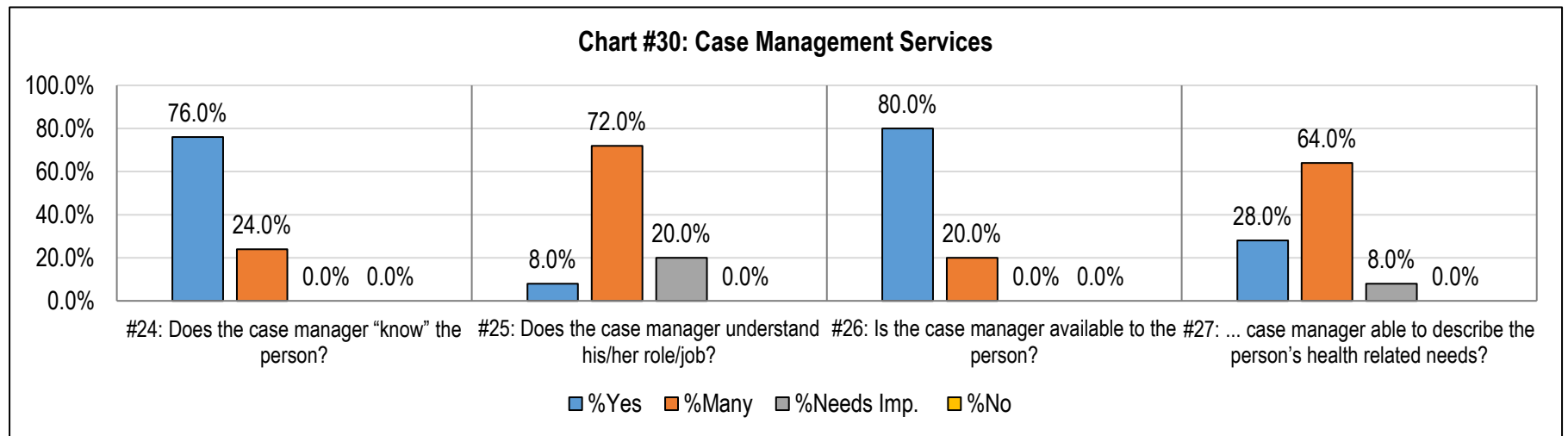
**Chart #29: ISP Content and Adequacy Scores, by Case Management Agency**

CM Agency (# in sample)	Question					
	#65	#124	#85	#161	#87b	#164
A New Vision (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	100% Yes (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)
A Step Above (5)	0% Yes 80% Many (4) 20% Needs Impv (1)	0% Yes 80% Many (4) 20% Needs Impv (1)	0% Yes 80% Many (4) 20% Needs Impv (1)	60% Yes (3) 40% Many (2)	0% Yes 40% Many (2) 60% Needs Impv (3)	0% Yes 80% Many (4) 20% Needs Impv (1)
Amigo (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)
Cariño (5)	20% Yes (1) 40% Many (2) 20% Needs Impv (1) 20% No (1)	0% Yes 80% Many (4) 20% Needs Impv (1)	0% Yes 60% Many (3) 20% Needs Impv (1) 20% No (1)	80% Yes (4) 20% No (1)	0% Yes 60% Many (3) 40% Needs Impv (2)	0% Yes 80% Many (4) 20% Needs Impv (1)
NMQCM (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
Peak (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)
Unidas (8)	12.5% Yes (1) 37.5% Many (3) 50% Needs Impv (4)	0% Yes 75% Many (6) 25% Needs Impv (2)	0% Yes 75% Many (6) 25% Needs Impv (2)	75% Yes (6) 12.5% Many (1) 12.5% Needs Impv (1)	0% Yes 87.5% Many (7) 12.5% Needs Impv (1)	0% Yes 75% Many (6) 25% Needs Impv (2)

**G. Case Management**

Case Management services are intended to be person-centered and enable the individual to pursue their desired life outcomes while gaining greater independence and access to needed services and supports. While the number of findings in the FY2021 Metro Region Round 1 IQR in the Case Management area are the third highest of the findings categories, the region scored better on, “does the case manager know the person” and “is the case manager available to the person” as pictured below. The charts below detail the related findings.

- Question #24: Does the case manager “know” the person?
- Question #25: Does the case manager understand his/her role/job?
- Question #26: Is the case manager available to the person?%
- Question #27: Was the case manager able to describe the person’s health related needs?



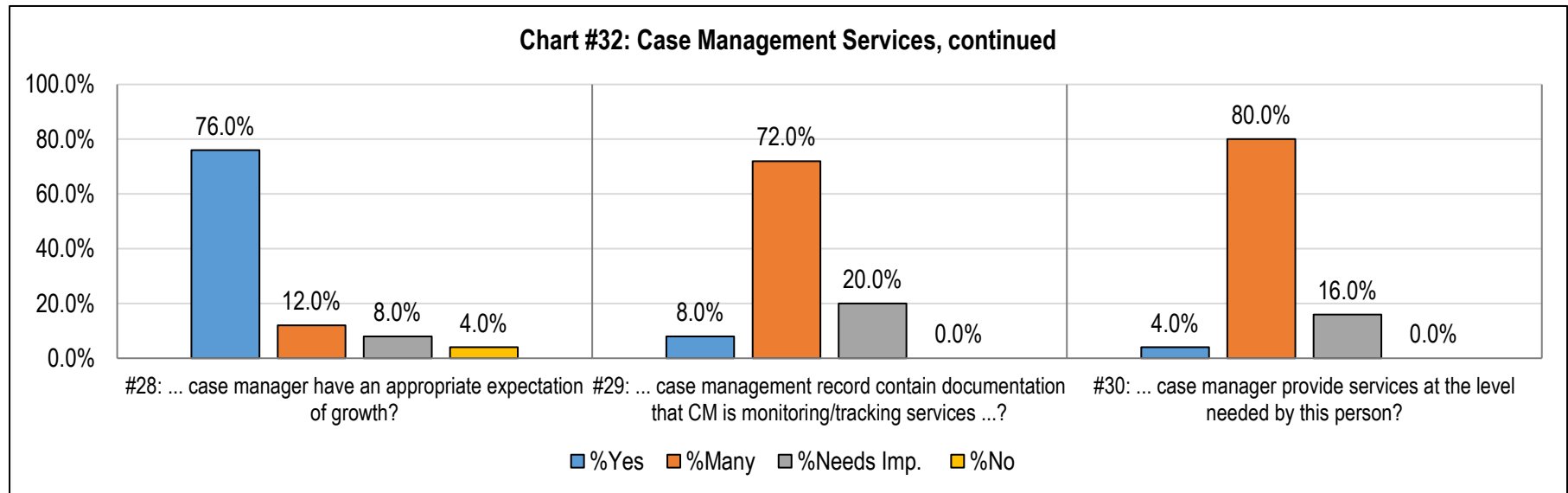
**Chart #31: Case Management Scores, by Case Management Agency**

CM Agency (# in sample)	Question			
	#24	#25	#26	#27
A New Vision (2)	100% Yes (2)	0% Yes 100% Many (2)	100% Yes (2)	0% Yes 100% Many (2)
A Step Above (5)	60% Yes (3) 40% Many (2)	0% Yes 80% Many (4) 20% Needs Impv (1)	80% Yes (4) 20% Many (1)	20% Yes (1) 80% Many (4)
Amigo (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	0% Yes 100% Many (1)
Cariño (5)	80% Yes (4) 20% Many (1)	40% Yes (2) 40% Many (2) 20% Needs Impv (1)	80% Yes (4) 20% Many (1)	60% Yes (3) 40% Many (2)
NMQCM (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	100% Yes (2)	0% Yes 100% Many (2)
Peak (2)	100% Yes (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	100% Yes (2)	50% Yes (1) 50% Many (1)
Unidas (8)	75% Yes (6) 25% Many (2)	0% Yes 87.5% Many (7) 12.5% Needs Impv (1)	62.5% Yes (5) 37.5% Many (3)	25% Yes (2) 50% Many (4) 25% Needs Impv (2)

Question #28: Does the case manager have an appropriate expectation of growth for this person?

Question #29: Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP?

Question #30: Does the case manager provide case management services at the level needed by this person?



**Chart #33: Case Management Scores, by Case Management Agency**

CM Agency (# in sample)	Question		
	#28	#29	#30
A New Vision (2)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
A Step Above (5)	80% Yes (4) 20% Many (1)	0% Yes 80% Many (4) 20% Needs Impv (1)	0% Yes 80% Many (4) 20% Needs Impv (1)
Amigo (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)
Cariño (5)	80% Yes (4) 20% Needs Impv (1)	40% Yes (2) 60% Many (3)	20% Yes (1) 60% Many (3) 20% Needs Impv (1)
NMQCM (2)	100% Yes (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)
Peak (2)	100% Yes (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)
Unidas (8)	62.5% Yes (5) 12.5% Many (1) 12.5% Needs Impv (1) 12.5% No (1)	0% Yes 87.5% Many (7) 12.5% Needs Impv (1)	0% Yes 87.5% Many (7) 12.5% Needs Impv (1)

## H. Supported Employment

The DDS adopted an Employment First Policy in 2016 to establish procedures for supporting working age adults to have access to valued employment opportunities as the preferred service in New Mexico. Access to competitive integrated employment enables the person to engage in community life, control personal resources, increase self-sufficiency and receive services in the community. When engaging in person-centered planning, team members must first look to community and natural supports to assist people to attain their employment goals and Desired Outcomes. As such, supported employment activities are a planning priority for all working age adults.

Employment should be the first consideration. If someone does not choose employment, the decision should be based on informed choice.

Making an informed choice about employment is an individualized process. All people have unique histories and backgrounds, which means that some people may have limited experiences and will require more information to make an informed decision about employment while others may have a rich and varied employment history and can make an informed choice based on that history.

### A. Components of Informed Choice: Assessment

The expectation is that the Team will work together to determine and provide opportunities for activities that support making an informed choice about employment and clearly document the person's decision-making process in the ISP.

Per the 2018 DD Wavier Standards, The Person-Centered Assessment (PCA) is the process teams are expected to use. Provider Agencies must adhere to the following requirements related to a PCA and Career Development Plan:

- a. A person-centered assessment should contain, at a minimum: information about the person's background and status;
- b. the person's strengths and interests;
- c. Conditions for success to integrate into the community, including conditions for job success (for those who are working or wish to work); and
- d. Support needs for the individual.

Considering vocational interests, abilities and skills is optional for those who are not working and have not expressed a wish to work. If you are working or wish to work then conditions for job success can and should be explored. As we consider the aging status of the class members and note many IQR questions scored as not applicable (NA) there may be further analysis needed regarding employment services for class members.



The IQR asks the following questions regarding the support class members receive in assessing and determining their interests in work:

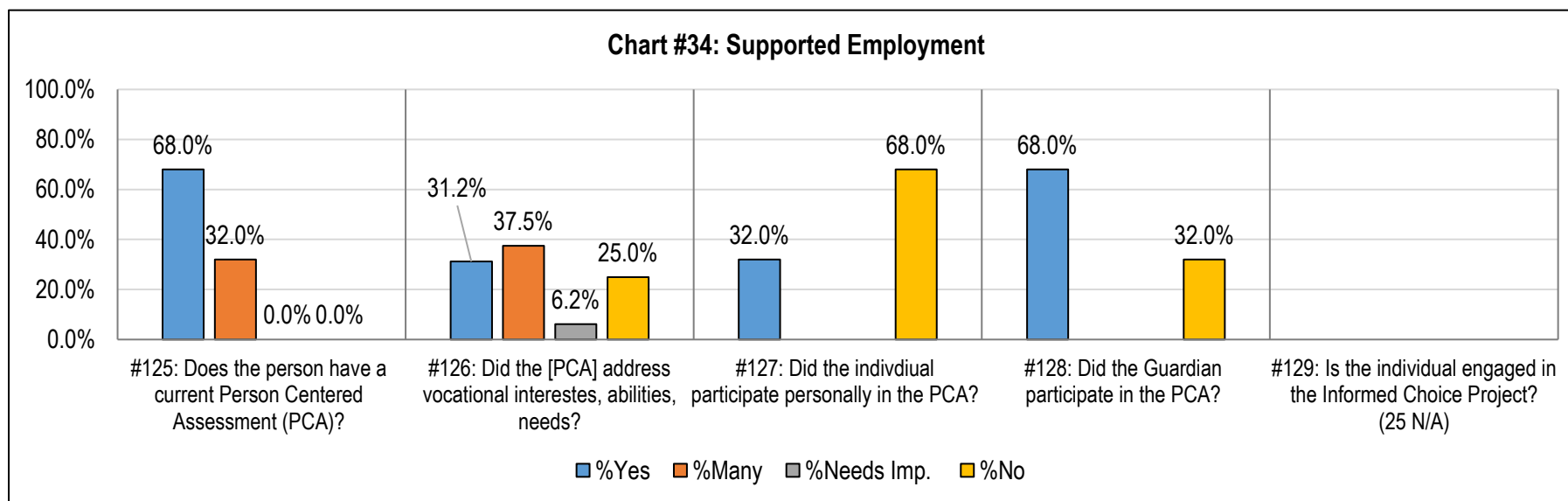
Question #125. Does (Name) have a current Person Centered Assessment?

Question #126. Did this assessment address vocational interests, abilities and needs?

Question #127. Did the individual participate personally in the Person Centered Assessment?

Question #128. Did the Guardian participate in the Person Centered Assessment?

Question #129. Is the individual engaged in the Informed Choice Project? This Project has been discontinued and the question is no longer asked.



**Chart #35: Supported Employment Scores by Provider Agency**

Res. Agency (# in sample)	Question				
	#125	#126	#127	#128	#129
Adelante (7)	85.7% Yes (6) 14.3% Many (1)	50% Yes (2) 25% Needs Impv (1) 25% No (1) (3 N/A)	42.9% Yes (3) 57.1% No (4)	57.1% Yes (4) 42.9% No (3)	(7 N/A)
ARCA (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% No (1)	0% Yes 100% No (2)	100% Yes (2)	(2 N/A)
At Home Advocacy (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	(1 N/A)
Bright Horizons (3)	100% Yes (3)	50% Yes (1) 50% Many (1) (1 N/A)	33.3 Yes (1) 66.7% No (2)	100% Yes (3)	(3 N/A)
Cornucopia (1)	100% Yes (1)	0% Yes 100% No (1)	100% Yes (1)	100% Yes (1)	(1 N/A)
Dungarvin (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% No (1)	0% Yes 100% No (2)	50% Yes (1) 50% No (1)	(2 N/A)
Expressions Unlimited (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	100% Yes (1)	(1 N/A)
LLCP (8)	62.5% Yes (5) 37.5% Many (3)	33.3% Yes (1) 66.7% Many (2) (5 N/A)	25% Yes (2) 75% No (6)	50% Yes (4) 50% No (4)	(8 N/A)

**Chart #36: Supported Employment Scores by Case Management Agency**

CM Agency (# in sample)	Question				
	#125	#126	#127	#128	#129
A New Vision (2)	100% Yes (2)	50% Yes (1) 50% Many (1)	0% Yes 100% No (2)	100% Yes (2)	(2 N/A)
A Step Above (5)	40% Yes (2) 60% Many (3)	0% Yes 33.3% Many (1) 66.7% No (2) (2 N/A)	40% Yes (2) 60% No (3)	60% Yes (3) 40% No (2)	(5 N/A)
Amigo (1)	0% Yes 100% Many (1)	(1 N/A)	0% Yes 100% No (1)	0% Yes 100% No (1)	(1 N/A)
Cariño (5)	80% Yes (4) 20% Many (1)	0% Yes 33.3% Many (1) 33.3% Needs Impv (1) 33.3% No (1) (2 N/A)	60% Yes (3) 40% No (2)	80% Yes (4) 20% No (1)	(5 N/A)
NMQCM (2)	100% Yes (2)	(2 N/A)	50% Yes (1) 50% No (1)	100% Yes (2)	(2 N/A)
Peak (2)	100% Yes (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% No (1)	100% Yes (2)	(2 N/A)
Unidas (8)	62.5% Yes (5) 37.5% Many (3)	50% Yes (3) 33.3% Many (2) 16.7% No (1) (2 N/A)	12.5% Yes (1) 87.5% No (7)	50% Yes (4) 50% No (4)	(8 N/A)

**Components of Informed Choice: Information and Experience:**

Question #130. Has the individual been offered the opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities?

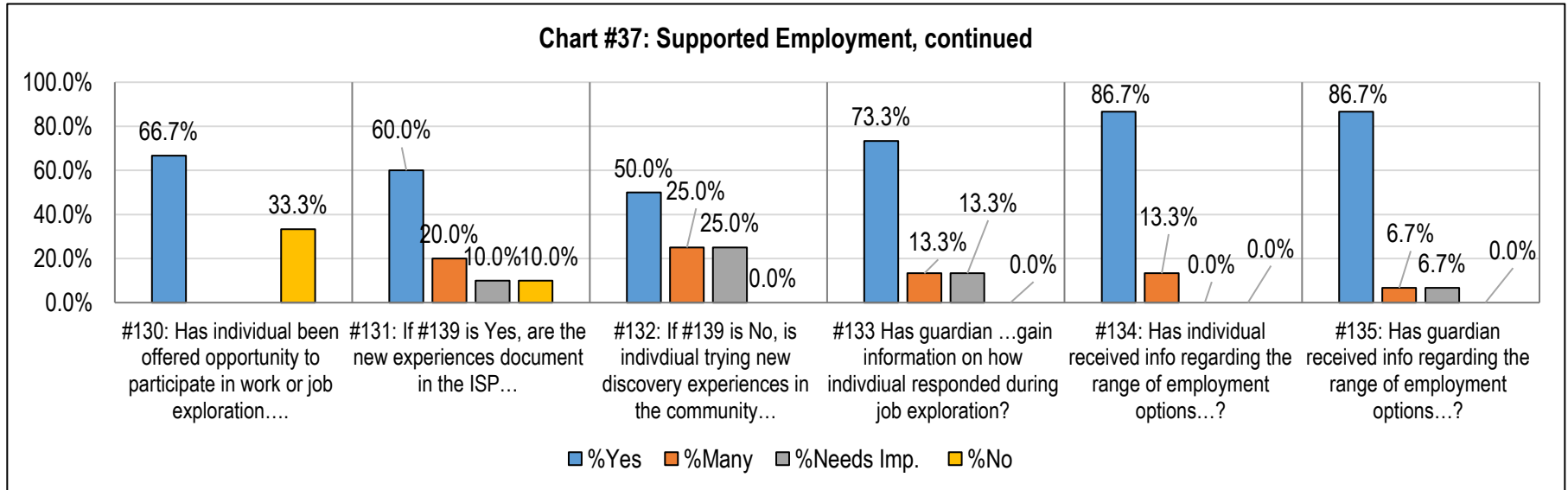
Question #131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section?

Question #132. If #130 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs?

Question #133. Has the Guardian had the opportunity to gain information on how the individual responded during job exploration activities such as volunteering and/or trial work experiences?

Question #134. Has the individual received information regarding the range of employment options available to him/her?

Question #135. Has the Guardian received information regarding the range of employment options available for the individual?



**Chart #38: Supported Employment Scores by Provider Agency**

Res. Agency (# in sample)	Question					
	#130	#131	#132	#133	#134	#135
Adelante (7)	66.7% Yes (2) 33.3% No (1) (4 N/A)	50% Yes (1) 50% No (1) (5 N/A)	0% Yes 100% Many (1) (6 N/A)	66.7% Yes (2) 33.3% Needs Impv (1) (4 N/A)	100% Yes (3) (4 N/A)	100% Yes (3) (4 N/A)
ARCA (2)	50% Yes (1) 50% No (1)	0% Yes 100% Many (1) (1 N/A)	(2 N/A)	100% Yes (2)	100% Yes (2)	100% Yes (2)
At Home Advocacy (1)	0% Yes 100% No (1)	(1 N/A)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Bright Horizons (3)	100% Yes (2) (1 N/A)	100% Yes (2) (1 N/A)	(3 N/A)	50% Yes (1) 50% Many (1) (1 N/A)	100% Yes (2) (1 N/A)	100% Yes (2) (1 N/A)
Cornucopia (1)	100% Yes (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Dungarvin (2)	50% Yes (1) 50% No (1)	100% Yes (1) (1 N/A)	100% Yes (1) (1 N/A)	100% Yes (2)	100% Yes (2)	100% Yes (2)
Expressions Unlimited (1)	100% Yes (1)	0% Yes 100% Many (1)	(1 N/A)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)
LLCP (8)	66.7% Yes (2) 33.3% No (1) (5 N/A)	50% Yes (1) 50% Needs Impv (1) (6 N/A)	100% Yes (1) (7 N/A)	100% Yes (3) (5 N/A)	100% Yes (3) (5 N/A)	100% Yes (3) (5 N/A)

**Chart #39: Supported Employment Scores by Case Management Agency**

CM Agency (# in sample)	Question					
	#130	#131	#132	#133	#134	#135
A New Vision (2)	50% Yes (1) 50% No (1)	100% Yes (1) (1 N/A)	100% Yes (1) (1 N/A)	100% Yes (2)	100% Yes (2)	100% Yes (2)
A Step Above (5)	33.3% Yes (1) 66.7% No (2) (2 N/A)	100% Yes (1) (4 N/A)	0% Yes 100% Needs Impv (1) (4 N/A)	66.7% Yes (2) 33.3% Many (1) (2 N/A)	66.7% Yes (2) 33.3% Many (1) (2 N/A)	66.7% Yes (2) 33.3% Many (1) (2 N/A)
Amigo (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
Cariño (5)	100% Yes (3) (2 N/A)	66.7% Yes (2) 33.3% No (1) (2 N/A)	(5 N/A)	66.7% Yes (2) 33.3% Needs Impv (1) (2 N/A)	100% Yes (3) (2 N/A)	100% Yes (3) (2 N/A)
NMQCM (2)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)
Peak (2)	100% Yes (2)	100% Yes (2)	(2 N/A)	50% Yes (1) 50% Many (1)	100% Yes (2)	100% Yes (2)
Unidas (8)	60% Yes (3) 40% No (2) (3 N/A)	66.7% Many (2) 33.3% Needs Impv (1) (4 N/A)	50% Yes (1) 50% Many (1) (6 N/A)	80% Yes (4) 20% Needs Impv (1) (3 N/A)	80% Yes (4) 20% Many (1) (3 N/A)	80% Yes (4) 20% Needs Impv (1) (3 N/A)

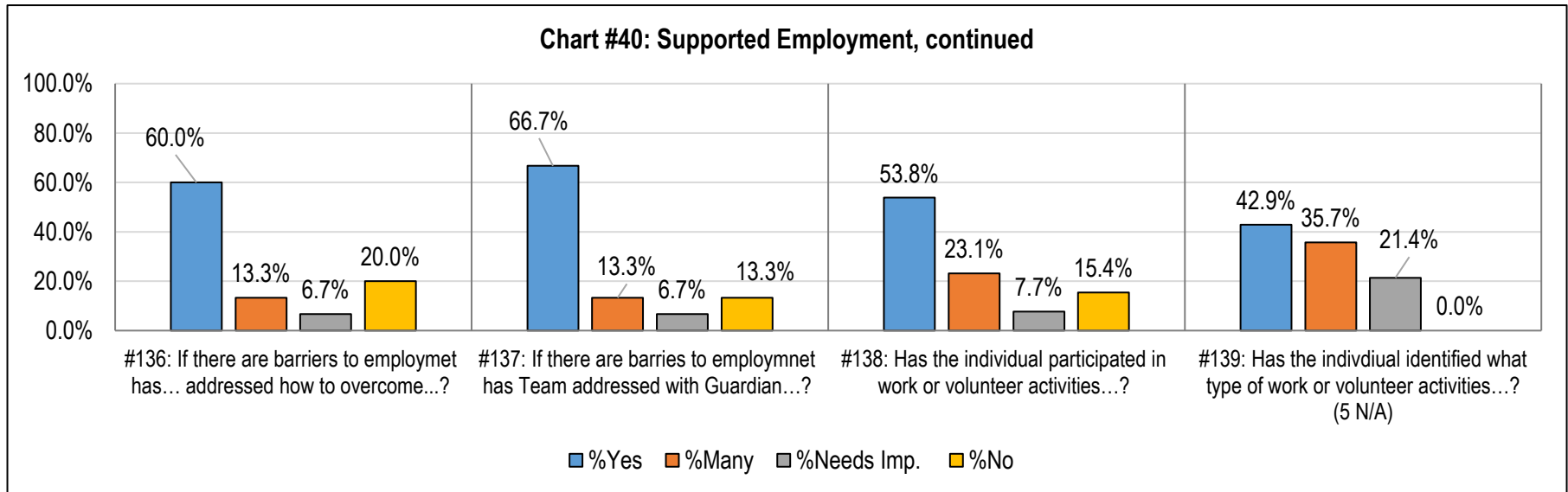
**Components of Informed Choice: Identification of Employment Barriers/Issues.**

Question #136. If there are barriers to employment, has the Team, including the individual, addressed how to overcome those barriers to employment and integrating clinical info, AT, & therapies as necessary...?

Question #137. If there are barriers to employment, has the Team addressed with the Guardian how to overcome those barriers to employment and integrating clinical info, AT, & therapies as necessary...?

Question #138. Has the individual participated in work or volunteer activities during the past year?

Question #139. Has the individual identified what type of work or volunteer activities he/she would like to do?



**Chart #41: Supported Employment Scores by Provider Agency**

Res. Agency (# in sample)	Question			
	#136	#137	#138	#139
Adelante (7)	33.3% Yes (1) 33.3% Many (1) 33.3% No (1) (4 N/A)	33.3% Yes (1) 33.3% Many (1) 33.3% No (1) (4 N/A)	66.7% Yes (2) 33.3% Many (1) (4 N/A)	33.3% Yes (1) 66.7% Many (2) (4 N/A)
ARCA (2)	50% Yes (1) 50% No (1)	50% Yes (1) 50% No (1)	0% Yes 100% No (1) (1 N/A)	0% Yes 100% Needs Impv (1) (1 N/A)
At Home Advocacy (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)
Bright Horizons (3)	100% Yes (2) (1 N/A)	100% Yes (2) (1 N/A)	0% Yes 100% Many (1) (2 N/A)	50% Yes (1) 50% Many (1) (1 N/A)
Cornucopia (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)
Dungarvin (2)	50% Yes (1) 50% No (1)	100% Yes (2)	100% Yes (2)	100% Yes (2)
Expressions Unlimited (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)
LLCP (8)	100% Yes (3) (5 N/A)	100% Yes (3) (5 N/A)	66.7% Yes (2) 33.3% Many (1) 5 (N/A)	66.7% Yes (2) 33.3% Many (1) (5 N/A)

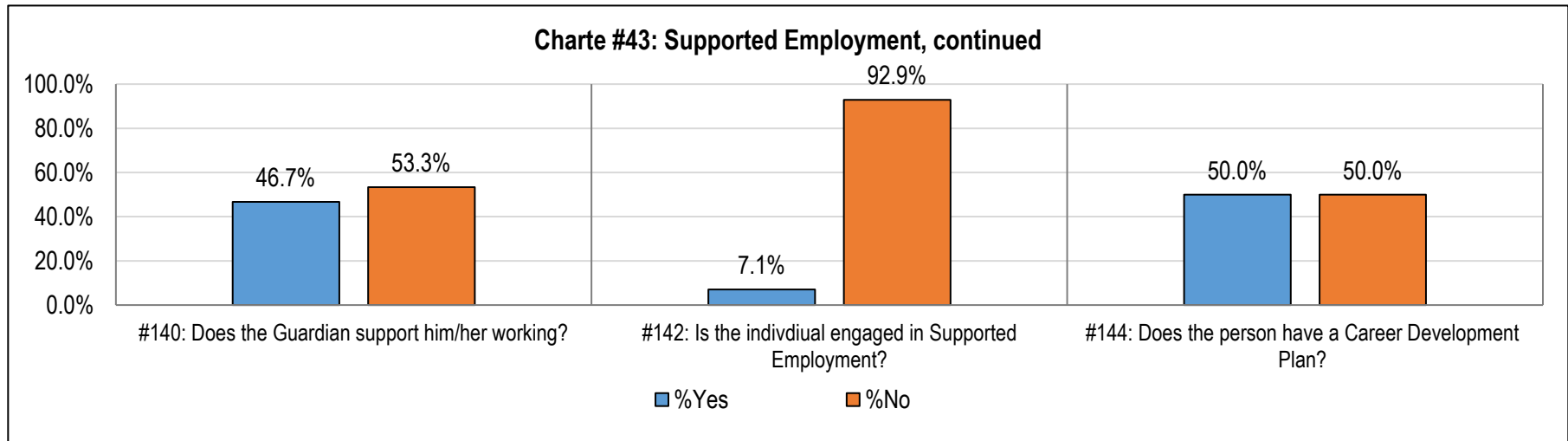


**Chart #42: Supported Employment Scores by Case Management Agency**

CM Agency (# in sample)	Question			
	#136	#137	#138	#139
A New Vision (2)	100% Yes (2)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
A Step Above (5)	33.3% Yes (1) 66.7% Many (2) (2 N/A)	33.3% Yes (1) 66.7% Many (2) (2 N/A)	50% Yes (1) 50% No (1) (3 N/A)	50% Yes (1) 50% Many (1) (3 N/A)
Amigo (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
Cariño (5)	66.7% Yes (2) 33.3% No (1) (2 N/A)	66.7% Yes (2) 33.3% No (1) (2 N/A)	100% Yes (3) (2 N/A)	33.3% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1) (2 N/A)
NMQCM (2)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)
Peak (2)	100% Yes (2)	100% Yes (2)	100% Yes (1) (1 N/A)	100% Yes (2)
Unidas (8)	40% Yes (2) 20% Needs Impv (1) 40% No (2) (3 N/A)	60% Yes (3) 20% Needs Impv (1) 20% No (1) (3 N/A)	40% Yes (2) 20% Many (1) 20% Needs Impv (1) 20% No (1) (3 N/A)	40% Yes (2) 20% Many (1) 40% Needs Impv (2) (3 N/A)

### JCMs Involved in Supported Employment

Question #140. Does the Guardian support him/her working?  
Question #142. Is the individual engaged in Supported Employment?  
Question #144. Does the person have a Career Development Plan?



**Chart #44: Supported Employment Scores by Provider Agency**

Res. Agency (# in sample)	Question		
	#140	#142	#144
Adelante (7)	66.7% Yes (2) 33.3% No (1) (4 N/A)	0% Yes 100% No (2) (5 N/A)	(7 N/A)
ARCA (2)	0% Yes 100% No (2)	0% Yes 100% No (2)	(2 N/A)
At Home Advocacy (1)	100% Yes (1)	0% Yes 100% No (1)	0% Yes 100% No (1)
Bright Horizons (3)	50% Yes (1) 50% No (1) (1 N/A)	0% Yes 100% No (2) (1 N/A)	(3 N/A)
Cornucopia (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	(1 N/A)
Dungarvin (2)	50% Yes (1) 50% No (1)	0% Yes 100% No (2)	(2 N/A)
Expressions Unlimited (1)	100% Yes (1)	0% Yes 100% No (1)	(1 N/A)
LLCP (8)	33.3% Yes (1) 66.7% No (2) (5 N/A)	33.3% Yes (1) 66.7% No (2) (5 N/A)	100% Yes (1) (7 N/A)

**Chart #45: Supported Employment Scores by Case Management Agency**

CM Agency (# in sample)	Question		
	#140	#142	#144
A New Vision (2)	0% Yes 100% No (2)	0% Yes 100% No (2)	(2 N/A)
A Step Above (5)	66.7% Yes (2) 33.3% No (1) (2 N/A)	0% Yes 100% No (3) (2 N/A)	0% Yes 100% No (1) (4 N/A)
Amigo (1)	(1 N/A)	(1 N/A)	(1 N/A)
Cariño (5)	0% Yes 100% No (3) (2 N/A)	0% Yes 100% No (3) (2 N/A)	(5 N/A)
NMQCM (2)	(2 N/A)	(2 N/A)	(2 N/A)
Peak (2)	50% Yes (1) 50% No (1)	0% Yes 100% No (2)	(2 N/A)
Unidas (8)	80% Yes (4) 20% No (1) (3 N/A)	25% Yes (1) 75% No (3) (4 N/A)	100% Yes (1) (7 N/A)

### I. IQR Scored Protocol Questions

Below are all of the questions in the protocol and the scores of the Metro Region Round 1 & 2 Reviews. The questions **highlighted** are included in the data tables above.

Question	FY2021 Metro 1 & 2 (sample=25)
<b>CASE MANAGEMENT</b>	
24. Does the case manager “know” the person? CPRQ26; ‘17IQR#8c, ‘18IQR24	76% Yes (19) 24% Many (6)
25. Does the case manager understand his/her role/job? CPRQ27 ‘17IQR#16, ‘18IQR25	8% Yes (2) 72% Many (18) 20% Needs Improvement (5)
26. Is the case manager available to the person? CPRQ29; ‘17IQR#16a, ‘18IQR27	80% Yes (20) 20% Many (5)
27. Was the case manager able to describe the person’s health related needs? CPRQ30, ‘18IQR28	28% Yes (7) 64% Many (16) 8% Needs Improvement (2)
28. Does the case manager have an appropriate expectation of growth for this person? CPRQ31, ‘18IQR29	76% Yes (19) 12% Many (3) 8% Needs Improvement (2) 4% No (1)
29. Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP? CPRQ32; ‘17IQR#16b, ‘18IQR30	8% Yes (2) 72% Many (18) 20% Needs Improvement (5)
30. Does the case manager provide case management services at the level needed by this person? CPRQ33; ‘17IQR#16c, ‘18IQR31	4% Yes (1) 80% Many (20) 16% Needs Improvement (4)
<b>EMPLOYMENT AND DAY</b>	
31. Does the direct services staff “know” the person? CPRQ35; ‘17IQR#8a, ‘18IQR33	88% Yes (22) 12% Many (3)

Question	FY2021 Metro 1 & 2 (sample=25)
32. Does the direct service staff have input into the person's ISP? CPRQ36, '18IQR34	80% Yes (20) 16% Many (4) 4% Needs Improvement (1)
33. Did the direct service staff receive training on implementing this person's ISP? CPRQ37, '18IQR35	28% Yes (7) 60% Many (15) 12% Needs Improvement (3)
34. Was the direct service staff able to describe this person's health-related needs? CPRQ38, '18IQR36	4% Yes (1) 84% Many (21) 12% Needs Improvement (3)
35. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39, '18IQR37	28% Yes (7) 68% Many (17) 4% Needs Improvement (1)
35a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a, '18IQR37a	80% Yes (20) 20% Many (5)
35b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ39b, '18IQR37b	40% Yes (10) 52% Many (13) 8% Needs Improvement (2)
36. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ41, '18IQR39	100% Yes (25)
37. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42, '18IQR40	92% Yes (23) 4% Many (1) 4% No (1)
38. Does the person's day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43, '18IQR41	100% Yes (6) (19 CND)
<b>RESIDENTIAL</b>	
39. Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b, '18IQR42	92% Yes (23) 8% Many (2)
40. Does the direct service staff have input into the person's ISP? CPRQ45, '18IQR43	72% Yes (18) 24% Many (6) 4% No (1)

Question	FY2021 Metro 1 & 2 (sample=25)
41. Did the direct service staff receive training on implementing this person's ISP? CPRQ46, '18IQR44	28% Yes (7) 68% Many (17) 4% Needs Improvement (1)
42. Is the residence safe for individuals (void of hazards)? CPRQ45, '18IQR45	92% Yes (23) 8% Many (2)
43. Was the residential direct service staff able to describe this person's health-related needs? CPRQ48, '18IQR46	8% Yes (2) 76% Many (19) 16% Needs Improvement (4)
44. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49, '18IQR47	24% Yes (6) 76% Many (19)
44a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ49a, '18IQR47a	92% Yes (23) 8% Many (2)
44b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ49b, '18IQR47b	24% Yes (6) 72% Many (18) 4% Needs Improvement (1)
45. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ51, '18IQR49	92% Yes (23) 8% Many (2)
46. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52, '18IQR50	84% Yes (21) 8% Needs Improvement (2) 8% No (2)
47. Does the person's residential environment offer a minimal level of quality of life? CPRQ53, '18IQR51	80% Yes (20) 16% Many (4) 4% Needs Improvement (1)
<b>HEALTH</b>	
48. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b, '18IQR52	0% Yes 92% Many (23) 8% Needs Improvement (2)
49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21, '18IQR53	0% Yes 76% Many (19) 24% Needs Improvement (6)

Question	FY2021 Metro 1 & 2 (sample=25)
50. Was the eCHAT updated timely? '17IQR#18g, '18IQR54	8% Yes (2) 88% Many (22) 4% Needs Improvement (1)
50a. Is the eCHAT updated timely with the ISP and after changes in condition?	76% Yes (19) 20% Many (5) 4% Needs Improvement (1)
50b. Is the eCHAT complete?	32% Yes (8) 64% Many (16) 4% Needs Improvement (1)
50c. Is the eCHAT accurate?	20% Yes (5) 40% Many (10) 40% Needs Improvement (10)
51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received? 17IQR#19, '18IQR55	28% Yes (7) 72% Many (18)
52. Has the individual received all age and gender appropriate health screening/immunizations in accordance with national best practice and/or as recommended ... <i>(Does the individual receive routine/scheduled medical treatment? 17IQR#19a, '18IQR56)</i>	8% Yes (2) 80% Many (20) 12% Needs Improvement (3)
53. Does the individual receive medication as prescribed? 17IQR#19e, '18IQR57	12% Yes (3) 48% Many (12) 40% Needs Improvement (10)
54. Are nursing services provided as needed by the individual? 17IQR#20, '18IQR59	0% Yes 76% Many (19) 24% Needs Improvement (6)
55. Is the CARMP consistent with recommendation in other healthcare documents? <i>(Is the CARMP is accurate? '17IQR#21f, '18IQR60)</i>	13.6% Yes (3) 54.5% Many (12) 27.3% Needs Improvement (6) 4.5% No (1)
56. Is the CARMP consistently implemented as intended? , '18IQR61	27.3% Yes (6) 59.1% Many (13) 13.6% Needs Improvement (3) (3 N/A)
57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19, '18IQR62	12% Yes (3) 84% Many (21)



Question	FY2021 Metro 1 & 2 (sample=25)
	4% Needs Improvement (1)
57a. Are assessment recommendations followed up on in a timely way?	24% Yes (6) 68% Many (17) 8% Needs Improvement (2)
57b. Were needed equipment/communication devices delivered timely?	59.1% Yes (13) 31.8% Many (7) 9.1% Needs Improvement (2) (3 N/A)
57c. Were medical specialist appointments attended timely?	44% Yes (11) 44% Many (11) 12% Needs Improvement (3)
57d. Were changes in personal condition, if any, responded to timely?	69.6% Yes (16) 26.1% Many (6) 4.3% Needs Improvement (1) (2 N/A)
57e. Were Health Care Plans available, accurate and consistently implemented?	16% Yes (4) 68% Many (17) 16% Needs Improvement (4)
<b>ASSESSMENTS</b>	
58. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18, '18IQR65	24% Yes (6) 72% Many (18) 4% Needs Improvement (1)
59. Are the assessments adequate for planning? CPRQ59; '17IQR#4f, '18IQR66	4% Yes (1) 80% Many (20) 16% Needs Improvement (4)
59a. Were assessments provided timely?	16% Yes (4) 72% Many (18) 12% Needs Improvement (3)
59b. Did assessments contain accurate information?	20% Yes (5) 76% Many (19) 4% Needs Improvement (1)

Question	FY2021 Metro 1 & 2 (sample=25)
59c. Did assessments contain information accurate to guide planning?	4% Yes (1) 80% Many (20) 16% Needs Improvement (4)
59d. Did assessments contain recommendations?	36% Yes (9) 52% Many (13) 12% Needs Improvement (3)
60. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5, '18IQR67	36% Yes (9) 56% Many (14) 8% Needs Improvement (2)
61. For medical, clinical or health related rec's, has a DCF been completed if the individual and/or their guardian/health care decision maker have decided not to follow all or part of an order, rec, or suggestion? '17IQR#5c, '18IQR68	50% Yes (8) 6.2% Many (1) 12.5% Needs Improvement (2) 31.2% No (5) (9 N/A)
<b>ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES</b>	
62. Is there a document called an Individual Service Plan (ISP) that was developed within the past year? CPRQ61; '17IQR#9, '18IQR69	96% Yes (24) 4% No (1)
63. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3, '18IQR70	32% Yes (8) 56% Many (14) 8% Needs Improvement (2) 4% No (1)
64. For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP? CPRQ63; '17IQR#3d, '18IQR71	33.3% Yes (6) 33.3% Many (6) 11.1% Needs Improvement (2) 22.2% No (4) (7 N/A)
65. Does my ISP contain current and accurate information? '17IQR#6, '18IQR72	8% Yes (2) 56% Many (14) 32% Needs Improvement (8) 4% No (1)
66. Does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b, '18IQR73	36% Yes (9) 28% Many (7) 28% Needs Improvement (7)

Question	FY2021 Metro 1 & 2 (sample=25)
	8% No (2)
67. Does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c, '18IQR74	44% Yes (11) 20% Many (5) 12% Needs Improvement (3) 24% No (6)
68. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a, '18IQR75	16% Yes (4) 24% Many (6) 52% Needs Improvement (13) 8% No (2)
69. Does the data kept identify what the person does so a determination regarding progress/lack of progress can be made? '17IQR#12b, '18IQR76	8% Yes (2) 12% Many (3) 52% Needs Improvement (13) 28% No (7)
70. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c, '18IQR77	4% Yes (1) 28% Many (7) 56% Needs Improvement (14) 12% No (3)
71. If the person is not successful in achieving actions steps, has the team tried to determine why, and change their approach if needed? '18IQR78	12.5% Yes (3) 29.2% Many (7) 33.3% Needs Improvement (8) 25% No (6) (1 N/A)
72. If the person achieves action steps, does the team move to the next in the progression of steps or develops a new one? '17IQR#12c, '18IQR79	12.5% Yes (2) 50% Many (8) 18.8% Needs Improvement (3) 18.8% No (3) (9 N/A)
73. Has the person made measurable progress on actions steps during this past year?'17IQR#13b, '18IQR80	0% Yes 28% Many (7) 40% Needs Improvement (10) 32% No (8)

Question	FY2021 Metro 1 & 2 (sample=25)
74. Do the outcomes in the ISP include criteria by which the team can determine when the outcome(s) have been achieved? CPRQ67; '17IQR#7e, '18IQR81	12% Yes (3) 48% Many (12) 24% Needs Improvement (6) 16% No (4)
75. Are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d, '18IQR82	56% Yes (14) 32% Many (8) 8% Needs Improvement (2) 4% No (1)
76. Do the ISP outcomes and related action plans and teaching strategies address the person's major needs as identified in the Personal Challenges and Obstacles That Need to be Addressed In Order to Achieve the Desired Outcomes section of the ISP/Action plans?" CPRQ69; '17IQR#7g, '18IQR83	32% Yes (8) 40% Many (10) 12% Needs Improvement (3) 16% No (4)
77. Are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i, '18IQR84	24% Yes (6) 52% Many (13) 20% Needs Improvement (5) 4% No (1)
78. Are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m, '18IQR85	24% Yes (6) 60% Many (15) 12% Needs Improvement (3) 4% No (1)
79. Has the person made measurable progress in therapy this year? '17IQR#13a, '18IQR86	4% Yes (1) 76% Many (19) 16% Needs Improvement (4) 4% No (1)
80. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c, '18IQR87	12% Yes (3) 72% Many (18) 12% Needs Improvement (3) 4% No (1)
81. Does the ISP contain information regarding primary health (medical) care? CPRQ74, '18IQR88	84% Yes (21) 12% Many (3) 4% No (1)

Question	FY2021 Metro 1 & 2 (sample=25)
81a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a, '18IQR88a	80% Yes (20) 8% Many (2) 12% No (3)
81b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b, '18IQR88b	96% Yes (24) 4% No (1)
82. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76, '18IQR89	72% Yes (18) 20% Many (5) 4% Needs Improvement (1) 4% No (1)
83. Based on the evidence, is adequate transportation available for the person? <i>(Does the ISP reflect how the person will get to work/day activities, shopping, and social activities? CPRQ75, '18IQR90)</i>	100% Yes (25)
84. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a, '18IQR91	28% Yes (7) 44% Many (11) 24% Needs Improvement (6) 4% No (1)
85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7, '18IQR92	0% Yes 72% Many (18) 24% Needs Improvement (6) 4% No (1)
86. Is the ISP being implemented? (If 85 is "3") CPRQ79 '17IQR#12, '18IQR93	(25 N/A)
87a. Is the ISP being implemented? (If 85 is "0", "1", or "2") CPRQ80a '17IQR#12, '18IQR94a	0% Yes 56% Many (14) 44% Needs Improvement (11)
87b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11, '18IQR94b	0% Yes 68% Many (17) 32% Needs Improvement (8)
88. Was the direct service staff trained on the implementation of this person's ISP? CPRQ81, '18IQR95	8% Yes (2) 80% Many (20) 12% Needs Improvement (3)

Question	FY2021 Metro 1 & 2 (sample=25)
89. Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82, '18IQR96	12% Yes (3) 84% Many (21) 4% Needs Improvement (1)
<b>EXPECTATIONS FOR GROWTH, QUALITY OF LIFE, SATISFACTION</b>	
90. Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13, '18IQR98	0% Yes 60% Many (15) 40% Needs Improvement (10)
91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d, '18IQR99	64% Yes (16) 28% Many (7) 8% Needs Improvement (2)
92. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b, '18IQR100	32% Yes (8) 60% Many (15) 8% Needs Improvement (2)
93. Is the person offered a range of opportunities for participation in each life area? CPRQ87, '18IQR101	76% Yes (19) 24% Many (6)
94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30, '18IQR102	81% Yes (17) 14.3% Many (3) 4.8% Needs Improvement (1) (4 CND)
94a. About where and with whom to live? CPRQ89; '17IQR#23c, '18IQR102a	85% Yes (17) 10% Many (2) 5% Needs Improvement (1) (5 CND)
94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d, '18IQR102b	89.5% Yes (17) 5.3% Many (1) 5.3% Needs Improvement (1) (6 CND)
94c. About where and with whom to socialize/spend leisure time? CPRQ91, '18IQR102c	94.7% Yes (18) 5.3% Needs Improvement (1) (6 CND)

Question	FY2021 Metro 1 & 2 (sample=25)
95. Does the evidence support that providers do not prevent the person from pursuing relationships? CPRQ92; '17IQR#31f, '18IQR103 <i>(and are respecting the rights of this person)</i>	92% Yes (23) 8% Many (2)
96. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a, '18IQR105	52% Yes (13) 48% Many (12)
97. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94, '18IQR106	84% Yes (21) 16% Many (4)
98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h, '18IQR107	72% Yes (18) 28% No (7)
99. If there are restrictions that should be reviewed by HRC, have the restrictions been reviewed (quarterly) and approved (annually) by the HRC? If no, describe why. '17IQR#34i, '18IQR108	38.9% Yes (7) 38.9% Many (7) 11.1% Needs Improvement (2) 11.1% No (2) (7 N/A)
100. If there are restrictions that should be reviewed by HRC, is a plan to enable the individual to regain his/her rights and reduce or eliminate these restrictions? '17IQR#34j, '18IQR109	13.3% Yes (2) 46.7% Many (7) 13.3% Needs Improvement (2) 26.7% No (4) (10 N/A)
101. Is the person protected from abuse, neglect and exploitation? '17IQR#35, '18IQR110	60% Yes (15) 36% Many (9) 4% Needs Improvement (1)
102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b, '18IQR111	86.7% Yes (13) 13.3% Many (2) (10 N/A)
103. Is the individual safe? '17IQR#24, '18IQR112	68% Yes (17) 24% Many (6) 8% Needs Improvement (2)
104. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a, '18IQR113	32% Active (8) 60% Moderate (15) 8% Limited (2)
105. If the person is retired, does he/she have opportunities to engage in activities of interest during the day? CPRQ 100; '17IQR#29b, '18IQR114	72.7% Yes (8) 27.3% Many (3)

Question	FY2021 Metro 1 & 2 (sample=25)
	(14 N/A)
106. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30, '18IQR115	80% Yes (20) 16% Many (4) 4% Needs Improvement (1)
107. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e, '18IQR116	92% Yes (23) 8% Many (2)
108. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c, '18IQR117	12% Yes (3) 72% Many (18) 16% Needs Improvement (4)
109. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e, '18IQR118	92% Yes (23) 4% Many (1) 4% Needs Improvement (1)
110. Does the person have sufficient personal money? CPRQ110 '17IQR#34f, '18IQR119	88% Yes (22) 12% Many (3)
111. Does the person get along with their day program/employment provider staff? CPRQ111, '18IQR120	100% Yes (20) (5 CND)
112. Does the person get along with their residential provider staff? CPRQ112, '18IQR121	100% Yes (21) (4 CND)
<b>TEAM PROCESS</b>	
113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10, '18IQR122	0% Yes 68% Many (17) 32% Needs Improvement (8)
114. If there is evidence of situations in which the team failed to reach a consensus on the person's service and support needs, has the team made efforts to build consensus? CPRQ 115; '17IQR#17c, '18IQR123	33.3% Yes (1) 33.3% Many (1) 33.3% Needs Improvement (1) (22 N/A)
115. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs? CPRQ 116; '17IQR#17d, '18IQR124	12% Yes (3) 68% Many (17) 12% Needs Improvement (3) 8% No (2)



Question	FY2021 Metro 1 & 2 (sample=25)
116. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117, '18IQR125	36% Yes (9) 32% Many (8) 28% Needs Improvement (7) 4% No (1)
117. Do you recommend Dispute Resolution for this IDT? CPRQ118, '18IQR126	4% Yes (1) 96% No (24)
118. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#17d, '18IQR127	36% Yes (9) 64% No (16)
119. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c, '18IQR128	8% Yes (2) 92% No (23)
120. If #118 OR #119 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; '18IQR129	90% Yes (9) 10% No (1) (15 N/A)
121. Has the person changed residential/day services in the last year? CPRQ122, '18IQR130	20% Yes (5) 80% No (20)
122. If #121 is Yes, was the change Planned by the IDT? CPRQ122a, '18IQR131	66.7% Yes (4) 33.3% No (2) (19 N/A)
123. If #121 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b, '18IQR132	83.3% Yes (5) 16.7% No (1) (19 N/A)
124. Overall, has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person? CPRQ123; '17IQR#7n, '18IQR133	0% Yes 80% Many (20) 20% Needs Improvement (5)
<b>SUPPORTED EMPLOYMENT</b>	
125. Does (Name) have a current Person-Centered Assessment? '18IQR134	68% Yes (17) 32% Many (8)
126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a, '18IQR135	31.2% Yes (5) 37.5% Many (6)

Question	FY2021 Metro 1 & 2 (sample=25)
	6.2% Needs Improvement (1) 25% No (4) (9 N/A)
127. Did the individual participate personally in the Person Centered Assessment? '18IQR136	32% Yes (8) 68% No (17)
128. Did the Guardian participate in the Person Centered Assessment? '18IQR137	68% Yes (17) 32% No (8)
129. Is the individual engaged in the Informed Choice Project? '18IQR138	100% NA (25)
130. Has the individual been offered the opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities? '17IQR#26e, '18IQR139	66.7% Yes (10) 33.3% No (5) (10 N/A)
131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section? '18IQR140	60% Yes (6) 20% Many (2) 10% Needs Improvement (1) 10% No (1) (15 N/A)
132. If #131 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs? '18IQR141	50% Yes (2) 25% Many (1) 25% Needs Improvement (1) (21 N/A)
133. Has the Guardian had the opportunity to gain information on how the individual responded during job exploration activities such as volunteering and/or trial work experiences? '18IQR142	73.3% Yes (11) 13.3% Many (2) 13.3% Needs Improvement (2) (10 N/A)
134. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c, '18IQR143	86.7% Yes (13) 13.3% Many (2) (10 N/A)
135. Has the Guardian received information regarding the range of employment options available for the individual? '18IQR144	86.7% Yes (13) 6.7% Many (1) 6.7% Needs Improvement (1) (10 N/A)

Question	FY2021 Metro 1 & 2 (sample=25)
136. If there are barriers to employment, has the Team, including the individual, addressed how to overcome those barriers to employment and integrating clinical info., AT, & therapies as necessary ... '17IQR#27b, '18IQR145	60% Yes (9) 13.3% Many (2) 6.7% Needs Improvement (1) 20% No (3) (10 N/A)
137. If there are barriers to employment, has the Team addressed with the Guardian how to overcome those barriers to employment and integrating clinical info, AT, & therapies as necessary...? '18IQR146	66.7% Yes (10) 13.3% Many (2) 6.7% Needs Improvement (1) 13.3% No (2) (10 N/A)
138. Has the individual participated in work or volunteer activities during the past year? '18IQR147	53.8% Yes (7) 23.1% Many (3) 7.7% Needs Improvement (1) 15.4% No (2) (22 N/A)
139. Has the individual identified what type of work or volunteer activities he/she would like to do? '18IQR148	42.9% Yes (6) 35.7% Many (5) 21.4% Needs Improvement (3) (21 N/A)
140. Does the Guardian support him/her working? '18IQR149	46.7% Yes (7) 53.3% No (8) (10 N/A)
142. Is the individual engaged in Supported Employment? CPRQ129, '18IQR151	7.1% Yes (1) 92.9% No (13) (21 N/A)
144. Does the person have a Career Development Plan? CPRQ128 17IQR#26e, '18IQR153	50% Yes (1) 50% No (1) (23 N/A)
<b>BEHAVIOR</b>	
145. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d, '18IQR154	48% Yes (12) 52% No (13)

Question	FY2021 Metro 1 & 2 (sample=25)
146. Does the person need behavior services now? CPRQ132 '17IQR#11e, '18IQR155	48% Yes (12) 52% No (13)
147. Have behavioral assessments been completed? CPRQ133, '18IQR156	23.1% Yes (3) 53.8% Many (7) 15.4% Needs Improvement (2) 7.7% No (1) (12 N/A)
148. Does the person have a positive behavior support plan developed out of the behavior assessments that meets the person's needs? CPRQ134 '17IQR#5g, '18IQR157	53.8% Yes (7) 30.8% Many (4) 7.7% Needs Improvement (1) 7.7% No (1) (12 N/A)
149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d, '18IQR158	76.9% Yes (10) 15.4% Needs Improvement (2) 7.7% No (1) (12 N/A)
150. If needed, does the person have a Behavior Crisis Intervention Plan that meets the person's needs? CPRQ 73a; '17IQR#5h, '18IQR159	40% Yes (2) 60% Many (3) (20 N/A)
151. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i, '18IQR160	30.8% Yes (4) 61.5% Many (8) 7.7% No (1) (12 N/A)
152. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d, '18IQR161	69.2% Yes (9) 23.1% Many (3) 7.7% No (1) (12 N/A)
<b>ADAPTIVE EQUIPMENT / AUGMENTATIVE COMMUNICATION</b>	
153. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b, '18IQR162	56% Yes (14) 28% Many (7) 16% Needs Improvement (4)

Question	FY2021 Metro 1 & 2 (sample=25)
154. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c, '18IQR163	65.2% Yes (15) 30.4% Many (7) 4.3% Needs Improvement (1) (2 N/A)
155. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f, '18IQR164	68% Yes (17) 28% Many (7) 4% Needs Improvement (1)
156. Is the person's equipment and technology in good repair?'17IQR#25d, '18IQR165	76% Yes (19) 20% Many (5) 4% Needs Improvement (1)
157. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e, '18IQR166	72% Yes (18) 24% Many (6) 4% Needs Improvement (1)
158. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b, '18IQR167	37.5% Yes (9) 62.5% Many (15) (1 N/A)
<b>INDIVIDUAL SERVICE PLANNING</b>	
159. Does the person have an ISP that addresses live, work/learn, fun/relationships and health/other that correlates with the person's desires and capabilities, in accordance with DOH Regulations? CPRQ141 '17IQR#7o, '18IQR168	80% Yes (20) 16% Many (4) 4% No (1)
160. Does the person have an ISP that contains a complete Vision Section that is based on a long-term view? CPRQ142 '17IQR#7a, '18IQR169	36% Yes (9) 40% Many (10) 12% Needs Improvement (3) 12% No (3)
161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a, '18IQR170	80% Yes (20) 12% Many (3) 4% Needs Improvement (1) 4% No (1)
162. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f, '18IQR171	80% Yes (20) 20% Many (5)

Question	FY2021 Metro 1 & 2 (sample=25)
163. Is the person integrated into the community? CPRQ145; '17IQR#29g, '18IQR172	72% Yes (18) 20% Many (5) 8% Needs Improvement (2)
164. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36, '18IQR174	0% Yes 76% Many (19) 24% Needs Improvement (6)