



A. Jackson Class Member Demographics – Southwest Region

The Southwest Region had 30 Active Jackson Class Members at the time the sample was selected. Ten JCMs were chosen to be part of the review sample for FY2021. The following two tables describe the demographics of and providers for the JCMs in the Southwest Region.

Table #1: Active Class Member Demographics in the Southwest Region

AGE	
30-39	0 (0%)
40-49	2 (7%)
50-59	12 (40%)
60-69	10 (33%)
70-79	6 (20%)
AVERAGE AGE	62

ETHNICITY	
Black/African American	0 (0%)
Caucasian	10 (33%)
Hispanic	19 (63%)
Native American	1 (3%)
Other (Asian)	0 (0%)

GENDER	
Female	9 (30%)
Male	21 (70%)
Other	0 (0%)

COMMUNITY INCLUSION SERVICE	
CCS (I or G)	30 (100%)
CIE	6 (20%)
ICF/IDD	0 (0%)
Mi Via	0 (0%)
N/A	0 (0%)

LIVING CARE ARRANGEMENT SERVICE	
Family Living	1 (3%)
Supported Living Cat.	29 (97%)
ICF/IDD	0 (0%)
Mi Via	0 (0%)
CIHS	0 (0%)

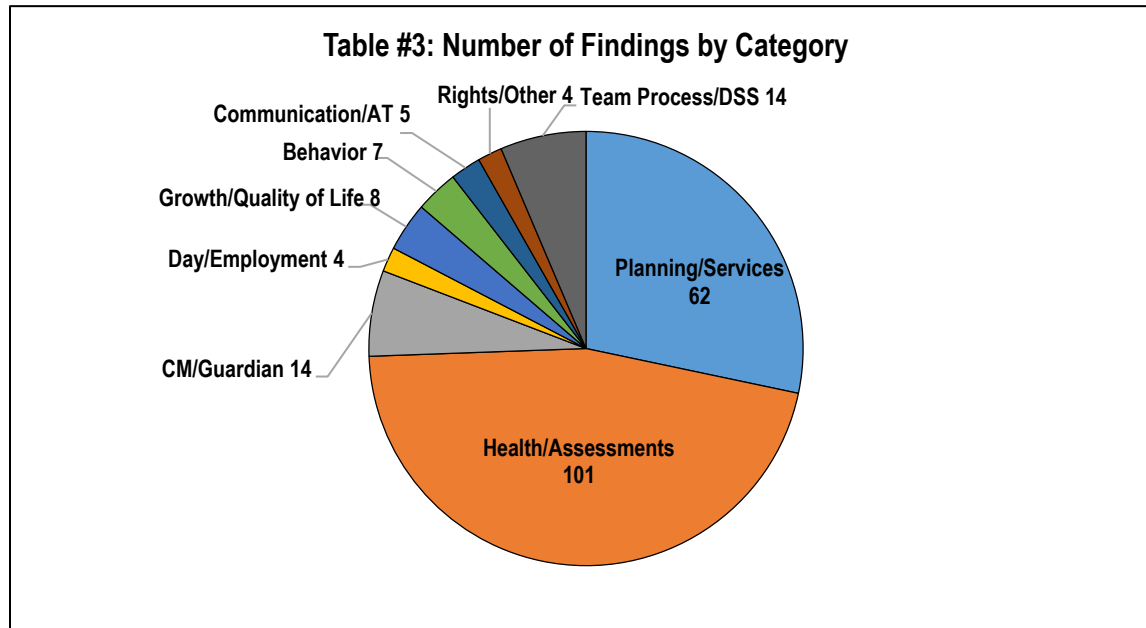
* 6 people in the SW region have more than one CI service

Table #2: Agencies Serving Class Members in the Southwest Region:

Case Management	SCCM (21)	Peak (6)	Unidas (3)		
Residential	Community Options (3)	Lessons of Life (8)	Nezzy Care (2)	PRS (4)	Tresco (13)
Community Inclusion (CI) <i>One person has two CI agencies</i>	Community Options (3)	Lessons of Life (8)	Nezzy Care (2)	PRS (4)	Tresco (14)

B. Most Frequently Identified Findings by Category

The Southwest Region had a total of 219 findings. The table below shows the categories and number of findings for this review. Note: this chart does not represent Mi Via Findings or FYI Findings.



C. Most Frequently Repeated Findings by Category – Charts 4 & 5

IQR Findings include the identification of good and exemplary as well as deficient practice. Findings are developed by the Surveyor, reviewed by a Case Judge, Regional Office and State DDSD and DHI Staff 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 for whom the finding is relevant, and resolved in a way that is sustainable so that the identified issue remains “fixed”.

Of the 219 Findings in the Southwest Region’s Review, there were 72 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 Health/Assessments (31) followed by Adequacy of Planning (23). The charts below summarize, by agency, the number of repeat findings which were identified by topic area.

Chart #4: Repeat Findings by Area and Residential Provider										
AREA	ADEQUACY OF PLANNING	ASSESSMENTS	BEHAVIOR SUPPORTS	CM & GUARDIAN	COMM/ ADAPTIVE EQUIPMENT	GROWTH QUALITY OF LIFE RIGHTS/ OTHER	HEALTH	EMPLOYMENT	TEAM PROCESS	TOTAL
PROVIDER										
ComOp (1)	2	0	0	1	0	0	1	1	1	6
LOL (1)	3	3	0	2	1	0	1	0	0	10
PRS (3)	6	3	1	1	0	0	6	0	0	17
Tresco (5)	12	8	0	5	1	2	9	1	1	39
TOTAL	23	14	1	9	2	2	17	2	2	72

Chart #6: Repeat Findings by Area and Case Management Agency										
AREA	ADEQUACY OF PLANNING	ASSESSMENTS	BEHAVIOR SUPPORTS	CM & GUARDIAN	COMM/ ADAPTIVE EQUIPMENT	GROWTH QUALITY OF LIFE RIGHTS/ OTHER	HEALTH	EMPLOYMENT	TEAM PROCESS	TOTAL
PROVIDER										
Peak (1)	5	0	0	1	0	1	0	0	1	8
SCCM (8)	16	12	1	8	2	1	14	2	1	57
Unidas (1)	2	2	0	0	0	0	3	0	0	7
TOTAL	23	14	1	9	2	2	17	2	2	72

D. Immediate and Special Findings

There were ten (10) Class Members reviewed in the Southwest Region as part of the FY21 IQR. Four individuals (40% of the total sample) were found to have immediate and/or special findings. There was a total of three (3) Immediate findings and four (4) Special findings.

- Two people had one Special Finding each
- One person had two Immediate Findings and two Special Findings
- One person had one Immediate Finding

Details of the issues associated with 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.

Table #6: Immediate/Special Identified Individual Issues – FY21 IQR Southwest

CM	LCA	CI	Immd	Spec	IR	Issue
SCCM	Tresco	Tresco	x			Based on document review and on-site observation, several of JCM's medications have a doctor's order that states "by mouth", and a pharmacy label that also reflects "by mouth". JCM is NPO. a. Diazepam 5mg – is not to be crushed, liquid form is available b. Hyoscyamine Sulfate 0.125mg is not to be crushed, sublingual form available c. Lactulose 15ml Incorrect doctor's orders and incorrect pharmacy label directions is a Repeat Finding from 2012 CPR #1
SCCM	Tresco	Tresco	X			Based on document review and interview of the RN, no evidence of "Abnormal Involuntary Movements Scale" or alternative being monitored or administered since 3/2020. JCM is currently being administered Geodon 40 mg twice daily. Tardive-like jaw movements were observed and noted as a concern at a UNM CP Clinic appt. on 6/18/2020, as well as during the virtual IQR on site 2/22/2021. Current AIMS documentation was requested on the additional document request form and not received. Per the Tresco RN interview, AIMS has not been completed since 3/2020 psychiatry appt.
SCCM	Tresco	Tresco	X			JCM is at moderate risk for aspiration and has a CARMP. During virtual on-site observations 2/1/21, DSP were talking to JCM and asking him questions while he had food in his mouth. JCM would reply with food in his mouth, which could lead to an aspiration event.
SCCM	Tresco	Tresco		X		Based on document review and virtual on-site observation 2/22/2021, the most recently revised CARMP, HCPs and MERPs were not in the home. CARMP in home reflects revision date 1/25/2021. CARMP provided for review was revised 2/10/2021. HCPs in home were approved either 9/16/2020, 9/17/2020 or 9/19/2020. HCPs reviewed were updated 2/5/2021. MERPs in home were approved 10/29/2020. MERPs reviewed were updated 2/02/2021. Current MERPs not found in the home is a Partial Repeat Finding from 2017 IQR #21

CM	LCA	CI	Immd	Spec	IR	Issue
SCCM	LOL	LOL		X		Based on record review, interviews and observation, JCM has been physically regressing since the beginning of 2020. For the IQR completed in February 2021, JCM was observed via zoom sitting in her recliner in her room watching TV. JCM picked her head up and looked at the tablet when the surveyor said "hi". JCM put her head back down and turned away from the tablet. Both residential DSP and CM stated JCM has started a new medication in December (Clonazepam) which has made her very drowsy and is not participating in routine daily activities and her outcomes. Surveyor noted tremors in her hands. When asked if she was hungry, JCM replied "yes", but when given part of a sandwich to eat, JCM would not bring the sandwich up to her mouth, said she was not hungry and gave the sandwich back to the DSP. According to the weight tracking form provided for this review, JCM has lost approximately 27.2 pounds between 12/11/2019 (161.2 #) to 10/30/2020 (134#) or approximately 16% of body weight.
SCCM	Tresco	Tresco		X		Based on document review and on-site observation, the following concerns were noted surrounding medication administration/record keeping: a. GER related to med error on 4/11/2020 (8am meds not received). b. Pharmacy label says take Baclofen before meal, MAR does not specify this. Baclofen given at 8am per MAR, after 6 am feeding. c. Diazepam does not indicate purpose of medication on MAR. d. Pharmacy label for Levothyroxine (Synthroid) 25mcg says half hour before meal, MAR does not specify this. Levothyroxine given at 7:30 am per MAR, after 6 am feeding. e. Water Flushes; With Meds 225ml does not match 12/30/2020 Enteral Nutrition Quarterly Assessment. Nutrition states 150 ml w/meds. f. Water Flush; With PRN Meds 100ml does not match 12/19/2018 PCP order attached in Therap. Amount is the same, but order specifies 25 mls before medication and 30 mls after, use 45 mls of water to mix meds. MAR does not specify this. g. Water Flush; With PRN Meds 100ml does not match 12/30/2020 Enteral Nutrition Quarterly Assessment. Nutrition states 150 ml w/meds. h. No doctor order attached in Therap for Oxygen use. i. Moisturizer Lotion 1 Unit dosage daily after shower does not match 12/10/2020 PCP order. Order states 3 x daily to affected area.
SCCM	LOL	LOL		X		Based on the 2/12/2021 Additional Document Request Form (ADRF) the following documents were requested and not received inhibiting the surveyor to complete a thorough review of JCM's services and supports. Due to the untimeliness of the submission, the following documents could not be considered for review. a) One year of AIMS. (Only received one dated 1/27/2020. Per nursing interview JCM's AIMS are completed quarterly.) JCM currently has medication of Aripiprazole (Abilify) 5 mg, one tablet daily. b) 1/4/2021 Psych consultation notes. (Therap states "Telemed appointment see attached documentation" however, there is nothing attached.) c) Annual Nutrition report due December 2020. (Prior annual is dated 12/16/2019.) d) LOL 2nd Semiannual report due 7/22/2020 for annual ISP meeting. e) 11/17/2020 Quarterly Nutrition Evaluation Report (No evaluation is attached to the appointment in Therap.) f) Eye Exam. (12/2018 eye exam indicated "follow-up 2 years") g) ISP Outcome data tracking for December 2020 and January 2021.

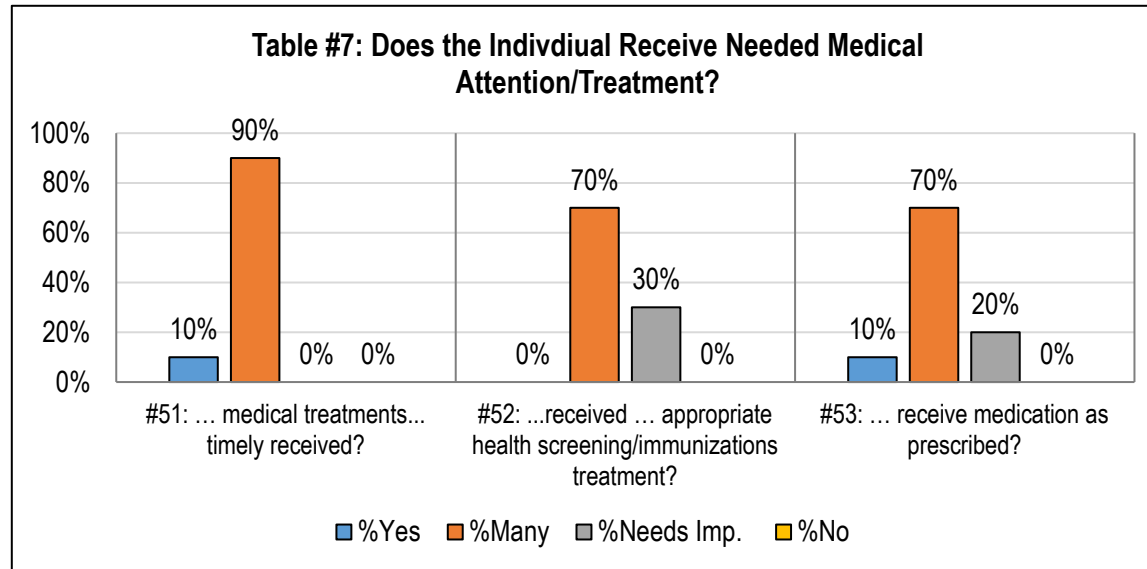
E. Health, Assessments and Overall Wellness

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

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?

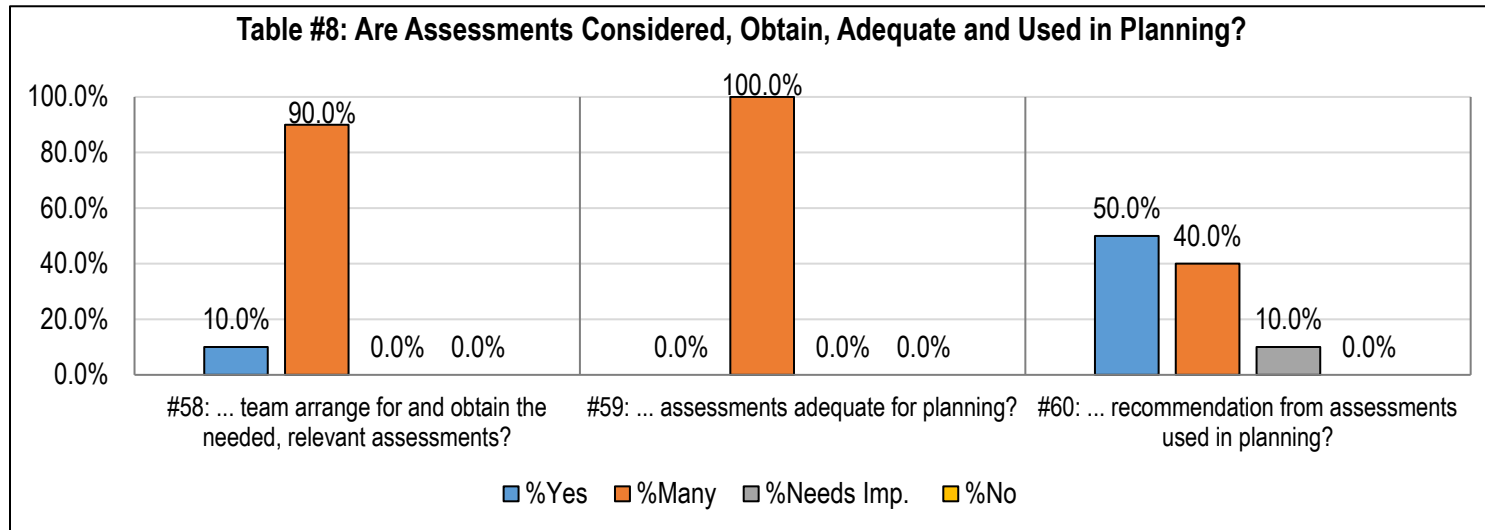


Ensuring individuals have the medical treatment they require includes scheduling and obtaining needed assessments, and using information from those assessments to influence treatment and inform future planning. The IQR also evaluates the assessments needed by the individual and whether or not those assessments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

Chart #9: Type of Issues identified by Residential Agency					
PROVIDER (# IN SAMPLE)	ComOp (1)	LOL (2)	PRS (2)	Tresco (5)	TOTAL
ISSUE					
APPOINTMENTS					
Dental: follow up not completed / not timely	0	0	1	2	3
Neurology: follow up not completed / not timely	0	0	0	1	1
PCP: follow up not completed / not timely	0	0	3	2	5
Psych: follow up not completed/not timely	1	0	0	0	1
Specialists: follow up not completed / not timely	0	6	6	5	17
Vision: not completed / not current	1	0	2	1	4
MAR/MEDICATIONS					
MAR/Medication/Dr. Orders do not match (med strength, delivery method, purpose of med) 9/10 people with Findings	5	2	15	14	36
Expired med in home	0	1	0	0	1
Med orders not received	0	1	0	0	1
Current MAR not provided for review	0	0	1	0	1

Chart #9: Type of Issues identified by Residential Agency

Expired prescriptions found / orders not current	0	1	0	0	1
Screenings					
Total number of myhealthfinder issues by agency based on a-h below:	0	7	7	16	32
a. No evidence of Hep B/HepC screening or team discussion thereof	1	3	1	5	10
b. No evidence of shingles vaccine or team discussion thereof	0	0	1	4	5
c. No evidence of HIV screening or team discussion thereof	1	1	0	1	3
d. No evidence of TD/Tdap immunizations or team discussion thereof	0	0	1	1	2
e. No evidence of colorectal screening or team discussion thereof	0	1	1	2	4
f. No evidence of flu or pneumonia vaccine or team discussion thereof	0	1	1	3	5
g. No evidence of mammogram or team discussion thereof	0	1	1	0	2
h. No evidence of cervical cancer screening or team discussion thereof	0	0	1	0	1
AIMS or other TD screening	1	1	0	2	4
No evidence of recommended bone density scan (not healthfinder).	0	1	1	0	2
Totals	10	20	35	41	106
Average	10	10	17.5	8.2	10.6

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 #50: Was the eCHAT updated timely?

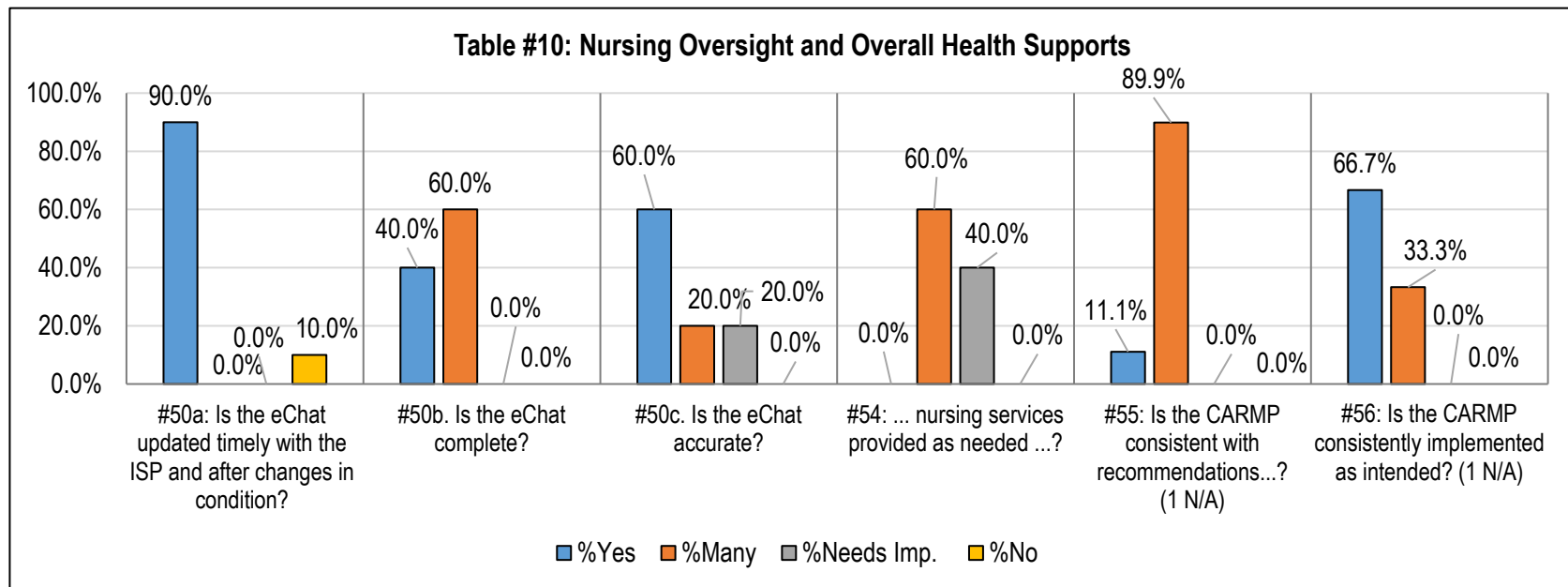
Question #50b: Is the eCHAT complete?

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?



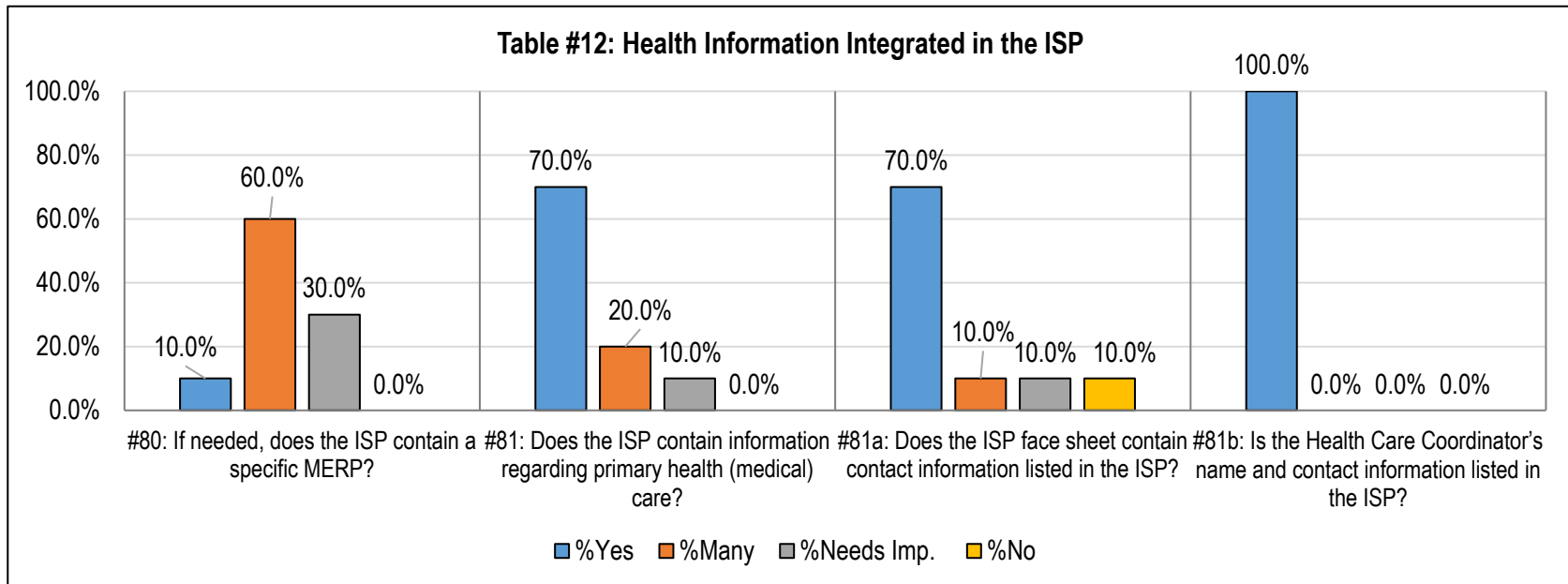
Oversight provided by nurses is a critical safeguard for Jackson Class Members, direct support professionals and their supervisors. The table below provides specific details, by Residential provider, of nursing related issues identified during the 2020 Southwest IQR. Again, this represents the number of issues found; not the number of findings.

Chart #11: Type of Nursing Related Issues Identified by Residential Provider					
PROVIDER (# IN SAMPLE)	ComOp (1)	LOL (2)	PRS (2)	Tresco (5)	TOTAL
ISSUE					
Nursing Assessments					
ARST contains conflicting information/not timely/not accurate	0	0	0	2	2
CARMP inaccurate/ incomplete/not current/not reviewed timely	1	0	3	4	8
CARMP not implemented properly	0	0	0	1	1
e-CHAT incorrect/inconsistent /not updated timely	0	3	0	1	4
e-CHAT does not have HCP/MERPs linked	0	0	0	1	1
e-CHAT inconsistencies with diagnoses/conditions in other documents (5/10 people with Findings)	0	1	2	2	5
HCPs inaccurate/incomplete	0	0	0	4	4
HCP in house not current	0	0	0	1	1
HCP for Aspiration and CARMP	0	1	0	0	1
MAAT: incorrect/inconsistent information	0	1	0	0	1
MAAT not timely	0	1	0	1	2
MERPs inaccurate/incomplete	0	4	3	10	17
MERPs need review, updating, more detail	0	0	0	1	1
MERP in house not current	0	0	0	1	1

Chart #11: Type of Nursing Related Issues Identified by Residential Provider					
MERP not found	0	0	0	2	2
Inconsistency between HCP/ CARMP/MERP/e-CHAT/MARS/Plans	2	6	3	7	18
Nursing Documentation					
Nursing reports not timely completed	2	1	2	1	6
Nursing reports not provided for review	0	2	0	0	2
Nursing reports not accurate/missing information/inadequate	0	5	8	9	22
No evidence of nursing face-to-face visits as required	0	0	1	10	11
Nurse not familiar with health-related needs/recommendations	0	1	0	1	2
Staff needs more training on health-related needs	0	2	4	3	9
Totals	5	28	26	62	121
Average	5	14	13	12.4	12.1

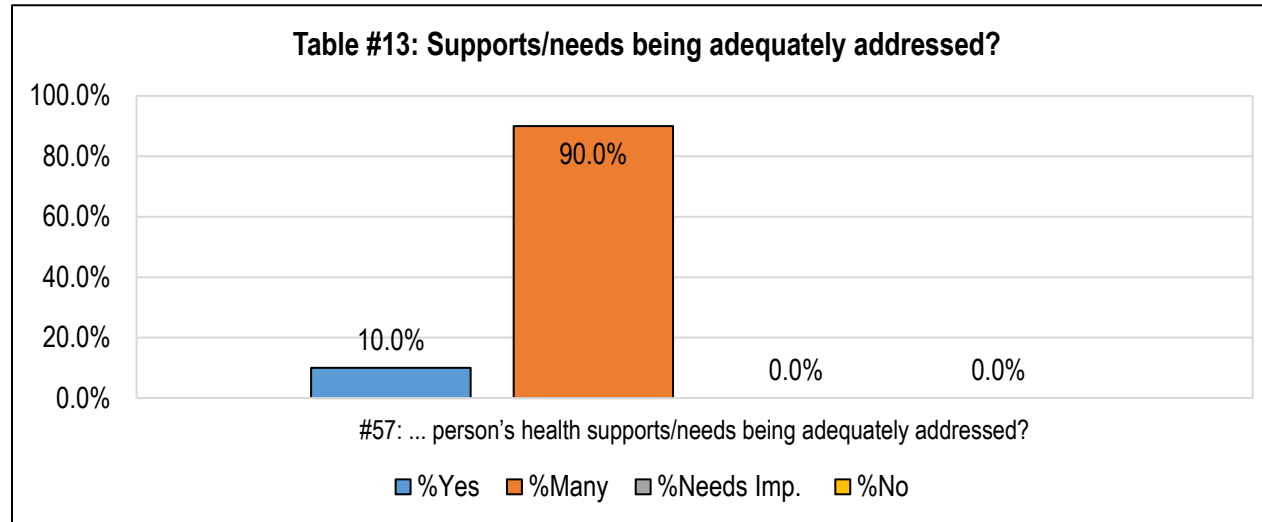
In addition to the issues and questions noted above, the individual's nurse is responsible, with the assistance of the rest of the Team, to assure that the documents presented and created for planning, such as the ISP, are accurate, thorough and contain the needed plans and information required. The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



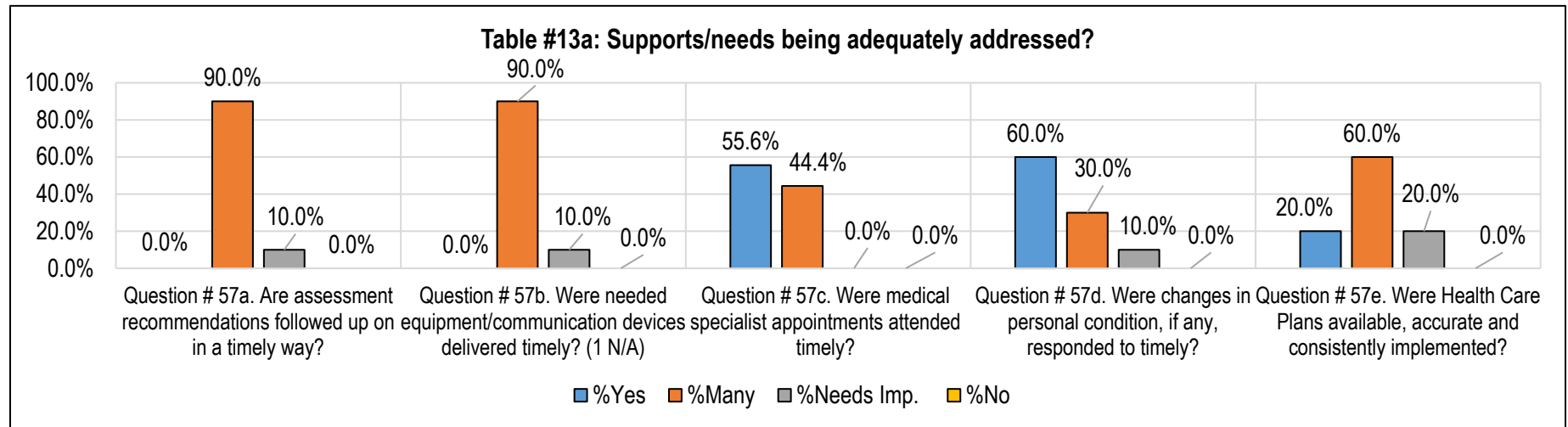
There are many components to ensuring the health and safety of individuals with I/DD. These components vary and are unique to each individual. While the scored protocol questions cannot encompass each and every issue, it does allow for a general score that measures the adequacy of response to the individual's overall health needs. That question is #57: Are the person's health supports/needs being adequately addressed?

As noted in the table below, for the 10 people scored in Southwest review, overall, one class member had their health supports/needs adequately addressed. The other nine people had many of their needs addressed.



See the following chart for further detail on the specific items assessed in Question #57.

- Question # 57a. Are assessment recommendations followed up on in a timely way?
- Question # 57b. Were needed equipment/communication devices delivered timely?
- Question # 57c. Were medical specialist appointments attended timely?
- Question # 57d. Were changes in personal condition, if any, responded to timely?
- Question # 57e. Were Health Care Plans available, accurate and consistently implemented?



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.

Chart #14: Issues Found Which Affect the Adequacy of Health Care Provision, by Residential Provider					
PROVIDER (# IN SAMPLE)	ComOp (1)	LOL (2)	PRS (2)	Tresco (5)	TOTAL
ISSUE					
Healthcare Tracking					
Blood Pressure Tracking issues	1	0	1	4	6
Fluid Input/Urine Output/Bowel Movement Tracking issues	0	2	5	21	28
Repositioning Tracking issues	0	0	0	1	1
Skin & Wound Tracking issues	0	0	0	1	1
Weight Tracking issues	0	0	7	22	29
Nutrition					
Nutrition: Inadequate/inconsistent	0	0	2	0	2
Nutrition: Not timely	0	1	0	1	2
Physical Therapy					
PT Report/Eval not adequate	1	0	1	5	7
PT WDSI in the home not current	0	0	0	1	1
PT WDSI not adequate	0	0	0	5	5
Occupational Therapy					
OT Report/Eval not available/timely for planning/use	0	0	0	6	6
OT Report/Eval not adequate	0	1	1	7	9
OT WDSI not specific	0	0	0	8	8
OT WDSI in the home not current	0	0	0	1	1
OT Report/Eval/WDSI not provided for review	0	0	0	1	1

Chart #14: Issues Found Which Affect the Adequacy of Health Care Provision, by Residential Provider

Speech Language Pathology					
SLP Report/Eval not available/timely for planning/use	0	0	0	2	2
SLP Report/Eval not adequate	2	1	0	4	7
SLP Report/Eval inaccurate	0	0	0	1	1
SLP Report/Eval not provided for review	0	0	1	0	1
PT WDSI in the home not current	0	0	0	1	1
SLP WDSI not provided for review	1	0	0	0	1
Behavior Support Consultation					
BSC Report/Eval not available/timely for planning/use	1	2	1	2	6
Behavior Report/Eval not adequate	1	0	0	7	8
Behavior Report inaccurate/inadequate	0	0	1	0	1
BSC Plan not adequate	3	1	0	0	4
BCIP not adequate	0	0	1	0	1
BSC Report/Eval not provided for review	0	0	0	1	1
Totals	10	8	21	102	141
Average	10	4	10.5	20.4	14.1

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

Before a plan can be implemented, it must first be created. The ISPs that provide details regarding the individuals' visions and outcomes are supposed to be developed by an Interdisciplinary Team that includes the Individual and those who know and provide supports to that person. This includes the Case Manager, Guardian, the Direct Support Professionals, Therapists, Nurse(s), any additional individuals invited by the class member and persons who are needed to ensure the implementation of the Plan. The FY21 IQR protocol specifically probes many of the aspects of the planning process, including detail of who participates in plan creation. The table below lists answers to related questions in the FY21 Southwest review.

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?

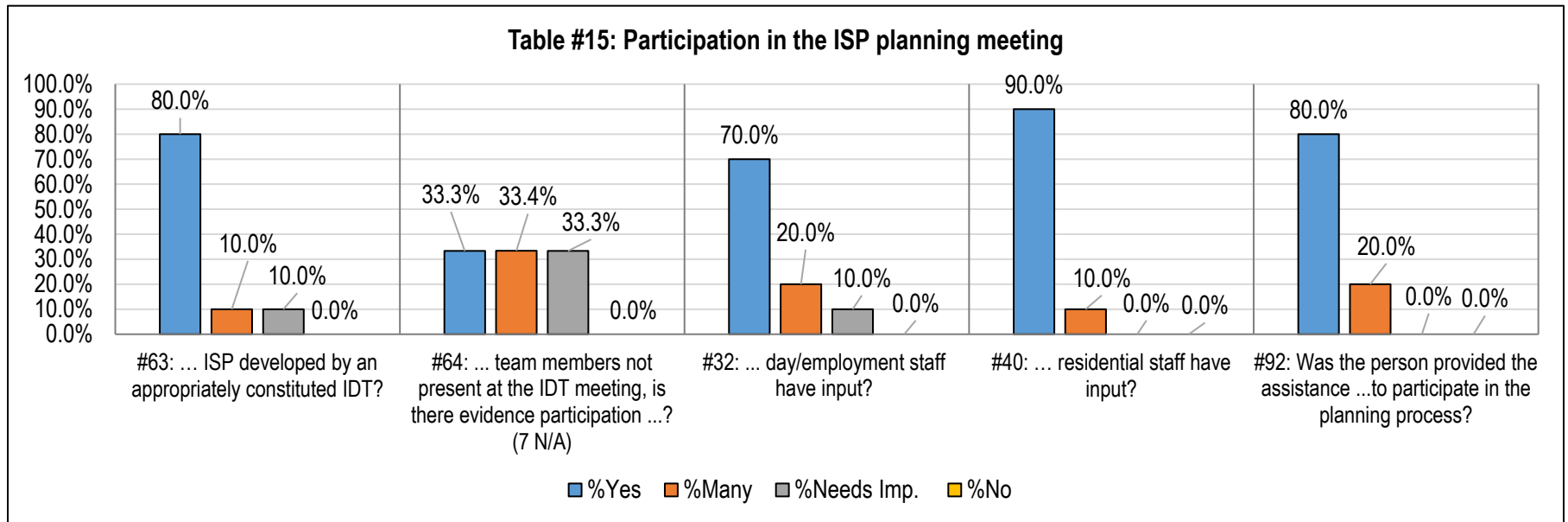


Table #16: ISP Development Participation, by Residential Provider

Res. Agency (# in sample)	#63	#64	#32	#40	#92
Community Options (1)	100% Yes (1) 50% Needs Impv (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)
Lessons of Life (2)	100% Yes (2)	(2 N/A)	100% Yes (2)	100% Yes (2)	100% Yes (2)
PRS (2)	100% Yes (2)	100% Yes (1) (1 N/A)	100% Yes (2)	100% Yes (2)	100% Yes (2)
Tresco (5)	60% Yes (3) 20% Many (1) 20% Needs Impv (1)	0% Yes 50% Many (1) 50% No (1) (3 N/A)	40% Yes (2) 40% Many (2) 20% Needs Impv (1)	80% Yes (4) 20% Many (1)	80% Yes (4) 20% Many (1)

Table #17: ISP Development Participation, by Case Management Agency

CM Agency (# in sample)	#63	#64	#32	#40	#92
Peak Developmental Services (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	100% Yes (1)
SCCM (8)	75% Yes (6) 12.5% Many (1) 12.5% Needs Impv (1)	0% Yes 50% Many (1) 50% No (1) (6 N/A)	62.5% Yes (5) 25% Many (2) 12.5% Needs Impv (1)	87.5% Yes (7) 12.5% Many (1)	75% Yes (6) 25% Many (2)
Unidas (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)

One foundational component of an individual’s ISP is the Long Term Vision, which summarizes what the individual wants to accomplish in the near future (3 to 5 years) in each life area. To that end, Outcomes are to be developed by the Team in a way that results in an accomplishable path to the visions. The FY21 IQR protocol specifically probes the content of identified visions as well as the content and clarity of related outcomes. The table below details the findings related to the following identified questions related to class members ISP in the FY21 Southwest review.

- 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?

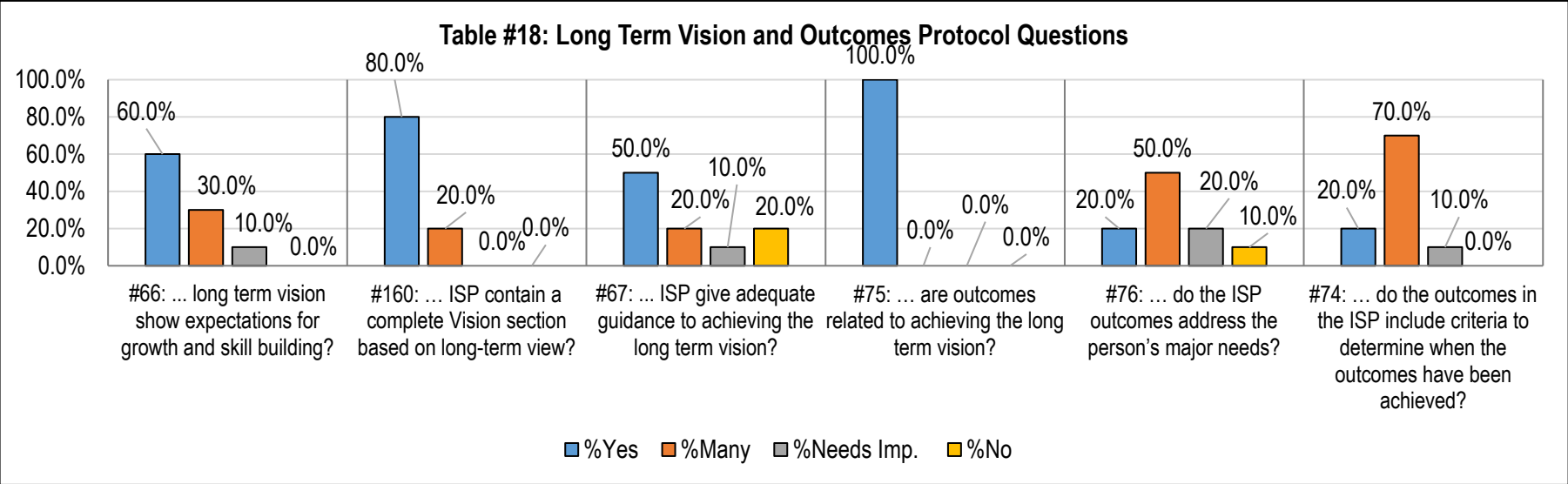


Table #19: Vision and Outcome Scores, by Residential Agency

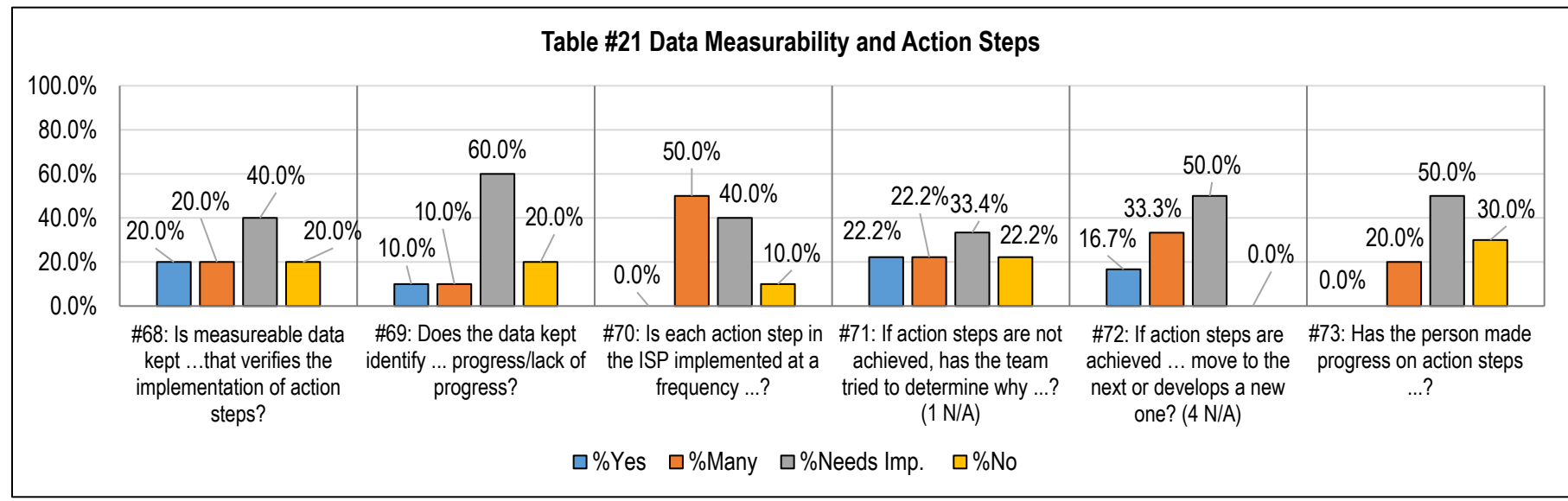
Res Agency (# in sample)	#66	#160	#67	#75	#76	#74
Community Options (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)
Lessons of Life (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	50% Many (1) 50% Needs Impv (1)	100% Yes (2)	100% Yes (2)	0% Yes 50% Many (1) 50% Needs Impv (1)
PRS (2)	50% Yes (1) 50% Needs Impv (1)	0% Yes (2)	100% Yes (2)	1000% Yes (2)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)
Tresco (5)	60% Yes (3) 40% Many (2)	80% Yes (4) 20% Many (1)	40% Yes (2) 20% Many (1) 40% No (2)	100% Yes (5)	0% Yes 20% Many (2) 40% Needs Impv (2) 20% No (1)	0% Yes 100% Many (5)

Table #20: Vision and Outcome Scores by Case Management Agency

CM Agency (# in sample)	#66	#160	#67	#75	#76	#74
Peak Developmental Services (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)
SCCM (8)	75% Yes (6) 25% Many (2)	75% Yes (6) 25% Many (2)	37.5% Yes (3) 25% Many (2) 12.5% Needs Impv (1) 25% No (2)	100% Yes (8)	25% Yes (2) 50% Many (4) 12.5% Needs Impv (1) 12.5% No (1)	12.5% Yes (1) 75% Many (6) 12.5% Needs Impv (1)
Unidas (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)

Additional components of an individual's ISP include Action Steps, which should be written in measurable terms, which logically 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 table below details the findings related to specific questions which probe 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?



As these tables show, data collection needed to verify progress being made and/or the frequency with which the person has the opportunity to engage in his/her ISP Action Steps continues to be a significant issue for the majority of class members and the agencies which support them.

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

Res Agency (# in sample)	#68	#69	#70	#71	#72	#73
Community Options (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 50% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)
Lessons of Life (2)	100% Yes (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (2)	100% Yes (2)	50% Yes (1) 50% Needs Impv (1)	0% Yes 100% Many (2)
PRS (2)	0% Yes 100% Needs Impv (2)	0% Yes 100% Needs Impv (2)	0% Yes 100% Needs Impv (2)	0% Yes 50% Needs Impv (1) 50% No (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Needs Impv (2)
Tresco (5)	0% Yes 40% Many (2) 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)	0% Yes 50% Many (2) 25% Needs Impv (1) 25% No (1) (1 N/A)	0% Yes 100% Needs Impv (1) (4 N/A)	0% Yes 40% Needs Impv (2) 60% No (3)

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

CM Agency (# in sample)	#68	#69	#70	#71	#72	#73
Peak Developmental Services (1)	0% Yes 100% No (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% No (1)	(1 N/A)	0% Yes 100% No (1)
SCCM (8)	25% Yes (2) 25% Many (2) 37.5% Needs Impv (3) 12.5% No (1)	12.5% Yes (1) 12.5% Many (1) 50% Needs Impv (4) 25% No (2)	0% Yes 62.5% Many (5) 25% Needs Impv (2) 12.5% No (1)	28.6% Yes (2) 28.6% Many (2) 42.8% Needs Impv (3) (1 N/A)	28.6% Yes (2) 28.5% Many (2) 42.9% Needs Impv (3) (1 N/A)	0% Yes 25% Many (2) 50% Needs Impv (4) 25% No (2)
Unidas (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Needs Impv (1)

In addition to the components listed above, the Teaching and Support Strategies (T&SS) are also an integral part of the ISP. T&SS should be developed by the residential and/or day provider responsible for implementing the T&SS. Input from others such as therapists should be included as needed. WDSIs are developed by therapists as a complement to the T&SS. All T&SS and WDSIs should provide guidance for those direct support professionals who support the person in achieving his/her Vision/Outcomes. The following protocol questions in the FY21 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?

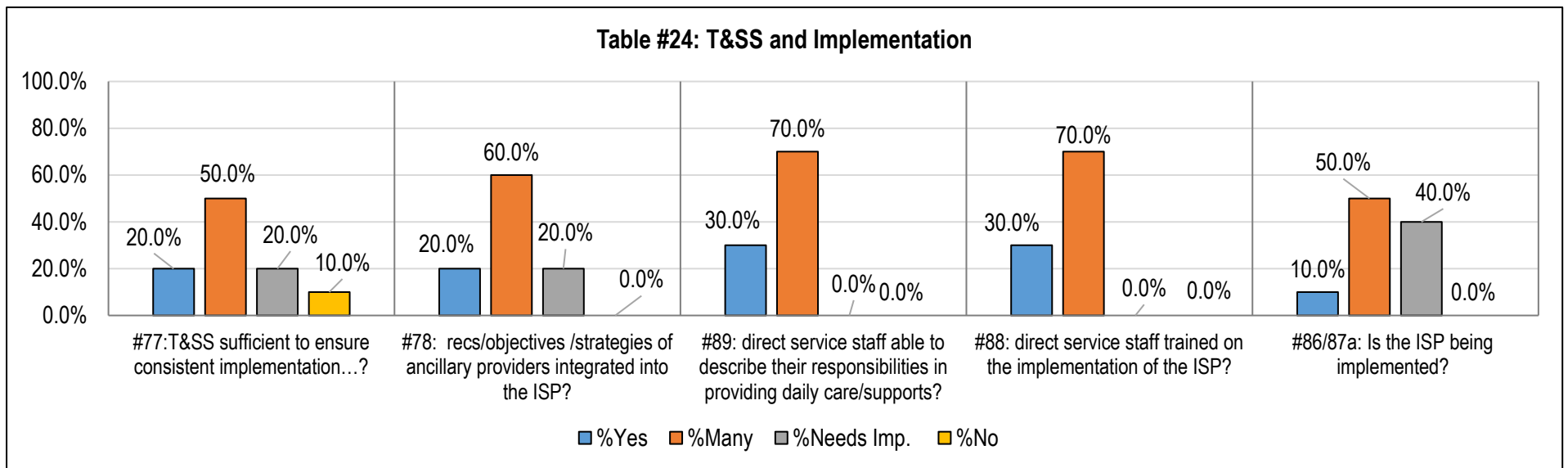


Table #25: T&SS and ISP Implementation Scores by Residential Agency

Res. Agency (# in sample)	#77	#78	#89	#88	#87a
Community Options (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Lessons of Life (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)
PRS (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	100% Yes (2)	100% Yes (2)	0% Yes 100% Many (2)
Tresco (5)	0% Yes 40% Many (2) 40% Needs Impv (2) 20% No (1)	20% Yes (1) 40% Many (2) 40% Needs Impv (2)	0% Yes 100% Many (5)	0% Yes 100% Many (5)	0% Yes 20% Many (1) 80% Needs Impv (4)

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

CM Agency (# in sample)	#77	#78	#89	#88	#87a
Peak Developmental Services (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% Needs Impv (1)
SCCM (8)	12.5% Yes (1) 62.5% Many (5) 12.5% Needs Impv (1) 12.5% No (1)	25% Yes (2) 50% Many (4) 25% Needs Impv (2)	25% Yes (2) 75% Many (6)	25% Yes (2) 75% Many (6)	12.5% Yes (1) 50% Many (4) 37.5% Needs Impv (3)
Unidas (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)

As evidenced above, the different components of each person's ISP are evaluated. Based on that analysis, an overview of the adequacy of ISP content as well as implementation and effectiveness of the ISP can be determined. There are multiple questions in the FY21 IQR protocol that probe these items, 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?

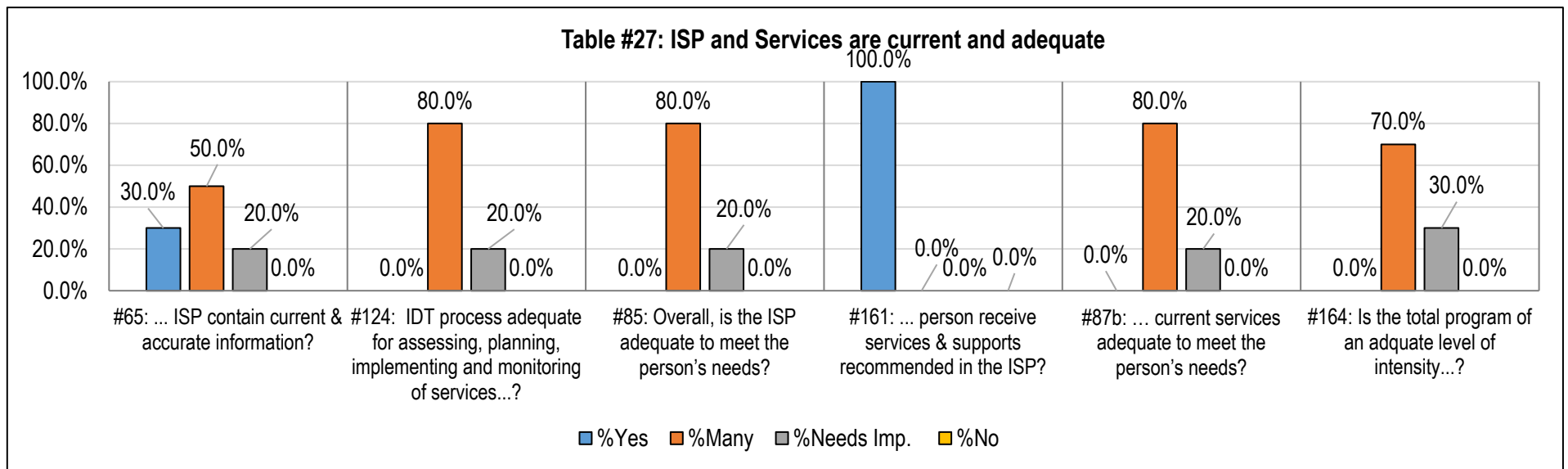


Table #28: ISP Content and Adequacy Scores, by Residential Agency

Res. Agency (# in sample)	#65	#124	#85	#161	#87b	#164
Community Options (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Lessons of Life (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
PRS (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)
Tresco (5)	40% Yes (2) 40% Many (2) 20% Needs Impv (1)	0% Yes 60% Many (3) 40% Needs Impv (2)	0% Yes 60% Many (3) 40% Needs Impv (2)	100% Yes (5)	0% Yes 60% Many (3) 40% Needs Impv (2)	0% Yes 40% Many (2) 60% Needs Impv (3)

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

CM Agency (# in sample)	Question					
	#65	#124	#85	#161	#87b	#164
Peak Developmental Services (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
SCCM (8)	25% Yes (2) 50% Many (4) 25% Needs Impv (2)	0% Yes 87.5% Many (7) 12.5% Needs Impv (1)	0% Yes 75% Many (6) 25% Needs Impv (2)	100% Yes (8)	0% Yes 75% Many (6) 25% Needs Impv (2)	0% Yes 62.5% Many (5) 37.5% Needs Impv (3)
Unidas (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)

G. Case Management

Case Management services are intended to be person-centered and are key to enabling people to pursue their desired life outcomes while gaining greater independence and access to needed services and supports. The region scored well on two questions, “does the case manager know the person” and “is the Case Manager available to the person” as pictured below. The tables 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?

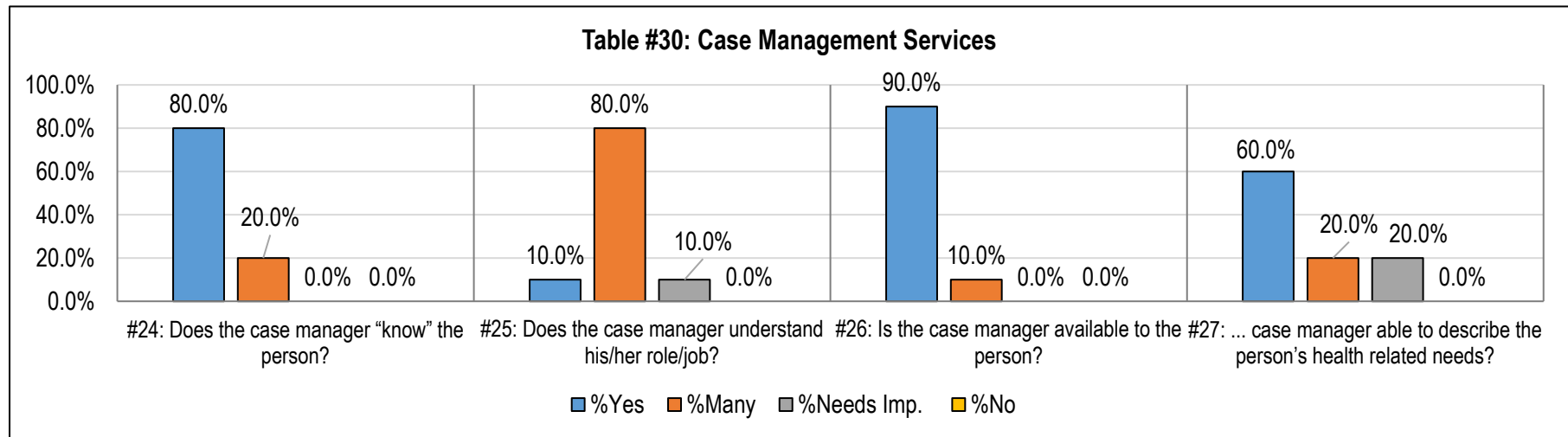


Table #31: Case Management Scores, by Case Management Agency

CM Agency (# in sample)	#24	#25	#26	#27
Peak Developmental Services (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	0% Yes 100% Many (1)
SCCM (8)	87.5% Yes (7) 12.5% Many (1)	12.5% Yes (1) 87.5% Many (7)	100% Yes (8)	62.5% Yes (5) 12.5% Many (1) 25% Needs Impv (2)
Unidas (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)

Other important questions related to Case Management include:

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?

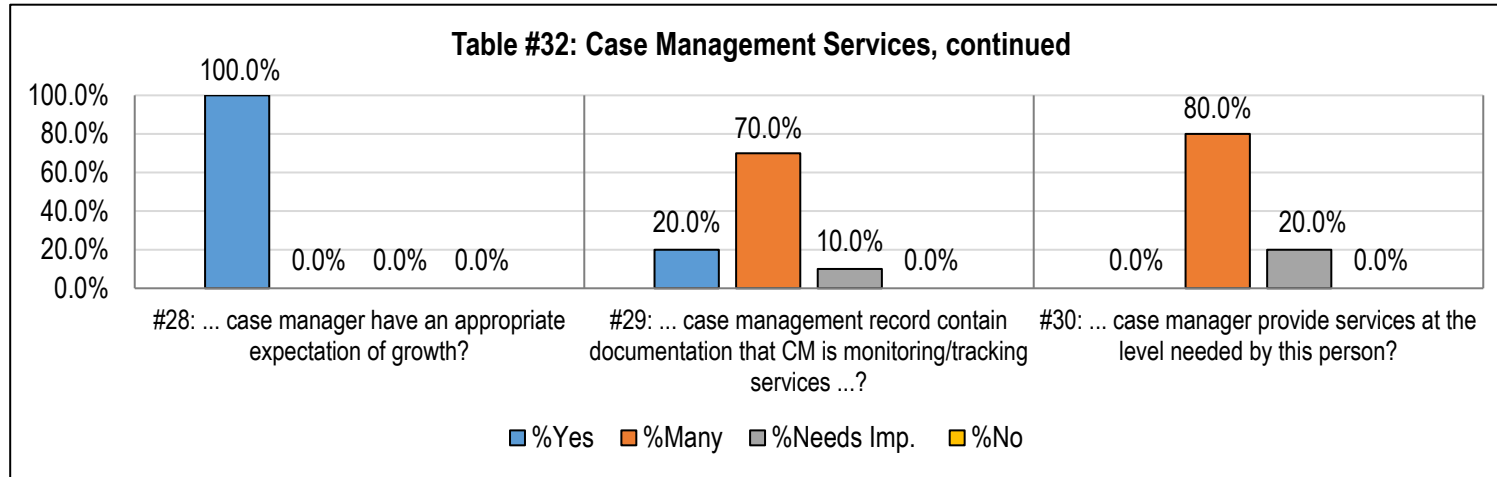


Table #33: Case Management Scores, by Case Management Agency

CM Agency (# in sample)	#28	#29	#30
Peak Developmental Services (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)
SCCM (8)	100% Yes (8)	12.5% Yes (1) 75% Many (6) 12.5% Needs Impv (1)	0% Yes 87.5% Many (7) 12.5% Needs Impv (1)
Unidas (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)

H. Supported Employment

Access to competitive integrated employment enables an individual to engage in community life, increase personal resources, improve self-sufficiency and contribute back to the community. The 2018 Waiver Standards emphasize that, “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 a decision about employment while others may have a rich and varied employment history and can make an informed choice based on that history.

There are multiple components that make up the process of ensuring Informed Choice. These are probed as part of the Individual Quality Review, and detailed in the tables below. As the 2018 DD Waiver Standards emphasize,

2018 DD Waiver Standards Chapter 4.5... “Person-centered practice must include informed choice. Informed choice is when a person makes a decision based on a solid understanding of all available options and consequences of how that choice will impact his/her life. Options are developed through a partnership with the person and knowledgeable supports, including team members and nonpaid supports who empower the person to make informed choices. Informed choice is critical in PCP and can move the lives of people with I/DD forward.”

Informed choice generally includes the following information from 2018 DD Waiver Standards Chapter 4.5 and 6.6.3.4:

1. **Assessment:** The first step in making an informed choice about employment starts with the assessment process.
2. **Information:** ... discussing with the person/guardian what was learned through the assessment (4.5) is also expected and helpful. In addition, providing information about different work options and resources available to the person in a way that is understandable by the person is important.
3. **Experience:** If a person has no volunteer or work history, then the individual and guardian should consider trying new discovery experiences in the community to determine interests, skills, abilities, and needs. Opportunity for Trial Work or Volunteering: ... providing the individual with access to job exploration activities including volunteer work and/or trial work opportunities, if the individual and guardian are interested, is key.
4. **Identification of barriers:** considering potential impact on the person’s life, health and safety and creating strategies to address any related issues that may arise.

The IQR Questions related to these four Informed Choice areas and the results follow.

1. Components of Informed Choice: Assessment

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? *Note: This question was answered N/A by all surveyors as this project no longer exists.*

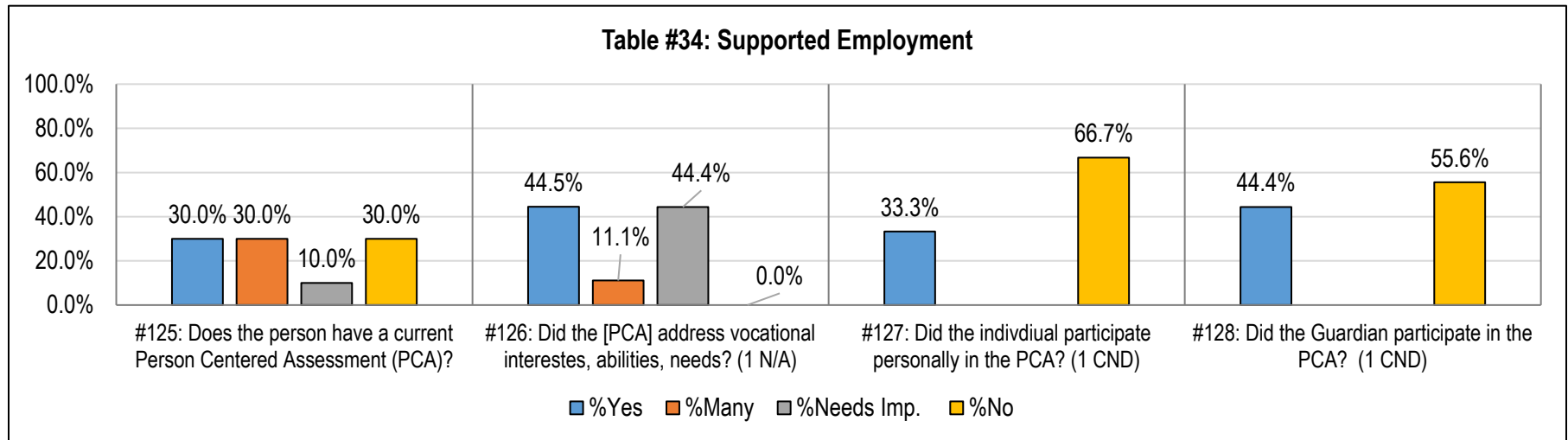


Table #35: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	#125	#126	#127	#128
Community Options (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Lessons of Life (2)	0% Yes 50% Many (1) 50% No (1)	50% Yes (1) 50% No (1)	0% Yes 100% No (2)	50% Yes (1) 50% No (1)
PRS (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% No (1) (1 N/A)	0% Yes 100% No (2)	0% Yes 100% No (2)
Tresco (5)	0% Yes 40% Yes (2) 20% Many (1) 40% No (2)	40% Yes (2) 20% Many (1) 40% No (2)	50% Yes (2) 50% No (2) (1 N/A)	50% Yes (2) 50% No (2) (1 N/A)

Table #36: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	#125	#126	#127	#128
Peak Developmental Services (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)
SCCM (8)	25% Yes (2) 25% Many (2) 12.5% Needs Impv (1) 37.5% No (3)	50% Yes (4) 50% No (4)	28.6% Yes (2) 71.4% No (5) (1 N/A)	42.9% Yes (3) 57.1% No (4) (1 N/A)
Unidas (1)	0% Yes 100% Many (1)	(1 N/A)	0% Yes 100% No (1)	0% Yes 100% No (1)

2. 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?

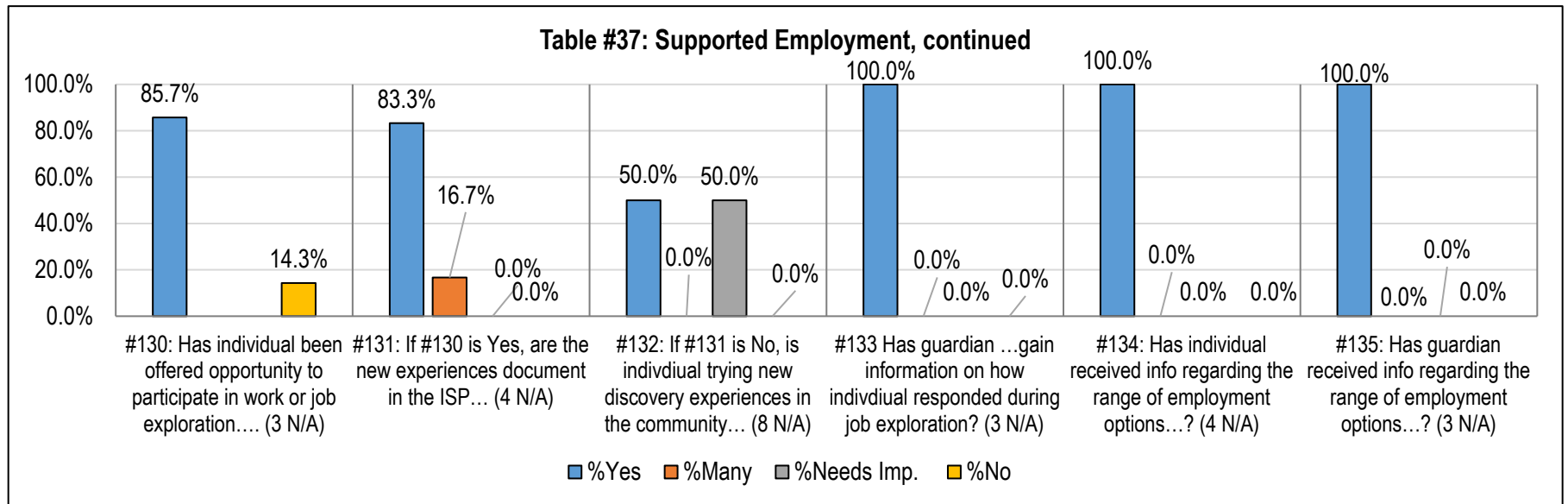


Table #38: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	#130	#131	#132	#133	#134	#135
Community Options (1)	100% Yes (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Lessons of Life (2)	100% Yes (1) (1 N/A)	100% Yes (1) (1 N/A)	(2 N/A)	100% Yes (1) (1 N/A)	100% Yes (1) (1 N/A)	100% Yes (1) (1 N/A)
PRS (2)	0% Yes 100% No (1) (1 N/A)	(2 N/A)	0% Yes 100% Needs Impv (1) (1 N/A)	100% Yes (1) (1 N/A)	100% Yes (1) (1 N/A)	100% Yes (1) (1 N/A)
Tresco (5)	100% Yes (4) (1 N/A)	75% Yes (3) 25% Many (1) (1 N/A)	100% Yes (1) (4 N/A)	100% Yes (4) (1 N/A)	100% Yes (3) (2 N/A)	100% Yes (4) (1 N/A)

Table #39: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	#130	#131	#132	#133	#134	#135
Peak Developmental Services (1)	100% Yes (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	100% Yes (1)
SCCM (8)	83.3% Yes (5) 16.7% No (1) (2 N/A)	80% Yes (4) 20% Many (1) (3 N/A)	50% Yes (1) 50% Needs Impv (1) (6 N/A)	100% Yes (6) (2 N/A)	100% Yes (5) (3 N/A)	100% Yes (6) (2 N/A)
Unidas (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)

3. 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?

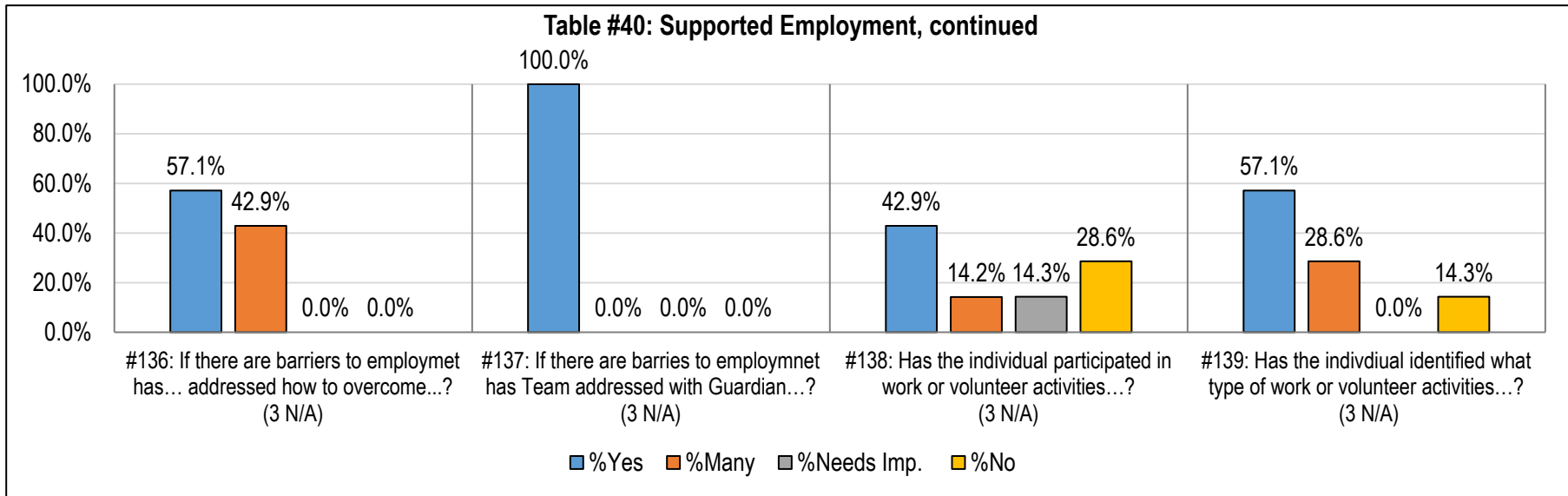


Table #41: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	#136	#137	#138	#139
Community Options (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Lessons of Life (2)	100% Yes (1) (1 N/A)	100% Yes (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)	100% Yes (1) (1 N/A)
PRS (2)	100% Yes (1) (1 N/A)	100% Yes (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)
Tresco (5)	50% Yes (2) 50% Many (2) (1 N/A)	100% Yes (4) (1 N/A)	50% Yes (2) 25% Many (1) 25% Needs Impv (1) (1 N/A)	50% Yes (2) 50% Many (2) (1 N/A)

Table #42: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	#136	#137	#138	#139
Peak Developmental Services (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
SCCM (8)	66.7% Yes (4) 33.3% Many (2) (2 N/A)	100% Yes (6) (2 N/A)	50% Yes (3) 16.7% Needs Impv (1) 33.3% No (2) (2 N/A)	66.6% Yes (4) 16.7% Many (1) 16.7% No (1) (2 N/A)
Unidas (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)

4. 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?

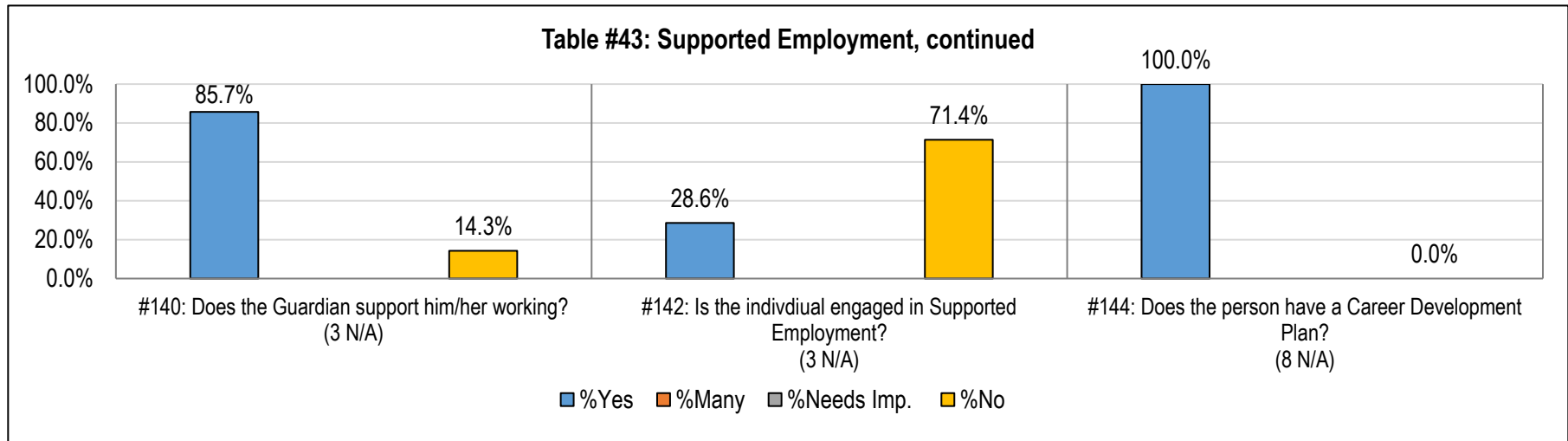


Table #44: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	#140	#142	#144
Community Options (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Lessons of Life (2)	100% Yes (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)	(2 N/A)
PRS (2)	100% Yes (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)	(2 N/A)
Tresco (5)	75% Yes (3) 25% No (1) (1 N/A)	25% Yes (1) 75% No (3) (1 N/A)	100% Yes (1) (4 N/A)

Table #45: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	#140	#142	#144
Peak Developmental Services (1)	100% Yes (1)	0% Yes 100% No (1)	(1 N/A)
SCCM (8)	83.3% Yes (5) 16.7% No (1) (2 N/A)	33.3% Yes (2) 66.7% No (4) (2 N/A)	100% Yes (2) (6 N/A)
Unidas (1)	(1 N/A)	(1 N/A)	(1 N/A)

I. IQR Scored Protocol Questions

Below are all of the questions in the protocol and the scores of the Southwest Region Review. The questions that are highlighted below are also included in the data above.

Question	2020 (sample=10)
CASE MANAGEMENT	
24. Does the case manager “know” the person? CPRQ26; ‘17IQR#8c, ‘18IQR24	80% Yes (8) 20% Many (2)
25. Does the case manager understand his/her role/job? CPRQ27 ‘17IQR#16, ‘18IQR25	10% Yes (1) 80% Many (8) 10% Needs Impv (1)
26. Is the case manager available to the person? CPRQ29; ‘17IQR#16a, ‘18IQR27	90% Yes (9) 10% Many (1)
27. Was the case manager able to describe the person’s health related needs? CPRQ30, , ‘18IQR28	60% Yes (6) 20% Many (2) 20% Needs Impv (2)
28. Does the case manager have an appropriate expectation of growth for this person? CPRQ31, ‘18IQR29	100% Yes (10)
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	20% Yes (2) 70% Many (7) 10% Needs Impv (1)
30. Does the case manager provide case management services at the level needed by this person? CPRQ33; ‘17IQR#16c, ‘18IQR31	0% Yes 80% Many (8) 20% Needs Impv (2))
EMPLOYMENT AND DAY	
31. Does the direct services staff “know” the person? CPRQ35; ‘17IQR#8a, ‘18IQR33	90% Yes (9) 10% Many (1)
32. Does the direct service staff have input into the person’s ISP? CPRQ36, ‘18IQR34	70% Yes (7) 20% Many (2) 10% Needs Impv (1)
33. Did the direct service staff receive training on implementing this person’s ISP? CPRQ37, ‘18IQR35	30% Yes (3) 60% Many (6) 10% Needs Impv (1)

Question	2020 (sample=10)
34. Was the direct service staff able to describe this person's health-related needs? CPRQ38, '18IQR36	0% Yes 90% Many (9) 10% Needs Impv (1)
35. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39, '18IQR37	30% Yes (3) 70% Many (7)
35a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a, '18IQR37a	100% Yes (10)
35b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ39b, '18IQR37b	30% Yes (3) 60% Many (6) 10% Needs Impv (1)
36. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ41, '18IQR39	80% Yes (8) 10% Many (1) 10% Needs Impv (1)
37. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42, '18IQR40	80% Yes (8) 20% Many (2)
38. Does the person's day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43, '18IQR41	(10 CND)
RESIDENTIAL	
39. Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b, '18IQR42	100% Yes (10)
40. Does the direct service staff have input into the person's ISP? CPRQ45, '18IQR43	90% Yes (9) 10% Many (1)
41. Did the direct service staff receive training on implementing this person's ISP? CPRQ46, '18IQR44	40% Yes (4) 60% Many (6)
42. Is the residence safe for individuals (void of hazards)? CPRQ47, '18IQR45	90% Yes (9) 10% Many (1)
43. Was the residential direct service staff able to describe this person's health-related needs? CPRQ48, '18IQR46	10% Yes (1) 80% Many (8) 10% Needs Impv (1)
44. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49, '18IQR47	30% Yes (3) 70% Many (7)
44a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ49a, '18IQR47a	100% Yes (10)

Question	2020 (sample=10)
44b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ49b, '18IQR47b	30% Yes (3) 70% Many (7)
45. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ51, '18IQR49	100% Yes (10)
46. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52, '18IQR50	100% Yes (10)
47. Does the person's residential environment offer a minimal level of quality of life? CPRQ53, '18IQR51	80% Yes (8) 20% Many (2)
HEALTH	
48. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b, '18IQR52	0% Yes 90% Many (9) 10% Needs Impv (1)
49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21, '18IQR53	30% Yes (3) 70% Many (7)
50. Was the eCHAT updated timely? '17IQR#18g, '18IQR54	20% Yes (2) 80% Many (8)
50a. Is the eCHAT updated timely with the ISP and after changes in condition?	90% Yes (9) 10% No (1)
50b. Is the eCHAT complete?	40% Yes (4) 60% Many (6)
50c. Is the eCHAT accurate?	60% Yes (6) 20% Many (2) 20% Needs Impv (2)
51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received? 17IQR#19, '18IQR55	10% Yes (1) 90% Many (9)
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>	0% Yes 70% Many (7) 30% Needs Impv (3)
53. Does the individual receive medication as prescribed? 17IQR#19e, '18IQR57	10% Yes (1) 70% Many (7) 20% Needs Impv (2)
54. Are nursing services provided as needed by the individual? 17IQR#20, '18IQR59	0% Yes

Question	2020 (sample=10)
	60% Many (6) 40% Needs Impv (4)
55. Is the CARMP consistent with recommendation in other healthcare documents? <i>(Is the CARMP is accurate? '17IQR#21f, '18IQR60)</i>	11.1% Yes (1) 88.9% Many (8) (1 N/A)
56. Is the CARMP consistently implemented as intended? , '18IQR61	66.7% Yes (6) 33.3% Many (3) (1 N/A)
57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19, '18IQR62	0% Yes 90% Many (9) 10% Needs Impv (1)
57a. Are assessment recommendations followed up on in a timely way?	0% Yes 90% Many (9) 10% Needs Impv (1)
57b. Were needed equipment/communication devices delivered timely?	55.6% Yes (5) 44.4% Many (4) (1 N/A)
57c. Were medical specialist appointments attended timely?	10% Yes (1) 80% Many (8) 10% Needs Impv (1)
57d. Were changes in personal condition, if any, responded to timely?	60% Yes (6) 30% Many (3) 10% Needs Impv (1)
57e. Were Health Care Plans available, accurate and consistently implemented?	20% Yes (2) 60% Many (6) 20% Needs Impv (2)
ASSESSMENTS	
58. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18, '18IQR65	10% Yes (1) 90% Many (9)
59. Are the assessments adequate for planning? CPRQ59; '17IQR#4f, '18IQR66	0% Yes 100% Many (10)
59a. Were assessments provided timely?	10% Yes (1) 90% Many (9)

Question	2020 (sample=10)
59b. Did assessments contain accurate information?	20% Yes (2) 70% Many (7) 10% Needs Impv (1)
59c. Did assessments contain information accurate to guide planning?	0% Yes 90% Many (9) 10% Needs Impv (1)
59d. Did assessments contain recommendations?	60% Yes (6) 40% Many (4)
60. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5, '18IQR67	50% Yes (5) 40% Many (4) 10% Needs Impv (1)
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	42.8% Yes (3) 28.6% Many (2) 28.6% No (2) (3 N/A)
ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES	
62. Is there a document called an Individual Service Plan (ISP) that was developed within the past year? CPRQ61; '17IQR#9, '18IQR69	100% Yes (10)
63. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3, '18IQR70	80% Yes (8) 10% Many (1) 10% Needs Impv (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	33.4% Yes (1) 33.3% Many (1) 33.3% No (1) (7 N/A)
65. Does my ISP contain current and accurate information? '17IQR#6, '18IQR72	30% Yes (3) 50% Many (5) 20% Needs Impv (2)
66. Does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b, '18IQR73	
67. Does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c, '18IQR74	60% Yes (6) 30% Many (3) 10% Needs Impv (1)
68. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a, '18IQR75	50% Yes (5)

Question	2020 (sample=10)
	20% Many (2) 10% Needs Impv (1) 20% 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	10% Yes (1) 10% Many (1) 60% Needs Impv (6) 20% No (2)
70. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c, '18IQR77	0% Yes 50% Many (5) 40% Needs Impv (4) 10% No (1)
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	22.2% Yes (2) 22.2% Many (2) 33.3% Needs Impv (3) 22.2% No (2) (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	16.7% Yes (1) 33.3% Many (2) 50% Needs Impv (3) (4 N/A)
73. Has the person made measurable progress on actions steps during this past year?'17IQR#13b, '18IQR80	0% Yes 20% Many (2) 50% Needs Impv (5) 30% No (3)
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	20% Yes (2) 70% Many (7) 10% Needs Impv (1)
75. Are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d, '18IQR82	100% Yes (10)
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	20% Yes (2) 50% Many (5) 20% Needs Impv (2) 10% No (1)

Question	2020 (sample=10)
77. Are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i, '18IQR84	20% Yes (2) 50% Many (5) 20% Needs Impv (2) 10% No (1)
78. Are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m, '18IQR85	20% Yes (2) 60% Many (6) 20% Needs Impv (2)
79. Has the person made measurable progress in therapy this year? '17IQR#13a, '18IQR86	20% Yes (2) 50% Many (5) 20% Needs Impv (2) 10% No (1)
80. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c, '18IQR87	10% Yes (1) 60% Many (6) 30% Needs Impv (3)
81. Does the ISP contain information regarding primary health (medical) care? CPRQ74, '18IQR88	70% Yes (7) 20% Many (2) 10% Needs Impv (1)
81a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a, '18IQR88a	70% Yes (7) 10% Many (1) 10% Needs Impv (1) 10% No (1)
81b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b, '18IQR88b	100% Yes (10)
82. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76, '18IQR89	80% Yes (8) 20% Many (2)
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 (10)
84. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a, '18IQR91	50% Yes (5) 40% Many (4) 10% Needs Impv (1)
85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7, '18IQR92	0% Yes 80% Many (8) 20% Needs Impv (2)
86. Is the ISP being implemented? (If 85 is "3") CPRQ79 '17IQR#12, '18IQR93	(10 N/A)

Question	2020 (sample=10)
87a. Is the ISP being implemented? (If 85 is "0", "1", or "2") CPRQ80a '17IQR#12, '18IQR94a	10% Yes (1) 50% Many (5) 40% Needs Impv (4)
87b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11, '18IQR94b	0% Yes 80% Many (8) 20% Needs Impv (2)
88. Was the direct service staff trained on the implementation of this person's ISP? CPRQ81, '18IQR95	30% Yes (3) 70% Many (7)
89. Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82, '18IQR96	30% Yes (3) 70% Many (7)
EXPECTATION OF GROWTH AND QUALITY OF LIFE, SATISFACTION	
90. Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13, '18IQR98	0% Yes 40% Many (4) 60% Needs Impv (6)
91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d, '18IQR99	80% Yes (8) 20% Many (2)
92. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b, '18IQR100	80% Yes (8) 20% Many (2)
93. Is the person offered a range of opportunities for participation in each life area? CPRQ87, '18IQR101	90% Yes (9) 10% Many (1)
94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30, '18IQR102	100% Yes (10)
94a. About where and with whom to live? CPRQ89; '17IQR#23c, '18IQR102a	100% Yes (10)
94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d, '18IQR102b	100% Yes (8) (2 CND)
94c. About where and with whom to socialize/spend leisure time? CPRQ91, '18IQR102c	100% Yes (8) (2 CND)
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>)	100% Yes (10)
96. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a, '18IQR105	50% Yes (5) 50% Many (5)
97. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94, '18IQR106	90% Yes (9)

Question	2020 (sample=10)
	10% Needs Impv (1)
98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h, '18IQR107	70% Yes (7) 30% No (3)
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	42.9% Yes (3) 28.5% Many (2) 14.3% Needs Impv (1) 14.3% No (1) (3 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	42.8% Yes (3) 28.6% Many (2) 28.6% No (2) (3 N/A)
101. Is the person protected from abuse, neglect and exploitation? '17IQR#35, '18IQR110	80% Yes (8) 20% Many (2)
102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b, '18IQR111	100% Yes (7) (3 N/A)
103. Is the individual safe? '17IQR#24, '18IQR112	60% Yes (6) 40% Many (4)
104. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a, '18IQR113	11.1% Active (1) 77.8% Moderate (7) 11.1% Limited (1) (1 N/A)
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	100% Yes (6) (4 N/A)
106. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30, '18IQR115	100% Yes (10)
107. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e, '18IQR116	100% Yes (10)
108. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c, '18IQR117	10% Yes (1) 50% Many (5) 40% Needs Impv (4)
109. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e, '18IQR118	90% Yes (9) 10% Many (1)
110. Does the person have sufficient personal money? CPRQ110 '17IQR#34f, '18IQR119	90% Yes (9) 10% Many (1)

Question	2020 (sample=10)
111. Does the person get along with their day program/employment provider staff? CPRQ111, '18IQR120	88.9% Yes (8) 11.1% Many (1) (1 CND)
112. Does the person get along with their residential provider staff? CPRQ112, '18IQR121	100% Yes (10)
TEAM PROCESS	
113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10, '18IQR122	0% Yes 90% Many (9) 10% Needs Impv (1)
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	(10 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	40% Yes (4) 60% Many (6)
116. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117, '18IQR125	40% Yes (4) 60% Many (6)
117. Do you recommend Dispute Resolution for this IDT? CPRQ118, '18IQR126	0% Yes 100% No (10)
118. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#17d, '18IQR127	30% Yes (3) 70% No (7)
119. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c, '18IQR128	20% Yes (2) 80% No (8)
120. If #118 OR #119 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; '18IQR129	75% Yes (3) 25% No (1) (6 N/A)
121. Has the person changed residential/day services in the last year? CPRQ122, '18IQR130	30% Yes (3) 70% No (7)
122. If #121 is Yes, was the change Planned by the IDT? CPRQ122a, '18IQR131	100% Yes (3) (7 N/A)
123. If #121 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b, '18IQR132	100% Yes (3) (7 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 (8) 20% Needs Impv (2)

Question	2020 (sample=10)
SUPPORTED EMPLOYMENT	
125. Does (Name) have a current Person-Centered Assessment? '18IQR134	30% Yes (3) 30% Many (3) 10% Needs Impv (1) 30% No (3)
126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a, '18IQR135	44.4% Yes (4) 11.1% Many (1) 44.5% No (4) (1 N/A)
127. Did the individual participate personally in the Person Centered Assessment? '18IQR136	33.3% Yes (3) 66.7% No (6) (1 CND)
128. Did the Guardian participate in the Person Centered Assessment? '18IQR137	44.4% Yes (4) 55.6% No (5) (1 CND)
129. Is the individual engaged in the Informed Choice Project? '18IQR138	(10 N/A)
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	85.7% Yes (6) 14.3% No (1) (3 N/A)
131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section? '18IQR140	83.3% Yes (5) 16.7% Many (1) (4 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	100% Yes (1) (9 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	50% Yes (1) 50% Needs Impv (1) (8 N/A)
134. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c, '18IQR143	100% Yes (7) (3 N/A)
135. Has the Guardian received information regarding the range of employment options available for the individual? '18IQR144	100% Yes (6) (4 N/A)
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	100% Yes (7) (3 N/A)

Question	2020 (sample=10)
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	57.1% Yes (4) 42.9% Many (3) (3 N/A)
138. Has the individual participated in work or volunteer activities during the past year? '18IQR147	42.8% Yes (3) 14.3% Many (1) 14.3% Needs Impv (1) 28.6% No (2) (3 N/A)
139. Has the individual identified what type of work or volunteer activities he/she would like to do? '18IQR148	57.1% Yes (4) 28.6% Many (2) 14.3% No (1) (3 N/A)
140. Does the Guardian support him/her working? '18IQR149	85.7% Yes (6) 14.3% No (1) (3 N/A)
142. Is the individual engaged in Supported Employment? CPRQ129, '18IQR151	28.6% Yes (2) 71.4% No (5) (3 N/A)
144. Does the person have a Career Development Plan? CPRQ128 17IQR#26e, '18IQR153	100% Yes (2) (8 N/A)
BEHAVIOR	
145. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d, '18IQR154	90% Yes (9) 10% No (1)
146. Does the person need behavior services now? CPRQ132 '17IQR#11e, '18IQR155	100% Yes (10)
147. Have behavioral assessments been completed? CPRQ133, '18IQR156	80% Yes (8) 10% Many (1) 10% No (1)
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	50% Yes (5) 40% Many (4) 10% No (1)
149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d, '18IQR158	66.7% Yes (6) 22.2% Many (2) 11.1% Needs Impv (1) (1 N/A)

Question	2020 (sample=10)
150. If needed, does the person have a Behavior Crisis Intervention Plan that meets the person's needs? CPRQ 73a; '17IQR#5h, '18IQR159	50% Yes (1) 50% Many (1) (8 N/A)
151. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i, '18IQR160	50% Yes (5) 30% Many (3) 10% Needs Impv (1) 10% No (1)
152. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d, '18IQR161	44.4% Yes (4) 33.4% Many (3) 11.1% Needs Impv (1) 11.1% No (1) (1 N/A)
ADAPTIVE EQUIPMENT / AUGMENTATIVE COMMUNICATION	
153. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b, '18IQR162	66.7% Yes (6) 33.3% Many (3) (1 N/A)
154. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c, '18IQR163	66.7% Yes (6) 22.2% Many (2) 11.1% Needs Impv (1) (1 N/A)
155. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f, '18IQR164	100% Yes (10)
156. Is the person's equipment and technology in good repair?'17IQR#25d, '18IQR165	70% Yes (7) 30% Many (3)
157. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e, '18IQR166	60% Yes (6) 40% Many (4)
158. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b, '18IQR167	60% Yes (6) 40% Many (4)
INDIVIDUAL SERVICE PLANNING	
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	100% Yes (10)
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	80% Yes (8) 20% Many (2)

Question	2020 (sample=10)
161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a, '18IQR170	100% Yes (10)
162. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f, '18IQR171	90% Yes (9) 10% Many (1)
163. Is the person integrated into the community? CPRQ145; '17IQR#29g, '18IQR172	80% Yes (8) 20% Many (2)
164. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36, '18IQR174	0% Yes 70% Many (7) 30% Needs Impv (3)