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I. INTRODUCTION

The Community Practice Review (CPR) is to be conducted annually. During the 2015 CPR, supports and services offered to 99 individuals were reviewed.¹ This report represents a summary of the statewide findings from that review. Separate regional reports and a PowerPoint file presenting the statewide findings have already been distributed and can be found on the CPR web site at jacksoncommunityreview.org.

In addition to reports of findings, the Jackson website also contains the Community Practice Review protocol so that it is available to everyone. The protocol contains not only the questions which are ultimately scored but also the questions that reviewers ask the individual, guardian, case manager, residential and day staff. In addition to the specific questions that are asked by reviewers, notes identifying specifically what reviewers are to look for are also included. The Guide for Reviewers and Case Judges is also posted online. The CPR is, in effect, an 'open book test'.

This report was originally distributed amongst the parties December 2, 2015. Since that time, the Community Monitor has met with and reviewed the report findings and recommendations with representatives of the Defendants, Plaintiffs, Arc Intervenors and the Jackson Compliance Administrator. During the regional reviews approximately 986 individuals including individuals receiving services/guardians, team members and regional/state DDSD representatives also had an opportunity to review and suggest changes to the individual review findings.

This year the Department of Health (DOH), Developmental Disabilities Supports Division (DDSD) received 99 individual reports of findings. Prior to finalization, these individual findings were reviewed with the respective regional staff and the individual's Team.² After individual reviews are completed, a summary of the findings in total for a given region are presented using PowerPoint. These summaries are first shared with the region and then published on the CPR web site. This statewide report differs from the Regional PowerPoint reports in three ways. This report:

- contains aggregate data based on individual issues and findings identified for 99 individuals statewide;
- identifies, prioritizes and explains the most frequently identified issues by topic area; and
- identifies frequency of issues/findings by provider in an effort to assist DDSD, providers and others to focus on areas where technical assistance and corrective action is most needed.

It is important to note the difference between number of "findings" and number of "issues". The number of findings relates directly back to the number of findings identified for each individual in his/her summary. This "summary" is issued after every review for each person in the review. Within findings there can be more than one "issue" addressed. For example, the following is an example of one finding.

“(The person’s) weights have fluctuated:

- Annual Health screening in May, 2015: PCP concern for an increased weight gain of 22 lbs. over the past year. He reported that (the person) currently weighed 176 lbs.
- (The person) has a nutritional evaluation annually and had been steadily losing weight over the past several years. The weight loss was noted to have improved (the person’s) health to the point (the person) has been taken off of daytime oxygen as of 3/12/14.

¹ Findings and recommendations for 99 individuals were issued. 96 individuals had scored protocol books. Those who did not have a scored CPR protocol books were 3 people receiving supports through Mi Via (have findings, separate protocol).

² For an overview of the Community Practice Review History and Methodology, see Appendix A

- Monthly nursing notes document weight swings of twenty or more pounds from month to month that are either incorrect or should have triggered further investigation: February 2015 to July 2015, monthly weight was recorded as 170, 138, 145, 176, 143, and 174
- There have been no changes to accommodate or address the weight concern.”

While this is one finding related to weight fluctuations, there are actually three issues:

1. PCP identified concerns with this person’s weight gain with no follow up on the part of the nurse, case manager or team;
2. A nutritional evaluation noted weight loss (vs. weight gain) which is great but no one on the team seemed to notice the conflict with other records;
3. While the nurse noted dramatic swings in weight, the nurse took no action to determine what the problem(s) was;

The information contained in this report can and should be used as a complement to other DDSD data sources in order to focus on specific issues and identify where limited resources need to be allocated in order to effect the most urgently needed improvements.

A. Jackson Class Member Demographics

As of November 21, 2015, there are 281 active Jackson Class Members. When the 2004 Community Practice Review began eleven years ago, there were 403. That represents a 30% drop in the number of active class members. Three individuals left the state. The other 119 passed away during that eleven year period. More information about the class members who passed away in 2015 is provided later in this report. The tables that follow provide information about the current active Jackson class members.

Chart #1: Active Class Member Demographics

Gender	
Male	173
Female	108

Age	
30-39	5
40-49	72
50-59	111
60-69	71
70-79	18
80+	4
Average Age:	56

Ethnicity	
Hispanic	131
Caucasian	101
Native American	36
Black	12
Asian	1

Region	
Metro	162
NE	32
NW	21
SE	30
SW	36

Day Service Type	
Adult Habilitation (AH)	188
Adult Hab/Supp Empl (SE)	35
Adult Hab/Community Access (CA)	16
Adult Hab/Comm Access/Supp Empl	1
Community Access	16
Community Access/Supp Empl	5
Supported Employment	5
Mi Via	13
NONE	2

Residential Service Type	
Supported Living	215
Family Living	46
Mi Via	13
Independent Living	4
ICF/MR	3

B. Most Frequently Identified Findings by Category

The following chart identifies the topical categories where most findings were identified during the last three years.

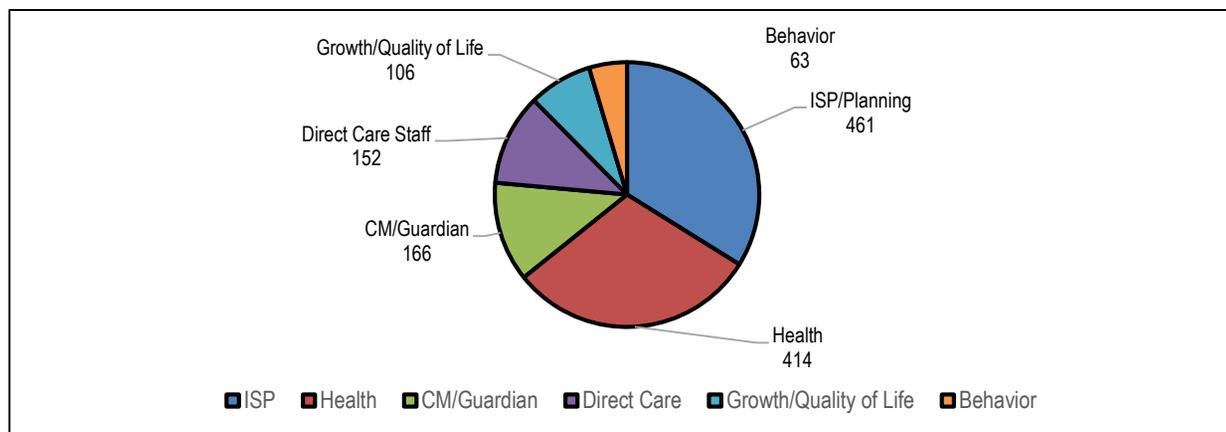
Chart #2: Number of CPR Findings by Topic Category, 3-year Totals

2015: 99 Individuals were reviewed; 2014: 101 individuals were reviewed; 2013: 103 individuals were reviewed; 2012: 109 individuals were reviewed.

Topic area ³	2011/2012 ⁴ Number of Findings	2013 ³ Number of Findings	2014 ⁵ Number of Findings	2015 ⁴ Number of Findings
Adequacy of Planning/ISP	327	411	439	461
Health Care/Health Care Coordination ⁶	370	321	437	414
Case Management and Guardianship	177	188	198	166
Direct Care Services	171	151	137	152
Expectation of Growth/Quality of Life	103	84	107	106
Behavior	Not Aggregated	Not Aggregated	Not Aggregated	63
Adaptive Equipment	81	62	70	50

As in 2012, 2013 and 2014, the two areas in 2015 where the most issues (62%) continue to be identified are Adequacy of Planning/Individual Services Plan (ISP) and Health Care/Health Care Coordination. These two areas will be explored in greater detail, starting with identified health related issues.

Chart #3: Most Frequently Identified 2015 Findings by Topic Area



³ Immediate and Special findings are included in their appropriate topic areas in 2014 and 2015

⁴ These numbers were provided by DDSD.

⁵ These numbers provided by the Community Monitor.

⁶ DDSD uses the terminology "Health and Wellness" which matches the Findings and Recommendations Form in the Community Practice Review.

II. HEALTH RELATED ISSUES

A. Number of Health Related Issues Identified by Class Member and by Region

At a high level, what is being sought during the Community Practice Review is whether the Team “knew” and whether the team “acted” based on that knowledge. In basic terms, Team members have a duty to know the person well and then to act with reasonable care to, at the very least, prevent harm and, hopefully, to enable the person to flourish. It is through this lens of “did we know and did we act” that the reader is encouraged to examine the implications of the findings throughout this report but most urgently with respect to health related findings.

Ninety-one of the 99 individuals (92%, including 3 on the Mi Via Waiver) had health related issues needing review and/or attention identified as part of their 2015 CPR individual findings. Simply, for 91 of the 99 individuals reviewed, health related issues were identified as needing to be addressed.

Chart #4: Number of Health Related Issues Identified by Region
(Based on number of issues found in 2014 and 2015 Findings and Recommendations)

Region	Number of Health Care Issues Identified by Class Member ⁷																Total #		Average #			
	0		1-2		3-4		5-6		7-9		10-12		13-15		16-17		Reviewed		Issues per region		Of Issues Per Person	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
Metro 1	0	0	5	1	6	7	5	6	4	1	4	0	1	2	1	0	25	17	144	92	5.76	5.41
Metro 2	1	0	2	3	6	5	4	4	5	1	4	1	2	1	0	1	24	16	153	91	6.38	5.69
Metro 3		2		2		2		2		8				0				17		87		5.12
M Total	1	2	7	6	12	14	9	12	9	10	8	1	3	3	1	2	49	50	297	27	6.06	5.40
NE	0	3	1	3	0	1	4	5	2	1	3	0	4	0	0	0	14	13	115	42	8.21	3.23
NW	1	1	2	3	1	2	1	3	1	1	1	0	2	0	0	0	9	10	60	36	6.67	3.60
SE	0	1	1	4	4	3	3	1	4	0	1	1	1	0	0	1	14	11	90	52	6.43	4.73
SW	2	1	1	3	2	3	2	6	2	2	3	0	2	0	1	0	15	15	112	62	7.47	4.13
State wide	4	8	12	19	19	23	18	27	18	14	16	2	12	3	2	3	101	17	674	462		

In 2015, eight class members (8%) were found to have no identified, unaddressed health issues. Forty-nine (49%) class members were found to have from 5 to 17 identified health related issues.⁸ In 2014, 4 (4%) class members were found to have no identified, unaddressed health issues. Sixty-six (66%) class members were found to have from 5 to 17 identified health related issues.⁹

⁷ This does not identify every issue/finding. Some were not counted due to an issue being identified for one person that did not specially affect health care.

⁸ Seven class members with no identified health related issues were supported by Case Management Agencies: A New Vision, Carino, J&J, NMBHI, Rio Puerco, SCCM and Visions. Six residential agencies supported these individuals: AWS, CDD, Dungarvin, ENMRSH, LLC (2), and Tresco. One person with no identified health related issues is part of the Mi Via Waiver.

⁹ The four class members with no identified health related issues were supported by Dungarvin, Ramah Care, Mi Via/Nezzy Care and Lessons of Life. Case Management agencies supporting these individuals include Unidas, Excel, SCCM and Mi Via.

In an effort to better understand the types of issues identified for individuals, a review of those with immediate and/or special needs are reviewed first.

B. Issues Identified for Those with Immediate and/or Special Needs

Definition for those with Immediate Needs: 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 addressing in a timely fashion.

Definition for those with Special Attention Needs: Class Members identified as “*needing special attention*” are individuals for whom issues have been identified that, if not effectively addressed, are likely to become an urgent health and safety concern, in the near future.

An unduplicated total of 34 (34%) individuals were identified with Immediate and/or Special Needs. Eleven individuals were identified to have Immediate Needs. Thirteen different Immediate Findings were identified for these 11 people; one of those was a repeat finding/recommendation from a previous review. Twenty-seven individuals were identified with Special Attention Needs; 42 different findings were issued for those 27 people; three of those Special Attention Needs were repeat findings from previous years. Two Incident Reports (IRs) related to medication administration were filed in conjunction with identified issues. Four people were identified as having both Immediate and Special Needs.

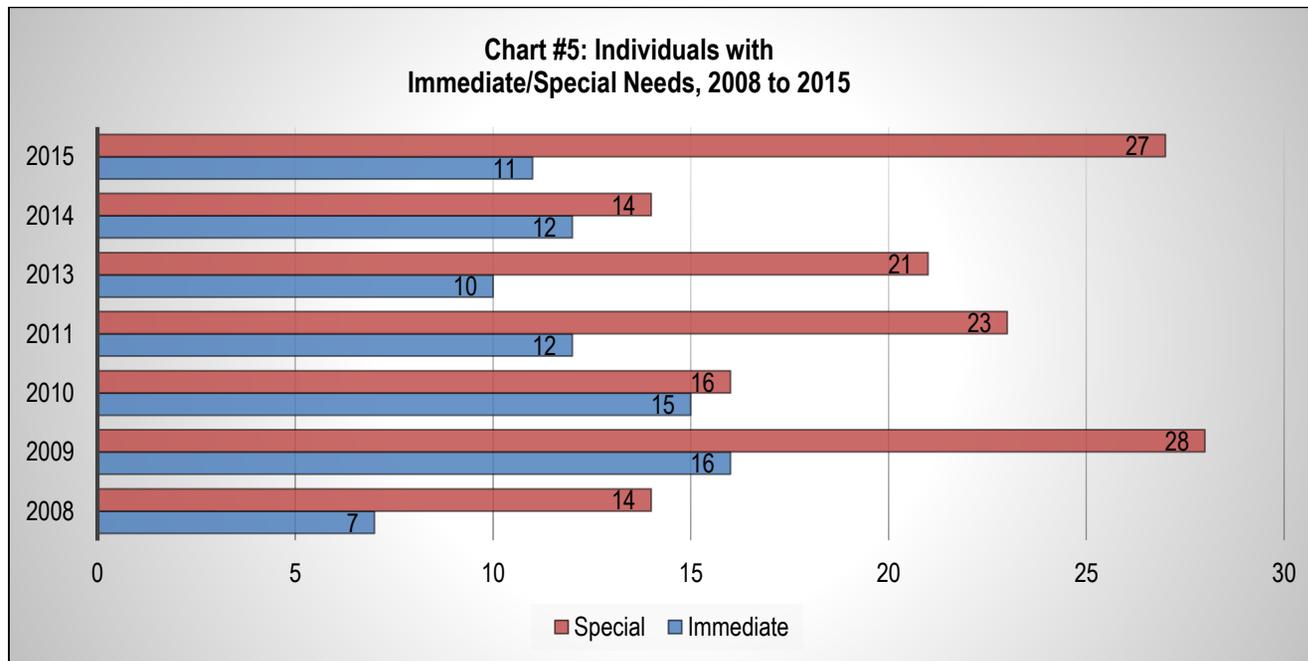


Chart #6: Individuals with Immediate/Special Needs by Region

Number of Individuals with Immediate/Special Issues								
(Note: this is NOT the same as number of findings, as some individuals have more than one Immediate/Special finding)								
Type	Metro1	SW	SE	Metro2	NW	NE	Metro3	Totals
Immediate	4		1	4			2	11
Special	3	3	2	7	3	3	6	27

Chart #7: Type of Health Care Coordination Issues Identified for People with Immediate and/or Special Needs By Region¹⁰.

Issue: Lack of Adequate Health Care Coordination	Metro	NE	NW	SE	SW	Total
Issues related to not following Clinical recommendations	4	2	1	4	2	13
Lack of Follow up/Timely Follow up for Seizure issues	9		1	1	1	12
Aspiration Related Issues	3	1	1			5
Medication/Med Adm. Record (MAR) Issues	9	1		2	2	14
Health Related Plans Missing, Inconsistent or Inaccurate	2					2
Behavior/Psychiatric Issues	3			1	1	5
Widespread systems breakdown	5					5
Total	35	4	3	8	6	56

Examples of, in some cases, life threatening issues related to lack of **adequate Health Care Coordination** identified for class members as represented in Chart #7 follow.

Not following Clinical Recommendations: Examples includes

- Aspiration: Staff not following the instructions identified in the CARMP;
- Pneumonia/Not following discharge instructions: Not acquiring or giving medications ordered by physician, class member re-hospitalized as a result;
- Potential Renal Failure: Physician recommended surgical resection of prostate or eventually go into renal failure. Staff indicated waiting on Guardian approval. Guardian indicated never consulted.
- Neurology: Individual did not go to his return visit with neurologist. Hospitalized (adjust seizure medication). Physician requested follow up appointment, which did not occur.
- Lack of EKG Monitoring: Dr. recommended EKG Monitoring due to taking risperidone (2014). 2015 CPR identified that this had not been completed.
- Falls/Fractures: After two falls (one resulting in a fracture, the other stiches due to laceration). 2012 Bone density scan indicated high fracture risk. Recommended follow up in one year. 2015 CPR identified lack of follow up.
- Psychiatrist: recommended specific hydration to prevent Lithium toxicity/prevent diarrhea. 33% of the time individual is not receiving minimum amount of water ordered.

¹⁰ This is regarding the number of different issues; As many findings highlighted more than one issue, this is more than the number of findings. For detail regarding issues Immediate and Special Issues including by provider and case management agency See Appendix B, C and D.

Safety Equipment: PT recommended use of shower chair, not present in the home.

Lack of Timely follow up

Preventative Screens: 2013 tested positive for blood in stool. Family history of cancer. PCP recommended colonoscopy. Attempted, Guardian to acquire second opinion on approach. Alternatives not pursued (no blood work, no Guaiac tests) until 2015 after review. 2014 PCP recommended MRI to explore source of pain. Not completed at time of review.

2008 Colonoscopy completed with recommended follow up in 5 years (2013), not done by time of review 5/2015 review. Completed post review with normal findings.

Weight loss: 2014: unexplained weight loss of 32 lbs. GI identified possible esophageal dysmotility, treated with Nexium. SLP indicates problems with wheezing from throat. Team believes due to swelling in throat. 4/2015: No evidence follow up.

Health/Wellness: 2014 and 2015 physicals identified obesity and high cholesterol and recommended low fat diet. Not seen by nutritionist to help with this area.

- Mammogram completed, no request or evidence of results pursued.
- Lab work indicated glucose levels slightly elevated. Documentation notes need to return for updated lab work. Not done.

Medication Issues

Medication counter indicated:

2014 Dr. discontinued medication due to individual's kidney failure. 2015 different doctor signed comfort measures including this medication. Issue not caught by nursing or case management.

- ISP notes individual went into cardiac arrest as possible reaction to MRI dye. Had recent hospitalization due to break through seizures. No one interviewed mention this as an allergy (day, residential or nursing).
- Allergy to Benedryl. Notation not found on all medical documents. Administered Benedryl while hospitalized.
- MAR lists PRN medication with ingredients to which the individual is allergic.

Not given/not present: Required seizure medication not available at home.

- 2013 and 2014 Plan developed in conjunction with DDS to reduce medication errors not known by nursing and not being followed by staff. Individual missed scheduled medications 8 times and an additional 18 medication errors noted. (Repeat finding from 2007 and 2011 CPR).

Lack of adequate oversight: AIMS should be done annually, it was not.

- Nurse indicated that there should be no PRN Medications on MAR, there were 5.
- Even with access to records, nurse was unable to determine if medical evaluation of middle ear dysfunction had occurred as recommended by Audiologist; nurse reported she did not have information from labs conducted 4 months earlier.
- Medication monitoring not completed as ordered by physician.

Behavior

Restraint used but not authorized or known by Behavior Support Consultant or Team. Not recommended in the Positive Behavior Support Plan.

- HRC identified restrictions not being followed.

Team concerned about lack of adequate resources: individual very unstable, two psychiatric admissions during past year. Staff relying on 911 and PRN medication to maintain a semblance of control. After decades in this community, later moved to ABQ.

Lack of timely follow up: 6/2014: increase in aggressive and assaultive behaviors. Day program requested behavioral services be added. 9/14: Day services requested BSC and OT services, Team agreed. 3/2015 Day services indicates they will place individual on 'leave of absence' as neither BSC nor OT services provided. 5/15: CPR finds BSC and OT have not begun to provide services. (ABQ)
 - 7/14: Seen at psychotherapy clinic, recommended return in 6 months. 9/15: No evidence of return.

Widespread systems breakdown

When there is widespread breakdown of knowledge, oversight, monitoring and follow up individuals are at increased risk of harm. As in the past, when this type of wide spread breakdown occurs, conversations not only occur with the individual and his/her team but also with the respective regional office to determine the most effective follow up needed.

Example (one person): Case manager not knowledgeable (health, events surrounding incidents of alleged neglect, accurate implementation of Positive Behavior Support Plan to avoid self-injurious behaviors); Lack of nursing oversight, monitoring and correction; Residential staff interviewed not knowledgeable of individual and supports/services provided; ISP did not contain current information; ISP not consistently implemented.

C. Health Care Coordination, Oversight and Records

As stated earlier, Team members have a duty to know the person well and then to act with reasonable care to, at the very least, prevent harm and, hopefully, to enable the person to flourish. The following information examines the findings related to all 99 individuals in this year's review as they specifically speak to health related issues.

Chart #8: Do Team Members Know About and Do They Act on Health Related Needs?

Question (Numbers reference the question in the CPR Protocol)	Statewide # & % Yes
Q. #54. Overall, were the team members interviewed able to describe the person's health-related needs? (Residential: Q#48: 58/60%); (Day Q#38: 45/48%); (Case Management Q#30: 63/66%)	31 (33%) 2014: 30 (31%) 2013: 40 (39%) 2011: 43 (39%)
Q. #55. Is there evidence that the IDT discussed the person's health-related issues?	45 (47%) 2014: 51 (53%) 2013: 65 (64%) 2011: 70 (64%)
Q. #56: ... Are the person's health supports/needs being adequately addressed?	16 (17%) 2014: 23 (24%) 2013: 31 (30%) 2011: 39 (36%)

The full questions from the 2015 Community Practice Review protocol follow.

Question: Are those responsible for day to day and monthly monitoring aware of the person’s health related needs so that they can appropriately support and protect the person? For 33% of those in the sample the answer is yes; for 67% of those reviewed the answer is no.

Question: Is the team discussing the person health-related issues completely? For 47% of those in the sample, the answer is yes, for 53% of those reviewed the answer is no.

Question: Are class members health support needs being adequately addressed? For 17% of those in the review the answer is yes, for 83% the answer is no. Since “adequate” is the criteria instead of a higher standard these results are extremely important to address as quickly and as effectively as possible.

In addition to directly interviewing and asking those who support individuals what they know, reviewers also seek other sources of evidence such as the paper documentation which is required to be kept. For example, what we know about a person’s health needs are memorialized in Health Care Plans (HCP) and the ISP. What we know about what we should do in the case of an emergency for a specific person is summarized in the person’s Medical Emergency Response Plans (MERP). What we know about what we are to do to prevent a person from aspirating is detailed in the Comprehensive Aspiration Risk Management Plan (CARMP). In order for all team members to know the person’s current and historic health status, nurses are tasked with the responsibility to act by entering information into e-CHAT so that it is electronically available and accurate.

The following chart identifies some of the challenges identified with “what teams know” through paper evidence.

Chart #9: Lack of Accuracy in Health Care Records

Issue	# of Class Members	% of 99 Class Members Reviewed	# of Issues
Plans, Documents Not accurate, or Information is Inconsistent	55	55.6%	99
Medication Issues - Paperwork	25	25.3%	40
Diagnoses Inconsistent/Not Current Across Documents	24	24.2%	24
Tracking Not Done or is Inaccurate	24	24.2%	27
Medication Review/Oversight Needed	6	6.1%	8

Reviewers also look for evidence of what Teams/Team members ‘know’ by the ‘actions’ they do or do not take.

Chart #10: Lack of Healthcare Coordination, Oversight and Follow up

Issue	# of Class Members	% of 99 Class Members Reviewed	# of Issues
Not following up on recommendation (by medical professional) for assessment or treatment	45	45.5%	77
Medical follow up, appointment or evaluation needed, not complete	25	44.4%	44
Assessments: Late, Inaccurate, or Missing	36	36.4%	63
Nurse Uninformed/Giving Incorrect Information	12	12.1%	17
Nursing Oversight Issues	10	10.1%	12
Therapies Needed and (are) Missing	9	9.1%	10
Medication Not Available	6	6.1%	9
Medication Administration Issues	5	5.1%	7
Multiple Confirmed Instances of Neglect	2	2.0%	2
Poor Oral Hygiene	2	2.0%	2

The number of issues identified as a part of individual findings are also reflected in the scoring summarized in the CPR protocol as evidenced in the following chart. Assessments are foundational for planning and protection from harm.

Chart #11: Are Assessments Acquired and Used?

Question (Question # reference questions in the CPR Protocol)	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts?	65% Yes (70) 35% Partial (38)	49% Yes (52) 51% Partial (55)	58% Yes (63) 42% Partial (46)	45% Yes (46) 55% Partial (56)	40% Yes (39) 59% Partial (57) 1% No (1)	35% Yes (33) 64% Partial (61) 1% No (1) (1 not scored)
58. Did the team arrange for and obtain the needed, relevant assessments?	47% Yes (51) 53% Partial (57)	40% Yes (43) 60% Partial (64)	41% Yes (45) 58% Partial (63) 1% No (1)	37% Yes (38) 63% Partial (64)	25% Yes (24) 74% Partial (72) 1% No (1)	42% Yes (40) 57% Partial (54) 1% No (1) (1 not scored)
59. Are the assessments adequate for planning?	64% Yes (69) 36% Partial (39)	59% Yes (63) 40% Partial (43) 1% No (1)	48% Yes (52) 52% Partial (57)	34% Yes (35) 66% Partial (67)	41% Yes (40) 57% Partial (55) 2% No (2)	29% yes (28) 68% Partial (65) 2% No (2) (1 not scored)
60. Were the recommendations from assessments used in planning?	47% Yes (51) 50% Partial (54) 3% No (3)	46% Yes (49) 49% Partial (52) 6% No (6)	43% Yes (47) 56% Partial (61) 1% No (1)	37% Yes (38) 62% Partial (63) 1% No (1)	40% Yes (39) 57% Partial (55) 3% No (3)	31% Yes (29) 61% Partial (58) 8% No (8) (1 not scored)

D. Prevalent Cause of Hospitalization

In addition to looking at what people know, what information is contained in the record, what action has been taken and health related outcomes of individuals as a part of the CPR, other facts also inform our understanding of overall class member health status and/or issues. This section examines the most frequently identified health issues based on the Out of Home Placement Report.¹¹ The categories identified in the chart with some explanation include:

Aspiration Pneumonia: individuals hospitalized with upper respiratory issues that were diagnosed as aspiration pneumonia.

Bowel: individuals hospitalized and diagnosed with bowel obstructions/impactions, and conditions of intestinal paralysis (ileus) and twisting (volvulus) that commonly lead to obstruction, if not detected and treated promptly.

Tube: individuals hospitalized with issues such as needing a (g or j) tube, pulling out a tube and needing it to be reinserted, infections at the tube site, refusing to have a tube inserted.

¹¹ The Out of Home Placement Report is provided by DOH/DDSD weekly and identifies, in part, class members by name who have been moved out of their home, where they were moved, why and some information regarding follow up. This information is current to November 20, 2015.

Dehydration/Urinary Tract Infection (UTI): individuals hospitalized with diagnosis related to dehydration and/or UTIs.

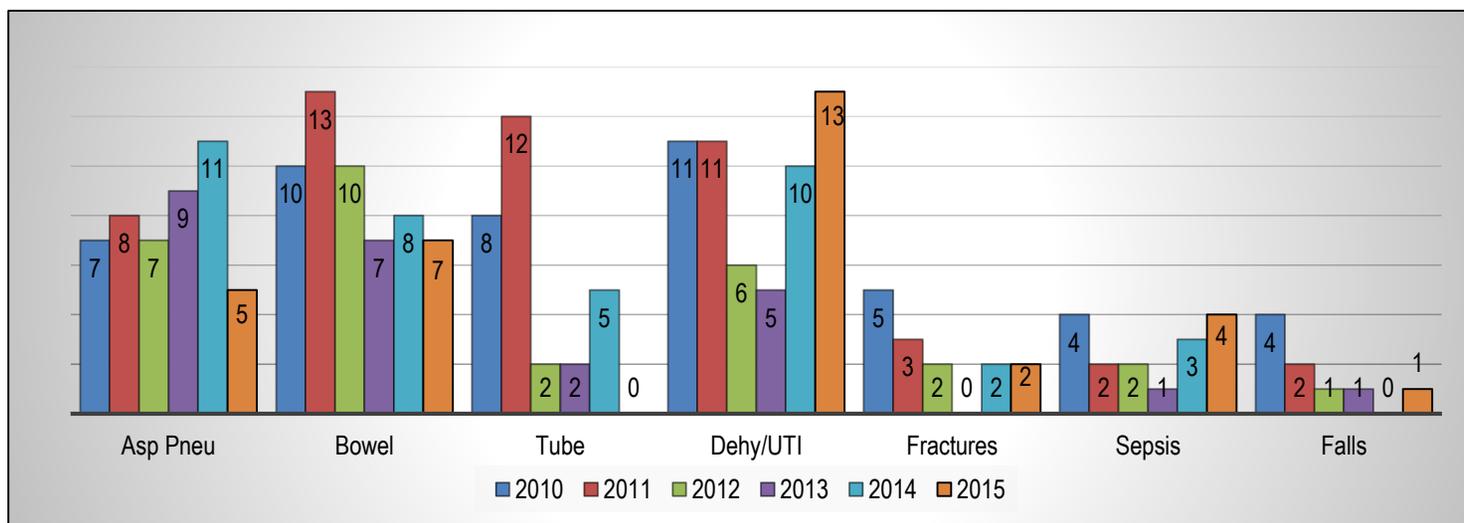
Fractures: individuals hospitalized and diagnosed with broken bones.

Sepsis: individuals hospitalized and diagnosed with a life-threatening condition that occurs when an infecting agent such as bacteria, virus or fungus gets into a person's blood stream. The infection activates the entire immune system, which then sets off a chain reaction of events that can lead to uncontrolled inflammation in the body. This whole-body response to infection produces changes in temperature, blood pressure, heart rate, white blood cell count, and breathing.

Falls: individuals hospitalized or taken into hospital as a result of falls.

For 2015, numbers listed reflect those Out of Home Placement Reports received through November 20. Dehydration and urinary tract infections contributed to the highest number of hospitalizations, followed by bowel issues, sepsis and aspiration pneumonia. One person was hospitalized due to injuries related to a fall. Incidents of sepsis increased slightly over last year.

Chart #12: Hospitalizations by Identified Cause



For all years reported, the number of hospitalizations where the diagnosis is identified as 'unspecified pneumonia' is greater than the number of diagnoses where the pneumonia is classified as being caused by aspiration. For many cases of unspecified pneumonia, however, other information exists in the Out of Home Placement Report indicating the pneumonia was related to aspiration (e.g., bed-side swallow study performed, tube placement, vomiting at the time of admission). The chart below illustrates the number of pneumonia diagnoses associated with hospital stays by classification.

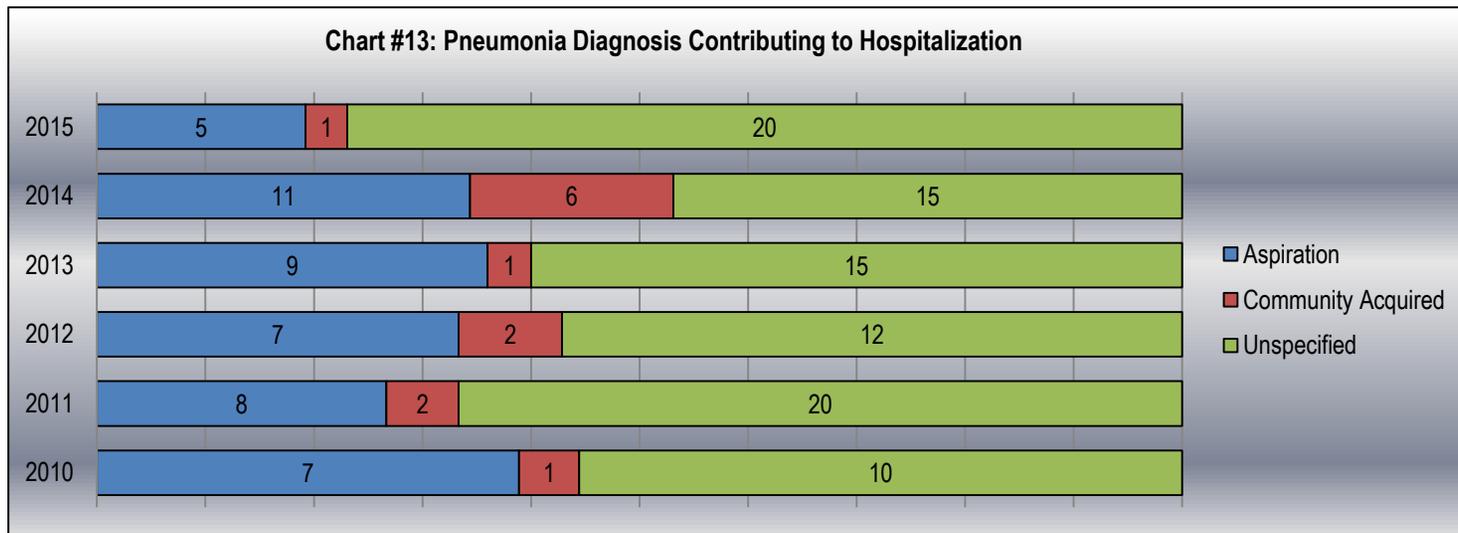


Chart #14: Hospitalizations and Deaths Attributed to Aspiration Pneumonia 2010 to 2015

() = Number of times to hospital

	2010	2011	2012	2013	2014	2015	Total
# of Persons who died who had a diagnosis of Aspiration Pneumonia	6	2	0	2	3	1	14
# of Persons hospitalized with a diagnosis of Aspiration Pneumonia	7 (12x)	8 (8x)	7 (10x)	9 (10x)	11	5	46
Total	13	10	7	11	14	4	60¹²

¹² This is a duplicated count. The actual number of individual class members is 35.

E. Hospice

Since 2010, 26 of 475 reports received (5.5%, affecting 24 Class Members¹³) indicate in the notes that the individual was discharged from a hospital with Hospice services. The availability of Hospice services to Class Members provides an avenue for them to receive comfort care in their final days, and to spend their last hours at home or in a facility dedicated to Hospice care rather than in an acute care hospital setting. The benefit goes beyond members of the Jackson Class and also provides comfort to their family and loved ones.

Of the Class Members who received Hospice referrals as a result of an Out of Home Placement, 19 have died. One of the people who recently passed away had multiple Hospice referrals beginning in 2013. It is noteworthy that his death occurred during an acute hospital stay, not in a Hospice setting. Seven Members of the Jackson Class who receive or have received Hospice services remain living, although the original Hospice referral for one of these came nearly four years ago (January 2012). In fact, once person who was a part of the 2015 CPR was found to have been receiving continuous Hospice services since mid-2012.

The decision to turn the treatment focus from a cure to comfort and quality of life is not one taken lightly, and there is substantial documentation that guardians faced with this difficult choice approach it with all due gravity and deliberation. It is never an easy decision. The nature of the illness of each individual for whom this is considered is unique, and the variables involved cannot be predicted with any precision. When we are considering treatment decisions for Jackson Class Members, this topic is greatly complicated by compromised communication skills common among this group. The individual often cannot express his or her own wishes regarding end-of-life decisions, and in most cases has only a limited ability to communicate their own experience of illness (e.g., I'm feeling better, or I'm feeling worse).

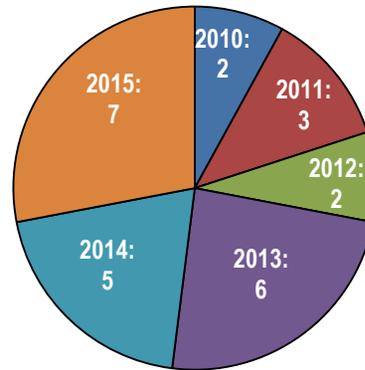
A referral for Hospice follows diagnosis of a terminal illness, one that cannot be cured and is expected to result in death within a short period of time. Yet, nearly a third of Class Members referred to Hospice have continued to live relatively healthy lives well beyond their referral for that service. This raises questions on two fronts:

- Are there instances where Hospice referrals are made prematurely that have resulted in death because of removal of treatment that would have been successful if given more time?
- Have any Class Members died while receiving Hospice services from a cause of death other than the terminal illness diagnosed, but as a result of the limited Scope of Treatment (e.g., DNR Order) associated with Hospice?

These questions are not intended to raise any sort of accusation for those facing these incredibly complex decisions; rather, the intent is to invite discussion that may lead to learning from the information we already have.

¹³ This number reflects only those Hospice referrals that take place upon hospital discharge. Hospice referrals and intake can also be coordinated through the Class Members' treating physician and may not involve an out-of-home placement. As noted above, not all class members referred to Hospice through hospitalization have died. Thus, these numbers are slightly different than the overall total of Hospice stays considered in the section of this report that evaluates Class Member deaths.

Chart #15: Statewide Hospice Referrals from Hospitals by Year



F. Readmissions

When a person is discharged from the hospital, and then readmitted within 30 days for the same problem or a related problem, this is considered a readmission. Readmissions are measured at the Federal level as an indication of quality of care, based upon the presumption that rates of readmission are related to discharges which occur too early and/or provision of treatment that is not effective. The risk of hospital readmission is heightened among persons with intellectual disability who have compromised communication skills, which designation applies to a large majority of Jackson Class Members, due to their inability to report symptoms. A total of 72¹⁴ of the 475 (15%) Out of Home Placement records received since 2010 are readmissions. The total numbers by region break down as follows:

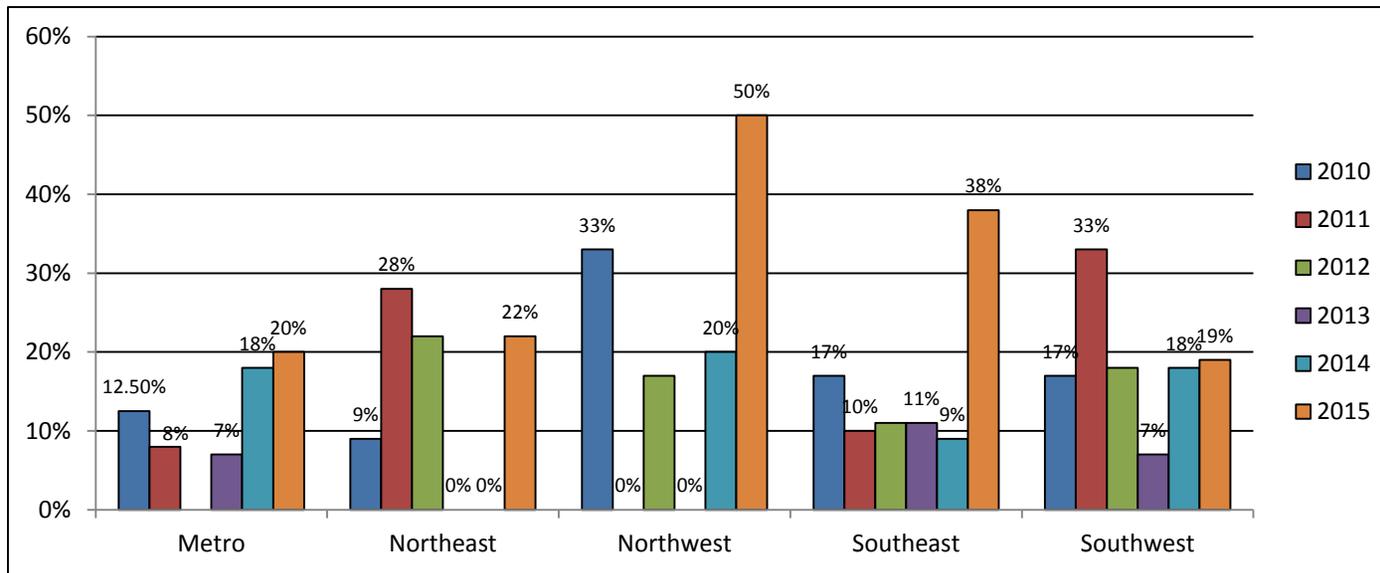
Chart #16: Readmissions by Region

Region	Readmissions	% of Total for Region
Metro	28	12%
Northeast	10	16%
Northwest	9	24%
Southeast	10	17%
Southwest	15	18%
TOTAL	72	

The following Chart illustrates the rates of readmission to hospital by region, by year.

¹⁴ These numbers do not include any transfers to alternate facilities (e.g., skilled nursing facilities) that occurred during a single period when the Jackson Class Member was out of their home.

Chart #17: Percentage of Hospital Readmissions per Year by Region



Out of Home Records currently available indicate that there are a variety of reasons why an individual might return to the hospital after discharge.

- Some readmissions are due to lack of timely follow up on discharge orders. For example, one person was hospitalized a second time in December 2014 for treatment of pneumonia after his antibiotic prescription was not filled upon discharge a week earlier.
- Some individuals are discharged from the hospital and readmitted within a day or so with the same diagnosis. For example, one person was hospitalized for pneumonia, sepsis, and UTI, among other things, in July 2015. She was discharged on 7/27, only to be readmitted to the hospital the following day with a diagnosis of pneumonia and collapsed lung.
- Still other readmissions appear to be related to problems with recovery from surgery. For example, one person had surgery in October 2014 resulting in a wound do his abdomen. He was subsequently readmitted to the hospital twice for treatment of the wound when it became infected.

Other factors may impact the likelihood of readmission, such as effectiveness of discharge planning, ability of provider agency to provide care commensurate with the individual's post-discharge healthcare needs, and availability of timely follow-up with community medical providers. This is an area that warrants further evaluation to determine if intervention or education at the provider, regional, or system-wide level would reduce the risk of readmission.

One person's experience with back-to-back hospitalizations illustrates clearly why it is vital to ensure that acute inpatient treatment is adequate the first time around. One Class Member has several chronic medical problems that impact her daily life. She became ill in late October and was taken to the hospital. Following a three-day admission to treat pneumonia and related conditions, she was discharged to her home. She was there for just over a day when she had to be readmitted with dangerously low blood oxygen levels (lower than 70% saturation). She was intubated and placed on a ventilator and her medical treatment team asked her guardian to consider a tracheotomy and to decide upon and agree to a Scope of Treatment. As she recovered, the team received requests from hospital representatives for discharge, although the hospital team

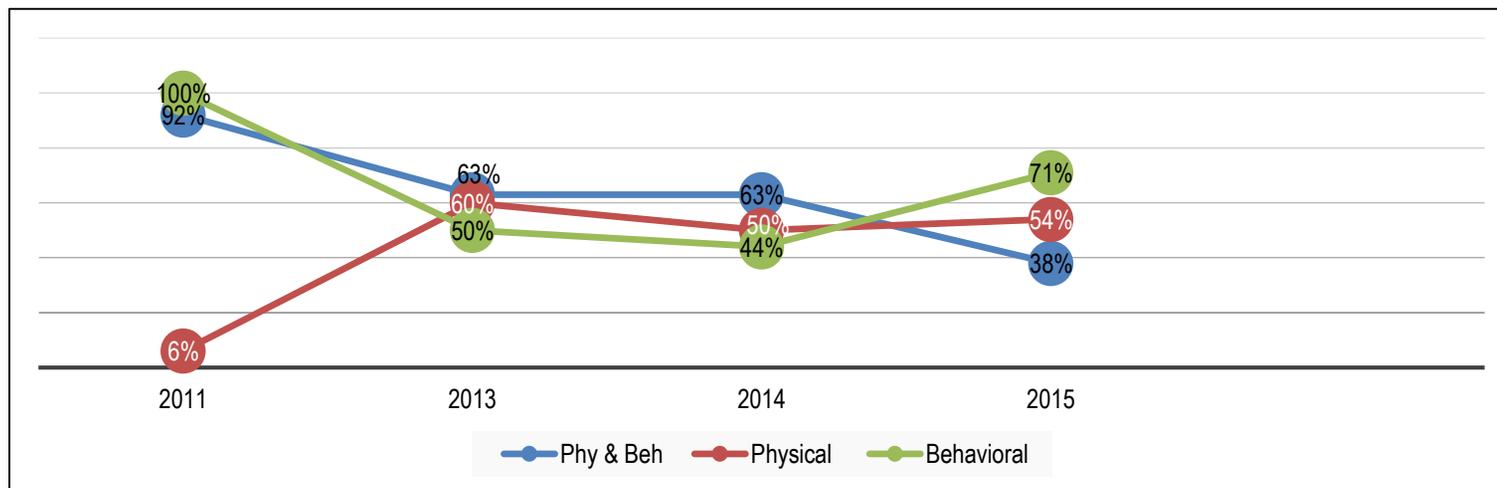
would not honor repeated requests to participate in discharge planning. The hospital also made attempts to transfer her to a skilled nursing facility where she would finish her IV antibiotics before discharge home, but again, no discharge planning occurred. She is currently progressing in her recovery despite the confusion with coordination of her care. It is unclear without a close review of her medical records for the first hospitalization whether she received adequate treatment and recovery time during her first admission, but her abrupt and severe decline, additional infections while hospitalized and the complications of her subsequent recovery would seem to indicate that further inquiry would be helpful.

G. Physical and Behavioral Regression

Jackson Class Members are aging, so being on alert for and adequately responding to changes in physical, behavioral and/or functional abilities is essential. Question #119 in the CPR Protocol asks if Class Members have experienced physical regression. Question #120 seeks to determine who has experienced behavioral and/or functional regression. Question # 121 seeks, for those who have experienced regression, to determine if the regression is being adequately addressed by the team.

As the following chart illustrates those for whom only physical regression occurred (22), 12 (54%) had the regression adequately addressed in 2015. Ten (46%) did not. This represents a small increase from the 50% who had their physical regression adequately addressed last year (2014). In the instances where only behavioral regression occurred¹⁵, there has also been an increase in the numbers who had their regression adequately addressed from last year (71% in 2015, 44% in 2014, 50% in 2013). For those for whom both physical and behavioral regression has occurred (13 people), this year reflected a decrease in the percentage of regression being adequately addressed, at 38% (5 people). 63% were adequately addressed in 2014 and 2013.

Chart #18: Adequately Addressing Physical and/or Behavioral Regression Statewide¹⁶
 Questions #119, #120 and #121 in the CPR Protocol



¹⁵ Seven people had experienced behavioral regression, 5 had that regression addressed.

¹⁶ For more detail see Appendix E.

While some physical and/or functional regression may be a natural consequence of aging or a degenerative disease it is imperative that any regression is noted, explored as to cause and effectively addressed. In addition, behavioral regression is frequently the person's way of communicating displeasure with something or someone and/or an expression of pain, physical discomfort or fear/anxiety. Once again, it is critical that recognition of regression of any kind is noted, reported and explored to determine the cause so that effective action can be taken.

H. Class Member Deaths

In 2015, as of November 21, twelve class members have passed away. In 2013 we experienced the death of 7 class members, in 2014 six individuals left us. All will be greatly missed. As discussed as a part of last year's report, death is a difficult subject for any of us to consider and talk about. Awkwardness, embarrassment, fear, guilt, anger... we tend to shy away from the topic or from connecting with those who are dying or those who are grieving. The reality is that we must talk about the death of class members if we are to:

- respect and honor those lives;
- recognize the unexpected longevity of many;
- applaud the examples of sensitive, thoughtful and excellent care that so many receive;
- note the good documentation that was maintained;
- thank those providing long-term relationships during the dying process;
- know how to stop preventable deaths; and
- respect and support those preparing to die even better than we have in the past.

Blame and defensiveness in a litigious environment is common but not helpful if we are to learn from our achievements as well as our failures and in turn improve our performance with and on behalf of class members. The information in this section is provided with the hopes of joining with others to create a 'learning laboratory' of sorts as we examine the information we have surrounding class member deaths. The general profile of those we lost and for whom information has been provided to the Community Monitor is found in Chart #19.

**Chart #19: Demographic Information for People Who Died
2013, 2014 and 2015**

Demographic	2013	2014	2015
Men	3	4	8
Women	4	2	4
Age Range/Av. Age	49 to 91 ¹⁷ 62 years 3 months	48 to 73 ¹⁸ 58 years 6 months	37-67 ¹⁹ 57 years 6 months
# Receiving Hospice	4	3	7
Average # of days in Hospice	39.25 days 1 person for 2 days; 1 for 1 day 1 for 128 days; 1 for 26 days	6 days 1/14 days; 1/1 day; 1/3 days	32 days 1 Unknown; 2 @ 5 days; 2 @ 1 day; 1 @ 3 days; 1 @ 208 days (battling cancer)

¹⁷ 2013: 1 person was 49; 1 person 52; 1 person 54; 1 person 55; 1 person 60; 1 person 75 and 1 person 91.

¹⁸ 2014: 2 individuals were 48 years old; 1 was 56, 1 was 61, 1 was 66 and 1 was 73.

¹⁹ 2015: 1 individual was 37, one 50, one 51, one 52, two were 58, two were 59, one was 61, one was 65, one was 67 and one was 74.

Demographic	2013	2014	2015
Guardians	3 Mother; 2 Arc; 1 Sister; 1 Brother	2 Sister; 1 Mother; 1 Brother; 1 Sister-in-Law; 1 Arc;	2 Arc; 1 Brother; 2 Sisters; 2 Mother; 1 Mother/Father; 2 Quality of Life; 1 Ayudando
Regions	5 Metro 1 SW 1 SE	2: Metro 2: SW 1: NE 1:SE	6: Metro 1: NE 1: SE 4: SW
Providers	1 Advocacy Partners 2 ARCA (1 La Vida to ARCA) 1 Casa Alegre 1 LLCP 1 New Beginnings 1 Progressive	1 Alanzia then Adelante 1 EnSuenos 1 Safe Harbor 1 Transitional Lifestyles 1 Tresco 1 Nursing Home	3: Adelante 2: Arca 1: Dungarvin 1: ENMRSH 1: Family Options 4: Tresco
Case Management	1 A New Vision 1 J&J 1 NMQCM 1 SCCM 2 Unidas 1 Unique	1 PEAK 1 SCCM 1 Unidas 1 Unique CM 1 Visions 1 Nursing Home	1: A Step Above 1: Amigo 1: J&J 1: NMBHI 1: NMQCM 3: SCCM 3: Unidas

Those involved in the process of dying have a variety of physical, spiritual, emotional and social needs. The nature of dying is unique just as the nature of living is unique. Part of person-centered planning has and will need to continue to include being sensitive and responsive to the special requirements of each individual and family through the dying process. Providers, case managers and DDS are to be commended for enabling the thoughtful inclusion of hospice services as an option for individuals who have a limited life expectancy. This partnership has enabled individuals to spend their last months at home in a familiar and responsive environment with those who know them best. The addition of hospice services can enable individuals, their families and staff to prepare for death in a way that is satisfactory to them. Thank you all for this demonstration of respect and responsiveness.

As articulated as a part of last year's report, based on notes provided as part of death reviews and the 2013 Report of Mortality Reviews by Continuum of Care, there are a number of items which deserve more thoughtful discussion and study. A few specific issues were specifically highlighted as a part of the 2014 CPR Statewide Report which continue to be relevant for review, discussion and learning today. In addition to continuing to ask for discussions regarding those topics, one more, at least, should be added to the proposed agenda.

It is worth examining the parameters of the term "expected" as pertains to class member deaths. It seems that a death is always considered expected where a Hospice referral is made. In reality, this is not necessarily true and we lose the value of learning where we fail to look into the course of illness that led to the terminal diagnosis. Consider, for example, these fictitious circumstances: if an individual was involved in a car accident caused by reckless driving by their caregiver, was later hospitalized and found to have sustained severe organ damage and not expected to recover, it would be reasonable for Hospice services to be brought in with the team's full understanding and consent. While the eventual death of this person is not unexpected, it was not due to a natural course of illness that has progressed beyond a level of treatment that can be delivered to maintain a reasonable quality of life. All involved would likely agree that there were circumstances leading to the injury and death of a supported person that need to be addressed, and that foregoing this exploration because the death was "expected" would be a disservice to the life that was lost. Although most of our friends' deaths occur under circumstances that are less cut and dried, our mission of providing the best support and seeking continuous improvement does not end with their

deaths. We must do our best to understand what happened and make an objective analysis as to whether something could have been done differently. Perhaps the answer is no, but there are still too many deaths where the question has not been fully asked.

DOH/DDSD has completed initial death summaries for 10 of 12 individuals who left us in 2015. We do not have a summaries for one person who died in September and one person who died in November. The majority of available summaries thoroughly address the course of illness and death of the Class Member. It appears, however, that in some instances where there is a Hospice referral and the death is considered "expected," only a cursory summary is provided, sometimes with errors and omissions. An opportunity to positively review and learn from these summaries would be welcome.

I. Findings and Recommendations

Finding #1: The Community Practice Review identified 414 health related findings during this review (including those that were identified with Immediate and/or Special issues. 91 of the 99 individuals (92%) in the 2015 CPR had health related issues identified that needed review and/or action. Each region had at least one person with no identified, unaddressed personal health findings/issues. The most was 3 in the Northeast, 2 in Metro, 1 in the Northwest, 1 in the Southeast, and 1 individual in the SW.

Finding #2: Lack of action to identify and/or address health related needs was the most frequently identified health related issue and includes:

- 2.a. Not acquiring assessments and preventative health screens;
- 2.b. Not following or implementing recommendations made by clinicians/specialists;
- 2.c. Nursing not following up/monitoring;
- 2.d. Medication administration errors; and
- 2.e. Staff not recognizing and acting on symptoms.

Finding #3: Incorrect or inconsistently identified health care information in the record was a frequently identified issue and included:

- 3.a. Medication (labels don't match, MARs don't match electronic/paper, MAR missing, MAR/Dr.'s orders don't match);
- 3.b. CARMP (not available, contradictory information, didn't match HCP, inaccurate information);
- 3.c. Assessments (contradictory information, guidance unclear, incomplete information);
- 3.d. Diagnosis listed is incorrect or inconsistently/inaccurately identified in the record;
- 3.e. Data Tracking/Monitoring (not done, not done accurately or consistently, e.g., seizures, weight, fluid tracking); and
- 3.f. MERP (missing data, conflicting information, not updated, not available).

Finding #4: Class Members most frequently hospitalized have bowel issues (e.g., bowel obstructions/impactions); and dehydration/Urinary Tract Infections.

Finding #5: Since 2010 the number of hospitalizations with 'unspecified pneumonia' cited as the cause has been greater than the number of hospitalizations caused by aspiration pneumonia, which leaves the identified cause uncertain.

Finding #6: Individual physical, behavioral and/or functional regression is not being adequately addressed.

- 6.a. Those for whom only physical regression occurred (22), 12 (54%) had the regression adequately addressed in 2015. Ten (46%) did not.

- 6.b. Those for whom both physical and behavioral regression has occurred (13 people), this year reflected a decrease in the percentage of regression being adequately addressed, at 38% (5 people).
- 6.c. In the instances where only behavioral regression occurred (7 people) 5 were adequately addressed (71%). Two people did not receive adequate support.

Finding #7: Metro Region had the highest average number of health related findings per person (5.40 per person) followed by the Southeast (4.73 per person), Southwest (4.13 per person), then the Northwest (3.60 per person) and, finally, the Northeast (3.23 per person).

Finding #8: There is a wealth of unexamined data warranting further analysis, dialogue and response, regarding hospital readmissions, hospice and deaths.

In order to provide DDSD more detail by region, provider and case management agency, more specific information follows. The numbers reflected below begin with agencies with more than one person in the review.

- Residential agencies from **Metro** Region who had the highest average number of health related findings per person include:
 - Su Vida had 2 people in the review with 16 health related findings (3 repeats, 1 Immediate, 2 Special) or an average of 8 findings per person.
 - Dungarvin had 2 people in the review with 13 health related findings (2 Special) or an average of 6.5 per person.
 - Bright Horizons had 2 people in the review with 12 health related findings (5 repeats, 1 Immediate, 1 Special) or an average of 6 per person.
- Case Management Agencies from **Metro** Region who had the highest average number of health related findings per person include:
 - Unique Opportunities had 4 people in the review with 31 health related findings (7 repeats, 2 Immediate, 3 Special) or an average of 7.8 findings per person.
- Residential agencies from the **Northwest** Region with the highest average number of health related findings per person include:
 - Tunglund had 2 people in the review with 12 findings (4 repeats, 1 Special) for an average of 6 findings per person.
 - Dungarvin had 4 people in the review with 16 findings (4 repeats, 1 Special) for an average of 4 findings per person.
- Case Management agencies from the **Northwest** Region with the highest average number of health related findings per person include:
 - Excel had 4 people in the review with 21 findings (5 repeats, 1 Special) or an average of 5.25 findings per person.
 - Peak had 3 people in the review with 15 findings (4 repeats, 1 Special) or an average of 5 findings per person.
- Residential agencies from the **Southeast** Region with the highest average number of health related findings per person include:
 - Tobosa had 3 people in the review with 16 health related findings (3 repeats, 4 Special) or an average of 5.3 findings per person.
 - ENMRSH had 3 people in the review with 13 health related findings (1 repeat, 1 Immediate, 2 Special) or an average of 4.3 per person.
- Case Management Agencies from the **Southeast** Region with the highest average number of health related findings per person include:
 - J&J had 10 people in the review with 41 health related findings (7 repeats, 1 Immediate, 6 Special) for 4.1 findings per person.
- Residential agencies from the **Southwest** Region with the highest average number of health related findings per person include:
 - PRS had 2 people in the review with 8 health related findings (2 Special) for an average of 4 per person.
 - Tresco had 10 people in the review with 39 health related findings (9 repeats, 1 Special) for an average of 3.9 per person.

- Case Management agencies from the **Southwest** Region with the highest average number of health related findings included:
 - Unidas had 2 people in the review with 11 health related findings (3 repeats, 2 Special) or an average of 5.5 findings per person.
 - SCCM had 11 people in the review with 42 health related findings (6 repeats, 4 Special) or an average of 3.8 per person.
- Residential agencies from the **Northeast** Region with the highest average number of health related findings per person include:
 - ESEM had 2 people in the review with 9 health related findings (1 repeat, 1 Special) for an average of 4.5 findings per person.
 - AWS had 3 people in the review with 13 health related findings (1 repeat) or an average of 4.3 findings per person.
- Case Management agencies from the **Northeast** Region with the highest average number of health related findings per person include:
 - Visions had 8 people in the review with 26 health related findings (2 repeats, 3 Special) or an average of 3.3 findings per person.
 - NMBHI had 2 people in the review with 3 health related findings 1.5 findings per person.

The 2015 examination of the health related findings for class members, as it has for at least the past eleven years, emphasizes the need to routinely monitor, measure, report and promptly modify practice to protect the health and safety of Jackson Class Members (JCMs). As identified last year and repeated this year, at a minimum:

Recommendation #1. DHO/DDSD needs to develop safeguard/quality improvement systems which results in the early identification and effective response to health related issues including changes in health status of Jackson Class Members.

Recommendation #2. The risk factors, health care needs and changing personal circumstances of Jackson Class Members (JCMs) must be:

- 1.a. known by those who support and provide services to them;
- 1.b. accurately documented in the health record including health care plans, emergency response plans, aspiration risk management plans and Other related sources (e-Chat, ISPs, etc.); and
- 1.c. conveyed accurately and timely to clinicians and specialists.

Recommendation #3 The findings and recommendations from evaluations, screens and assessments from clinicians and specialists must be:

- 2.a. known by those who support and provide services to class members;
- 2.b. accurately documented in the health record; and
- 2.c. implemented timely and consistently with the recommendations (or the reasons why not documented).

Recommendation #4. Oversight, monitoring, modeling and mentoring must be accurately informed and provided:

- 3.a. by nurses and direct support professionals, supervisors and ancillary providers;
- 3.b. to direct support professionals, case managers and others who support and provide services to class members; and
- 3.c. on a regular basis so that performance corrections can be made naturally, practically and effectively.

Recommendation #5. Data regarding deaths, hospital admissions and re-admissions, hospice use, gaps and errors in effective health care coordination and practice should be examined, analyzed and used as a learning opportunity which results in improved practice, increased confidence and competence of those providing supports and services throughout the state.

III. INDIVIDUAL SERVICE PLAN (ISP)

A. Planning Context

Each individual has an Individual Service Plan (ISP) which serves as a form of contract between the class member, his/her team and provider. This contract is intended to identify what the person's background/experiences have been as well as to identify strengths, needs, challenges and interests. Based on this information, the person, with support from his/her team, identifies in the ISP what the individual wants to do/accomplish (Vision/Outcomes), then providers identify specifics and measurability regarding what they are going to do to enable these wishes to come true (Teaching and Support Strategies and Action Plans). During the Community Practice Review several areas related to the class member's Individual Service Plan (ISP) are examined and include:

The **planning process**, which identifies who helped develop the plan, what information and the extent to which it was used to shape the content of the plan.

The **required content of the plan**, which includes, in part, the person's Vision, Outcomes, Teaching and Support Strategies and Action Plans.

The record of the **implementation of the ISP**, which focuses on whether or not the ISP (contract) is being implemented and carried out as the Team intended.

In 2013 there were 103 people included in the review with 411 findings identified for the ISP/Planning area; in 2014 there were 101 people with 439 findings. This year there are 99 people in the review with a total of 461 findings, which made it the area with the highest number of issues/findings identified in the past three years. It is also noted that the number of findings per person, by average, is increasing. The average number of ISP findings was 3.99 per person in 2013; in 2014 it was 4.35. Now it is 4.66.

The information contained in this section are provided to assist both the regions as well as individual agencies in identifying where they need to focus training, technical assistance and corrective action. The following chart provides historical information regarding ISP scores from 2000-2015.

Chart #20: Individual Service Planning – Historical Scoring

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2013	2014	2015
Does the person have an ISP that addresses living, learning/working and social/leisure...	79%	84%	75%	57%	68%	72%	86%	88%	90%	95%	85%	89%	92%	94%
Does the person have an ISP that contains a Progress Towards Reaching the Long Term Vision section that is based on a long-term view?	90%	89%	82%	59%	77%	84%	72%	65%	74%	68%	63%	69%	55%	49%
Does the person receive services and supports recommended in the ISP?	67%	69%	70%	47%	58%	58%	70%	74%	76%	78%	83%	81%	78%	65%
Does the person have adequate access to and use of generic services and natural supports?	57%	78%	73%	44%	65%	61%	66%	74%	82%	80%	79%	88%	80%	77%
Is the person adequately integrated into the community?	63%	71%	66%	32%	53%	38%	57%	51%	68%	70%	69%	82%	67%	58%

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2013	2014	2015
Overall, is the ISP adequate to meet the person's needs?	33%	34%	29%	5%	21%	6%	13%	17%	26%	23%	28%	13%	11%	11%
Is the program of the level of intensity adequate to meet this person's needs?	42%	53%	36%	18%	29%	19%	35%	32%	31%	27%	28%	27%	26%	14%

B. Overview of 2015 ISP Content Findings: Vision, Outcomes, Action Plans and Teaching and Support Strategies

During the 2015 CPR, 85 of the 95 ISPs scored (89%) were found to be not adequate to meet the person's needs. Thirteen individuals (14%) were found to have a program of the level of intensity adequate to meet the person's needs. This section begins with a look at the adequacy of the ISP content with a focus on Vision Statements, Outcomes, Action Plans and Teaching and Support Strategies.

Of the 95 people whose ISPs were reviewed and scored, 3 did not have issues identified in these four areas. Those providers supporting individuals whose ISPs were found to be adequate are identified next.

- The Metro agencies supporting 2 individuals include: Connections and CFC (Day Services) and A Better Way and At Home Advocacy (Residential Services). The case management agencies were A Step Above and NMQCM.
- The Northwest Residential and Day agency was Ramah Care. The case management agency was Rio Puerco.

Chart #21, which follows, shows the number of people, by region, whose ISPs were found to have issues/findings in the topic area (e.g. Vision, Teaching and Support Strategies). The specific question(s) in the CPR Protocol which relates to this issue are also identified.

Chart #21: Most Frequently Identified Issues with the ISP

Based on an unduplicated count of individuals with identified issues in these content areas

Issue	Metro	NE	NW	SE	SW	Total
Total # Reviewed and Scored by Region: 96 (1 not scored)	49	11	10	11	14	95
Vision is not adequate and/or not used as the basis for Outcome development. (Q#64, Q#65 & Q.#66)	35	10	5	9	10	69
Outcomes don't address major needs or don't contain detail so the team knows when outcomes have been achieved. (Q. #67, Q. #68. & Q. #69.)	41	11	6	11	12	81
Action Plans weren't specific and relevant to assisting the person in achieving his/her outcomes. (Q.#70)	29	4	2	4	6	45
Teaching and Support Strategies weren't sufficient to ensure consistent implementation and/or information from ancillary providers missing. (Q. #71 & Q.#72)	42	9	6	7	11	75

Based on this information, there are significant issues in the majority of areas of the ISP.

69 people (73%) did not have vision statements found to be adequate for use in the development of individual outcomes (2013: 51%; 2014: 67%)

81 people (85%) did not have outcomes which addressed the individual's major needs or did not contain detail needed to enable those implementing the outcomes to know when they had been achieved; (2013: 70%; 2014: 74%)

45 people (47%) didn't have Action Plans which were specific and relevant to assist the person in achieving his/her outcomes (2013: 57%; 2014: 61%); and

75 people (79%) didn't have Teaching and Support Strategies which were sufficient to ensure consistent implementation or information from ancillary (therapists) was missing (2013: 77%; 2014: 79%).

As summarized here, Teaching and Support Strategies and individual Outcomes are inadequate for over 70% of those reviewed. Fundamentally, the individuals vision statements need to be robust and reflect personal expectations of growth, individual interest and opportunities. Without that information measurable Outcomes, Teaching and Support Strategies and Action Plans cannot effectively be developed.

C. ISP Content Findings: Residential, Day and Case Management Agencies:²⁰

To enable the regions to support and assist specific providers who may be having challenges with these specific areas (Vision Statements, Outcomes, Action Plans, Teaching and Support Strategies) in the ISP and/or with verifying the implementation of ISPs the following information may be helpful. Chart #22 focuses on residential agencies, as Chart #23 focuses on agencies providing day services and Chart #24 focuses on Case Management agencies. The columns in each of these charts contain the following information:

Column #1: The name of the residential, day or case management agency.

Column #2: Number of Jackson Class Members (JCM) in the sample by agency.

Column #3: Number of JCM with issues identified related to the "Vision" sections of the ISP²¹.

Column #4: Number of JCM with issues identified related to the "Outcome" sections of the ISP²³.

Column #5: Number of JCM with issues identified related to the "Action Plan" sections for the ISP²³.

Column #6: Number of JCM with issues identified related to the "Teaching and Support Strategies" section of the ISP²³.

²⁰ This area continues to focus on and explore the findings regarding Vision Statements, Outcomes, Action Plans and Teaching and Support Strategies.

²¹ Questions explored in these and the following day and case management chart are Question #64 to Question #72 in the protocol.

Chart #22: ISP Content, Residential Agencies

Based on an unduplicated count of individuals with identified issues in these content areas²²

#1	#2	#3	#4	#5	#6	#1	#2	#3	#4	#5	#6	#1	#2	#3	#4	#5	#6	
Residential Agency	# JCM	Vision	Outcomes	Action Plans	T&S	Residential Agency	# JCM	Vision	Outcomes	Action Plans	T&S	Residential Agency	# JCM	Vision	Outcomes	Action Plans	T&S	
A Better Way	1	0	0	0	0	CDD	1	1	1	1	1	NNMQC	1	1	1	1	0	
Ability First	1	0	0	1	0	Community Options	2	2	2	0	0	Optihealth	2	2	2	1	2	
Active Solutions	1	0	1	1	1	Cornucopia	1	1	1	1	1	PRS	2	1	1	1	2	
Adelante	9	7	8	5	7	Dungarvin	6	5	5	3	5	Ramah Care	2	0	0	0	1	
Advantage Communications	1	0	0	1	0	ENMRSH	3	2	3	0	2	R-Way	1	0	1	0	1	
Alegria	1	0	0	1	0	Ensuenos	1	1	1	1	1	Silver Linings	1	1	1	0	1	
Arca	6	4	5	5	6	ESEM	2	2	2	0	2	Su Vida	2	1	1	1	2	
Aspire	2	1	1	0	1	Expressions of Life	3	2	2	2	3	The New Beginnings	4	4	4	4	4	
At Home Advocacy	2	1	1	0	1	HDFS	2	2	2	1	1	TLC	1	0	1	0	1	
AWS	3	3	3	1	3	Leaders	1	1	1	0	1	Tobosa	3	2	3	1	1	
Bright Horizons	2	2	2	2	1	Lessons of Life	1	1	1	1	1	Tresco	10	7	9	4	8	
CARC	1	1	1	1	1	LLCP	10	6	8	6	8	Tungland	2	0	1	0	1	
						Meaningful Lives	1	1	1	0	1							
Totals #2 - #6												95	65	77	47	72		

²² This table includes only the 95 individuals who were scored

Chart #23: ISP Content, Day Agencies
Based on individuals with identified issues in these content areas²³

Day Agency	#1	#2	#3	#4	#5	#6	Day Agency	#1	#2	#3	#4	#5	#6	Day Agency	#1	#2	#3	#4	#5	#6
	# JCM	Vision	Outcomes	Action Plans	T&SS	# JCM		Vision	Outcomes	Action Plans	T&SS	# JCM	Vision		Outcomes	Action Plans	T&SS			
A Better Way	2	2	2	2	2	2	Cornucopia	2	1	2	2	2	2	NNMQC	1	1	1	1	1	0
Active Solutions	2	2	2	2	2	1	Dungarvin	4	3	3	2	3	3	NONE	1	0	0	1	1	1
Adelante	17	12	13	9	14	14	Empowerment	1	0	0	0	1	1	Optihealth	1	1	1	0	1	1
Alegria	1	1	1	0	1	1	ENMRSH	3	2	3	0	2	2	Phame	1	0	1	0	1	1
Arca	2	1	2	1	2	2	Ensuenos	1	1	1	1	1	1	PMS Shield	2	0	1	0	1	1
Aspire	2	2	2	1	1	1	ESEM	2	2	2	0	2	2	PRS	2	1	1	1	1	2
AWS	4	4	4	1	3	3	Expressions Unlimited	1	1	1	1	1	1	Ramah Care	1	0	0	0	0	0
Bright Horizons	1	0	1	0	1	1	HDFS	2	2	2	1	1	1	Share Your Care	4	4	4	2	4	4
CARC	1	1	1	1	1	1	Leaders	1	1	1	0	1	1	Silver Linings	1	1	1	0	1	1
CDD	1	1	1	1	1	1	Lessons of Life	1	1	1	1	1	1	Su Vida	2	1	1	1	1	2
CFC	2	1	1	0	1	1	LifeRoots	2	2	2	1	2	2	The New Beginnings	2	2	2	2	2	2
Community Options	1	1	1	0	0	0	LLCP	9	6	9	7	7	7	Tobosa	3	2	3	1	1	1
Connections	3	2	2	1	2	2	Meaningful Lives	1	1	1	0	1	1	Tresco	10	7	9	4	8	8

Note: columns not totaled as some JCMs have more than one day provider

Case management agencies are responsible for facilitating the development of the ISPs and conducting monthly monitoring to ensure the person is making progress and that services in the ISP are being implemented as intended. The chart which follows identifies the sections of the ISP found to have issues, just as in the charts above.

²³ This table includes the 95 individuals who were scored; some have more than one day provider

Chart #24: ISP Content, Case Management Agencies

Based on an unduplicated count of individuals with identified issues in these content areas

#1	#2	#3	#4	#5	#6	#1	#2	#3	#4	#5	#6
Case Management	# JCM	Vision	Outcomes	Action Plans	T&S	Case Management	# JCM	Vision	Outcomes	Action Plans	T&S
A New Vision	3	2	3	1	3	NMBHI	2	2	2	2	2
A Step Above	7	3	4	2	6	NMQCM	6	4	5	4	5
Agave	1	1	1	1	1	Peak	8	7	8	3	7
Amigo	2	1	1	2	1	Rio Puerco	2	0	0	0	1
Carino	6	1	5	4	5	SCCM	11	8	9	5	8
DDSD	2	2	2	1	2	Unidas	19	17	17	13	17
Excel	4	2	3	0	1	Unique Opportunities	4	4	4	2	4
J&J	10	8	10	7	6	Visions	8	7	8	2	6
Totals #2 - #6							95	65	77	47	72

D. Lack of Consistent Implementation of the ISP

Implementation data is reviewed to determine whether the ISP is being implemented as intended for the person by his/her team. Providers have the primary responsibility for ensuring that the ISP is implemented consistent with ISP content, the needs of the individual and their pace and method of learning. Case Managers are responsible for monitoring to ensure that progress is being made and the Outcomes are being consistently implemented. Nevertheless, challenges to consistent implementation of the ISP and/or verification of implementation through documentation of what the class member is doing, when he/she is doing it, and his/her reaction to the event/instruction continue.

There are specific questions in the protocol which focus on implementation. For example:

Question # 79. For those ISPs which are found to be adequate, are they being implemented?

This question focuses on those ISPs which were found to be adequate (content/paper compliance) and then probes to see if they were being implemented. In this case, 10 ISPs were found to be adequate and of those, 2 (20%) were being consistently implemented (7 of 13, 54% in 2013; 8 of 11, 73% in 2014).

Question # 80a. For those ISPs which were not found to be adequate, are they being implemented?

This question identifies those ISPs which had problems identified with the content to see if they were being implemented. Of the 85 ISPs which were found to be partially adequate, 27 (32%) were being implemented consistent with ISP direction. (38% in 2013; 51% in 2014)

As illustrated below, statewide, 69% of the ISPs were not being fully or consistently implemented. (59% in 2013 and 46% in 2014)

Chart #25: ISP Not Consistently Implemented as Intended

Issue	Metro	NE	NW	SE	SW	Total
Total Reviewed by Region: 96 (95 total were scored in this area)	49	11	10	11	14	95
Number of ISPs, regardless of quality, that were not being fully implemented.	34 69%	8 73%	9 90%	6 55%	9 64%	66 69%

The following charts identify by provider agency and then case management agency the number of individuals identified in 2015 with part or all of their ISP not implemented.

Chart #26: Residential and Day Provider Agencies with ISPs Not Being Fully Implemented

Note: The Implementation Issues column may contain a duplicate count due to different Res/Day agencies

Region	Agency	# of Ind. Reviewed in Residential Services	# of Ind. Reviewed in Day but not Residential	# with Implementation Issues
Metro	34 of 50 people reviewed (69%, 1 not scored) had part of his/her ISP not implemented.			
	A Better Way	1	2	2
	Ability First	1		1
	Active Solutions	1	2	3
	Adelante	9	8	14
	Advantage Communications	1		1
	Alegria	1	1	2
	Arca	6		5
	At Home Advocacy	2		2
	Bright Horizons	2	1	2
	Connections		3	2
	Cornucopia	1	1	1
	Dungarvin	2		1
	Expressions of Life	3		3
	Expressions Unlimited		1	1
	LifeRoots		2	2
	LLCP	10	1	7
	NONE		1	1
	Optihealth	2		2
	Share Your Care		4	3
	Su Vida	2	1	2
	The New Beginnings	4		3
	TLC	1		0
NE	8 of 11 people reviewed (73%) had part of his/her ISP not implemented.			
	AWS	3	1	2
	CDD	1		1
	Community Options	1		0
	Ensuenos	1		1
	ESEM	2		2

Region	Agency	# of Ind. Reviewed in Residential Services	# of Ind. Reviewed in Day but not Residential	# with Implementation Issues
	Meaningful Lives	1		1
	NNMQC	1		1
	Phame		1	0
	R-Way	1		0
NW	9 of 10 people reviewed (90%) had part of his/her ISP not implemented.			
	Dungarvin	4		4
	Empowerment		1	0
	HDFS	1		1
	PMS Shield		2	2
	Ramah Care	2		1
	Silver Linings	1		1
	Tungland	2		2
SE	6 of 11 people reviewed (55%) had part of his/her ISP not implemented.			
	Aspire	2		0
	CARC	1		0
	ENMRSH	3		3
	HDFS	1		1
	Leaders	1		0
	Tobosa	3		2
SW	9 of 14 people reviewed (64%) had part of his/her ISP not implemented.			
	Community Options	1		0
	Lessons of Life	1		1
	PRS	2		1
	Tresco	10		7

Chart #27: Case Management Agencies with ISPs Not Being Fully Implemented

Agency	# in Sample	# with Implementation Issues	% of those reviewed from that agency with issues
Metro Case Management Agencies			
A New Vision	3	3	100%
A Step Above	6	4	67%
Agave	1	1	100%
Amigo	2	2	100%
Carino	6	3	50%
NMQCM	6	4	67%
Peak	4	2	50%
Unidas	17	12	71%
Unique Opportunities	4	3	75%
NE Case Management Agencies			
DDSD	1	1	100%
NMBHI	2	2	100%
Visions	8	5	63%
NW Case Management Agencies			
A Step Above	1	0	0%
Excel	4	4	100%
Peak	3	3	100%
Rio Puerco	2	2	100%
SE Case Management Agencies			
DDSD	1	0	0%
J&J	10	6	60%
SW Case Management Agencies			
Peak	1	0	0%
SCCM	11	7	64%
Unidas	2	2	100%

E. Findings and Recommendations

This information has been provided to inform providers, case managers and DDSD of the nature and frequency with which specific issues were identified during the 2015 Review. It is hoped that this information will be used to recognize good practice and to ensure that providers act consistently so that class members have ISPs which reflect their needs, interests, strengths and that these ISPs are consistently and completely implemented.

Finding #9: During the 2015 CPR, 85 (89%) of the 95 ISPs scored were found to be not adequate to meet the person's needs. Thirteen individuals (14%) were found to have a program of the level of intensity adequate to meet the person's needs.²⁴

²⁴ This is CPR Protocol Question #146.

Finding #10: Of the 95 people whose ISPs were reviewed and scored, 3 did not have issues identified in these four areas. Those providers supporting individual's whose ISPs were found to be adequate are identified next.

- The Metro agencies supporting 2 individuals include: Connections and CFC (Day Services) and A Better Way and At Home Advocacy (Residential Services). The case management agencies were A Step Above and NMQCM.
- The Northwest Residential and Day agency was Ramah Care. The case management agency was Rio Puerco.

Finding #11: Twenty-five (26%) individuals were found to have a program of the level of intensity adequate to meet the person's needs (27% in 2013).²⁵

- 13 of these 25 people were served by agencies in the Metro region. The Day/Residential provider agencies include: Active Solutions, Adelante, Alianza, Cornucopia, LLC, OptiHealth, Share Your Care and The New Beginnings. The case management agencies were A Step Above, Amigo, NMQCM, Peak, Unidas and Unique Opportunities.
- The Northeast region had agencies supporting 3 of these individuals. The agencies are ESEM and NNMQC. The case management agency are DDSD/NERO and Visions.
- The Northwest region had agencies supporting 1 of these individuals. The agencies are Dungarvin and Tunland. The case management agency is Excel.
- 5 of these 25 people were served by agencies in the Southeast region, specifically ENMRSH, HDFS, PRS and Tobosa. The case management agencies are J&J and PRMC.
- Agencies in the Southwest Region served 3 of these individuals. These agencies were Lessons of Life, PRS and Tresco. The case management agency was SCCM.

Finding #12: Statewide, 69% of the ISPs reviewed were not being fully or consistently implemented.²⁶

Recommendation #6:²⁷ DOH/DDSD in conjunction with the Jackson Compliance Administrator and the Community Monitor should develop outcomes and implement strategies which will systemically and measurably improve practice and outcomes for class members in, at least, each of the four Individual Service Planning areas identified below.

6.a. ISP Development:

- Overall, 61% of the IDTs did not have an appropriate expectation of growth for the person. (Q. 85) Team members (67%) are not able to describe the person's health related needs. (Q. 54)
- Teams (53%) did not discuss the person's health-related issues. (Q. 55)
- The person's health supports/needs (83%) are not being adequately addressed. (Q. 56)
- Teams do not consider what assessments the person needs (69%) (Q. 57), they do not arrange for and obtain the needed assessments (58%) (Q.58), and/or they (69%) do not use recommendations from assessments in planning (Q. 60).

²⁵ These individuals scored "Yes" on Q. 147 in the protocol.
²⁶ This is a combination of Q. 79 and Q.80.a. in the protocol.
²⁷ This is a repeat recommendation from 2009 CPR.

6.b Individual Service Plan:

- ISP visions (54%) are not adequate. (Q. 64)
- ISP Outcomes (61%) do not address the person's major needs. (Q.69)

6.c. ISP Implementation:

- Staff (34%) cannot describe his/her responsibilities in providing daily care to the person (Q. 82)

6.d. ISP Monitoring:

- The Case Management record (67%) does not contain documentation that the Case Manager is monitoring and tracking the delivery of services as outlined in the ISP. (Q. 32)
- The progress notes or other documentation in the case management record (88%) does not reflect the status of the outcomes and services of the key life areas stated in the ISP. (Q. 83)

As indicated last year and many, many years before, the Community Monitor would welcome the opportunity to jointly develop intervention strategies to address these issues with DDSD. These outcomes and strategies should also be shared with the Parties and the JCA for review and comment in advance of finalization but by no later than February 2016. Implementation should begin no later than July 1, 2016.

IV. DAY SERVICES²⁸

A. Expectations

“It is the policy of the developmental disabilities support division (DDSD) that to the extent permitted by funding, each individual receive supports and services that will *assist and develop **independence and productivity** (emphasis added) in the community and **take affirmative action to prevent regression or loss of current capabilities** (emphasis added)* ... The intent is to provide **choice** and obtain opportunities for individuals to live, work and play with full participation in their communities”.²⁹

“Community Inclusion Services provide individuals with connection to and **membership** in the same community life that is desired and chosen by the general population. This includes purposeful, meaningful and equitably paid work; sustained opportunity for self-empowerment and personal relationships; skill development in natural settings; and social, education and community membership activities that are specified in the individual’s ISP. Community Inclusion Services also assist the individual to develop skills and relationships that reduce dependence on paid, specialized services”.³⁰

As this brief illustration of a relevant portion of DOH/DDSD standards illustrates, the content of the standard is fine. The information which follows makes clear it is the implementation and enforcement of these requirements that is lacking.

B. Lack of Evidence that Outcomes are Routinely Worked On

In an effort to better understand how people are spending their days, an examination of the findings and recommendations related to day opportunities was completed. In addition to answering and scoring the questions in the protocol, the Community Monitor also asks reviewers questions. The answers to some of those questions are included here.

Most individual class members receiving day services through the Medicaid Waiver receive 30 hours of day services per week, 5 days a week x 6 hours a day, 12 months a year. If a person is receiving funding for day services, DDSD requires that they have at least one Outcome in the “Work/Learn” section of the ISP. Obviously, Teams can identify more than one but a minimum of one is required. ISPs should also identify Outcomes in the “Fun/Relationship” area which might also be reinforced and worked on during the day.

Monitor’s Question: How much time each day does this person spend on activities related to his/her ISP Outcomes?

DDSD defines “outcomes” as: “Desired outcomes generated by the individual, guardian and the team. An outcome is a realistic change that can occur in the individual’s life that the individual can achieve and that leads towards the attainment of the individual’s long-term vision. For example, an outcome may state that the individual obtain preferred employment or that the individual learn to drive.”

As part of the review, providers are asked to submit documentation of the last three months of implementation data for each ISP Outcome. Reviewers will also ask to review data when they are onsite at the house and/or day services to gather the most current data tracking.

²⁸ The information in this section pertains to the 96 living class members as of October 30, 2015 when this review closed.

²⁹ 7.26.5.8 NMAC – Rp, 7 NMAC26.5.8.,

³⁰ Chapter 5, Community Inclusion Services, 2007, Developmental Disabilities Waiver Service Standards, page 58

After reviewing this information, as last year, an analysis of information was provided. Again, as last year, there are challenges because the data that providers keep is uneven and difficult to aggregate. Nevertheless, the extent to which data could be gathered it is displayed here. Some information is simply not available. For example:

- 2 individuals didn't have outcomes identified for the day services they receive;
- 4 individuals had day outcomes that not implemented/worked on so this question could not be answered;
- 18 people didn't have data which verified or provided evidence of what, exactly, the person was doing related to his/her day ISP Outcome.

Consequently, for 24 individuals (24%) this question cannot be answered because there isn't sufficient data which verifies a measurable, coherent answer.

For some individuals, the amount of time they spend on a day related ISP Outcome can be determined from the data that is kept. As the information provided below shows, that is true for only 37 (37%) of the 96 individuals reviewed who receive DD Waiver day services.

Chart #28: Amount of Time Spent on Work/Day Related ISP Outcomes

More than 2 hrs/day	1 hr/wk	2-4 hrs/wk	Less than 1 hr/mo	About 1 hr/mo	2 to 4 hrs/mo
2	6	11	2	4	12

As the chart above illustrates, it is difficult for reviewers to answer the **Monitor's Question**, "How much time each day does this person spend on activities related to his/her ISP Outcomes?" While it is not expected that all of the 30 hours per week that DDSD pays for "Day Services" would be spent focusing on enabling individuals to accomplish outcomes identified in their ISPs, anyone who understands the importance of repetition and consistency for learning new skills would conclude that more than 2% of individuals require daily practice.

Thirty individuals had ISP Outcomes that identified "frequency" as a measure of implementation. For example, one individual was to 'place cup under the water' faucet 3 x a week. Another person was to attend social gatherings 4 x a year or 1 x a quarter.

Chart #29: Frequency of Actions on Work/Day Related ISP Outcomes

1 x a day	1-2 x a week	3-4 x A week	Less than 1x mo	1 x a Month	2-3 x per month
7	13	2	2	7	4

The implications of these findings, as well as those from last year, are dramatic. Some individuals with intellectual and developmental disabilities (I/DD) can readily engage in new activities, express a preference or learn a new skill relatively quickly. Other individuals who have had little or no experience with the new task or skill may find it much harder to grasp, enjoy or willingly experience. Those with severe disabilities require a systematic approach in order to fairly and adequately determine personal preferences, gain comfort with new experiences or tools and/or to learn new skills or tasks. This systematic approach needs to include **experience** with **multiple options** and **multiple means** to systematically assess ability and preference.³¹ One of the many reasons experiential engagement is so critical is because of the challenge many people with I/DD have with generalizing information and skills from one situation, setting or environment to another. Consequently, exposing people to new tasks, skills or experiences a few minutes a week (or month, or year) when the person has no personal experience with what these tasks, skills or experiences mean demonstrates a profound lack of

³¹ Self-Determination, Michael L. Wehmeyer, Ph.D., University of Kansas, Office of Disability Employment Policy (ODEP).

understanding of how people with I/DD learn and a startling demonstration of a lack of actual intent to seek the person's real abilities and preferences. The lack of understanding regarding how critical frequency and consistency of presentation and opportunity is to learning for individuals is pervasive throughout the system.

Additionally, it is assumed that when a JCM funded by the Waiver has a required Outcome, its accomplishment will represent an improvement or positive change from what currently exists. Otherwise, the purpose of the Outcome becomes unclear. If the person is already doing or has accomplished the identified Outcome there may be obvious value in continuing the activity (e.g. continued reinforcement for a recently learned skill/activity) but that can be done as part of the person's Meaningful Day activities.

Chart #30: Frequency/Duration of Individual Engagement on Work/Day Outcomes by Region

Region (# of JCMs)	Unknown/ CND	More than 2 hrs/day	2-4 hrs/wk	1 hr/wk	Less than 1 hr/mo	About 1 hr/mo	2 to 4 hrs/mo	1 x a day	1-2 x a week	3-4 x A week	Less than 1x mo	1 x a Month	2-3 x per month
Metro (50)	17		5	4	1		6	4	7	1	1	2	2
Metro %	34%		10%	8%	2%		12%	8%	14%	2%	2%	4%	4%
NE (11)	3		1			1	3	1	1				1
NE%	27%		9%			9%	27%	9%	9%				9%
NW (10)	2	1	1	1			1		1			3	
NW%	20%	10%	10%	10%			10%		10%			30%	
SE (11)			2			2	1	1	1		1	2	1
SE %			18%			18%	9%	9%	9%		9%	18%	9%
SW (14)	2	1	2	1	1	1	1	1	3	1			
SW %	14%	7%	14%	7%	7%	7%	7%	7%	21%	7%			
Totals (96)	24	2	11	6	2	4	12	7	13	2	2	7	4
State %	25%	2%	11%	6%	2%	4%	13%	7%	14%	2%	2%	7%	4%

C. The Purpose of Day Center Activities is Not Clear

Question: What does the person do during the day?

The answers to this question basically the same as in 2014. The description of 'what people are doing' during the day was derived by reviewers through interviews, observations and documentation, to the extent that it exists. The categories are listed in order of 'most frequently' identified activity.

- Going on 'outings' with undetermined and unidentified individual purpose into the community. Outings identified include:
 - Going to the park;

- Going for a walk;
 - Going to the mall, listening to music and going swimming (tied);
 - Shopping;
 - Going to the library and going to the Sr. Center (tied);
- While at the day center, other activities are identified when considering 'what the person is doing during the day':
 - Arts and Crafts, Cooking (tied);
 - Personal Care (going to the bathroom, eating, changing, repositioning);
 - Dancing, exercise (tied);
 - Has coffee, eats food (tied);
 - Table Activities,
 - Watches TV;

When inquiring about the purpose of these activities, again, responses were difficult to quantify. In some agencies people 'rotate' between available 'classes' so they go to what is available. In other cases responses such as, 'he likes it', 'she may not participate but she likes to go out with others', 'he likes to walk'... etc. Without some quantifiable documentation or verbal clarity regarding what the person is doing and why, it appears that many activities are 'time fillers' or 'custodial' in nature.

Frequently, staff will say that "this is what he chooses to do..." which may mean what outing the person is going on or whether to go on an outing. However, that is not where the opportunity to develop independence and productivity in the community ends, that is where it begins. Regardless of what the person chooses to do, learning opportunities abound. For many, it appears the focus is on how to contain and/or occupy the person during the time period they are in the day service.

D. Growth and Skill Acquisition is Not an Identified Expectation

There are at least four issues involved here:

1. The lack of growth expectation(s) that the staff have of the person;
2. The lack of understanding of how individual class members communicate; and
3. The lack of understanding of how people learn and how skills are taught.

1. Lack of expectation of growth.

Question #85 in the CPR Protocol asks, "Overall, does the IDT have an appropriate expectation of growth for this person?" For only 37 (39%) of the individuals in the review was the answer "yes". Couple that answer with the information provided in Chart #27 and the information identified above under "C" which identifies what people are actually doing during their lives at day centers, the stunning lack of skill acquisition engagement is obvious.

2. Lack of understanding of how individual class members communicate.

For individuals who are nonverbal, a great deal of time and attention is spent by therapists in understanding how each person communicates and in turn sharing that information with direct support staff. Direct Support Professionals also share their understanding of each person with other team members. Overt expressive communication is obviously easier to interpret for individuals who are non-verbal. Communication that is being addressed here is different, more subtle.

As identified last year, in the context of instruction for the purposes of exposure to experiences and learning new skills, an understanding of how an individual responds to information, processes information and communicates their response is critical. Understanding subtle forms of communication is an essential form of effective instruction. Communication Dictionaries are very helpful but may or may not be informative when engaged in instruction. Based on data collection methodologies, little is recorded regarding communication before, during and after instructional strategies are applied. Consequently, when positive or negative responses result, it is difficult to understand the subtleties of why.

3. Lack of understanding of how people learn and how skills are taught. (Already addressed earlier but repeated here)

The implications of these findings are dramatic. Some individuals with intellectual and developmental disabilities (I/DD) can readily engage in new activities, express a preference or learn a new skill relatively quickly. Other individuals who have had little or no experience with the new task or skill may find it much harder to grasp, enjoy or willingly experience. Those with severe disabilities require a systematic approach in order to fairly and adequately determine personal preferences, gain comfort with new experiences or tools and/or to learn new skills or tasks. This systematic approach needs to include **experience** with **multiple options** and **multiple means** to systematically assess ability and preference.³² One of the many reasons experiential engagement is so critical is because of the challenge many people with I/DD have with generalizing information and skills from one situation, setting or environment to another. Consequently, exposing people to new tasks, skills or experiences a few minutes a week (or month, or year) when the person has no personal experience with what these tasks, skills or experiences mean demonstrates a profound lack of understanding of how people with I/DD learn and a startling demonstration of a lack of actual intent to seek the person's real abilities and preferences. The lack of understanding regarding how critical frequency and consistency of presentation and opportunity is to learning for individuals is pervasive throughout the system.

Additionally, it is assumed that when a JCM funded by the Waiver has a required Outcome, its accomplishment will represent an improvement or positive change from what currently exists. Otherwise, the purpose of the Outcome becomes unclear. If the person is already doing or has accomplished the identified Outcome there may be obvious value in continuing the activity (e.g. continued reinforcement for a recently learned skill/activity) but that can be done as part of the person's Meaningful Day activities.

E. Some People Have Memberships

When attempting to identify to what extent individuals are actually "part of" their community vs. being "in" the community, the number and types of memberships can be one indicator of the individual's community participation, even when it is participation in "special" or segregated groups specifically functioning for people with disabilities. The information below provides a three year overview of the types of memberships identified for the individuals reviewed.

³² Self-Determination, Michael L. Wehmeyer, Ph.D., University of Kansas, Office of Disability Employment Policy (ODEP).

Chart #31: Types of Memberships

* = Generally segregated activities

CPR Year	2011	2013	2014	2015	# of People and # of Identified Memberships								
Sample Number	(109)	(102)	(96)	(96)		0	1	2	3	4	5	6	7
Memberships													
Special Olympics*	6	16	6	10	2011	3	11	26	31	26	9	3	0
Active member of Tribe	5	10	2	8	2013	3	3	23	27	20	18	6	2
Special Orchestra*		6			2014	3	7	22	25	20	14	4	1
Attend Arc	5	6			2015	3	11	14	28	24	13	3	0
Use recreation/community center or gym	43	47	50	58									
Take Classes (cooking, ceramics, dance, and art)*	6	7	5	2									
Member of organizations - clubs (Knights of Columbus, book clubs*, People's Choice, Moose Lodge, People First*, Red Hat Society, Kiwanis, Fraternal Order of Police)	15	10	11	13									

The level of engagement with recreation centers is of note and the staff that make all of these memberships happen are to be recognized and thanked.

F. Some Individuals are Active/Known in the Community

Again, there are indicators of level of activities and the extent to which people may be socially integrated and known in their communities. In addition to memberships, the type and frequency of activities that people participate in also provides some insight into community engagement and potential for relationships that are not paid. As with memberships, the goal is to participate individually, rather than in groups of people solely with I/DD.

Chart #32: Types of Activity in the Community

CPR Year/Sample Number	2011	2013	2014	2015
	(109)	(102)	(96)	(96)
Swimming	19	20	17	24
Park, Aquarium, Bio Park, Zoo	24	25	28	24
Bowling	28	39	23	25
Church	52	60	45	46
Library	68	61	58	65
Volunteer	32	35	36	27
Work	18	23	18	16

G. More Class Members Have Non-paid Acquaintances and Friends

Close relationships are a tremendous safeguard. Having people in our lives who care about us, know us, take time with and for us, brings not only pleasure and self-fulfillment but also protection. A friend frequently watches out for a friend. During reviews participants identified community members such as barbers, neighbors, retail staff and church members who class members see enough to be recognized so they are acquainted with identified individuals. In order to have real friendships and real protections from non-paid individuals, relationships beyond “knowing who that person is” are needed for everyone. Stories of how class members have become like family to extended family members of Family Living Providers (FLP) illustrate examples of how individuals blossom when they are regularly engaged with children and adults who really care for them.

In 2011, 62 (57%) of the 109 individuals reviewed were found to have non-paid acquaintances and/or friends in their life;
In 2013, 64 (63%) of the 102 individuals reviewed were found to have non-paid acquaintances and/or friends in their life; and
In 2014, 68 (71%) of the 96 individuals reviewed were found to have non-paid acquaintances and/or friends in their life.
In 2015, 73 (76%) of the 96 individuals reviewed were found to have non-paid acquaintances and/or friends in their life.

H. Levels of Adequate Integration into the Community are Inconsistent

Many Jackson Class Members have spent years isolated and segregated from society and their local communities. For the past 18 years all of them have lived in the community and many have had the opportunity to engage with their neighbors and community members. Nevertheless, for many more the challenge of real integration remains illusive. Being in the community does not automatically equate to being a part of the community. Going to the pharmacy to pick up your housemates medication and staying in the van while staff run in to pick it up does not a meaningful opportunity make. Going to Hastings with a group of 6 and sitting on the couch sleeping or looking at the floor is not integration, purposeful or meaningful. Going to the park in a group of 5 and sitting at the picnic table while staff text and scan the internet lacks purpose, meaning and skill enhancement.

Going places in large groups of people with I/DD often serves to block the potential of making an acquaintance or friend, it blocks the potential of fitting in as an individual with the potential of learning local nuances and expectations. Moving in “packs” blocks so many potential rich opportunities for learning and engagement.

In 2011, 75 (69%) of the 109 individuals reviewed were found to be adequately integrated into the community;
In 2013, 84 (82%) of the 102 individuals reviewed were found to be adequately integrated into the community; and
In 2014, 65 (68%) of the 96 individuals reviewed were found to be adequately integrated into the community.
In 2015, 55 (58%) of the 96 individuals reviewed (1 not scored) were found to be adequately integrated into the community. (Protocol Question #145)

I. Findings and Recommendations

Finding #13: DOH/DDSD standards articulate expectations consistent with ensuring individual choice, integration, meaningful relationships, implementation of ISPs, etc. However, these standards are not consistently enforced.

Finding #14: Expectations of growth for class members are low, skill acquisition is not an expectation.

Finding #15: There appears to be a profound lack of understanding of how people with I/DD acquire new skills, become familiar with new opportunities (e.g., work, volunteering, equipment, environments, devices) and learn new tasks.

Finding #16: Day services appear to be time fillers, lack individual purpose, containment oriented and custodial in nature.

Finding #17: Some individuals are active and known in their community.

Finding #18: Some individuals (76%) have non-paid acquaintances and friends.

Recommendation #7: DDSD needs to train to, identify barriers to the implementation of and enforce their standards.

Recommendation #8. DDSD should identify and implement strategies which result in Team Members: recognizing and acting on class member's strengths, growth potential, the value of work and the attainment of valued social roles. (Repeat recommendation from 2007) This should include Social Role Valorization, or equivalent, training as an integral part of training for providers, including case managers and DDSD staff. In addition, existing training and technical assistance provided by or through DDSD should be routinely reviewed to ensure that these concepts permeate all related training. (Repeat recommendation from 2004) This training should be required at set intervals so that it is not a 'one time only' introduction.

Recommendation #9: Instruction methodology used throughout the system needs to be systematic, defined and replicable as evidenced by components such as:

9.a. Pre-instruction Planning (starts with the assessment) and includes:

- Reinforcement
- Error correction
- Prompting and fading
- Selection of materials

9.b. Delivery of Instruction

- Using task analysis, backward and forward chaining, shaping
- Sessions are throughout the day, short intervals (5 to 15 minutes depending on attention, interest, any physical or medical issues).
- Assess realistic number of skills to teach.
- Therapists and BSC collaborate directly with JCM and Direct Support Professionals.
- Training is done with the person class member present.

9.c. Evaluation of Instruction

- This is done by observing the class member doing skill that was taught

V. THERAPY SERVICES

A. Some Class Members Experienced Gaps in Therapy Services

In 2015, 23 of 96 (24%) of the class members reviewed experienced some type of loss or gap in therapy service over the course of a year. These instances were caused by a lack of available therapies in a region, a therapist discontinuing services and the Team not replacing the provider in a timely manner, among many other things.

B. The Number of Gaps in Therapy Services have Increased

Sometimes individuals were recommended or referred for therapy services by another health care provider, and the therapy was not secured in a reasonable amount of time, meaning that some individuals were without needed services. This year reflected an increase in number of people who had gaps in therapy services. In 2014, of the 97 people in the same, 16 people (16%) were found to have gaps in services. In 2013, 18 of 102 people (18%) were identified. Overall, 53 Jackson Class Members have experienced a gap in some type of therapy service since January 2013 (unduplicated count).

Chart #33: Number of Gaps in Therapy Services by Year, 2013-2015 CPR

CPR Year	PT	OT	SLP	BT	Total
2013	8	8	4	3	23
2014	13	5	3	2	23
2015	12	10	1	4	27

Chart #34: Number of Gaps in Therapy Services by Region, 2013-2015 CPR

CPR Year	Metro	NE	NW	SE	SW	Total
2013	3	5	5	3	7	23
2014	4	4	3	6	6	23
2015	16	5	1	2	3	27

Chart #35: Number of Gaps in Therapy Services by Service Area, 2013-2015 CPR

Region	PT			OT			SLP			BT			Totals		
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
Metro		2	7	2	1	5		1	1	1	0	3	3	4	16
NE	3	2	1	1	1	4		1		1	0		5	4	5
NW	2	3			0		2	0		1	0	1	5	3	1
SE		2	1	2	2	1	1	0			2		3	6	2

Region	PT			OT			SLP			BT			Totals		
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
SW	3	4	3	3	1		1	1			0		7	6	3
Total	8	13	12	8	5	10	4	3	1	3	2	4	23	23	27

VI. CASE MANAGEMENT

A. Case Management: An Essential Safeguard

Case Managers serve as an essential safeguard for people with Intellectual and Developmental Disabilities (I/DD). The need for advocacy on behalf of class members is woven through each of the case managers primary functions: maintaining eligibility; the facilitation and development of the ISP; coordination of and communication with team members; monitoring to ensure that services and supports needed by the individual are received timely and as intended; reporting when there are issues which need attention; and following up to ensure continuity and effectiveness of services.

B. Case Management Improvements Continue: Knowing the Individual, training and describing health related needs.

Central to being an effective case manager *is knowing the individual*. Historically, case managers have scored well on Question #26, “Does the case manager “know” the person?” Since 2008 the score for this question has been consistently above 88%. When answering this question, reviewers look to see if the Case Manager thoroughly describes the person’s preferences, needs and circumstances; including information describing the individual’s method/style of communication, personality, likes, dislikes; the individual’s general routine; activities, things in the individual’s life; significant events that occurred or are occurring which have an impact on the individual and what s/he is doing or plans to do. Reviewers also look for a description of strengths, positive attributes, things to build on, such as communication method; work ethic; skills s/he possesses; willingness to try things; willingness to participate in activities; etc. During the 2015 Community Practice Review, 91 of the 96 (95%) class members reviewed and scored had case managers who knew them well. As shown in the chart below, 12 of 16 Case Management Agencies³³ (75%) scored 100% on this question.

Another area which has scored well, above 78% since 2008, is the receipt of *training for Case Managers*. Question #28 asks if case managers receive training on the topics needed to assist him/her in meeting the needs of the class member being reviewed. The 2015 CPR found that 83 of 96 (86%) case managers had received the training needed. The expectations regarding this question are noted in the protocol as: “...We want the Case Manager to have person-specific information so they are an informed advocate/monitor. For example, if (the class member) has specific eating requirements due to risk of aspiration, we would expect the Case Manger to have received training regarding issues that impact this person such as: positioning during eating; eating utensils needed and how they are to be used; the pace at which eating is safe for this person, etc. ...”

Another critical area is the ability of case managers to *describe health related needs* of the individual they support. Question #30 asks, “Was the case manager able to describe the person’s health related needs?” Case Managers are expected to provide some information which indicates that they know the person’s status regarding aspiration. We also expect statements of clinical diagnoses, such as seizure disorder, high blood pressure, diabetes; symptoms the person has displayed; diagnoses the person has and what is being done to address them. In 2008, 54% of the case managers were able to describe the health related needs of class members being reviewed. In 2010 62% were able to do so, and in 2013 the number had increased to 72%. Last year the percentage dropped to 63% (61 of 97). This year, 63 of 96 (66%) Case Managers were able to describe the health related needs of the people they support.

³³ This includes DDSD which provides Case Management Services to individuals in the NE and SE regions.

C. Case Management Concerns Continue: Monitoring, Follow Up and Documentation

Question #32 asks, “Does the case management record contain documentation that **the case manager is monitoring and tracking the delivery of services** as outlined in the ISP”? In 2014 the answer was ‘yes’ for 29 case managers (30%, an increase from 25% in 2013). There was another small increase this year, with 32 of 96 case managers (33%). The expectation here is that the Case Manager’s contact notes, the site visit forms and overall record verify two monthly visits, one of them in the home. As a part of these visits, the case manager is to monitor a number of things, including the provision of needed services and the implementation of the ISP. The Case Management record should also show that if the class member is not getting a service that is noted in the ISP, there is documentation that the case manager is following-up to get the service in place.

Another question which addresses monitoring, follow up and documentation is Question #83 which asks, “Overall, do the **progress notes or other documentation in the case management record reflect the status of the goals and services** of the key life areas stated in the ISP”? Last year only twenty-four case management records (25%, up from 21% in 2013) were found to contain such documentation. **This year, that number is the lowest it has been in over ten years, at 12%** (11 of 96, one not scored). When probing for the answer to this question, it is expected that there will be evidence that Case Managers have monitored the implementation of the ISP by reviewing progress notes and monthly/quarterly reports from each provider; quarterly/six-month reports from therapists; and document findings in monthly Case Manager site visit forms. Case Managers are expected to monitor to ensure that outcomes/action plans have been met (not just worked on) and if not met that there is a plan (e.g. reason to continue or have an IDT meeting to revise the outcome, action steps or strategies) which notes issues/progress. Case Management monitoring of ISP/Service implementation is an extremely important safeguard, especially in light of the finding that 66 of the 95 ISPs reviewed and scored were not being fully implemented.

One of the most important questions in the Case Management section is Question #33. “**Does the case manager provide case management services at the level needed by this person**”? Consideration is given to the degree (timeliness and effectiveness) to which recommendations have been followed up on, services have been provided in line with the person’s needs and barriers have been identified, addressed and eliminated or reduced to the extent possible. If the person is not getting a service that is noted in the ISP and there is no evidence that the case manager is following-up in a timely way to get the service in place that would be noted as a deficiency. During the 2014 CPR, 38 of those reviewed (39%, in 2011 there were 38 people; 37%). This year reflects a small increase, with 42 of 96 being found to have case managers providing services at the level needed (44%).

D. Findings by Case Management Agency

A summary of the results of some of the questions discussed above follows. Case Management Agencies are listed in alphabetical order.

Chart #36: Findings by Case Management Agency

Agency	# in Sample	# Yes on Q26	# Yes on Q30	# Yes on Q32	# Yes on Q33	# Yes on Q83	# Yes on Q78 ³⁴
A New Vision	4	4	3	0	0	0 (1 not scored)	0 (1 not scored)
A Step Above	7	6	5	2	1	2	1
Agave	1	1	1	0	0	0	0
Amigo	2	2	1	2	1	0	0
Carino	6	6	6	2	3	2	1
DDSD (NERO/SERO)	2	2	2	2	2	1	0
Excel	4	4	3	2	4	0	2

³⁴ Question 78 asks: Overall, is the ISP adequate to meet the person’s needs? This is a determination about the quality of the components of the ISP, not how or if it is implemented.

Agency	# in Sample	# Yes on Q26	# Yes on Q30	# Yes on Q32	# Yes on Q33	# Yes on Q83	# Yes on Q78 ³⁴
J&J	10	10	8	6	4	1	0
NMBHI	2	2	2	0	1	0	0
NMQCM	6	6	2	3	4	1	1
Peak	8	6	4	0	2	0	0
Rio Puerco	2	2	2	1	2	0	1
SCCM	11	10	7	4	6	1	2
Unidas	19	19	9	6	7	3	1
Unique Opportunities	4	3	1	0	0	0	0
Visions	8	8	7	2	5	0	1

Another way to review the same information is to list agencies based on numbers of individuals in the sample and to review their overall scores, e.g., how many 100% rating they received, how many 75% to 100% ratings and so on.

Chart #37: Findings Displayed by Number of People in the Sample

Agency	# in Sample	# Yes on Q26	# Yes on Q30	# Yes on Q32	# Yes on Q33	# Yes on Q83	# of 100%	# 75% to 99%	# 51% to 74%	# 50% or below
Agencies with 10 or more individuals in the sample										
Unidas	19	19 (100%)	9 (47%)	6 (32%)	7 (37%)	3 (16%)	1	0	0	4
SCCM	11	10 (91%)	7 (64%)	4 (36%)	6 (55%)	1 (9%)	0	1	2	2
J&J	10	10 (100%)	8 (80%)	6 (60%)	4 (40%)	1 (10%)	1	1	1	2
Agencies with 5 to 9 individuals in the sample										
Visions	8	8 (100%)	7 (88%)	2 (75%)	5 (63%)	0 (0%)	1	2	1	1
Peak	8	6 (75%)	4 (50%)	0 (0%)	2 (75%)	0 (0%)	0	2	0	3
A Step Above	7	6 (86%)	5 (71%)	2 (39%)	1 (14%)	2 (39%)	2	0	0	3
Carino	6	6 (100%)	6 (100%)	2 (33%)	3 (50%)	2 (33%)	2	0	0	3
NMQCM	6	6 (100%)	2 (33%)	3 (50%)	4 (67%)	1 (17%)	1	0	1	3
Agencies with 3 to 4 individuals in the sample										
A New Vision	4	4 (100%)	3 (75%)	0 (0%)	0 (0%)	0 (0%) (1 not scored)	1	1	0	3
Excel	4	4 (100%)	3 (75%)	2 (50%)	4 (100%)	0 (0%)	2	1	0	2
Unique Opportunities	4	3 (75%)	1 (25%)	0 (0%)	0 (0%)	0 (0%)	0	1	0	4
Agencies with 1 to 2 individuals in the sample										
DDSD (NERO/SERO)	2	2 (100%)	2 (100%)	2 (100%)	2 (100%)	1 (50%)	4	0	0	1
Rio Puerco	2	2 (100%)	2 (100%)	1 (50%)	2 (100%)	0 (0%)	3	0	0	2
NMBHI	2	2 (100%)	2 (100%)	0 (0%)	1 (50%)	0 (0%)	2	0	0	3
Amigo	2	2 (100%)	1 (50%)	2 (100%)	1 (50%)	0 (0%)	2	0	0	3
Agave	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	2	0	0	3

E. Findings and Recommendations

This information is provided to inform case management agencies and DDS of the nature and frequency with which specific issues were identified during the 2015 Review. It is hoped that this information will be used to recognize good practice and to ensure that case management agencies act consistently so class members are equally supported and protected statewide.

Finding #19: 91 of 96 (95%) class members reviewed had case managers who knew them well. (Q. #26; 95% in 2013, 93% in 2014)

Finding #20: 83 of 96 (86%) class members had case managers who had received training on the topics needed to assist in meeting his/her needs. (Q. #28; 80% in 2013; 79% in 2014)

Finding #21: 63 of 96 (66%) of class members had case managers who could describe the person health related needs. (Q. #30; 72% in 2013; 63% in 2014)

Finding #22: 32 of 96 (33%) of case managers' records contained documentation verifying monitoring and tracking the delivery of services outlined in the ISP. (Q. #32; 25% in 2013; 30% in 2014)

Finding #23: 11 of 95 (12%, 1 not scored) of the case manager's progress notes or other documentation in the record reflect the status of the goal and services of the key life areas stated in the ISP. (Q. #83; 21% in 2013; 25% in 2014)

Finding #24: 42 of 96 class members (44%) were found to have Case Managers who provided services at the level needed. (Q. #33; 37% in 2013; 39% in 2014)

To adequately and effectively address and continue to improve case management services consistent with class member's needs, effort at the case management agency, region and state level needs to occur. DDS can negotiate and manage change at the provider level through multiple tools such as regulation, performance contracts, incentives, technical assistance and effectiveness analysis. The most effective support/intervention needs to be made based on a partnership between DDS and case management agencies to ensure that changes are embraced, effective and sustained long term.

See Recommendation #6 in Individual Service Plan.

VII. SUPPORTED EMPLOYMENT

As DDSD outlines in their Medicaid Waiver Standards of 2007³⁵, “Community Inclusion Services provide individuals with connection to and **membership** in the same community life that is desired and chosen by the general population. This includes **purposeful, meaningful and equitably paid work**; sustained opportunity for **self-empowerment and personal relationships**; **skill development in natural settings**; and **social, education and community membership activities** that are specified in the individual’s ISP. Community Inclusion Services also assist the individual to **develop skills and relationships** that reduce dependence on paid, specialized services”. (Emphasis added) The 2012 Standards state that the objective of “Community Integrated Employment is to provide supports to DDW recipients that result in community employment in jobs which increase economic independence, self-reliance, social connections and the ability to grown in a career”.

Supported Employment continues to be a focus of the Jackson proceedings, and has been repeatedly addressed in Community Practice Reviews. During the 2015 CPR, 65 of the 96 people reviewed (68%, 1 not scored) were recommended for a Vocational Assessment or personal interest profile with the intent that these ‘discovery’ processes would result in purposeful and meaningful days including employment, when possible. Thirty-two (49%) received an assessment, and 9 of the assessments (14%) conformed to DOH regulations. Of the 96 people reviewed, 56 were found to need supported employment; 5 people (9%) were engaged in employment according to DOH standards.

The goal should be to ensure that individuals are supported to receive integrated employment services based on each individual’s specific strengths, preferences, capacities, needs and desires. Promoting employment on an individual and systemic level helps people to engage fully in their communities and benefit from the services offered.

A. Supported Employment Disengagement Data

As the following numbers show, acquiring good functional vocational assessments and creating meaningful Career Development Plans which result in integrated employment is a reality that has not been realized for the majority of Jackson Class Members.

Chart #38: Historic Supported Employment Disengagement Data

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2013	2014	2015
Need an employment assessment?	58%	78%	69%	82%	58%	77%	74%	66%	71%	73%	65%	75%	77%	68%
Need supported employment?	44%	38%	47%	53%	51%	66%	58%	55%	53%	56%	45%	63%	65%	59%
Receive supported employment assessment?	96%	97%	89%	86%	83%	79%	60%	62%	70%	71%	58%	63%	53%	49%
Assessment conforms to DOH Regulations?	63%	89%	72%	15%	39%	26%	35%	30%	39%	29%	28%	16%	15%	14%
Has a Career Development Plan?	53%	56%	38%	14%	25%	23%	31%	20%	37%	17%	33%	8%	11%	11%

³⁵ Jackson Class Members continue services under the 2007 Waiver Standards.

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2013	2014	2015
Is supported employment provided in line with requirements?	38%	75%	30%	25%	21%	22%	31%	10%	30%	23%	14%	20%	18%	9%

B. Findings and Recommendations

Finding #25: During the 2015 CPR, 65 of the 96 people reviewed (68%, 1 not scored) were recommended for a Vocational Assessment and/or personal interest profile with the intent that these 'discovery' processes would result in purposeful and meaningful days including employment, when possible.

Finding #26: Thirty-two people (49%) received an assessment, and 9 of the assessments (14%) conformed to DOH regulations.

Finding #27: Of the 96 people reviewed, 56 were found to need supported employment (59%, 1 not scored); 5 of those people (9%) were engaged in employment according to DOH standards.

Recommendation #8. The DOH/DDSD, in conjunction with the Jackson Supported Employment Consultant, Jackson Compliance Administrator and others as needed, should work with providers to ensure:

- 8.a. Individuals and their Guardians have informed choice regarding a wide variety of work and employment options. Informed choice cannot be exercised unless real work options have been experienced.
- 8.b. Each year increase the number of class members who are:
 - 8.b.i. earning minimum wage or better;
 - 8.b.ii. increasing the average number of hours they work per week; and
 - 8.b.iii. who are working in jobs consistent with the Federal Definition of Supported Employment (Supported Employment Objective SE1.2. and JSD. ¶37.d.)
- 8.c. Class members have access to a provider who effectively delivers wide variety of job options. This variety of job opportunities must be available, experienced and effectively provided to interested class members based on their interests and abilities. In addition,
 - 8.c.i. Providers need to know the difference between individualized/customized job development vs. putting a person in an existing job slot whether it is a good fit or not.
 - 8.c.ii. Providers need to know the difference between supported employment and customized employment (i.e. creating a reconfigured job that didn't already exist to match the individual's abilities and interests, enabling self-employment and micro enterprises).
 - 8.c.iii. Providers need to know the difference between contract work and real, integrated work in the community.
- 8. d. DOH/DDSD should differentiate between supported employment and customized employment by, in part, incentivizing rates and developing rules regarding each.

VIII. GOOD NEWS: OVERALL CONSISTENT AND IMPROVING AREAS

During the past six Community Practice Reviews (2009, 2010, 2011, 2013, 2014 and 2015), each region has shown consistently high scores in specific areas. Two areas that were consistently high, overall, for all five regions are *Satisfaction and Quality of Life*. Many of these questions are not applicable to all people reviewed during the CPR, or the answer cannot be determined due to an individual's unavailability or inability to answer the questions. Therefore, the percentage scores often are based on a small portion of the total number of individuals reviewed. In these areas, the CPR probes if the person has the opportunity to make **informed choices** (Q#88), if the individual **finds their guardian, case manager, day and residential support staff to be helpful** and gets along with them (Q#96, #105, #111, #112)³⁶. Day to day issues, such as **honoring cultural preferences, providing adequate food and drink, available transportation, and sufficient personal money** (Q#102, #108, #109 and #110) are also reviewed, and have been found over the years to score high in all regions. There are many other questions in the Satisfaction and Quality of Life categories; not every region scored over 80% every single time in the past six CPRs, but overall, there is much to be recognized and appreciated statewide, in these areas.

In addition to Satisfaction and Quality of Life, some regions have shown significant improvement in other specific areas, either improving incrementally during each of the four reviews, or showing improvement from 2014 to 2015. More detail on that is provided by region in the following narrative as well as the attached tables.

A. Metro Region

Case Management: With regard to Case Management, two questions have all scored over 80% in the Metro region for the past six years. This shows that the region has Case Managers who "know" the person they support and are adequately available to that person (Q#26). Also, Metro region Case Managers receive the support needed to assist them (Q#34).

Day support service staff identified as knowing the person best were interviewed and confirmed that they had training on the agency's complaint and ANE processes. These areas (Q#35 and #41) all scored over 80% during the last six CPRs. Also scoring very high – over 90% in the last six CPRs – was Q#43, regarding the cleanliness and safety of the person's day/employment environment.

Home Living: The homes of the individuals in the Metro review were, overall, found to be safe and offer a good quality of life for the past five CPRs (Q#47 and #53). Residential support service staff interviewed and identified as knowing the person best were found to "know" the person they support and had training on the agency's complaint and ANE processes. These areas (Q#44 and #51) all scored over 80% during the last six CPRs. Since the 2010 CPR, Metro Residential staff scored over 80% on Q#45, #46 and #49. Specifically, they have adequate input into the ISP, they received training on implementing the ISP, and were able to describe their responsibilities in supporting the individual.

Adequacy of Planning and Services: has also shown improvement in a few specific areas over the past few CPRs. Individuals in the Metro region have all had ISP documents in the past six CPRs (100% all six years, Q#61). Over the past six years, over 80% of the ISPs contained the individual's health/medical care information and their prescribed medications (Q#74 and #76).

Individual Service Plan: Over 90% of the ISP documents reviewed in the Metro region have, for the past five CPRs, addressed the life areas required by DOH regulations (Q#141).

³⁶ "Q" followed by a number identifies the specific question(s) in the protocol.

B. Northeast Region

Case Management: One question has scored over 80% for the past six CPRs in the Northeast region. The question reveals that the region has Case Managers who “know” the person they support and are adequately available to that person (Q#26). Also, Northeast region Case Managers consistently receive the level of support needed to assist them (Q#34).

Day Direct support staff providing services in the Northeast region also consistently “know” the person they support (Q#35) scoring over 80% during the last six CPRs. Also scoring very high – over 90% in the last six CPRs – was Q#43, regarding the cleanliness and safety of the person’s day/employment environment.

Home Living: The homes of the individuals in the Northeast region were found to be safe and offer a minimal quality of life for the past six CPRs (Q#47 and #53). Residential support service staff in the region also consistently “know” the person they support and had training on the agency’s complaint and ANE processes. These areas (Q#44 and #51) all scored over 80% during the last six CPRs. Improvement has been shown with staff receiving training on implementing the ISP, from 67% in 2011 to 86% in 2013 and has been over 90% in the past two years (92% in 2014; 91% in 2015) (Q#46).

Communication: Continued improvement is noted for the Northeast region with regard to communication assessments and services (Q#140). The region was at 58% in 2010, and has been over 80% in the past four years.

Adequacy of Planning and Services has also shown consistency in a two specific areas over the past few CPRs. Northeast region individuals have all had ISP documents in the past five CPRs (100% all six years, Q#61). Also for the past six years, over 80% of the ISPs detail how the individual obtains their prescribed (Q #76).

C. Northwest Region

Case Management: Case Managers in the Northwest “know” the person they support and are adequately available to that person (Q#26), scoring over 80% in the last four years.

Home Living: Residential support service staff in the Northwest region also consistently “know” the person they support as evidenced by 90% or higher scores for the past four CPRs (Q#44). The Northwest region Residential staff, over 80% of the time for the past four CPRs, had input in the ISP (Q#45).

Behavior Supports: For individuals who were found to need Behavioral Support Services, scores in this area of the protocol have been high in the Northwest region for the fourth CPR in a row. In 2015, 100% of plans are developed out of the behavior support assessment, 100% of staff have been trained on the plans, and 100% of individuals reviewed have received behavioral support services consistent with their needs. (Q#134, #135, #136).

Adequacy of Planning and Services has also shown improvement in a few specific areas over the past few CPRs. Northwest region individuals have all had ISP documents in the past four CPRs (100% all four years, Q#61). For the past three years, over 80% of ISPs have contained information regarding the individual’s health/medical care information and how the person will obtain their prescribed medications (Q #74 and #76).

Individual Service Plan: For the last six CPRs, over 80% of the ISP documents reviewed in the Northwest region have addressed the life areas required by DOH regulations (Q#141).

D. Southeast Region

Case Management: In the Southeast region, three Case Management questions scored over 80%. Most Case Managers “know” the person they support and are adequately available to that person (Q#26 and #29). Also, most Case Managers receive the support needed to assist them in doing their job (Q#34).

Day/Employment: For the last six CPRs, over 80% of Day/employment support staff in the Southeast region also “know” the person they support (Q#35). Also scoring consistently high – over 80% in the last six CPRs – was Q#43, regarding the cleanliness and safety of the person’s day/employment environment.

Home Living: The homes of the individuals in the Southeast region were found to be safe over 80% of the time for the past six CPRs (Q#47). Residential support service staff in the Southeast region also consistently “know” the person they support (Q#44).

Team Process: With regard to Team process, Southeast region teams were found to meet as needed for over 80% of individuals in each of the last six CPR years. For that same time period, over 80% of teams were found to have adequate communication between meetings (Q#116 and #117).

Communication: Improvement is noted for the Southeast region with regard to communication assessment and services (Q#140) which has been over 80% in three consecutive years (2013-2015).

Adequacy of Planning: Southeast region individuals have all had ISP documents in the past six CPRs (100% all five years, Q#61). Also in the past six CPR years, over 80% of ISPs have contained information regarding how the person will get to their work/day activities (Q#75).

Generic Services: Over 80% of the individuals in the Southeast region have, for the last six CPRs, had access to generic services and supports (Q#144).

E. Southwest Region

Case Management: With regard to Case Management in the Southwest region, most (93%) Case Managers “know” the person they support and were adequately available to that person (Q#26 and #29). For the past six CPRs, Southwest region Case Managers receive the training and support needed to assist them in doing their job to meet the needs of the individual (Q#28 and #34).

Day supports: Scoring consistently high – over 90% in the last five CPRs – was Q#43, regarding the cleanliness and safety of the person’s day/employment environment.

Home Living: The homes of the individuals in the Southwest region were found to be safe and offer a minimal quality of life for the past six CPRs (Q#47 and #53, over 80% all six years). Residential support service staff in the Southwest region also “know” the person they support (Q#44).

Adequacy of Planning and Services has consistently high scores in a few specific areas over the past six CPRs. Southwest region individuals have all had ISP documents in the past six CPRs (100% all years, Q#61). Also, over 80% of ISPs have contained information regarding how the person will get to their work/day activities (Q#75).

Individual Support Plan: For the past six CPRs, over 80% of the ISP documents reviewed in the Southwest region have addressed the life areas required by DOH regulations (Q#141).

Appendix A: Findings and Recommendations Summary

I. Findings

A. Health

Finding #1: The Community Practice Review identified 414 health related findings during this review (including those that were identified with Immediate and/or Special issues. 91 of the 99 individuals (92%) in the 2015 CPR had health related issues identified that needed review and/or action. Each region had at least one person with no identified, unaddressed personal health findings/issues. The most was 3 in the Northeast, 2 in Metro, 1 in the Northwest, 1 in the Southeast, and 1 individual in the SW.

Finding #2: Lack of action to identify and/or address health related needs was the most frequently identified health related issue and includes:

- 2.a. Not acquiring assessments and preventative health screens;
- 2.b. Not following or implementing recommendations made by clinicians/specialists;
- 2.c. Nursing not following up/monitoring;
- 2.d. Medication administration errors; and
- 2.e. Staff not recognizing and acting on symptoms.

Finding #3: Incorrect or inconsistently identified health care information in the record was a frequently identified issue and included:

- 3.a. Medication (labels don't match, MARs don't match electronic/paper, MAR missing, MAR/Dr.'s orders don't match);
- 3.b. CARMP (not available, contradictory information, didn't match HCP, inaccurate information);
- 3.c. Assessments (contradictory information, guidance unclear, incomplete information);
- 3.d. Diagnosis listed is incorrect or inconsistently/inaccurately identified in the record;
- 3.e. Data Tracking/Monitoring (not done, not done accurately or consistently, e.g., seizures, weight, fluid tracking); and
- 3.f. MERP (missing data, conflicting information, not updated, not available).

Finding #4: Class Members most frequently hospitalized have bowel issues (e.g., bowel obstructions/impactions); and dehydration/Urinary Tract Infections.

Finding #5: Since 2010 the number of hospitalizations with 'unspecified pneumonia' cited as the cause has been greater than the number of hospitalizations caused by aspiration pneumonia, which leaves the identified cause uncertain.

Finding #6: Individual physical, behavioral and/or functional regression is not being adequately addressed.

- 6.a. Those for whom only physical regression occurred (22), 12 (54%) had the regression adequately addressed in 2015. Ten (46%) did not.
- 6.b. Those for whom both physical and behavioral regression has occurred (13 people), this year reflected a decrease in the percentage of regression being adequately addressed, at 38% (5 people).
- 6.c. In the instances where only behavioral regression occurred (7 people) 5 were adequately addressed (71%). Two people did not receive adequate support.

Finding #7: Metro Region had the highest average number of health related findings per person (5.40 per person) followed by the Southeast (4.73 per person), Southwest (4.13 per person), then the Northwest (3.60 per person) and, finally, the Northeast (3.23 per person).

Finding #8: There is a wealth of unexamined data warranting further analysis, dialogue and response, regarding hospital readmissions, hospice and deaths. (For Regional detail, see the report narrative page 22).

B. Individual Service Plan (ISP)

This information has been provided to inform providers, case managers and DDS of the nature and frequency with which specific issues were identified during the 2015 Review. It is hoped that this information will be used to recognize good practice and to ensure that providers act consistently so that class members have ISPs which reflect their needs, interests, strengths and that these ISPs are consistently and completely implemented.

Finding #9: During the 2015 CPR, 85 (89%) of the 95 ISPs scored were found to be not adequate to meet the person's needs. Thirteen individuals (14%) were found to have a program of the level of intensity adequate to meet the person's needs.³⁷

Finding #10: Of the 95 people whose ISPs were reviewed and scored, 3 did not have issues identified in these four areas. Those providers supporting individual's whose ISPs were found to be adequate are identified next.

- The Metro agencies supporting 2 individuals include: Connections and CFC (Day Services) and A Better Way and At Home Advocacy (Residential Services). The case management agencies were A Step Above and NMQCM.
- The Northwest Residential and Day agency was Ramah Care. The case management agency was Rio Puerco.

Finding #11: Twenty-five (26%) individuals were found to have a program of the level of intensity adequate to meet the person's needs (27% in 2013).³⁸ (For more detail by provider, see report narrative).

Finding #12: Statewide, 69% of the ISPs reviewed were not being fully or consistently implemented.³⁹

C. Day Services, Community Integration, Meaningful Life

Finding #13: DOH/DDS standards articulate expectations consistent with ensuring individual choice, integration, meaningful relationships, implementation of ISPs, etc. However, these standards are not consistently enforced.

Finding #14: Expectations of growth for class members are low, skill acquisition is not an expectation.

Finding #15: There appears to be a profound lack of understanding of how people with I/DD acquire new skills, become familiar with new opportunities (e.g., work, volunteering, equipment, environments, devices) and learn new tasks.

Finding #16: Day services appear to be time fillers, lack individual purpose, containment oriented and custodial in nature.

³⁷ This is CPR Protocol Question #146.

³⁸ These individuals scored "Yes" on Q. 147 in the protocol.

³⁹ This is a combination of Q. 79 and Q.80.a. in the protocol.

Finding #17: Some individuals are active and known in their community.

Finding #18: Some individuals (76%) have non-paid acquaintances and friends.

D. Case Management

This information is provided to inform case management agencies and DDSD of the nature and frequency with which specific issues were identified during the 2015 Review. It is hoped that this information will be used to recognize good practice and to ensure that case management agencies act consistently so class members are equally supported and protected statewide.

Finding #19: 91 of 96 (95%) class members reviewed had case managers who knew them well. (Q. #26; 95% in 2013, 93% in 2014)

Finding #20: 83 of 96 (86%) class members had case managers who had received training on the topics needed to assist in meeting his/her needs. (Q. #28; 80% in 2013; 79% in 2014)

Finding #21: 63 of 96 (66%) of class members had case managers who could describe the person health related needs. (Q. #30; 72% in 2013; 63% in 2014)

Finding #22: 32 of 96 (33%) of case managers' records contained documentation verifying monitoring and tracking the delivery of services outlined in the ISP. (Q. #32; 25% in 2013; 30% in 2014)

Finding #23: 11 of 95 (12%, 1 not scored) of the case manager's progress notes or other documentation in the record reflect the status of the goal and services of the key life areas stated in the ISP. (Q. #83; 21% in 2013; 25% in 2014)

Finding #24: 42 of 96 class members (44%) were found to have Case Managers who provided services at the level needed. (Q. #33; 37% in 2013; 39% in 2014)

E. Employment

Finding #25: During the 2015 CPR, 65 of the 96 people reviewed (68%, 1 not scored) were recommended for a Vocational Assessment and/or personal interest profile with the intent that these 'discovery' processes would result in purposeful and meaningful days including employment, when possible.

Finding #26: Thirty-two people (49%) received an assessment, and 9 of the assessments (14%) conformed to DOH regulations.

Finding #27: Of the 96 people reviewed, 56 were found to need supported employment (59%, 1 not scored); 5 of those people (9%) were engaged in employment according to DOH standards.

II. Recommendations

A. Health

The 2015 examination of the health related findings for class members, as it has for at least the past eleven years, emphasizes the need to routinely monitor, measure, report and promptly modify practice to protect the health and safety of Jackson Class Members (JCMs). As identified last year and repeated this year, at a minimum:

Recommendation #1. DHO/DDSD needs to develop safeguard/quality improvement systems which results in the early identification and effective response to health related issues including changes in health status of Jackson Class Members.

Recommendation #2. The risk factors, health care needs and changing personal circumstances of Jackson Class Members (JCMs) must be:

- 1.a. known by those who support and provide services to them;
- 1.b. accurately documented in the health record including health care plans, emergency response plans, aspiration risk management plans and Other related sources (e-Chat, ISPs, etc.); and
- 1.c. conveyed accurately and timely to clinicians and specialists.

Recommendation #3 The findings and recommendations from evaluations, screens and assessments from clinicians and specialists must be:

- 2.a. known by those who support and provide services to class members;
- 2.b. accurately documented in the health record; and
- 2.c. implemented timely and consistently with the recommendations (or the reasons why not documented).

Recommendation #4. Oversight, monitoring, modeling and mentoring must be accurately informed and provided:

- 3.a. by nurses and direct support professionals, supervisors and ancillary providers;
- 3.b. to direct support professionals, case managers and others who support and provide services to class members; and
- 3.c. on a regular basis so that performance corrections can be made naturally, practically and effectively.

Recommendation #5. Data regarding deaths, hospital admissions and re-admissions, hospice use, gaps and errors in effective health care coordination and practice should be examined, analyzed and used as a learning opportunity which results in improved practice, increased confidence and competence of those providing supports and services throughout the state.

B. Individual Services Plan (ISP)

Recommendation #6:⁴⁰ DOH/DDSD in conjunction with the Jackson Compliance Administrator and the Community Monitor should develop outcomes and implement strategies which will systemically and measurably improve practice and outcomes for class members in, at least, each of the four Individual Service Planning areas identified below.

6.a. ISP Development:

⁴⁰ This is a repeat recommendation from 2009 CPR.

- Overall, 61% of the IDTs did not have an appropriate expectation of growth for the person. (Q. 85) Team members (67%) are not able to describe the person's health related needs. (Q. 54)
- Teams (53%) did not discuss the person's health-related issues. (Q. 55)
- The person's health supports/needs (83%) are not being adequately addressed. (Q. 56)
- Teams do not consider what assessments the person needs (69%) (Q. 57), they do not arrange for and obtain the needed assessments (58%) (Q.58), and/or they (69%) do not use recommendations from assessments in planning (Q. 60).

6.b Individual Service Plan:

- ISP visions (54%) are not adequate. (Q. 64)
- ISP Outcomes (61%) do not address the person's major needs. (Q.69)

6.c. ISP Implementation:

- Staff (34%) cannot describe his/her responsibilities in providing daily care to the person (Q. 82)

6.d. ISP Monitoring:

- The Case Management record (67%) does not contain documentation that the Case Manager is monitoring and tracking the delivery of services as outlined in the ISP. (Q. 32)
- The progress notes or other documentation in the case management record (88%) does not reflect the status of the outcomes and services of the key life areas stated in the ISP. (Q. 83)

C. Day Services, Community Integration, Meaningful Life

As indicated last year and many, many years before, the Community Monitor would welcome the opportunity to jointly develop intervention strategies to address these issues with DDSD. These outcomes and strategies should also be shared with the Parties and the JCA for review and comment in advance of finalization but by no later than February 2016. Implementation should begin no later than July 1, 2016.

Recommendation #7: DDSD needs to train to, identify barriers to the implementation of and enforce their standards.

Recommendation #8. DDSD should identify and implement strategies which result in Team Members: recognizing and acting on class member's strengths, growth potential, the value of work and the attainment of valued social roles. (Repeat recommendation from 2007) This should include Social Role Valorization, or equivalent, training as an integral part of training for providers, including case managers and DDSD staff. In addition, existing training and technical assistance provided by or through DDSD should be routinely reviewed to ensure that these concepts permeate all related training. (Repeat recommendation from 2004) This training should be required at set intervals so that it is not a 'one time only' introduction.

Recommendation #9: Instruction methodology used throughout the system needs to be systematic, defined and replicable as evidenced by components such as:

9.a. Pre-instruction Planning (starts with the assessment) and includes:

- Reinforcement
- Error correction
- Prompting and fading
- Selection of materials

9.b. Delivery of Instruction

- Using task analysis, backward and forward chaining, shaping
- Sessions are throughout the day, short intervals (5 to 15 minutes depending on attention, interest, any physical or medical issues).
- Assess realistic number of skills to teach.
- Therapists and BSC collaborate directly with JCM and Direct Support Professionals.
- Training is done with the person class member present.

9.c. Evaluation of Instruction

- This is done by observing the class member doing skill that was taught

D. Case Management

To adequately and effectively address and continue to improve case management services consistent with class member's needs, effort at the case management agency, region and state level needs to occur. DDS can negotiate and manage change at the provider level through multiple tools such as regulation, performance contracts, incentives, technical assistance and effectiveness analysis. The most effective support/intervention needs to be made based on a partnership between DDS and case management agencies to ensure that changes are embraced, effective and sustained long term.

See Recommendation #6 in Individual Service Plan.

E. Supported Employment

Recommendation #8. The DOH/DDS, in conjunction with the Jackson Supported Employment Consultant, Jackson Compliance Administrator and others as needed, should work with providers to ensure:

- 8.a. Individuals and their Guardians have informed choice regarding a wide variety of work and employment options. Informed choice cannot be exercised unless real work options have been experienced.
- 8.b. Each year increase the number of class members who are:
 - 8.b.i. earning minimum wage or better;
 - 8.b.ii. increasing the average number of hours they work per week; and
 - 8.b.iii. who are working in jobs consistent with the Federal Definition of Supported Employment (Supported Employment Objective SE1.2. and JSD. ¶37.d.)
- 8.c. Class members have access to a provider who effectively delivers wide variety of job options. This variety of job opportunities must be available, experienced and effectively provided to interested class members based on their interests and abilities. In addition,
 - 8.c.i. Providers need to know the difference between individualized/customized job development vs. putting a person in an existing job slot whether it is a good fit or not.
 - 8.c.ii. Providers need to know the difference between supported employment and customized employment (i.e. creating a reconfigured job that didn't already exist to match the individual's abilities and interests, enabling self-employment and micro enterprises).
 - 8.c.iii. Providers need to know the difference between contract work and real, integrated work in the community.
- 8. d. DOH/DDS should differentiate between supported employment and customized employment by, in part, incentivizing rates and developing rules regarding each.

Appendix B: Community Practice Review History and Methodology Overview

The Community Practice Review (CPR)⁴¹ has been conducted since 1993. Since the beginning the scoring methodology has remained the same. With very few exceptions, the Protocol questions have remained the same since the beginning as well. In 2008 one question was dropped when DDS D changed a requirement.⁴² Also, over the years we have clarified different points contained in a question in an effort to make it clear what information was or was not received.⁴³ These few changes were suggested by DDS D and/or providers and agreed upon by the parties.

This year, sub-questions were added in the area of Supported Employment, offering more detail about how the primary protocol questions were answered. These were added to #124, #125 and #129, at the request of DDS D. The overall method of using these scores to calculate the Disengagement and Reporting data did not change.

In 2008 “notes” of clarification were added to every scored and interview question. This addition was recommended by Department of Health (DOH), Developmental Disability Services Division (DDS D) and Providers. This was done so that the criteria expected and being applied for every score would be clearly indicated. At the start of every CPR year the DOH/DDS D and the Jackson Parties are invited to suggest changes or additions to the **notes** in an effort to keep the interpretation of all of the questions up to date with current DDS D terminology as well as to address/clarify any questions which providers found to be confusing the previous year.

In 2005, in an effort to enable providers and others to fully prepare for the Community Practice Review, the entire Review protocol was placed on the internet. In 2008 and following, the above cited “notes” of clarification were also made available on the Internet. Thus all questions asked during a review, as well as the precise criteria applied, have been available at all times to all interested parties; i.e. individuals receiving services, families/guardians, providers, DDS D and others. This “open book” approach allows DDS D and providers to be continuously examining and improving service practice. It also allows everyone to know precisely the content and expectations of the Community Practice Review so there should be no surprises.

Prior to 2004 the previous Community Monitor used the term “Red Alert” to identify a person who was found to have urgent health or related needs. A specific definition was not published for this term. In 2004 the current Community Monitor began using the terms “Immediate Needs” and “Special Needs” to identify people with urgent health or related needs along with published definitions for both categories. As part of Judge Parker’s October 2012 Order, he asked the Community Monitor to review the definitions of Immediate and Special Needs with the Jackson Parties and change them as needed. That was done and the definitions used during the 2013 CPR reflect those changes as proposed and agreed by the Jackson Parties⁴⁴.

From 1993 until 2014 Community Practice Review DOH/DDS D employees functioned as CPR Reviewers. In 2014 DOH/DDS D asked the Community Monitor to provide all of the reviewers. With the approval of the Parties, the reviewers for the 2015 Community Practice Review were Consultants to the Community Monitor. As in the past, reviewers are trained by the Community Monitor. However, while in the past DOH/DDS D staff actually provided identified components of the training, for this CPR Case Judges and the Community Monitor provided the training. Case Judges chosen by the Community Monitor have always functioned as a quality control/inter-rater reliability safeguard. Case Judges are also trained with reviewers and must demonstrate the ability to be a reviewer before further training and approval to be a Case Judge.

⁴¹ Previously referred to as the Community Systems Review.

⁴² ISPs are no longer required to be reviewed every 6 months.

⁴³ For example, Q. 41 asks, “Did the direct services staff have training on the provider’s complaint process and on abuse, neglect and exploitation?” There are two issues contained in one question so Question 41 was split into 41.a. which asks “Did direct service staff have training on the provider’s complaint process?” and “41.b.” Did the direct service staff have training on how to and to whom to report abuse, neglect and exploitation?”. Other questions were similarly split for purposes of clarity.

⁴⁴ The definitions used during 2013 and the changes are listed on page 13.

Individual findings and recommendations have always been provided after every regional review. These findings are reviewed by the Case Judge, Community Monitor, regional office staff, the individual and his/her team prior to becoming final. Prior to 2004 the Community Monitor met with representatives of the individual's team to review the findings and recommendations prior to them becoming final. Since 2005 the Community Monitor meets with the individual and the entire team along with regional and state DDS representatives prior to closing a review. This gives the person and those most familiar with him/her the opportunity to provide additional/missed information, to suggest alternative recommendations and/or object to a finding or recommendation directly with the Community Monitor.

The sample to be reviewed in each region is provided by the Community Monitor at least 45 days in advance of each regional review. Individual findings and recommendations are issued during the onsite review week, the Community Monitor meets with the regional staff the Wednesday following the review week, or as otherwise set by the Region, and then meets again with the individual and his/her team within three weeks of the review. Final regional reports are issued within 30 days of the close of a review.

Appendix C: Immediate and Special Needs by Issue and Region
Available by Request: Contains individually identifiable information
Those authorized to receive a copy and who would like one should contact the Community Monitor
785-258-2214 or rpaltd@aol.com

**Appendix D: Number of Issues Identified for People with Immediate and/or Special Needs
By Residential Provider and Case Management Agency**

Residential Agency	Not following Clinical Rec's	Lack of Timely F/U	Medication	Seizures	Behavior	Systems Breakdown	Total
A Better Way			1				1
Active Solutions		1					1
Adelante		1		2			3
Alegria					1		1
ARCA		2	1				3
Bright Horizons			2				2
Community Options		1					1
Cornucopia	1						1
Dungarvin	1	1				1	3
ENMRSH	1	1			1		3
ESEM	1		1				2
Expressions of Life		1			1		2
Lessons of Life	2		1		1		4
LLCP	1						1
OptiHealth	1	1	1			2	5
PRS		1					1
Ramah Care		1					1
Su Vida	1					1	2
The New Beginnings		4	4		1	1	10
Tobosa	3		2				5
Tresco			1				1
Tungland		1					1
Case Management							
A New Vision	1	1	1			2	5
A Step Above	1	1	3	2			7
Amigo		1					1
Carino	1	2	1		1	1	7
DDSD	1						1
Excel		1					1
J&J	4	1	2		1		8
NMQCM			1				1
Peak	1		1			1	3
Rio Puerco		1					1
SCCM	2		2		1		5
Unidas	1	6	1		2	1	11
Unique Opportunities	1	1	1			1	4

Residential Agency	Not following Clinical Rec's	Lack of Timely F/U	Medication	Seizures	Behavior	Systems Breakdown	Total
Visions	1	1	1				3
Day Agency							
Adelante	1				1		2
AWS	1						1
Benchmark	1						1
Connections			1				1
LifeRoots		1					1
Share Your Care			1			1	2

Appendix E: Health Care Findings, Immediate and/or Special Needs, Incident Reports Filed and Repeat Findings by Case Management Agency

CASE MANAGEMENT	Immd () = Repeat Findings	Special () = Repeat Findings	IR Filed	Health Findings	Repeat Health Findings
A New Vision (3)	2	6		24	2
A Step Above (7)	2	2		23	2
Agave (1)				0	0
Amigo (2)	2	1		18	2
Carino (6)	2 (1)	3 (1)	1	27	5
DDSD (2)		1		2	0
Excel (4)		1		21	5
J&J (10)	1	6		41	7
NMBHI (2)				3	0
NMQCM (6)	1			30	8
Peak (8)		2 (1)		12	0
Rio Puerco (2)		1		1	0
SCCM (11)		3 (1)		42	6
Unidas (19)	1	7	1	84	12
Unique Opportunities (4)	1	3		31	7
Visions (8)		3		26	2

Appendix F. Addressing Regression by Region

Region	Total # experiencing Regression	# for whom physical and behavioral regression has occurred	Adequately Addressed?	# for whom only physical regression has occurred (Q.119)	Adequately Addressed?	# for whom only behavioral or functional regression has occurred (Q.#120)	Adequately Addressed?
Metro	21 of 49 (43%)	6	1 (17%) ⁴⁵	11	4 (36%) ⁴⁶	4	3 (75%) ⁴⁷
NE	4 of 11 (36%)	2	2 (100%)	0	NA	2	2 (100%)
NW	3 of 10 (30%)	1	0 (0%) ⁴⁸	2	0 (0%) ⁴⁹	0	N/A
SE	6 of 11 (55%)	3	2 (100%) ⁵⁰	2	1 (50%) ⁵¹	1	0 (0%) ⁵²
SW	8 of 14 (57%)	1	0 (0%) ⁵³	7	4 (57%) ⁵⁴	0	N/A
	2015	13	5 (38%)	22	9 (41%)	7	5 (71%)
	2014	19	12 (63%)	14	7 (50%)	9	4 (44%)
	2013	16	10 (63%)	15	9 (60%)	12	6 (50%)
	2011	38	35 (92%)	16	1 (6.3%)	5	5 (100%)

⁴⁵Those not adequately addressed are served by: Case Management: A New Vision (1), Carino (2), NMQCM (1), Unidas (1); Residential: Active Solutions (1), Advantage Communications (1), LLCPC (1), Su Vida (1), The New Beginnings (1)

⁴⁶ Those not adequately addressed are served by: Case Management: A New Vision (1), A Step Above (2), Unique Opportunities (1); Residential: Adelante (2), ARCA (1), The New Beginnings (1)

⁴⁷ Those not adequately addressed are served by: Case Management: Peak (1); Residential: OptiHealth (1)

⁴⁸ Those not adequately addressed are served by: Case Management: Peak (1); Residential: Silver Linings (1)

⁴⁹ Those not adequately addressed are served by: Case Management: Excel (2); Residential: Dungarvin (1), Tungland (1)

⁵⁰ Those not adequately addressed are served by: Case Management: J&J (1); Residential: ENMRSH (1)

⁵¹ Those not adequately addressed are served by: Case Management: J&J (1); Residential: Tobosa (1);

⁵² Those not adequately addressed are served by: Case Management: J&J (1); Residential: HDFS (1)

⁵³ Those not adequately addressed are served by: Case Management: SCCM (1) Residential: Tresco (1),

⁵⁴ Those not adequately addressed are served by: Case Management: SCCM (1), Unidas (2); Residential: PRS (1), Tresco (2);

Appendix G: 6-Year CPR Health Data, by Question

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
30. Was the case manager able to describe the person's health related needs?	61% Yes (66) 38% Partial (41) 1% No (1)	62% Yes (66) 38% Partial (41)	73% Yes (80) 27% Partial (29)	72% Yes (73) 28% Partial (29)	63% Yes (61) 37% Partial (36)	66% Yes (63) 34% Partial (33)
38. Was the [day/employment] direct service staff able to describe the person's health related needs?	51% Yes(55) 46% Partial (50) 3% No (3)	61%Yes (64) 39% Partial (41) (2 not scored)	60% Yes (65) 40% Partial (44)	63% Yes (64) 35% Partial (36) 2% No (2)	61% Yes (58) 39% Partial (37) (2 not scored)	48% Yes (45) 51% Partial (48) 1% No (1) (2 not scored)
48. Was the residential service staff able to describe the person's health related needs?	50% Yes (54) 48% Partial (51) 2% No (2)	64% Yes (69) 36% Partial (38)	72% Yes (78) 28% Partial (31)	66% Yes (67) 33% Partial (34) 1% No (1)	58% Yes (56) 41% Partial (40) 1% No (1)	60% Yes (58) 39% Partial (37) 1% No (1)
54. Overall, were the team members interviewed able to describe the person's health-related needs?	32% Yes (35) 68% Partial (73)	38% Yes (41) 62% Partial (66)	39% Yes (43) 61% Partial (66)	39% Yes (40) 61% Partial (62)	31% Yes (30) 69% Partial (67)	33% Yes (31) 67% Partial (64) (1 not scored)
55. Is there evidence that the IDT discussed the person's health-related issues?	63% Yes (68) 35% Partial (38) 2% No (2)	64% Yes (69) 35% Partial (37) 1% No (1)	64% Yes (70) 36% Partial (39)	64% Yes (65) 36% Partial (37)	53% Yes (51) 47% Partial (46)	47% Yes (45) 53% Partial (50) (1 not scored)
56. In the opinion of the reviewer, are the person' health supports/needs being adequately addressed?	26% Yes (28) 72% Partial (78) 2% No (2)	21% Yes (23) 78% Partial (83) 1% No (1)	36% Yes (39) 63% Partial (69) 1% No (1)	30% Yes (31) 66% Partial (67) 4% No (4)	24% Yes (23) 76% Partial (74)	17% Yes (16) 80% Partial (76) 3% No (3) (1 not scored)

Appendix H: 2015 CPR Health Data, by Question and Provider

For questions #54, #55 and #56, the percentage provided uses the data from the total number of individual served by the agency
 e.g., for A Better Way, one person is served in Residential, two more people are served in Day; the number and percentage is based on all three people's scores

Agency	# of JCMs in Sample	# in Day Services	38. Day staff describe health related needs?	# in Residential Services	48. Residential staff describe health related needs?	54. ...team members described health-related needs?	55. ...IDT discussed health-related issues?	56. ... health supports/needs being adequately addressed?
A Better Way	3	2	2 (100%)	1	1 (100%)	1 (33%)	1 (33%)	0 (0%)
Ability First	1			1	1 (100%)	0 (0%)	0 (0%)	0 (0%)
Active Solutions	3	2	1 (50%)	1	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Adelante	17	17	10 (59%)	9	7 (78%)	6 (35%)	8 (47%)	1 (6%)
Advantage Communications	1			1	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Alegria	2	1	1 (100%)	1	0 (0%)	1 (50%)	1 (50%)	0 (0%)
Arca	6	2	1 (50%)	6	4 (67%)	2 (33%)	3 (50%)	0 (0%)
Aspire	2	2	2 (100%)	2	1 (50%)	1 (50%)	1 (50%)	0 (0%)
At Home Advocacy	2			2	2 (100%)	1 (50%)	0 (0%)	1 (50%)
AWS	4	4	1 (25%)	3	0 (0%)	0 (0%)	3 (75%)	0 (0%)
Bright Horizons	3	1	0 (0%)	2	1 (50%)	0 (0%)	1 (33%)	1 (33%)
CARC	1	1	1 (100%)	1	1 (100%)	1 (100%)	1 (100%)	0 (0%)
CDD	1	1	1 (100%)	1	1 (100%)	1 (100%)	1 (100%)	1 (100%)
CFC	2	2	0 (0%)			0 (0%)	1 (50%)	1 (50%)
Community Options	2	1	1 (100%)	2	1 (50%)	1 (50%)	2 (100%)	0 (0%)
Connections	3	3	1 (33%)			1 (33%)	2 (67%)	0 (0%)
Cornucopia	2	2	1 (50%)	1	1 (100%)	1 (50%)	0 (0%)	0 (0%)
Dungarvin	6	4	2 (50%)	6	5 (83%)	2 (33%)	2 (33%)	2 (33%)
Empowerment	1	1	0 (0%)			0 (0%)	0 (0%)	0 (0%)
ENMRSH	3	3	1 (33%)	3	1 (33%)	0 (0%)	1 (33%)	1 (33%)
Ensuenos	1	1	1 (100%)	1	1 (100%)	1 (100%)	1 (100%)	0 (0%)
ESEM	2	2	1 (50%)	2	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Expressions of Life	3			3	2 (67%)	1 (33%)	1 (33%)	0 (0%)
Expressions Unlimited	1	1	0 (0%)			0 (0%)	1 (100%)	0 (0%)
High Desert (HDFS)	2	2	0 (0%)	2	1 (50%)	0 (0%)	0 (0%)	0 (0%)
Leaders	1	1	0 (0%)	1	0 (0%)	0 (0%)	1 (100%)	1 (100%)
Lessons of Life	1	1	0 (0%)	1	1 (100%)	0 (0%)	1 (100%)	0 (0%)
LifeRoots	2	2	1 (50%)			1 (50%)	0 (0%)	0 (0%)
LLCP	11	9	4 (44%)	10	5 (50%)	5 (45%)	4 (36%)	3 (27%)
Meaningful Lives	1	1	1 (100%)	1	1 (100%)	1 (100%)	1 (100%)	1 (100%)
NNMQC	1	1	1 (100%)	1	1 (100%)	1 (100%)	0 (0%)	0 (0%)
Optihealth	2	1	0 (0%)	2	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Phame	1	1	0 (0%)			0 (0%)	1 (100%)	1 (100%)
PMS Shield	2	2	2 (100%)			1 (50%)	1 (50%)	0 (0%)
PRS	2	2	0 (0%)	2	2 (100%)	0 (0%)	2 (100%)	0 (0%)
Ramah Care	2	1	1 (100%)	2	2 (100%)	1 (50%)	1 (50%)	0 (0%)
R-Way	1			1	1 (100%)	0 (0%)	1 (100%)	1 (100%)
Share Your Care	4	4	4 (100%)			1 (25%)	0 (0%)	1 (25%)
Silver Linings	1	1	0 (0%)	1	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Su Vida	2	2	0 (0%)	2	1 (50%)	1 (50%)	1 (50%)	1 (50%)

Agency	# of JCMs in Sample	# in Day Services	38. Day staff describe health related needs?	# in Residential Services	48. Residential staff describe health related needs?	54. ...team members described health-related needs?	55. ...IDT discussed health-related issues?	56. ... health supports/needs being adequately addressed?
The New Beginnings	4	2	1 (100%)	4	2 (50%)	1 (25%)	2 (50%)	0 (0%)
TLC	1			1	1 (100%)	0 (0%)	1 (100%)	1 (100%)
Tobosa	3	3	1 (33%)	3	3 (100%)	2 (67%)	0 (0%)	0 (0%)
Tresco	10	10	2 (20%)	10	6 (60%)	2 (20%)	6 (60%)	3 (30%)
Tungland	2			2	1 (50%)	1 (50%)	1 (50%)	0 (0%)

Appendix I: 2015 CPR Health Data, by Question and Case Management Agency

CM Agency	#	30. CM describe health related needs?	54. ...team members described health-related needs?	55. ...IDT discussed health-related issues?	56. ... health supports/needs being adequately addressed?
A New Vision	4	3 (75%)	1 (33%, 1 not scored)	1 (33%, 1 not scored)	1 (33%, 1 not scored)
A Step Above	7	5 (71%)	3 (43%)	4 (57%)	0 (0%)
Agave	1	1 (100%)	1 (100%)	1 (100%)	0 (0%)
Amigo	2	1 (50%)	1 (50%)	1 (50%)	0 (0%)
Carino	6	6 (100%)	3 (50%)	4 (67%)	1 (147%)
DDSD	2	2 (100%)	1 (50%)	1 (50%)	0 (0%)
Excel	4	3 (75%)	1 (25%)	2 (50%)	0 (0%)
J&J	10	8 (80%)	3 (30%)	3 (30%)	1 (10%)
NMBHI	2	2 (100%)	2 (100%)	2 (100%)	1 (50%)
NMQCM	6	2 (33%)	1 (17%)	2 (33%)	2 (33%)
Peak	8	4 (50%)	0 (0%)	3 (38%)	2 (25%)
Rio Puerco	2	2 (100%)	2 (100%)	2 (100%)	1 (50%)
SCCM	11	7 (64%)	3 (27%)	8 (73%)	2 (18%)
Unidas	19	9 (47%)	6 (32%)	6 (32%)	2 (11%)
Unique Opportunities	4	1 (25%)	1 (25%)	0 (0%)	0 (0%)
Visions	8	7 (88%)	2 (25%)	5 (63%)	2 (25%)

Appendix J: 2015 CPR Therapy Issues in Findings/Recommendations

Detail of issues by Region/Statewide							
		Metro	NE	NW	SE	SW	State
Therapy/Assessment is/was Missing	PT	9	2	0	1	3	15
	SLP	5	0	0	0	0	5
	OT	6	4	0	1	0	11
	BT	3	0	1	0	0	4
Assessment Late/Needs update	PT	2	0	0	0	0	2
	SLP	0	0	0	0	0	0
	OT	0	0	1	0	1	2
	BT	2	0	0	0	1	3
Plan Late/ Missing	PT	0	0	0	0	0	0
	SLP	2	1	0	0	1	4
	OT	0	0	0	0	0	0
	BT	2	1	0	0	2	5
Plan not Specific	PT	1	0	1	0	0	2
	SLP	3	2	3	0	0	8
	OT	1	0	0	0	0	1
	BT	7	1	0	2	1	11
Plan not Implemented	PT	1	0	0	2	0	3
	SLP	0	0	0	0	0	0
	OT	0	0	1	1	1	3
	BT	1	0	1	2	0	4
Plan has errors/needs revision	PT	2	1	2	1	0	6
	SLP	2	0	0	0	0	2
	OT	7	0	6	0	0	13
	BT	10	3	1	3	8	25
Staff Need Trained	PT	2	0	0	0	1	3
	SLP	0	0	0	0	0	0
	OT	0	0	0	0	0	0
	BT	3	2	0	3	2	11
Crisis Plan Needs Clarified	BT	1	0	0	0	0	1
TOTAL		72	17	17	16	21	143

Number of Issues By Therapy Type/Region					
Region	PT	SLP	OT	BT	Total
Metro	17	12	14	29	72
NE	3	3	4	7	17
NW	3	3	8	3	17
SE	4	0	2	10	16
SW	4	1	2	14	21
STATE	31	19	30	63	143

Number of JCM with Therapy Issues				
Region	Sample	# JCM	% of Sample	# issues
Metro	50	33	66%	72
NE	13	8	62%	17
NW	10	7	70%	17
SE	11	6	55%	16
SW	15	10	67%	21
STATE	99	64	65%	143

Appendix K: Number of Repeat Findings/Recommendations by Agency – 2011-2015

Note: If the number of Repeat Findings/Recommendations goes up or down it cannot automatically be seen as “improvement” or “decline” for that agency as there are instances of multiple reviews and changes in agencies by JCMs. However, this does provide information that can be used by the Regions to determine ‘why’ repeat finding/recommendations have been identified. The challenge is to “fix” an issue in a sustainable way for all people in that agency not just “close” it for one person. (These tables include all 99 people reviewed in 2015, as although not all were scored, all had Findings & Recommendations issued.)

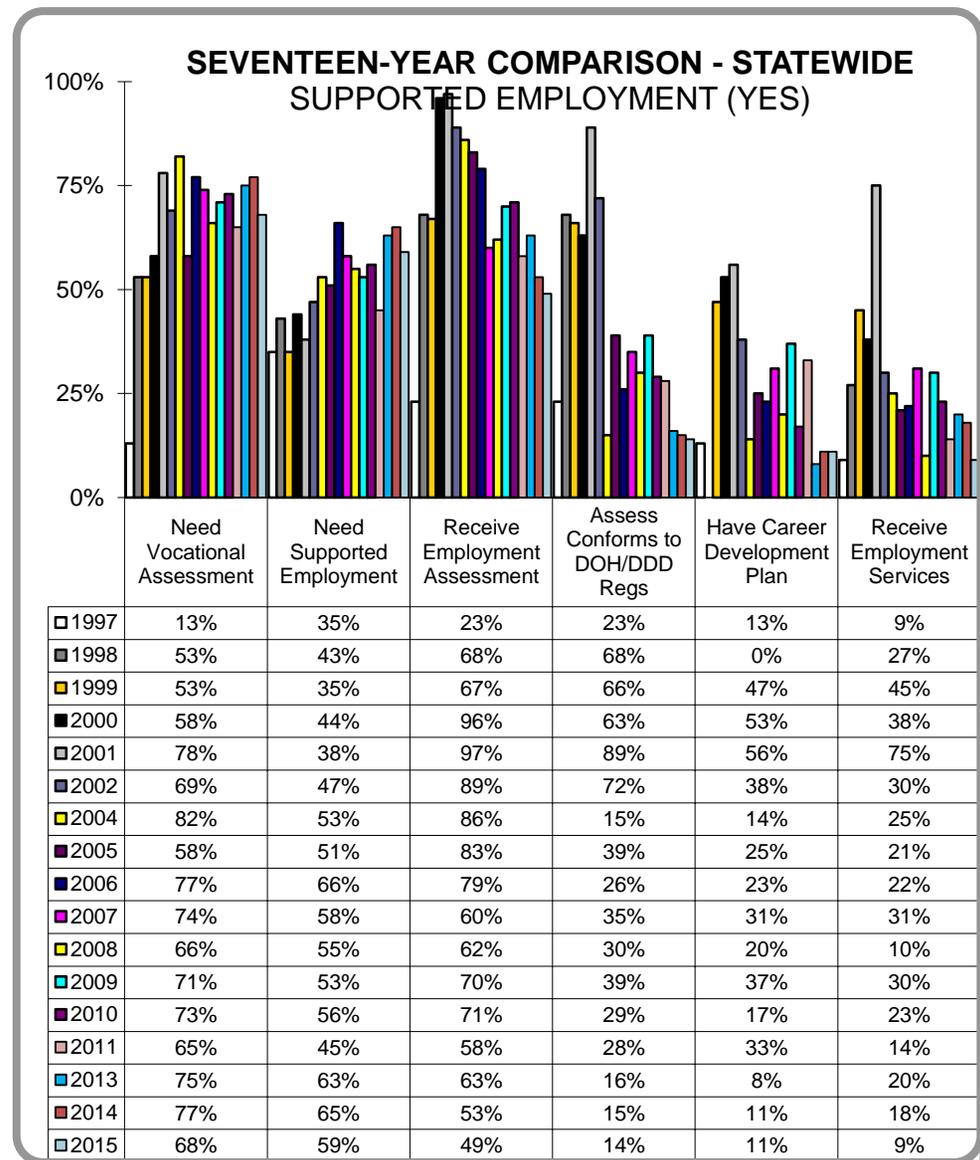
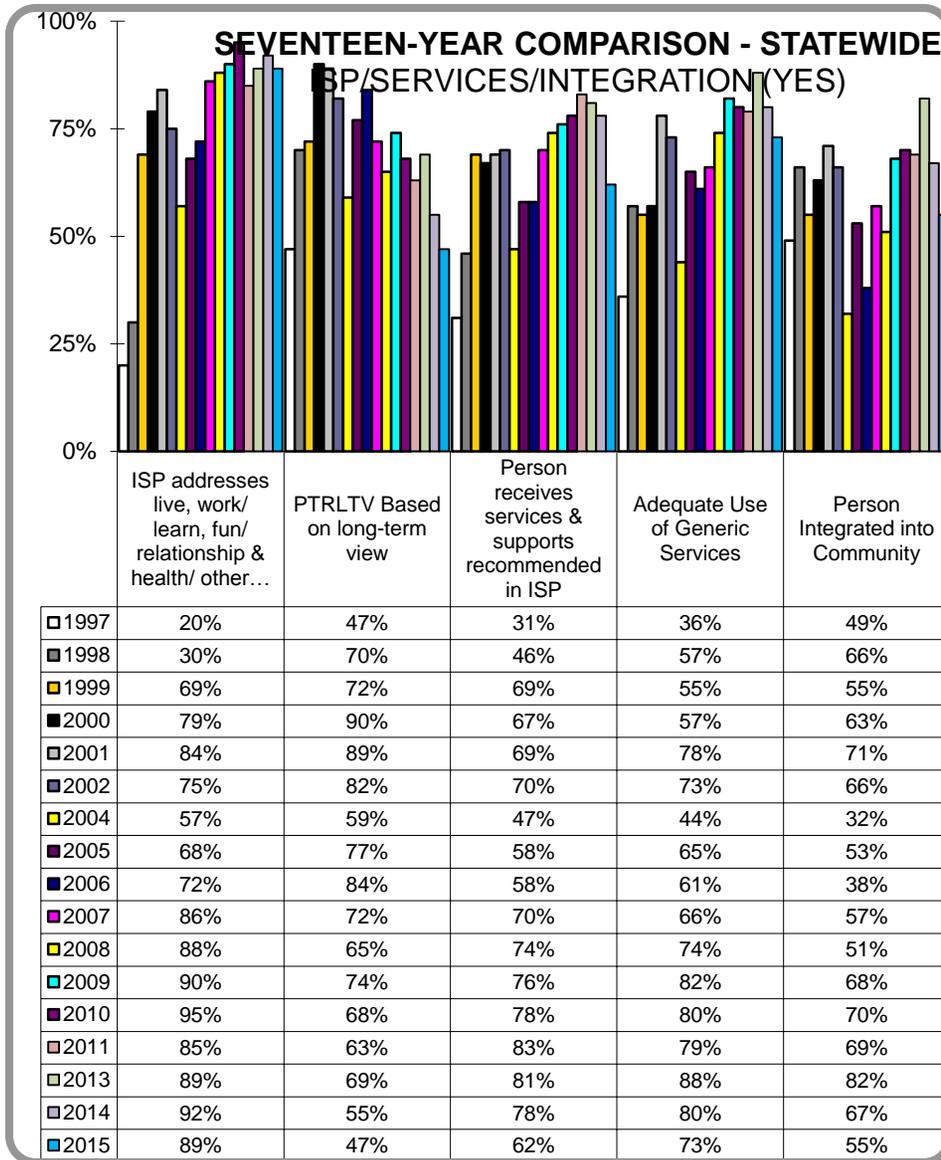
RESIDENTIAL (# in 2015 Sample)	# 2015 Repeats	# 2014 Repeats	# 2013 Repeats	# 2011 Repeats
N/A =Agency not reviewed that year				
A Better Way (1)	0	N/A	N/A	1
Ability First (1)	5	N/A	N/A	N/A
Achievements	N/A	N/A	N/A	8
Active Solutions (1)	1	3	N/A	N/A
Adelante(9)	20	28	12	9
Advantage Communications (1)	10	3	2	2
Advocacy Partners	N/A	N/A	N/A	1
Alegria (1)	9	N/A	5	1
Alianza	N/A	1	1	N/A
ARCA (6)	18	17	4	6
Aspire (2)	9	N/A	N/A	N/A
At Home Advocacy (2)	2	4	2	1
AWS (3)	9	29	10	5
Bright Horizons (2)	10	1	5	0
CARC (1)	0	3	0	3
Casa Alegre	N/A	3	1	3
CDD (1)	1	N/A	4	3
Community Options (2)	5	10	7	6
Cornucopia (1)	0	N/A	N/A	N/A
Door of Opportunity	N/A	N/A	1	1
DSI	N/A	12	12	2
Dungarvin (6)	16	11	8	10
Empowerment	N/A	N/A	2	0
ENMRSH (3)	4	5	3	7
Ensuenos (1)	3	1	1	0
ESEM (2)	3	6	5	3
Esperanza	N/A	N/A	7	1
Expressions of Life (3)	5	5	6	2
Expressions Unlimited	N/A	N/A	3	N/A
Family Options	N/A	5	1	3
High Desert (HDFS) (2)	5	10	15	3
Leaders (1)	5	1	10	1
Lessons of Life (1)	3	7	1	3
LifeQuest	N/A	N/A	N/A	5
LLCP (10)	26	28	19	12
Maxcare	N/A	2	N/A	N/A
Meaningful Lives (1)	0	N/A	N/A	N/A
Mi Via (3)	Not Counted	0	N/A	N/A
New Pathways	N/A	N/A	1	N/A
Nezzy Care	N/A	N/A	6	N/A
NNMQC (1)	1	7	5	2
Onyx	N/A	N/A	0	N/A
Opportunity Center	N/A	N/A	N/A	3
Optihealth (2)	0	5	1	5
PRS (2)	8	8	5	4
Ramah Care (2)	4	2	3	1
R-Way (1)	4	4	0	3
Safe Harbor	N/A	N/A	N/A	2
Silver Linings (1)	2	3	N/A	4
Su Vida (2)	4	N/A	2	0
Supporting Hands	N/A	N/A	3	N/A
The New Beginnings (4)	12	11	7	1
TLC (1)	1	2	2	2
Tobosa (3)	7	5	15	6
Tresco (10)	39	27	7	13
Tungland (2)	5	6	9	4
ZEE	N/A	N/A	5	0
TOTAL	260	275	218	152

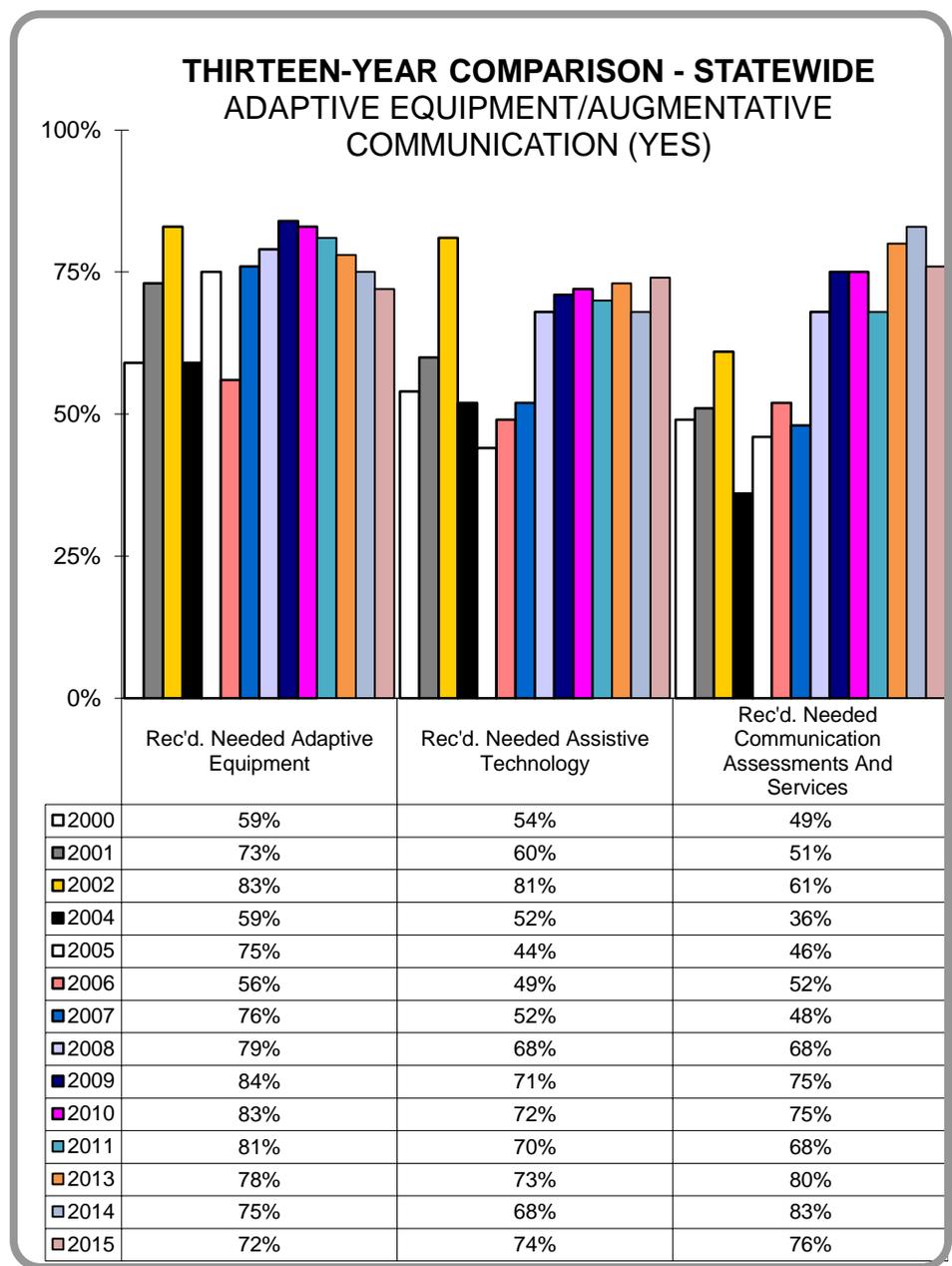
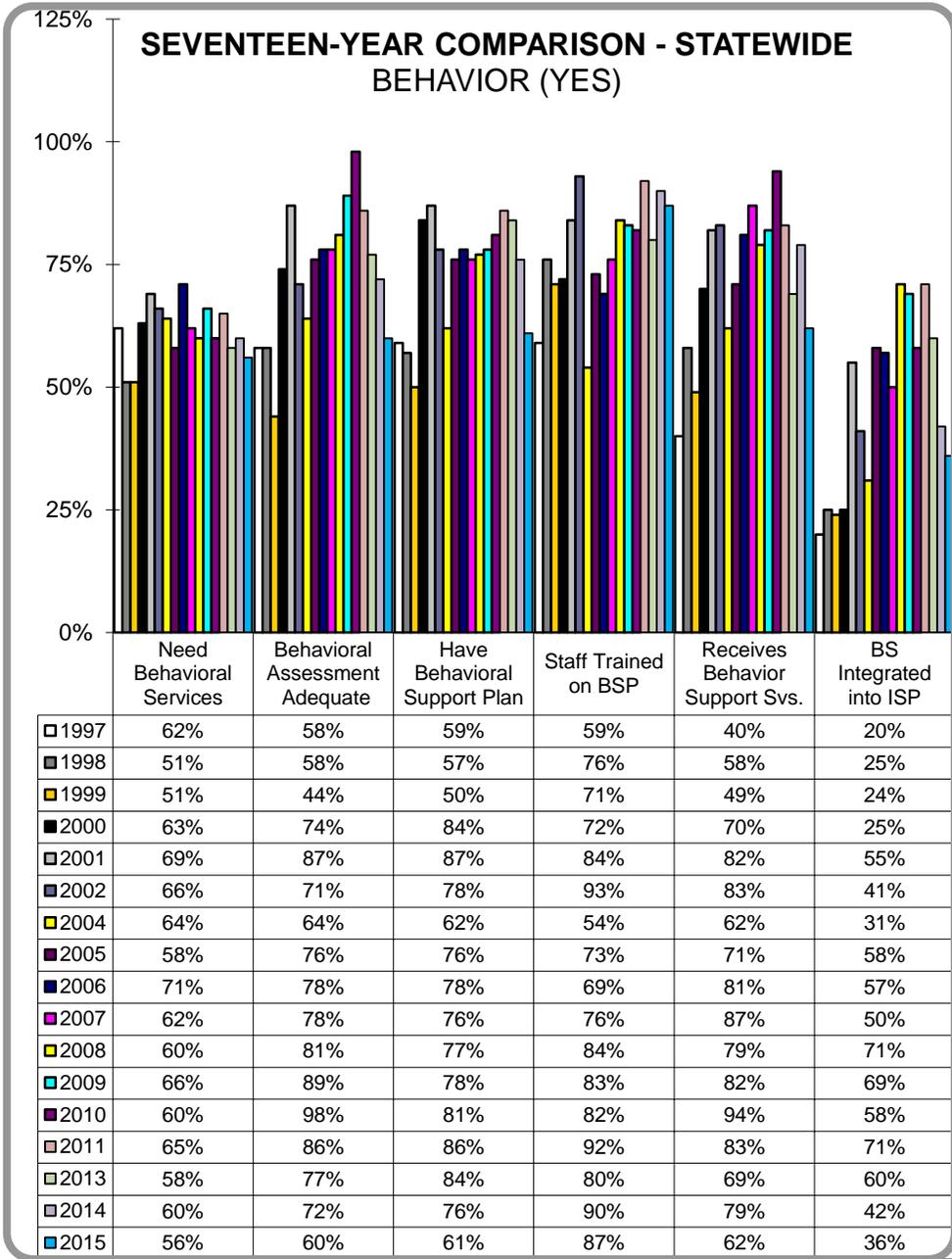
DAY Agency (# in 2015 Sample)	# 2015 Repeats	# 2014 Repeats	# 2013 Repeats	# 2011 Repeats
N/A =Agency not reviewed that year				
A Better Way (2)	1	4	1	4
ABQSFTD	N/A	N/A	1	N/A
Active Solutions (2)	6	2	0	2
Adelante (17)	39	42	25	20
Alegria (1)	1	N/A	5	N/A
ARCA (2)	7	10	2	N/A
Aspire (2)	9	N/A	N/A	N/A
AWS(4)	9	29	12	5
Bright Horizons (1)	1	1	N/A	N/A
CARC (1)	0	2	0	0
Casa Alegre	N/A	N/A	1	3
CDD (1)	1	N/A	3	2
CFC (2)	10	6	1	2
Community Options (1)	5	19	7	6
Connections (3)	16	N/A	8	11
Cornucopia (2)	1	3	1	0
Door of Opportunity	N/A	N/A	1	1
DSI	N/A	12	11	2
Dungarvin (4)	13	12	7	5
Empowerment (1)	4	1	2	N/A
ENMRSH (3)	4	5	3	7
Ensuenos (1)	3	1	1	0
ESEM (2)	3	8	2	3
Esperanza	N/A	N/A	7	1
Expressions Unlimited (1)	4	N/A	8	N/A
Family Options	N/A	5	1	3
High Desert (HDFS) (2)	5	10	15	3
La Vida Felicidad	N/A	N/A	2	0
Las Cumbres	N/A	3	2	2
Leaders (1)	5	1	12	1
Lessons of Life (1)	3	7	1	3
LifeQuest	N/A	N/A	N/A	5
Life Roots (2)	9	N/A	5	2
LLCP (9)	27	29	23	12
Meaningful Lives (1)	4	N/A	N/A	N/A
Mi Via (3)	0	0	N/A	N/A
Nezzy Care	N/A	3	6	N/A
New Pathways	0	N/A	N/A	1
NONE	2	2	N/A	N/A
NNMQC (1)	0	N/A	N/A	N?A
Opportunity Center	N/A	N/A	N/A	3
OptiHealth (1)	4	2		
People Centered	N/A	4	1	N/A
Phame (1)	0	N/A	0	3
PMS/Shield (2)	5	2	11	3
PRS (2)	8	8	5	4
Ramah Care (1)		1	3	1
RCI	N/A	N/A	N/A	1
Safe Harbor	N/A	N/A	N/A	2
Share Your Care (4)	15	9	2	7
Silver Linings (1)	2	3	N/A	4
Su Vida (2)	4	N/A	4	0
Supporting Hands	N/A	N/A	3	N/A
The New Beginnings (2)	5	8	3	N/A
Tobosa (3)	7	5	15	6
Tresco (10)	39	27	7	14
Very Special Arts	N/A	N/A	N/A	1
ZEE	N/A	N/A	5	0

(Some Day totals reflect higher # as some JCM have two agencies)

CM Agency (# in 2015 Sample)	# 2015 Repeats	# 2014 Repeats	# 2013 Repeats	# 2011 Repeats
N/A =Agency not reviewed that year				
A New Vision (3)	14	12	10	5
A Step Above (7)	15	22	12	1
Agave (1)	0	N/A	N/A	N/A
Amigo (2)	4	9	11	2
Blue Sky	N/A	N/A	3	3
Carino (6)	10	23	7	2
DDSD (2)	2	3	8	2
Excel (4)	10	12	15	9
Friends Forever	N/A	N/A	3	1
J&J (10)	27	24	43	15
Keetoni	N/A	N/A	3	4
Mi Via (3)	0	0	N/A	N/A
NMBHI (2)	4	5	5	6
NMQCM (6)	19	3	12	11
Peak (8)	26	22	21	21
PRMC	N/A	7	3	8
Purple Cow	N/A	N/A	N/A	2
Rio Puerco (2)	1	5	N/A	N/A
SCCM (11)	39	25	13	25
Unidas (19)	61	50	29	23
Unique Opportunities (4)	13	6	2	1
Visions (8)	15	47	18	10
TOTAL	260	275	218	152

Appendix L: Historic Disengagement Charts, Statewide





Appendix M: CPR Data Tables

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
Case Management Services						
26. Does the case manager “know” the person?	93% Yes (100) 7% Partial (8)	89% Yes (95) 10% Partial (11) 1% No (1)	94% Yes (102) 6% Partial (7)	95% Yes (97) 5% Partial (5)	93% Yes (90) 6% Partial (6) 1% No (1)	95% Yes (91) 5% Partial (5)
27. Does the case manager understand his/her role/job?	60% Yes (65) 39% Partial (42) 1% No (1)	69% Yes (74) 29% Partial (31) 2% No (2)	55% Yes (60) 45% Partial (49)	51% Yes (52) 49% Partial (50)	48% Yes (47) 52% Partial (50)	56% Yes (54) 44% Partial (42)
28. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person?	87% Yes (94) 13% Partial (14)	90% Yes (96) 10% Partial (11)	85% Yes (93) 15% Partial (16)	80% Yes (82) 20% Partial (20)	79% Yes (77) 21% Partial (20)	86% Yes (83) 14% Partial (13)
29. Is the case manager available to the person?	81% Yes (87) 19% Partial (21)	87% Yes (93) 12% Partial (13) 1% No (1)	87% Yes (95) 13% Partial (14)	86% Yes (88) 14% Partial (14)	80% Yes (78) 20% Partial (19)	82% Yes (79) 18% Partial (17)
30. Was the case manager able to describe the person’s health related needs?	61% Yes (66) 38% Partial (41) 1% No (1)	62% Yes (66) 38% Partial (41)	73% Yes (80) 27% Partial (29)	72% Yes (73) 28% Partial (29)	63% Yes (61) 37% Partial (36)	66% Yes (63) 34% Partial (33)
31. Does the case manager have an appropriate expectation of growth for this person?	62% Yes (67) 32% Partial (35) 6% No (6)	75% Yes (79) 20% Partial (21) 6% No (6) (1 not scored)	69% Yes (75) 29% Partial (32) 2% No (2)	64% Yes (65) 35% Partial (36) 1% No (1)	51% Yes (49) 48% Partial (47) 1% No (1)	57% Yes (55) 39% Partial (37) 4% No (4)
31. Does the case manager have an appropriate expectation of growth for this person?	62% Yes (67) 32% Partial (35) 6% No (6)	75% Yes (79) 20% Partial (21) 6% No (6) (1 not scored)	69% Yes (75) 29% Partial (32) 2% No (2)	64% Yes (65) 35% Partial (36) 1% No (1)	51% Yes (49) 48% Partial (47) 1% No (1)	57% Yes (55) 39% Partial (37) 4% No (4)
32. Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP?	44% Yes (47) 54% Partial (58) 3% No (3)	40% Yes (43) 57% Partial (61) 3% No (3)	41% Yes (45) 58% Partial (63) 1% No (1)	25% Yes (25) 75% Partial (77)	30% Yes (29) 69% Partial (67) 1% No (1)	33% Yes (32) 65% Partial (62) 2% No (2)
33. Does the case manager provide case management services at the level needed by this person?	49% Yes (53) 47% Partial (51) 4% No (4)	49% Yes (52) 49% Partial (52) 3% No (3)	41% Yes (45) 57% Partial (62) 2% No (2)	37% Yes (38) 63% Partial (64)	39% Yes (38) 60% Partial (58) 1% No (1)	44% Yes (42) 55% Partial (53) 1% No (1)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
34. Does the case manager receive the type and level of support needed to do his/her job?	91% Yes (98) 9% Partial (10)	89% Yes (95) 11% Partial (12)	92% Yes (100) 8% Partial (9)	91% Yes (93) 9% Partial (9)	87% Yes (84) 13% Partial (13)	88% Yes (84) 13% Partial (12)
Day/Employment Services						
35. Does the day/employment direct services "know" the person?	90% Yes (97) 10% Partial (11)	90% Yes (95) 10% Partial (10) (2 not scored)	95% Yes (104) 5% Partial (5)	92% Yes (94) 8% Partial (8)	96% Yes (91) 4% Partial (4) (2 not scored)	87% Yes (82) 13% Partial (12) (2 not scored)
36. Does the direct service staff have adequate input into the person's ISP?	65% Yes (70) 31% Partial (33) 5% No (5)	71% Yes (75) 28% Partial (29) 1% No (1) (2 not scored)	73% Yes (80) 25% Partial (27) 2% No (2)	56% Yes (57) 39% Partial (40) 5% No (5)	69% Yes (64) 29% Partial (27) 2% No (2) (4 not scored)	84% Yes (79) 14% Partial (13) 2% No (2) (2 not scored)
37. Did the direct service staff receive training on implementing this person's ISP?	76% Yes (82) 24% Partial (26)	82% Yes (86) 18% Partial (19) (2 not scored)	83% Yes (91) 17% Partial (18)	81% Yes (83) 19% Partial (19)	80% Yes (75) 20% Partial (19) (3 not scored)	83% Yes (78) 16% Partial (15) 1% No (1) (2 not scored)
38. Was the direct service staff able to describe this person's health related needs?	51% Yes (55) 46% Partial (50) 3% No (3)	61% Yes (64) 39% Partial (41) (2 not scored)	60% Yes (65) 40% Partial (44)	63% Yes (64) 35% Partial (36) 2% No (2)	61% Yes (58) 39% Partial (37) (2 not scored)	48% Yes (45) 51% Partial (48) 1% No (1) (2 not scored)
39. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	72% Yes (78) 28% Partial (30)	71% Yes (75) 29% Partial (30) (2 not scored)	82% Yes (89) 18% Partial (20)	81% Yes (83) 19% Partial (19)	78% Yes (74) 22% Partial (21) (2 not scored)	72% Yes (68) 28% Partial (26) (2 not scored)
39.a. Was the direct service staff able to provide specific information regarding the person's daily activities, including the exact times of the day?	93% Yes (100) 6% Partial (6) 2% No (2)	90% Yes (95) 10% Partial (10) (2 not scored)	95% Yes (104) 5% Partial (5)	93% Yes (95) 7% Partial (7)	86% Yes (82) 14% Partial (13) (2 not scored)	95% Yes (89) 5% Partial (5) (2 not scored)
39.b. Can the direct service staff describe his/her responsibilities in implementing the person's ISP goals/objectives/outcomes/action plans?	70% Yes (76) 27% Partial (29) 3% No (3)	75% Yes (79) 25% Partial (26) (2 not scored)	83% Yes (91) 17% Partial (18)	87% Yes (89) 13% Partial (13)	86% Yes (81) 13% Partial (12) 1% No (1) (3 not scored)	76% Yes (71) 23% Partial (22) 1% No (1) (2 not scored)
40. Did the direct service staff have training in the ISP process?	68% Yes (73) 30% Partial (32) 3% No (3)	85% Yes (89) 13% Partial (14) 2% No (2) (2 not scored)	79% Yes (86) 18% Partial (20) 3% No (3)	77% Yes (79) 20% Partial (20) 3% No (3)	66% Yes (61) 32% Partial (30) 2% No (2) (4 not scored)	74% Yes (70) 22% Partial (21) 3% No (3) (2 not scored)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
41. Did the direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	76% Yes (82) 22% Partial (24) 2% No (2)	83% Yes (87) 17% Partial (18) (2 not scored)	88% Yes (96) 12% Partial (13)	85% Yes (87) 14% Partial (14) 1% No (1)	80% Yes (76) 20% Partial (19) (2 not scored)	79% Yes (74) 20% Partial (19) 1% No (1) (2 not scored)
41.a. Have training on the provider's complaint process?	84% Yes (91) 9% Partial (10) 6% No (7)	87% Yes (91) 11% Partial (12) 2% No (2) (2 not scored)	93% Yes (101) 6% Partial (6) 2% No (2)	91% Yes (93) 7% Partial (7) 2% No (2)	88% Yes (84) 8% Partial (8) 3% No (3) (2 not scored)	87% Yes (82) 9% Partial (8) 4% No (4) (2 not scored)
41.b. Have training on how and to whom to report abuse, neglect and exploitation?	84% Yes (91) 13% Partial (14) 3% No (3)	91% Yes (96) 7% Partial (7) 2% No (2) (2 not scored)	94% Yes (103) 6% Partial (6)	91% Yes (93) 7% Partial (7) 2% No (2)	91% Yes (86) 9% Partial (9) (2 not scored)	85% Yes (80) 13% Partial (12) 2% No (2) (2 not scored)
42. Does the direct service staff have an appropriate expectation of growth for this person?	80% Yes (86) 17% Partial (18) 4% No (4)	83% Yes (86) 17% Partial (18) (3 not scored)	65% Yes (71) 32% Partial (35) 3% No (3)	75% Yes (77) 23% Partial (23) 2% No (2)	63% Yes (60) 35% Partial (33) 2% No (2) (2 not scored)	74% Yes (70) 21% Partial (20) 4% No (4) (2 not scored)
43. Is the day/employment environment generally clean, free of safety hazards and conducive to the work/activity intended?	93% Yes (81) 7% Partial (6) (15 N/A, 6 CND)	95% Yes (97) 5% Partial (5) (2 CND) (3 not scored)	97% Yes (105) 3% Partial (3) (1 CND)	97% Yes (98) 2% Partial (2) 1% No (1) (1 N/A)	92% Yes (87) 8% Partial (8) (2 not scored)	95% Yes (89) 5% Partial (5) (2 not scored)
Residential Services						
44. Does the residential direct services staff "know" the person?	89% Yes (95) 11% Partial (12) (1 not scored)	89% Yes (95) 11% Partial (12)	97% Yes (106) 3% Partial (3)	97% Yes (99) 3% Partial (3)	98% Yes (95) 2% Partial (2)	92% Yes (88) 8% Partial (8)
45. Does the direct service staff have adequate input into the person's ISP?	69% Yes (74) 24% Partial (26) 7% No (7) (1 not scored)	68% Yes (73) 29% Partial (31) 3% No (3)	72% Yes (78) 27% Partial (29) 2% No (2)	75% Yes (77) 20% Partial (20) 5% No (5)	74% Yes (71) 24% Partial (23) 2% No (2) (1 not scored)	89% Yes (85) 10% Partial (10) 1% No (1)
46. Did the direct service staff receive training on the implementing this person's ISP?	73% Yes (78) 26% Partial (28) 1% No (1) (1 not scored)	70% Yes (75) 30% Partial (32)	84% Yes (92) 16% Partial (17)	81% Yes (83) 18% Partial (18) 1% No (1)	88% Yes (84) 13% Partial (12) (1 not scored)	89% Yes (85) 11% Partial (11)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
47. Is the residence safe for individuals (void of hazards)?	92% Yes (98) 8% No (8) (2 not scored)	97% Yes (100) 3% No (3) (2 not scored)	96% Yes (105) 3% No (3) (1 not scored)	91% Yes (93) 9% No (9)	93% Yes (90) 7% No (7)	99% Yes (95) 1% No (1)
48. Was the residential direct service staff able to describe this person's health-related needs?	50% Yes (54) 48% Partial (51) 2% No (2) (1 not scored)	64% Yes (69) 36% Partial (38)	72% Yes (78) 28% Partial (31)	66% Yes (67) 33% Partial (34) 1% No (1)	58% Yes (56) 41% Partial (40) 1% No (1)	60% Yes (58) 39% Partial (37) 1% No (1)
49. Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	71% Yes (76) 29% Partial (31)	76% Yes (81) 24% Partial (26)	79% Yes (86) 21% Partial (23)	77% Yes (79) 23% Partial (23)	81% Yes (79) 19% Partial (18)	84% Yes (81) 16% Partial (15)
49.a. Was the staff able to provide specific information regarding the person's daily activities?	91% Yes (97) 9% Partial (10)	92% Yes (98) 8% Partial (9)	91% Yes (99) 9% Partial (10)	96% Yes (98) 4% Partial (4)	94% Yes (90) 6% Partial (6) (1 not scored)	96% Yes (92) 4% Partial (4)
49.b. Can the direct service staff describe his/her responsibilities in implementing the person's ISP goals & objectives?	76% Yes (81) 21% Partial (23) 3% No (3)	79% Yes (85) 19% Partial (20) 2% No (2)	81% Yes (88) 19% Partial (21)	79% Yes (80) 21% Partial (21)	83% Yes (80) 16% Partial (15) 1% No (1) (1 not scored)	86% Yes (83) 14% Partial (13)
50. Did the residential direct service staff have training in the ISP process?	68% Yes (73) 29% Partial (31) 3% No (3)	80% Yes (86) 14% Partial (15) 6% No (6)	76% Yes (83) 23% Partial (25) 1% No (1)	72% Yes (73) 22% Partial (22) 7% No (7)	72% Yes (68) 25% Partial (24) 3% No (3) (2 not scored)	79% Yes (76) 17% Partial (16) 4% No (4)
51. Did the residential direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	80% Yes (86) 20% Partial (21)	83% Yes (89) 17% Partial (18)	88% Yes (96) 12% Partial (13)	84% Yes (86) 16% Partial (16)	87% Yes (84) 13% Partial (13)	78% Yes (75) 21% Partial (20) 1% No (1)
51.a. Have training on the provider's complaint process?	87% Yes (93) 7% Partial (7) 7% No (7)	89% Yes (95) 6% Partial (6) 6% No (6)	93% Yes (101) 5% Partial (5) 3% No (3)	89% Yes (91) 9% Partial (9) 2% No (2)	91% Yes (87) 8% Partial (8) 1% No (1) (1 not scored)	89% Yes (85) 6% Partial (6) 5% No (5)
51.b. Have training on how and to whom to report abuse, neglect and exploitation?	89% Yes (95) 10% Partial (11) 1% No (1)	94% Yes (101) 4% Partial (4) 2% No (2)	91% Yes (99) 7% Partial (8) 2% No (2)	94% Yes (96) 5% Partial (5) 1% No (1)	92% Yes (89) 8% Partial (8)	88% Yes (84) 9% Partial (9) 3% No (3)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	71% Yes (76) 28% Partial (30) 1% No (1) (1 not scored)	81% Yes (86) 18% Partial (19) 1% No (1) (1 not scored)	72% Yes (78) 26% Partial (28) 3% No (3)	68% Yes (69) 32% Partial (33)	60% Yes (58) 36% Partial (35) 4% No (4)	66% Yes (63) 31% Partial (30) 3% No (3)
53. Does the person's residential environment offer a minimal level of quality of life?	93% Yes (99) 7% Partial (8) (1 not scored)	94% Yes (98) 6% Partial (6) (1 CND) (2 not scored)	95% Yes (104) 4% Partial (4) (1 not scored)	91% Yes (93) 9% Partial (9)	86% Yes (83) 13% Partial (13) 1% No (1)	88% Yes (84) 13% Partial (12)
Health						
54. Overall, were the team members interviewed able to describe the person's health-related needs?	32% Yes (35) 68% Partial (73)	38% Yes (41) 62% Partial (66)	39% Yes (43) 61% Partial (66)	39% Yes (40) 61% Partial (62)	31% Yes (30) 69% Partial (67)	33% Yes (31) 67% Partial (64) (1 not scored)
55. Is there evidence that the IDT discussed the person's health-related issues?	63% Yes (68) 35% Partial (38) 2% No (2)	64% Yes (69) 35% Partial (37) 1% No (1)	64% Yes (70) 36% Partial (39)	64% Yes (65) 36% Partial (37)	53% Yes (51) 47% Partial (46)	47% Yes (45) 53% Partial (50) (1 not scored)
56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed?	26% Yes (28) 72% Partial (78) 2% No (2)	21% Yes (23) 78% Partial (83) 1% No (1)	36% Yes (39) 63% Partial (69) 1% No (1)	30% Yes (31) 66% Partial (67) 4% No (4)	24% Yes (23) 76% Partial (74)	17% Yes (16) 80% Partial (76) 3% No (3) (1 not scored)
Assessments						
57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts?	65% Yes (70) 35% Partial (38)	49% Yes (52) 51% Partial (55)	58% Yes (63) 42% Partial (46)	45% Yes (46) 55% Partial (56)	40% Yes (39) 59% Partial (57) 1% No (1)	35% Yes (33) 64% Partial (61) 1% No (1) (1 not scored)
58. Did the team arrange for and obtain the needed, relevant assessments?	47% Yes (51) 53% Partial (57)	40% Yes (43) 60% Partial (64)	41% Yes (45) 58% Partial (63) 1% No (1)	37% Yes (38) 63% Partial (64)	25% Yes (24) 74% Partial (72) 1% No (1)	42% Yes(40) 57% Partial (54) 1% No (1) (1 not scored)
59. Are the assessments adequate for planning?	64% Yes (69) 36% Partial (39)	59% Yes (63) 40% Partial (43) 1% No (1)	48% Yes (52) 52% Partial (57)	34% Yes (35) 66% Partial (67)	41% Yes (40) 57% Partial (55) 2% No (2)	29% Yes(28) 68% Partial (65) 2% No (2) (1 not scored)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
60. Were the recommendations from assessments used in planning?	47% Yes (51) 50% Partial (54) 3% No (3)	46% Yes (49) 49% Partial (52) 6% No (6)	43% Yes (47) 56% Partial (61) 1% No (1)	37% Yes (38) 62% Partial (63) 1% No (1)	40% Yes (39) 57% Partial (55) 3% No (3)	31% Yes (29) 61% Partial (58) 8% No (8) (1 not scored)
Adequacy of Planning and Adequacy of Services						
61. Is there a document called an Individual Service Plan (ISP) that was developed within the last year?	99% Yes (107) 1% No (1)	100% Yes (107)	100% Yes (109)	100% Yes (102)	100% Yes (97)	100% Yes (95) (1 not scored)
62. Was the ISP developed by an appropriately constituted IDT?	55% Yes (59) 45% Partial (48) (1 N/A)	54% Yes (58) 45% Partial (48) 1% No (1)	50% Yes (54) 50% Partial (55)	48% Yes (49) 52% Partial (53)	44% Yes (43) 56% Partial (54)	56% Yes (53) 44% Partial (42) (1 not scored)
63. For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP?	53% Yes (44) 28% Partial (23) 19% Yes (16) (25 N/A)	56% Yes (45) 40% Partial (32) 5% No (4) (26 N/A)	45% Yes (38) 44% Partial (37) 11% No (9) (25 N/A)	31% Yes (24) 56% Partial (44) 13% No (10) (24 N/A)	36% Yes (28) 56% Partial (44) 8% No (6) (19 N/A)	45% Yes (34) 32% Partial (30) 12% No (11) (20 N/A) (1 not scored)
64. Overall, is the long-term vision adequate?	58% Yes (62) 41% Partial (44) 1% No (1) (1 N/A)	61% Yes (65) 37% Partial (40) 2% No (2)	55% Yes (60) 41% Partial (45) 4% No (4)	60% Yes (61) 38% Partial (39) 2% No (2)	48% Yes (47) 48% Partial (47) 3% No (3)	45% Yes (43) 49% Partial (47) 5% No (5) (1 not scored)
65*. Overall, does the Narrative and/or Progress Towards Reaching the Long-Term Vision Section of the ISP give adequate guidance to achieving the person's long-term vision?	72% Yes (77) 28% Partial (30) (1 N/A)	69% Yes (74) 29% Partial (31) 2% No (2)	70% Yes (76) 28% Partial (30) 3% No (3)	75% Yes (76) 25% Partial (26)	61% Yes (59) 36% Partial (35) 3% No (3)	46% Yes (44) 52% Partial (49) 2% No (2) (1 not scored)
66*. Overall, is Vision Section of the ISP used as the basis for outcome development?	86% Yes (92) 14% Partial (15) (1 N/A)	80% Yes (86) 19% Partial (20) 1% No (1)	82% Yes (89) 17% Partial (18) 2% No (2)	75% Yes (77) 24% Partial (24) 1% No (1)	72% Yes (70) 25% Partial (24) 3% No (3)	66% Yes (63) 34% Partial (32) (1 not scored)
67*. Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcome (s) have been achieved?	51% Yes (55) 44% Partial (47) 5% No (5) (1 N/A)	64% Yes (68) 33% Partial (35) 4% No (4)	66% Yes (72) 28% Partial (31) 6% No (6)	57% Yes (58) 35% Partial (36) 8% No (8)	43% Yes (42) 57% Partial (55)	38% Yes (36) 58% Partial (55) 4% No (4) (1 not scored)
68*. Overall, are the ISP outcomes related to achieving the person's long-term vision?	87% Yes (93) 13% Partial (14) (1 N/A)	84% Yes (90) 16% Partial (17)	73% Yes (80) 24% Partial (26) 3% No (3)	62% Yes (63) 35% Partial (36) 3% No (3)	69% Yes (67) 30% Partial (29) 1% No (1)	69% Yes (66) 28% Partial (27) 2% No (2)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
						(1 not scored)
69*. Overall, do the ISP outcomes address the person's major needs?	60% Yes (64) 40% Partial (43) (1 N/A)	63% Yes (67) 36% Partial (38) 2% No (2)	61% Yes (67) 36% Partial (39) 3% No (3)	68% Yes (69) 29% Partial (30) 3% No (3)	60% Yes (58) 36% Partial (35) 4% No (4)	39% Yes (37) 57% Partial (54) 4% No (4) (1 not scored)
70*. Overall, are the Action Plans specific and relevant to assisting the person in achieving his/her outcomes?	64% Yes (68) 34% Partial (37) 2% No (2) (1 N/A)	60% Yes (64) 36% Partial (39) 4% No (4)	49% Yes (53) 42% Partial (46) 9% No (10)	43% Yes (44) 54% Partial (55) 3% No (3)	39% Yes (38) 55% Partial (53) 6% No (6)	53% Yes (50) 44% Partial (42) 3% No (3) (1 not scored)
71*. Overall, are the Teaching and Support strategies sufficient to ensure consistent implementation of the services provided?	53% Yes (56) 37% Partial (39) 10% No (11) (2 N/A)	49% Yes (52) 41% Partial (43) 10% No (11) (1 N/A)	43% Yes (47) 52% Partial (57) 5% No (5)	29% Yes (30) 64% Partial (65) 7% No (7)	40% Yes (39) 52% Partial (50) 8% No (8)	36% Yes (34) 55% Partial (52) 9% No (8) (1 N/A) (1 not scored)
72*. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the outcomes, action plans, and Teaching and Support Strategies of the ISP?	48% Yes (51) 45% Partial (48) 7% No (7) (2 N/A)	48% Yes (51) 40% Partial (42) 12% No (13) (1 N/A)	48% Yes (52) 44% Partial (47) 8% No (9) (1 N/A)	42% Yes (41) 53% Partial (52) 5% No (5) (4 N/A)	34% Yes (32) 59% Partial (56) 7% No (7) (2 N/A)	31% Yes (29) 59% Partial (55) 10% No (9) (2 N/A) (1 not scored)
73*. If needed, does the ISP contain a specific Crisis Prevention Plan that meets the person's needs?	54% Yes (56) 43% Partial (45) 3% No (3) (4 N/A)	66% Yes (69) 32% Partial (33) 2% No (2) (3 N/A)	76% Yes (80) 24% Partial (25) (4 N/A)	77% Yes (74) 22% Partial (21) 1% No (1) (6 N/A)	80% Yes (74) 19% Partial (18) 1% No (1) (4 N/A)	76% Yes (71) 22% Partial (20) 2% No (2) (2 N/A) (1 not scored)
73a. If needed, does the ISP contain a specific Crisis Prevention Plan for dangerous behavior that meets the person's needs?	Added in 2011		87% Yes (33) 11% Partial (4) 3% No (1) (71 N/A)	77% Yes (23) 20% Partial (6) 3% No (1) (72 N/A)	88% Yes (28) 13% Partial (4) (65 N/A)	82% Yes (23) 18% Partial (5) (67 N/A) (1 not scored)
73b. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)?	Added in 2011		68% Yes (73) 30% Partial (32) 2% No (2) (3 N/A)	73% Yes (71) 26% Partial (25) 1% No (1) (5 N/A)	78% Yes (74) 21% Partial (20) 1% No (1) (2 N/A)	80% Yes (75) 18% Partial (17) 2% No (2) (1 N/A) (1 not scored)
74*. Does the ISP contain information regarding primary health (medical) care?	87% Yes (93) 13% Partial (14)	93% Yes (99) 7% Partial (8)	90% Yes (98) 10% Partial (11)	87% Yes (89) 12% Partial (12)	93% Yes (90) 7% Partial (7)	85% Yes (81) 15% Partial (14)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
	(1 N/A)			1% No (1)		(1 not scored)
74a*. Does the ISP face sheet contain contact information for the PCP?	93% Yes (99) 7% Partial (7) 1% No (1) (1 CND)	93% Yes (100) 5% Partial (5) 2% No (2)	92% Yes (100) 6% Partial (7) 2% No (2)	93% Yes (95) 6% Partial (6) 1% No (1)	96% Yes (93) 4% Partial (4)	96% Yes (91) 3% Partial (3) 1% No (1) (1 not scored)
74b*. Is the Healthcare Coordinator's name and contact information listed in the ISP?	93% Yes (100) 4% Partial (4) 3% No (3) (1 N/A)	97% Yes (104) 3% Partial (3)	95% Yes (104) 3% Partial (3) 2% No (2)	90% Yes (92) 8% Partial (8) 2% No (2)	99% Yes (96) 1% Partial (1)	88% Yes (84) 6% Partial (6) 5% No (5) (1 not scored)
75. Does the ISP reflect how the person will get to work/day activities, shopping, social activities?	74% Yes (57) 14% Partial (11) 12% No (9) (31 N/A)	86% Yes (48) 7% Partial (4) 7% No (4) (51 N/A)	87% Yes (47) 6% Partial (3) 7% No (4) (55 N/A)	88% Yes (42) 10% Partial (5) 2% No (1) (54 N/A)	81% Yes (35) 12% Partial (5) 7% No (3) (54 N/A)	91% Yes (29) 6% Partial (2) 3% No (1) (63 N/A) (1 not scored)
76. Does the ISP reflect how the person will obtain prescribed medications?	89% Yes (95) 10% Partial (11) 1% No (1) (1 N/A)	93% Yes (100) 7% Partial (7)	90% Yes (98) 7% Partial (8) 3% No (3)	90% Yes (92) 9% Partial (9) 1% No (1)	92% Yes (89) 8% Partial (8)	88% Yes (84%) 11% Partial (10) 1% No (1) (1 not scored)
77. Does the ISP contain a list of adaptive equipment needed and who will provide it?	42% Yes (37) 45% Partial (40) 13% No (12) (19 N/A)	60% Yes (56) 38% Partial (36) 2% No (2) (13 N/A)	42% Yes (43) 48% Partial (49) 10% No (10) (7 N/A)	49% Yes (46) 44% Partial (43) 4% No (4) (9 N/A)	44% Yes (41) 49% Partial (46) 6% No (6) (4 N/A)	53% Yes (46) 43% Partial (37) 5% No (4) (8 N/A) (1 not scored)
78. Overall, is the ISP adequate to meet the person's needs?	26% Yes (28) 74% Partial (79) (1 N/A)	23% Yes (25) 77% Partial (82)	28% Yes (30) 72% Partial (79)	13% Yes (13) 87% Partial (89)	11% Yes (11) 89% Partial (86)	11% Yes (10) 89% Partial (85) (1 not scored)
79. If #78 is rated "2", is the ISP being implemented?	64% Yes (18) 36% Partial (10) (80 N/A)	44% Yes (11) 56% Partial (14) (82 N/A)	73% Yes (22) 27% Partial (8) (79 N/A)	54% Yes (7) 46% Partial (6) (89 N/A)	73% Yes (8) 33% Partial (3) (86 N/A)	20% Yes (2) 80% Partial (8) (85 N/A) (1 not scored)
80a. If there no ISP or if #78 is rated "0" or "1" or "n/a", is the ISP being implemented?	41% Yes (33) 59% Partial (47) (28 N/A)	39% Yes (32) 60% Partial (49) 1% No (1) (25 N/A)	39% Yes (31) 58% Partial (46) 3% No (2) (30 N/A)	38% Yes (34) 61% Partial (54) 1% No (1) (13% N/A)	51% Yes (44) 49% Partial (42) (11 N/A)	32% Yes (27) 67% Partial (57) 1% No (1) (10 N/A) (1 not scored)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
80b. If there is no ISP, or if #78 is rated "0" or "1", are current services adequate to meet the person's needs?	39% Yes (31) 51% Partial (41) 10% No (8) (28 N/A)	32% Yes (26) 66% Partial (54) 2% No (2) (25 N/A)	28% Yes (22) 72% Partial (57) (30 N/A)	33% Yes (29) 67% Partial (60) (13 N/A)	41% Yes (35) 58% Partial (50) 1% No (1) (11 N/A)	29% Yes (25) 69% Partial (59) 1% No (1) (10 N/A) (1 not scored)
81. Overall, were the direct service staff trained on the implementation of the ISP?	64% Yes (69) 36% Partial (39)	66% Yes (71) 34% Partial (36)	72% Yes (78) 28% Partial (31)	69% Yes (70) 31% Partial (32)	73% Yes (71) 27% Partial (26)	74% Yes (70) 26% Partial (25) (1 not scored)
82. Overall, were the direct service staff able to describe their responsibilities in providing daily care/support to the person?	56% Yes (61) 44% Partial (47)	64% Yes (69) 36% Partial (38)	69% Yes (75) 31% Partial (34)	68% Yes (69) 32% Partial (33)	69% Yes (67) 31% Partial (30)	66% Yes (63) 34% Partial (32) (1 not scored)
83. Overall, do the progress notes or other documentation in the case management record reflect the status of the goals and services of the key life areas stated in the ISP?	39% Yes (42) 56% Partial (60) 6% No (6)	43% Yes (46) 46% Partial (49) 11% No (12)	39% Yes (42) 60% Partial (65) 2% No (2)	21% Yes (21) 75% Partial (76) 5% No (5)	25% Yes (24) 74% Yes (72) 1% No (1)	12% Yes (11) 83% Partial (79) 5% No (5) (1 not scored)
Expectations for Growth						
84. Based on all of the evidence, in the opinion of the reviewer, has the person achieved progress in the past year?	59% Yes (63) 40% Partial (43) 1% No (1) (1 CND)	55% Yes (58) 42% Partial (45) 3% No (3) (1 CND)	64% Yes (70) 35% Partial (38) 1% No (1)	68% Yes (69) 30% Partial (31) 2% No (2)	52% Yes (50) 47% Partial (45) 1% No (1) (1 CND)	46% Yes (44) 48% Partial (46) 5% No (5) (1 not scored)
85. Overall, does the IDT have an appropriate expectation of growth for this person?	45% Yes (49) 54% Partial (58) 1% No (1)	63% Yes (67) 37% Partial (39) (1 not scored)	46% Yes (50) 54% Partial (59)	51% Yes (52) 49% Partial (50)	30% Yes (29) 69% Partial (67) 1% No (1)	39% Yes (37) 61% Partial (58) (1 not scored)
Quality of Life						
86. Was the person provided the assistance and support needed to participate meaningfully in the planning process?	77% Yes (82) 21% Partial (22) 2% No (2) (2 CND)	84% Yes (89) 16% Partial (17) (1 CND)	86% Yes (94) 14% Partial (15)	85% Yes (86) 14% Partial (14) 1% No (1) (1 CND)	72% Yes (67) 25% Partial (23) 3% No (3) (4 CND)	87% Yes (80) 13% Partial (12) (3 CND) (1 not scored)
87. Is the person offered a range of opportunities for participation in each of the life areas?	82% Yes (81) 15% Partial (15) 3% No (3) (9 CND)	70% Yes (69) 25% Partial (27) 3% No (3) (8 CND)	73% Yes (75) 27% Partial (28) (6 CND)	84% Yes (81) 16% Partial (15) (6 CND)	75% Yes (69) 25% Partial (23) (5 CND)	79% Yes (67) 20% Partial (17) 1% No (1) (10 CND) (1 not scored)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
88. Does the person have the opportunity to make informed choices?	74% Yes (39) 26% Partial (14) (55 CND)	84% Yes (36) 16% Partial (7) (64 CND)	81% Yes (44) 19% Partial (10) (55 CND)	79% Yes (34) 21% Partial (9) (59 CND)	77% Yes (27) 23% Partial (8) (62 CND)	76% Yes(25) 24% Partial (8) (62 CND) (1 not scored)
89. About where and with whom to live?	82% Yes (37) 16% Partial (7) 2% No (1) (63 CND)	86% Yes (38) 9% Partial (4) 5% No (2) (63 CND)	86% Yes (38) 11% Partial (5) 2% No (1) (65 CND)	85% Yes (33) 13% Partial (5) 3% No (1) (63 CND)	89% Yes (24) 7% Partial (2) 4% No (1) (70 CND)	78% Yes (18) 17% Partial (4) 4% No (1) (72 CND) (1 not scored)
90. About where and with whom to work/spend his/her day?	85% Yes (46) 15% Partial (8) (54 CND)	84% Yes (38) 16% Partial (7) (62 CND)	89% Yes (40) 11% Partial (5) (64 CND)	86% Yes (37) 14% Partial (6) (59 CND)	82% Yes (28) 18% Partial (6) (63 CND)	85% Yes (28) 12% Partial (4) 3% No (1) (62 CND) (1 not scored)
91. About where and with whom to socialize/spend leisure time?	83% Yes (49) 17% Partial (10) (49 CND)	86% Yes (37) 14% Partial (6) (64 CND)	89% Yes (39) 11% Partial (5) (65 CND)	90% Yes (36) 10% No (4) (62 CND)	86% Yes (32) 14% Partial (5) (60 CND)	86% Yes(30) 9% Partial (3) 6% No (2) (60 CND) (1 not scored)
92. Does the evidence support that providers do not prevent the person from pursuing relationships and are respecting the rights of this person?	96% Yes (99) 3% Partial (3) 1% No (1) (5 CND)	99% Yes (100) 1% Partial (1) (6 CND)	96% Yes (98) 4% Partial (4) (7 CND)	98% Yes (97) 2% Partial (2) (3 CND)	98% Yes (90) 2% Partial (2) (4 CND)	97% Yes (88) 3% Partial (3) (4 CND) (1 not scored)
93. Overall, were the direct service staff interviewed trained on the provider's complaint process and on abuse, neglect and exploitation?	62% Yes (67) 38% Partial (41)	75% Yes (80) 25% Partial (27)	78% Yes (85) 22% Partial (24)	75% Yes (76) 25% Partial (26)	76% Yes (74) 24% Partial (23)	68% Yes (65) 32% Partial (30) (1 not scored)
94. Does this person and/or guardian have adequate access to the available complaint processes/procedures?	85% Yes 87 10% Partial (10) 5% No (5) (6 CND)	97% Yes (99) 2% Partial (2) 1% No (1) (5 CND)	96% Yes (102) 3% Partial (3) 1% No (1) (3 CND)	92% Yes (90) 7% Partial (7) 1% No (1) (4 CND)	92% Yes (85) 8% Partial (7) (5 CND)	90% Yes (83) 8% Partial (7) 2% No (2) (3 CND) (1 not scored)
95. Does this person know his/her guardian?	100% Yes (45) (2 N/A, 61 CND)	100% Yes (35) (4 N/A, 68 CND)	98% Yes (46) 2% No (1) (62 CND)	100% Yes (46) (1 N/A, 55 CND)	100% Yes (29) (1 NA, 67 CND)	96% Yes (26) 4% No (1) (2 N/A, 66 CND) (1 not scored)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
96. Does this person believe the guardian is helpful?	100% Yes (14) (2 N/A, 92 CND)	100% Yes (9) (4 N/A, 94 CND)	100% Yes (16) (93 CND)	93% Yes (13) 7% No (1) (1 N/A, 87 CND)	100% Yes (8) (1 N/A, 88 CND)	100% Yes (8) (2 N/A, 85 CND) (1 not scored)
97. What is the level of participation of the legal guardian in this person's life and service planning?	39% Active (41) 48% Moderate (50) 13% Limited (14) (3 N/A)	45% Active (47) 35% Moderate (36) 16% Limited (17) 4% None (4) (3 N/A)	42% Active (46) 44% Moderate (48) 13% Limited (14) 1% None (1)	38% Active (39) 43% Moderate (43) 19% Limited (19) (1 N/A)	39% Active (37) 35% Moderate (33) 28% Limited (26) (1 N/A)	32% Active (30) 53% Moderate (50) 12% Limited (11) 3% None (3) (1 N/A) (1 not scored)
98. In the Reviewer's opinion, does the person need a friend advocate?	6% Yes (6) 94% No (102)	7% Yes (8) 93% No (99)	7% Yes (8) 93% No (101)	3% Yes (3) 97% No (99)	10% Yes (10) 90% No (87)	8% Yes (8) 92% No (87) (1 not scored)
99. Does the person have a friend advocate?	0% Yes 100% No (6) (102 N/A)	22% Yes (2) 78% No (7) (98 N/A)	13% Yes (1) 88% No (7) (101 N/A)	0% Yes 100% No (3) (99 N/A)	0% Yes 100% No (10) (87 N/A)	0% Yes 100% No (8) (87 CND) (1 not scored)
100. If the person is retired, does he/she have adequate opportunities to engage in activities of interest during the day?	88% Yes (14) 13% Partial (2) (91 N/A, 1 CND)	91% Yes (21) 9% Partial (2) (84 N/A)	77% Yes (23) 23% Partial (7) (79 N/A)	71% Yes (15) 24% Partial (5) 5% No (1) (80 N/A, 1 CND)	91% Yes (21) 4% Partial (1) 4% No (1) (73 N/A, 1 CND)	83% Yes (20) 13% Partial (3) 4% No (1) (69 N/A, 2 CND) (1 not scored)
101. Does the person have daily choices/appropriate autonomy over his/her life?	80% Yes (86) 19% Partial (20) 2% No (2)	79% Yes (85) 17% Partial (18) 4% No (4)	78% Yes (85) 21% Partial (23) 1% No (1)	79% Yes (81) 18% Partial (18) 3% No (3)	76% Yes (74) 23% Partial (22) 1% No (1)	82% Yes (78) 16% Partial (15) 2% No (2) (1 not scored)
102. Have the person's cultural preferences been accommodated?	98% Yes (99) 2% Partial (2) (7 CND)	91% Yes (96) 9% Partial (9) (2 CND)	94% Yes (100) 5% Partial (5) 1% No (1) (3 CND)	96% Yes (96) 4% Partial (4) (2 CND)	99% Yes (94) 1% Partial (1) (2 CND)	95% Yes (88) 5% Partial (5) (2 CND) (1 not scored)
103. Is the person treated with dignity and respect?	56% Yes (60) 44% Partial (48)	75% Yes (80) 25% Partial (26) (1 not scored)	70% Yes (76) 30% Partial (33)	70% Yes (71) 30% Partial (31)	75% Yes (73) 25% Partial (24)	66% Yes (63) 34% Partial (32) (1 not scored)
Satisfaction						
104. Overall, is the person satisfied with the current services?	91% Yes (41) 9% Partial (4)	90% Yes (36) 10% Partial (4)	89% Yes (31) 11% Partial (4)	85% Yes (23) 15% Partial (4)	86% Yes (25) 14% Partial (4)	96% Yes (24) 4% Partial (1)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
	(63 CND)	(67 CND)	(74 CND)	(75 CND)	(68 CND)	(70 CND) (1 not scored)
105. Does the person get along with the case manager?	95% Yes (21) 5% Partial (1) (86 CND)	100% Yes (16) (91 CND)	100% Yes (21) (88 CND)	100% Yes (13) (89 CND)	100% Yes (7) (90 CND)	100% Yes (15) (80 CND) (1 not scored)
106. Does the person find the case manager helpful?	93% Yes (13) 7% Partial (1) (94 CND)	100% Yes (6) (101 CND)	100% Yes (11) (98 CND)	100% Yes (10) (92 CND)	100% Yes (5) (92 CND)	100% Yes (8) (87 CND) (1 not scored)
107. Does the legal guardian find the case manager helpful?	90% Yes (78) 9% Partial (8) 1% No (1) (1 N/A, 20 CND)	94% Yes (63) 6% Partial (4) (3 N/A, 37 CND)	93% Yes (90) 5% Partial (5) 2% No (2) (12 CND)	93% Yes (81) 6% Partial (5) 1% No (1) (1 NA, 14 CND)	89% Yes (73) 7% Partial (6) 4% No (3) (15 CND)	97% Yes (83) 1% Partial (1) 2% No (2) (1 N/A, 8 CND) (1 not scored)
108. Does the person have adequate food and drink available?	98% Yes (94) 2% Partial (2) (12 CND)	100% Yes (97) (10 CND)	99% Yes (101) 1% Partial (1) (7 CND)	100% Yes (99) (3 CND)	100% Yes (96) (1 CND)	99% Yes (91) 1% Partial (1) (3 CND) (1 not scored)
109. Does the person have adequate transportation to meet his/her needs?	87% Yes (92) 12% Partial (13) 1% No (1) (2 CND)	93% Yes (98) 7% Partial (7) (2 CND)	96% Yes (105) 4% Partial (4)	93% Yes (95) 7% Partial (7)	93% Yes (90) 6% Partial (6) 1% No (1)	95% Yes (90) 4% Partial (4) 1% No (1) (1 not scored)
110. Does the person have sufficient personal money?	89% Yes (86) 11% Partial (11) (11 CND)	89% Yes (88) 10% Partial (10) 1% No (1) (7 CND, 1 not scored)	91% Yes (98) 9% Partial (10) (1 CND)	93% Yes (93) 7% Partial (7) (2 CND)	88% Yes (84) 13% Partial (12) (1 CND)	91% Yes (85) 9% Partial (8) (2 CND) (1 not scored)
111. Does the person get along with their day program /employment staff?	99% Yes (70) 1% Partial (1) (1 N/A, 36 CND)	100% Yes (58) (1 N/A, 48 CND)	100% Yes (61) (48 CND)	97% Yes (62) 3% Partial (2) (38 CND)	98% Yes (56) 2% Partial (1) (2 N/A, 38 CND)	100% Yes (57) (1 N/A, 37 CND) (1 not scored)
112. Does the person get along with the residential provider staff?	99% Yes (78) 1% Partial (1) (29 CND)	100% Yes (75) (32 CND)	99% Yes (75) 1% Partial (1) (33 CND)	99% Yes (77) 1% Partial (1) (24 CND)	98% Yes (63) 2% Partial (1) (33 CND)	100% Yes (61) (34 CND) (1 not scored)
Team Process						

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
114. Are the individual members of the IDT following up on their responsibilities?	31% Yes (33) 69% Partial (74) 1% No (1)	27% Yes (29) 71% Partial (76) 2% No (2)	30% Yes (33) 67% Partial (73) 3% No (3)	22% Yes (22) 78% Partial (80)	22% Yes (21) 77% Partial (75) 1% No (1)	38% Yes (36) 62% Partial (59) (1 not scored)
115. If there is evidence of team conflict, has the team made efforts to build consensus?	72% Yes (23) 25% Partial (8) 3% No (1) (76 N/A)	59% Yes (22) 35% Partial (13) 5% No (2) (70 N/A)	75% Yes (30) 25% Partial (10) (69 N/A)	71% Yes (22) 16% Partial (5) 13% No (4) (71 N/A)	63% Yes (24) 26% Partial (10) 11% No (4) (59 N/A)	58% Yes (11) 32% Partial (6) 11% No (2) (76 N/A) (1 not scored)
116. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs?	72% Yes (76) 28% No (29) (2 N/A, 1 CND)	74% Yes (76) 26% No (27) (4 N/A)	78% Yes (81) 22% No (23) (4 N/A, 1 CND)	74% Yes (67) 26% No (24) (8 N/A, 3 CND)	69% Yes (65) 31% No (29) (2 N/A, 1 CND)	79% Yes (71) 21% No (19) (4 N/A, 1 CND) (1 not scored)
117. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented?	81% Yes (87) 19% Partial (20) 1% No (1)	79% Yes (85) 21% Partial (22)	75% Yes (82) 24% Partial (26) 1% No (1)	77% Yes (79) 22% Partial (22) 1% No (1)	85% Yes (82) 15% Partial (15)	88% Yes (84) 11% Partial (10) 1% No (1) (1 not scored)
118. Do you recommended Team Process Training for this IDT?	10% Yes (11) 90% Partial (97)	13% Yes (14) 87% No (93)	5% Yes (5) 95% No (104)	7% Yes (7) 93% No (95)	7% Yes (7) 93% Partial (90)	1% Yes (1) 99% No (94) (1 not scored)
119. Is there evidence or documentation of physical regression in the last year?	36% Yes (39) 64% No (69)	37% Yes (40) 63% No (67)	50% Yes (54) 50% No (54) (1 CND)	31% Yes (31) 69% No (70) (1 CND)	34% Yes (33) 66% No (63) (1 CND)	37% Yes (35) 63% No (60) (1 not scored)
120. Is there evidence or documentation of behavioral or functional regression in the last year?	24% Yes (26) 76% No (82)	33% Yes (35) 67% No (71) (1 CND)	35% Yes (38) 65% No (71)	28% Yes (28) 72% No (73) (1 CND)	30% Yes (28) 70% No (66) (3 CND)	21% Yes (20) 79% No (74) (1 CND) (1 not scored)
121. If #119 or 120 is Yes, is the IDT adequately addressing the regression?	67% Yes (33) 29% Partial (14) 4% No (2) (59 N/A)	56% Yes (31) 31% Partial (17) 13% No (7) (52 N/A)	67% Yes (41) 30% Partial (18) 3% No (2) (48 N/A)	58% Yes (25) 37% Partial (16) 5% No (2) (59 N/A)	59% Yes (27) 33% Partial (15) 9% No (4) (51 N/A)	53% Yes (23) 37% Partial (16) 9% No (4) (51 N/A 1 CND) (1 not scored)
122. Has the person changed residential/day services in the last year? If Yes, was the change:	19% Yes (21) 81% No (87)	17% Yes (18) 83% No (89)	24% Yes (26) 76% No (83)	16% Yes (16) 84% No (86)	16% Yes (16) 84% No (81)	9% Yes (9) 91% No (86) (1 not scored)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
122a. Planned by the IDT?	68% Yes (15) 23% Partial (5) 9% No (2) (86 N/A)	78% Yes (14) 11% Partial (2) 11% No (2) (89 N/A)	81% Yes (21) 12% Partial (3) 8% No (2) (83 N/A)	89% Yes (17) 5% Partial (1) 5% No (1) (83 N/A)	71% Yes (12) 29% Partial (5) (80 N/A)	50% Yes (4) 25% Partial (2) 25% No (2) (87 N/A) (1 not scored)
122b. Appropriate to meet needs?	91% Yes (20) 9% Partial (2) (85 N/A) (1 not scored)	89% Yes (17) 5% Partial (1) 5% No (1) (88 N/A)	88% Yes (23) 12% Partial (3) (83 N/A)	84% Yes (16) 16% Partial (3) (83 N/A)	71% Yes (12) 29% Partial (5) (80 N/A)	89% Yes (8) 11% Partial (1) (86 N/A) (1 not scored)
123. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?	39% Yes (42) 57% Partial (62) 4% No (4)	30% Yes (32) 67% Partial (72) 3% No (3)	35% Yes (38) 65% Partial (71)	18% Yes (18) 81% Partial (83) 1% No (1)	24% Yes (23) 76% Partial (74)	28% Yes (27) 72% Partial (68) (1 not scored)
Supported Employment Services						
124. Has the IDT, or the reviewer recommended a supported employment assessment for the person?	71% Yes (77) 29% No (31)	73% Yes (78) 27% No (29)	65% Yes (71) 35% No (38)	75% Yes (76) 25% No (26)	77% Yes (74) 23% No (22) (1 not scored)	68% Yes (65) 32% No (30) (1 not scored)
124A. Has the Team recommended a supported employment assessment for the person?	Added in 2015					26% Yes (25) 74% No (70) (1 not scored)
124B. Is the reviewer recommending a supported employment assessment for the person?	Added in 2015					65% Yes (62) 35% No (33) (1 not scored)
125. In the opinion of the IDT or the reviewer, does the person need supported employment?	53% Yes (57) 47% No (51)	56% Yes (60) 44% No (47)	45% Yes (49) 55% No (60)	63% Yes (64) 37% No (38)	65% Yes (62) 35% No (34) (1 not scored)	59% Yes (56) 41% No (39) (1 not scored)
125A. Does the Team recommend supported employment for the person?	Added in 2015					20% Yes (19) 80% No (76) (1 not scored)
125B. Is the Reviewer recommending supported employment for the person?	Added in 2015					60% Yes (57) 40% No (38) (1 not scored)
126. Did the person receive a supported employment assessment?	68% Yes (54) 32% No (25) (29 N/A)	65% Yes (55) 35% No (29) (23 N/A)	58% Yes (41) 28% No (30) (38 N/A)	63% Yes (48) 37% No (28) (26 N/A)	52% Yes (39) 38% No (36) (21 N/A)	49% Yes (32) 51% No (33) (30 N/A)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
					(1 not scored)	(1 not scored)
127. Does the supported employment assessment conform to the DOH regulations?	40% Yes (30) 19% Partial (14) 41% No (31) (33 N/A)	29% Yes (23) 39% Partial (31) 33% No (26) (27 N/A)	29% Yes (20) 23% Partial (16) 48% No (33) (40 N/A)	16% Yes (12) 45% Partial (34) 39% No (29) (27 N/A)	15% Yes (11) 25% Partial (18) 60% No (44) (23 N/A) (1 not scored)	14% Yes (9) 23% Partial (15) 63% No (40) (31 N/A) (1 not scored)
128. Does the person have a career development plan (based on assessments) that meets the person's needs?	33% Yes (21) 24% Partial (15) 43% No (27) (45 N/A)	15% Yes (10) 48% Partial (32) 36% No (24) (41 N/A)	29% Yes (16) 36% Partial (20) 35% No (19) (54 N/A)	7% Yes (5) 34% Partial (23) 59% No (40) (34 N/A)	11% Yes (7) 18% Partial (12) 71% No (46) (31 N/A) (1 not scored)	11% Yes (6) 26% Partial (15) 63% No (36) (38 N/A) (1 not scored)
129. Is the person engaged in supported employment?	51% Yes (30) 49% No (29) (49 N/A)	36% Yes (23) 64% No (41) (43 N/A)	36% Yes (18) 64% No (32) (59 N/A)	36% Yes (23) 64% No (41) (38 N/A)	27% Yes (17) 73% No (47) (32 N/A) (1 not scored)	28% Yes (16) 72% No (41) (38 N/A) (1 not scored)
129A. Is the person working?	Added in 2015					30% Yes (17) 70% No (40) (38 N/A) (1 not scored)
130. Is the supported work provided in accordance with the following?	30% Yes (17) 18% Partial(10) 52% No (29) (52 N/A)	22% Yes (14) 16% Partial (10) 62% No (39) (44 N/A)	14% Yes (7) 28% Partial (14) 58% No (29) (59 N/A)	20% Yes (13) 13% Partial (8) 67% No (43) (38 N/A)	17% Yes (11) 11% Partial (7) 72% No (46) (32 N/A) (1 not scored)	9% Yes (5) 21% Partial (12) 70% No (40) (38 N/A) (1 not scored)
130a. At least a 10-hour work week?	32% Yes (18) 68% No (38) (52 N/A)	22% Yes (14) 78% No (49) (44 N/A)	20% Yes (10) 80% No (40) (59 N/A)	23% Yes (15) 77% No (49) (38 N/A)	17% Yes (11) 83% No (53) (32 N/A) (1 not scored)	9% Yes (5) 91% No (52) (38 N/A) (1 not scored)
130b. Person earns at least ½ of minimum wage?	48% Yes (27) 52% No (29) (52 N/A)	35% Yes (22) 65% No (41) (44 N/A)	36% Yes (18) 64% No (32) (59 N/A)	31% Yes (20) 69% No (44) (38 N/A)	24% Yes (15) 75% No (48) (32 N/A) (2 not scored)	26% Yes (15) 74% No (42) (38 N/A) (1 not scored)
130c. Work setting is at least 50% non-handicapped co-workers?	41% Yes (24) 56% No (31) (53 N/A)	37% Yes (23) 63% No (40) (44 N/A)	36% Yes (18) 64% No (32) (59 N/A)	31% Yes (20) 69% No (44) (38 N/A)	28% Yes (18) 72% No (46) (32 N/A)	27% Yes (15) 73% No (41) (39 N/A)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
					(1 not scored)	(1 not scored)
130d. There is a reasonable expectation that the job will continue?	48% Yes (27) 52% No (29) (52 N/A)	38% Yes (24) 62% No (39) (44 N/A)	34% Yes (17) 66% No (33) (59 N/A)	33% Yes (21) 67% No (43) (38 N/A)	28% Yes (18) 72% No (46) (32 N/A) (1 not scored)	30% Yes (17) 70% No (40) (38 N/A) (1 not scored)
Behavior						
131. Is the person considered by the IDT to need behavior services now?	68% Yes (73) 32% No (34) (1 N/A)	62% Yes (66) 38% No (40) (1 N/A)	68% Yes (72) 32% No (34) (3 N/A)	57% Yes (55) 43% No (41) (6 N/A)	59% Yes (55) 41% No (39) (3 N/A)	61% Yes (55) 39% No (35) (5 N/A) (1 not scored)
132. In the opinion of the reviewer, does the person need behavior services?	66% Yes (71) 34% No (36) (1 N/A)	60% Yes (62) 40% No (42) (3 N/A)	65% Yes (69) 35% No (37) (3 N/A)	58% Yes (55) 42% No (40) (7 N/A)	60% Yes (57) 40% No (38) (2 N/A)	56% Yes (50) 44% No (40) (5 N/A) (1 not scored)
133. Have adequate behavioral assessments been completed?	86% Yes (63) 12% Partial (9) 1% No (1) (35 N/A)	88% Yes (61) 10% Partial (7) 1% No (1) (38 N/A)	80% Yes (59) 16% Partial (12) 4% No (3) (35 N/A)	77% Yes (44) 16% Partial (9) 7% No (4) (45 N/A)	71% Yes (41) 26% Partial (15) 3% No (2) (39 N/A)	54% Yes (30) 41% Partial (23) 5% No (3) (39 N/A) (1 not scored)
134. Does the person have behavior support plans developed out of the behavior assessments that meet the person's needs?	79% Yes (57) 21% Partial (15) (36 N/A)	84% Yes (56) 13% Partial (9) 3% No (2) (40 N/A)	89% Yes (64) 8% Partial (6) 3% No (2) (37 N/A)	86% Yes (48) 11% Partial (6) 4% No (2) (46 N/A)	76% Yes (44) 19% Partial (11) 5% No (3) (39 N/A)	62% Yes (34) 33% Partial (18) 5% no (3) (40 N/A) (1 not scored)
135. Have the staff been trained on the behavior support plan?	83% Yes (60) 15% Partial (11) 1% No (1) (36 N/A)	83% Yes (55) 15% Partial (10) 2% No (1) (41 N/A)	92% Yes (66) 7% Partial (5) 1% No (1) (37 N/A)	80% Yes (45) 16% Partial (9) 4% No (2) (46 N/A)	90% Yes (52) 5% Partial (3) 5% No (3) (39 N/A)	87% Yes (48) 11% Partial (6) 2% No (1) (40 N/A) (1 not scored)
136. Does the person receive behavioral services consistent with his/her needs?	81% Yes (58) 17% Partial (12) 3% No (2) (36 N/A)	85% Yes (58) 10% Partial (7) 4% No (3) (39 N/A)	77% Yes (57) 19% Partial (14) 4% No (3) (35 N/A)	67% Yes (38) 30% Partial (17) 4% No (2) (45 N/A)	78% Yes (45) 19% Partial (11) 3% No (2) (39 N/A)	56% Yes (31) 36% Partial (20) 7% No (4) (40 N/A) (1 not scored)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
137. Are behavior support services integrated into the ISP?	68% Yes (49) 25% Partial (18) 7% No (5) (36 N/A)	54% Yes (36) 34% Partial (23) 12% No (8) (40 N/A)	68% Yes (49) 28% Partial (20) 4% No (3) (37 N/A)	59% Yes (33) 34% Partial (19) 7% No (4) (46 N/A)	41% Yes (24) 52% Partial (30) 7% No (4) (39 N/A)	33% Yes (18) 49% Partial (27) 18% No (10) (40 N/A) (1 not scored)
Adaptive Equipment/Augmentative Communication						
138. Has the person received all adaptive equipment needed?	84% Yes (68) 16% Partial (13) (27 N/A)	83% Yes (78) 17% Partial (16) (13 N/A)	81% Yes (81) 19% Partial (19) (9 N/A)	78% Yes (72) 21% Partial (19) 1% No (1) (10 N/A)	75% Yes (67) 24% Partial (21) 1% No (1) (8 N/A)	72% Yes (61) 27% Partial (23) 1% No (1) (10 N/A) (1 not scored)
139. Has the person received all assistive technology needed?	71% Yes (55) 25% Partial (19) 4% No (3) (31 N/A)	72% Yes (59) 23% Partial (19) 5% No (4) (25 N/A)	70% Yes (59) 29% Partial (24) 1% No (1) (25 N/A)	73% Yes (49) 25% Partial (17) 2% No (1) (35 N/A)	68% Yes (48) 31% Partial (22) 1% No (1) (26 N/A)	74% Yes (49) 23% Partial (15) 3% No (2) (29 N/A) (1 not scored)
140. Has the person received all communication assessments and services?	75% Yes (69) 24% Partial (22) 1% No (1) (16 N/A)	75% Yes (75) 21% Partial (21) 4% No (4) (7 N/A)	68% Yes (65) 32% Partial (31) (13 N/A)	80% Yes (72) 18% Partial (16) 2% No (2) (12 N/A)	83% Yes (71) 17% Partial (15) (11 N/A)	76% Yes (68) 20% Partial (18) 3% No (3) (6 N/A) (1 not scored)
Individual Service Planning						
141. Does the person have an ISP that addresses living, learning/working and social/leisure that correlates with the person's desire and capabilities, in accordance with DOH regulations?	90% Yes (97) 9% Partial (10) 1% No (1)	95% Yes (102) 5% Partial (5)	85% Yes (93) 15% Partial (16)	89% Yes (91) 10% Partial (10) 1% No (1)	92% Yes (89) 8% Partial (8)	94% Yes (89) 6% Partial (6) (1 not scored)
142*. Does the person have an ISP that contains a Progress Towards Reaching the Long Term Vision section that is based on a long-term view?	74% Yes (80) 22% Partial (24) 4% No (4)	68% Yes (73) 32% Partial (34)	63% Yes (69) 32% Partial (35) 5% No (5)	69% Yes (70) 29% Partial (30) 2% No (2)	55% Yes (53) 44% Partial (43) 1% No (1)	49% Yes (47) 42% Partial (40) 8% No (8) (1 not scored)
143. Does the person receive services and supports recommended in the ISP?	76% Yes (82) 23% Partial (25) 1% No (1)	78% Yes (83) 22% Partial (24)	83% Yes (90) 17% Partial (19)	81% Yes (83) 19% Partial (19)	78% Yes (76) 22% Partial (21)	65% Yes (62) 35% Partial (33) (1 not scored)

Question	2009 (sample=108)	2010 (sample=107)	2011 (sample=109)	2013 (sample=102)	2014 (sample=97)	2015 (sample=96)
144. Does the person have adequate access to and use of generic services and natural supports?	82% Yes (89) 17% Partial (18) 1% No (1)	80% Yes (86) 19% Partial (20) 1% No (1)	79% Yes (86) 21% Partial (23)	88% Yes (90) 12% Partial (12)	80% Yes (78) 19% Partial (18) 1% No (1)	77% Yes (73) 23% Partial (22) (1 not scored)
145. Is the person adequately integrated into the community?	68% Yes (73) 31% Partial (34) 1% No (1)	70% Yes (75) 29% Partial (31) 1% No (1)	69% Yes (75) 29% Partial (32) 2% No (2)	82% Yes (84) 18% Partial (18)	67% Yes (65) 31% Partial (30) 2% No (2)	58% Yes (55) 38% Partial (36) 4% No (4) (1 not scored)
Summary						
146. Overall, is the ISP adequate to meet the person's needs?	26% Yes (28) 73% Partial (79) 1% No (1)	23% Yes (25) 77% Partial (82)	28% Yes (30) 72% Partial (79)	13% Yes (13) 87% Partial (89)	11% Yes (11) 89% Partial (86)	11% Yes (10) 89% Partial (85) (1 not scored)
147. Is the program of the level of intensity adequate to meet this person's needs?	31% Yes (33) 69% Partial (75)	27% Yes (29) 71% Partial (76) 2% No (2)	28% Yes (30) 72% Partial (79)	27% Yes (28) 72% Partial (73) 1% No (1)	26% Yes (25) 74% Partial (72)	14% Yes (13) 85% Partial (81) 1% No (1) (1 not scored)