



Jackson Class Member Demographics – Metro Region

As of June 3, 2021, when the FY22 Metro samples were pulled, there were 133 Active Jackson Class Members in the Metro Region. Details regarding individuals are provided in the tables below. Nine class members have passed this fiscal year. There were 30 class members reviewed in the Metro region for the FY2022 IQR.

| AGE | |
|-------------|----|
| 30-39 | 3 |
| 40-49 | 12 |
| 50-59 | 47 |
| 60-69 | 48 |
| 70-79 | 21 |
| 80+ | 2 |
| AVERAGE AGE | 61 |

| ETHNICITY | |
|------------------------|----|
| Black/African American | 8 |
| Caucasian | 51 |
| Hispanic | 60 |
| Native American | 14 |
| Other | 0 |

| GENDER | |
|--------|----|
| Female | 55 |
| Male | 78 |
| Other | 0 |

| COMMUNITY INCLUSION SERVICE* | |
|------------------------------|-----|
| CCS (I or G) | 126 |
| CIE | 15 |
| ICF/IDD | 0 |
| Mi Via | 3 |
| N/A | 2 |

| LIVING CARE ARRANGEMENT SERVICE | |
|---------------------------------|-----|
| Family Living | 23 |
| Supported Living | 106 |
| CIHS | 0 |
| ICF/IDD | 0 |
| Mi Via | 3 |
| N/A | 1 |

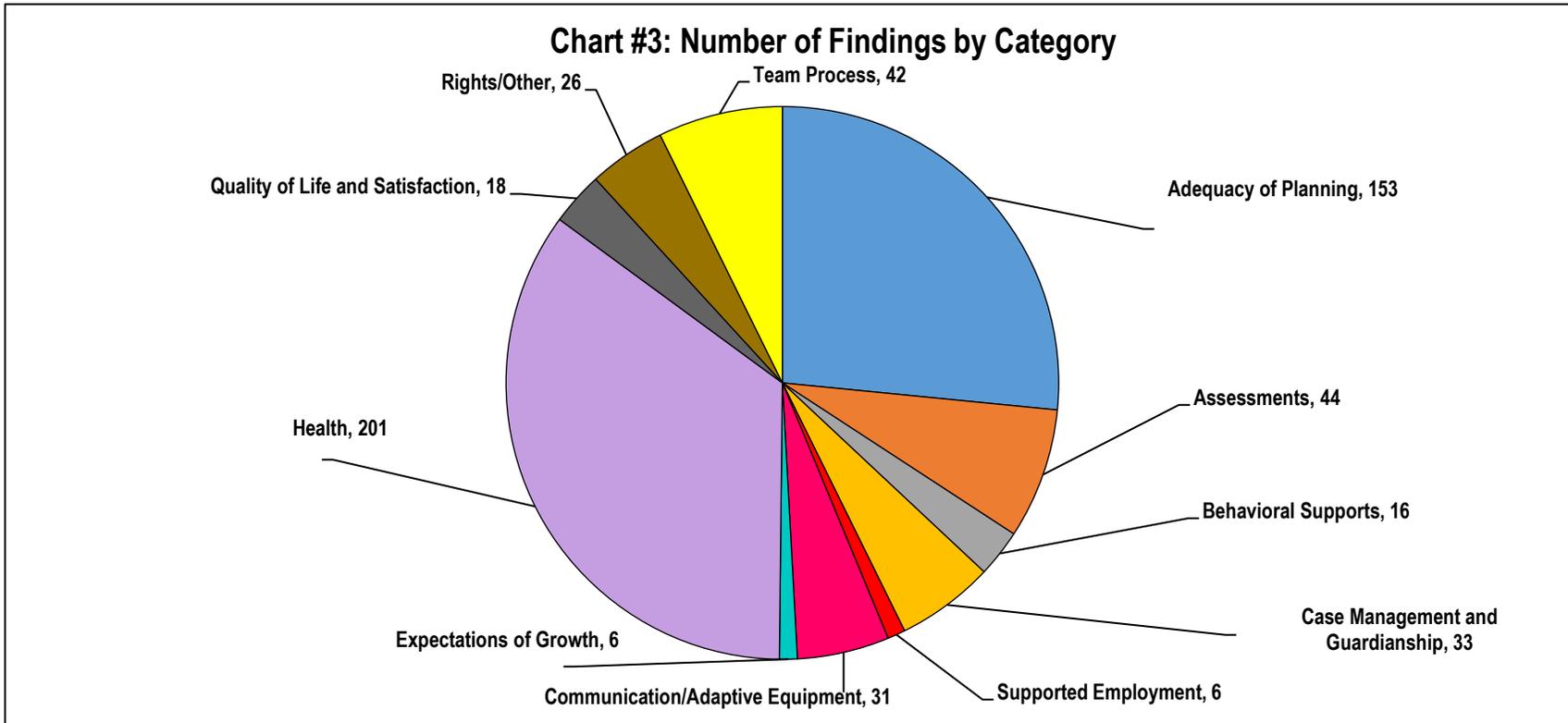
*13 people have more than one service

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

| Case Management | A New Vision (14) | A Step Above (24) | Amigo (8) | Cariño (15) | NMQCM (12) | Peak (13) | Unidas (38) |
|--|---------------------------|------------------------------|---------------------|------------------------------|------------------------------|------------------------|-------------------------|
| | Unique Opportunities (5) | PCCS (1) | | | | | Mi Via (3) |
| Residential | A Better Way (1) | Adelante (30) | ADID Care (1) | Advantage Communications (1) | Alegria (2) | Alianza (1) | Alta Mira (1) |
| | ARCA (12) | At Home Advocacy (3) | Bright Horizons (8) | Community Options (1) | Cornucopia (2) | Dungarvin (9) | Expressions of Life (5) |
| | Expressions Unlimited (1) | La Vida Felicidad (1) | LeL (1) | Life Mission (1) | LLCP (27) | Mandy's Farm (1) | Maxcare (2) |
| | Onyx (5) | Optihealth / Solana Care (3) | Su Vida (1) | The New Beginnings (8) | TLC (1) | N/A (1) | Mi Via (3) |
| Community Inclusion <i>*Note some JCMs have more than one CI provider</i> | A Better Way (4) | Active Solutions (2) | Adelante (39) | ADID Care (1) | Advantage Communications (2) | Advocacy Partners (1) | Alianza (1) |
| | Alta Mira (1) | ARCA (3) | Bright Horizons (6) | CFC (9) | Community Options (1) | Cornucopia (3) | Dungarvin (6) |
| | Expressions Unlimited (2) | La Vida Felicidad (1) | LifeRoots (4) | LLCP (30) | Mandy's Farm (2) | Maxcare (2) | Mi Via (3) |
| | NONE (3) | Onyx (4) | OptiHealth (3) | Share Your Care (3) | Su Vida (1) | The New Beginnings (5) | Intentionally blank |

B. Most Frequently Identified Findings by Category

The Metro Region had a total of 576 Findings. The table below shows into what categories those findings fall. Health-related findings were the highest at 201, followed by Adequacy of Planning at 153.



C. Most Frequently Repeated Findings by Category

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

Of the 576 Findings in the Metro Regional Reviews, there were 209 (36%) identified as “repeat findings”. Repeat findings are those which have been identified by the IQR within the last ten years. The categories where ‘repeat findings’ are most frequently identified are in the areas of Adequacy of Planning (68), Health (44) and Expectations of Growth (26). The charts below summarize, by agency, the number of repeat findings which were identified by topic area.

Chart #4: Repeat Findings by Area and Residential Provider

| AREA | ADEQUACY OF PLANNING | ASSESSMENTS | BEHAVIORAL SUPPORTS | CM & GUARDIAN | EMPLOYMENT | COMM / ADAPTIVE EQUIPMENT | EXPECTATIONS OF GROWTH | HEALTH | QUALITY OF LIFE & SATISFACTION | RIGHTS / OTHER | TEAM PROCESS | TOTAL |
|-------------------------|----------------------|-------------|---------------------|---------------|------------|---------------------------|------------------------|-----------|--------------------------------|----------------|--------------|------------|
| PROVIDER | | | | | | | | | | | | |
| Adelante (7) | 13 | 2 | 0 | 4 | 2 | 5 | 4 | 9 | 0 | 1 | 0 | 40 |
| Alegria (1) | 1 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 6 |
| ARCA (3) | 11 | 0 | 0 | 1 | 0 | 0 | 1 | 7 | 1 | 0 | 0 | 21 |
| At Home Advocacy (1) | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Bright Horizons (3) | 5 | 4 | 0 | 1 | 1 | 1 | 1 | 4 | 1 | 0 | 1 | 19 |
| Cornucopia (1) | 1 | 2 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 6 |
| Dungarvin (1) | 3 | 2 | 1 | 1 | 0 | 1 | 0 | 4 | 0 | 0 | 1 | 13 |
| Expressions of Life (2) | 3 | 1 | 0 | 2 | 1 | 0 | 2 | 2 | 0 | 1 | 1 | 13 |
| LLCP (4) | 7 | 2 | 0 | 2 | 1 | 1 | 5 | 4 | 1 | 1 | 3 | 27 |
| Maxcare (2) | 6 | 1 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 1 | 11 |
| Onyx (2) | 10 | 1 | 1 | 1 | 0 | 2 | 0 | 9 | 0 | 0 | 1 | 25 |
| Solana Care (1) | 3 | 1 | 0 | 1 | 0 | 0 | 6 | 1 | 0 | 1 | 0 | 13 |
| The New Beginnings (2) | 5 | 1 | 0 | 2 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 14 |
| TOTAL | 68 | 17 | 2 | 16 | 6 | 13 | 26 | 44 | 3 | 4 | 10 | 209 |

Chart #5: Repeat Findings by Area and Case Management Agency

| AREA | ADEQUACY OF PLANNING | ASSESSMENTS | BEHAVIORAL SUPPORTS | CM & GUARDIAN | EMPLOYMENT | COMM / ADAPTIVE EQUIPMENT | EXPECTATIONS OF GROWTH | HEALTH | QUALITY OF LIFE & SATISFACTION | RIGHTS / OTHER | TEAM PROCESS | TOTAL |
|------------------|----------------------|-------------|---------------------|---------------|------------|---------------------------|------------------------|-----------|--------------------------------|----------------|--------------|------------|
| PROVIDER | | | | | | | | | | | | |
| A New Vision (2) | 3 | 1 | 0 | 0 | 0 | 1 | 4 | 0 | 1 | 0 | 1 | 11 |
| A Step Above (3) | 16 | 3 | 0 | 3 | 1 | 3 | 3 | 13 | 0 | 2 | 3 | 47 |
| Amigo (1) | 4 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 7 |
| Carino (1) | 2 | 1 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 1 | 7 |
| NMQCM (3) | 5 | 2 | 0 | 1 | 2 | 1 | 4 | 3 | 2 | 0 | 0 | 20 |
| PCCS (1) | 7 | 2 | 1 | 1 | 0 | 1 | 0 | 5 | 0 | 0 | 1 | 18 |
| Peak (2) | 10 | 1 | 1 | 3 | 0 | 2 | 6 | 6 | 0 | 1 | 1 | 31 |
| Unidas (6) | 21 | 7 | 0 | 7 | 2 | 5 | 7 | 15 | 0 | 1 | 3 | 68 |
| TOTAL | 68 | 17 | 2 | 16 | 6 | 13 | 26 | 44 | 3 | 4 | 10 | 209 |

D. Immediate and Special Findings

There were 30 Class Members reviewed in the FY22 Metro Region Reviews. 8 individuals (26.7% of the sample) were found to have Findings needing Immediate attention. 11 individuals (36.7% of the sample) were found to have Findings needing Special attention. Details of the issues of these findings are identified in the table below.

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

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

Chart #6: Immediate/Special Identified Individual Issues – FY2022 IQR Metro Region

Immediate/Special Identified Individual Issues – FY2022 Metro Aggregate IQR

| Reg | CM | Res | Day | Immd | Spec | ANE | Issue |
|-----------------------------|--------------|--------------------|--------------------|------|------|-----|---|
| Adequacy of Planning | | | | | | | |
| Metro 1 | A Step Above | Onyx | Onyx | | X | | Based on document review, the SLP Discharge Report (due to business closure) 4/6/21: “It is recommended that JCM continue to receive SLP services in the areas of aspiration risk management, communication support language stimulation.” JCM did not receive SLP support from April 2021 until July 2021. • SLP is listed on the Face Sheet of the 21/22 ISP as Juntos Therapy Services, Carlos Bustamante, however this is not indicated on the budget reviewed. • Current SLP evaluations were not provided for review. |
| Metro 2 | NMQCM | The New Beginnings | The New Beginnings | | X | | An SFOC was signed for an SLP on 3/31/2021. Some team members did not agree so the SLP was placed on hold. The SLP was added to the budget in October 2021. Per document review and interviews, SLP services have not been implemented. |

Immediate/Special Identified Individual Issues – FY2022 Metro Aggregate IQR

| Reg | CM | Res | Day | Immd | Spec | ANE | Issue |
|--------------------|--------------|--------------------|--------------------|------|------|-----|--|
| | | | | | | | Per documentation and interviews, day services for JCM were suspended in March 2020. JCM has not received funded day services since that time. |
| ASSESSMENTS | | | | | | | |
| Metro 2 | NMQCM | The New Beginnings | The New Beginnings | | X | | <p>Per record review, JCM has not received required/recommended assessments and follow-up, including PCP, neurology, audiology, vision, and nutrition per Therap appointment tracker. It is not clear if The New Beginnings was monitoring medical appointments or completing home visits as required per 2018 DDSD standards.</p> <p>Per FLP interview on onsite observation JCM has some regression in endurance and strength, and JCM does not feed himself like he used to, FLP and Subcare are feeding him during mealtimes</p> <p>Missed medical appointments is a Repeat Finding from CPR 2013 #1 Special</p> |
| HEALTH | | | | | | | |
| Metro 1 | A Step Above | Bright Horizons | Bright Horizons | X | | | <p>Based on record review, the following discrepancies were noted:</p> <p>a) Per CARMP 8/25/20: 1500-1600 cal per day. Protein: 30-38 g/day, 1081 mls fluid EDWR: 69-85#</p> <p>b) Nutrition 6/14/21: 1600-1700 kcals/day. Protein 33-44 g/day Fluid 1700 ml 55-57 oz</p> <p>c) Echat 8/20/20 (rev.1/14/21): stated 35-40 oz (1035 – 1183 ml) fluid, 1600-1700 cal per day</p> <p>d) Low BMI HCP: recommended 1600-1700 cal w/ 40 g protein</p> <p>Plans not being consistent was a repeat finding from IQR 2017 Immediate Findings #1 and #2.</p> |
| Metro 1 | A Step Above | Bright Horizons | Bright Horizons | X | | | <p>Based on record review:</p> <ul style="list-style-type: none"> • Low BMI HCP stated track weights weekly and notify RD of 3# weight loss or gain. • Nutrition 6/14/21 stated track weights weekly and notify RD of gains/losses >5%. The following was noted: <ul style="list-style-type: none"> a. JCM's weight has been tracked weekly except for the following months: <ul style="list-style-type: none"> i. January 2021 ii. December 2020 iii. November 2020 iv. October 2020 b. Per weight tracking documentation, JCM had a greater than 3# change in weight on the following days. There was no indication that the RD was contacted: <ul style="list-style-type: none"> i. 4/6/21 ii. 3/2/21 iii. 2/19/21 iv. 1/29/21 v. 10/8/20 vi. 9/14/20 |
| Metro 1 | A Step Above | Onyx | Onyx | X | | | <p>Based on record review and interviews, there is confusion about JCM's DNR status:</p> <ul style="list-style-type: none"> a. There is a "My Choices" document dated 7/31/2019 indicating he wants DNR status b. Guardian indicated that it may need to be revisited c. CM indicated that there might be something in place, but she's not sure it's needed. d. 21-22 ISP IST page indicates JCM does not have a DNR. e. All MERP's states JCM is "FULL CODE" f. Health Passport that indicates CH does not have Advanced Directives. g. E-Chat indicates "FULL CODE" |
| Metro 1 | Peak | Adelante | Adelante | X | | | <p>Based on interviews and document review, there is confusion about end-of-life decision making for JCM:</p> <ul style="list-style-type: none"> a) There is a document in the file titled "My Advance Directive" signed and dated 5/16/2018 that was found under Advanced Directives in Therap. |

Immediate/Special Identified Individual Issues – FY2022 Metro Aggregate IQR

| Reg | CM | Res | Day | Immd | Spec | ANE | Issue |
|---------|--------|-----------------|-----------------|------|------|-----|---|
| | | | | | | | <p>b) Per Corporate Guardian during interview and in writing, there is a “My 5 Wishes” document in place, but the guardian agency does not share the end-of-life planning documents with the DD Waiver team.</p> <p>c) The Guardian also reported that JCM’s team was aware of the end-of-life planning documents, however Adelante staff (RN, Res. DSP, CCS DSP) reported that JCM has no advanced directives or any end-of-life directions.</p> |
| Metro 1 | NMQCM | Bright Horizons | Bright Horizons | | X | | <p>Based on record review, the following is noted about the 4/29/21 CARMP and/or documents with conflicting information than the CARMP:</p> <p>a. Indicates diet texture as pureed such as applesauce or pudding consistency. 6/28/21 EDF indicates meat is ground with lubricant, rest is mechanically soft chopped into dime sized</p> <p>b. 7/20/21 seating clinic for pressure mapping of current w/c seating clinic determined 30 degree or more of tilt was best pressure and head/neck position but CARMP not yet updated</p> <p>c. 7/15/21 dental appt and recommendations about oral care but CARMP not updated yet</p> <p>d. 2/2/21 Monthly Nurse visit and wound care indicates: New diet order to eat q2hr and then leave head of bed elevated 45 degrees for 45 minutes to prevent aspiration not incorporated into CARMP and new order was not found during record review</p> <p>e. CARMP 4/29/21 Nutrition: caloric intake contradicts itself within the CARMP.</p> <p>i. Diet order: 2200-2500 calories per day with 3 meals, 1 snack, and 2 Boost PLUS supplements. Meal Plan @ 2450 calories. 3 meals per day each with 2 main = 2 sides 2 BOOST Plus per day, and 1 snack per day. 3 servings of lactose free lactaid milk per day if tolerating it. Increase fiber.</p> <p>ii. Caloric needs: 1700-2000 calories per day</p> <p>CARMP inaccuracies is a repeat Special Finding from the 2017 IQR.</p> |
| Metro 1 | NMQCM | Bright Horizons | Bright Horizons | | X | | <p>Based on observation of DSP assisting with intake during observation at the home, the following actions conflict with the 4/29/21 CARMP:</p> <p>a. JCM was not offered her cup to hold herself until the meal was nearly finished. The DSP did provide complete assistance to give her drinks during the meal, but CARMP says to have JCM use her right hand and assist her as needed.</p> <p>b. The DSP stated JCM must remain in upright position following meal for 45 minutes. CARMP indicates at least one hour after a meal, snack or meds.</p> <p>c. JCM’s body position during the meal was not per the CARMP. She was facing forward with both legs and body in center of bed. CARMP says to have her seated in her bed to one side and off sacral wound.</p> <p>CARMP implementation inconsistencies is a repeat Special Finding from the 2017 IQR. JCM not using her adaptive mealtime equipment is a repeat Finding from the 2014 CPR.</p> |
| Metro 1 | Unidas | LLCP | LLCP | | X | | <p>Based on document review and interviews, there is unclear and conflicting information regarding the Nayzilam 5mg Nasal spray for PRN use due to seizures.</p> <p>a. MERP Seizures 6/10/21 does not have clear step-by-step instructions; it is unclear when staff are to call nurse, call 911, or use PRN Nazyilam.</p> <p>b. Neither SL or CCS DSP could clearly explain the use of Nayzilam 5mg PRN spray for seizure use.</p> <p>c. During Nurse interview, nurse stated regarding use of Nayzilam 5mg PRN as per MERP 6/10/21 “...I’m looking at that now and they wouldn’t call 911 for 3min or more, it’s after the spray and then if it continues, basically they wouldn’t wait, they would wait so usually more than one staff is there and one would call and get the meds and one would keep him safe and time him and if he does not respond to the med, then call 911”.</p> |
| Metro 1 | Unidas | Maxcare | Maxcare | | X | | <p>Based on review of the Constipation Health Care Plan 1/5/2021 and response from the ADRF seen in the SComm of 8/17/2021, no tracking of bowel movements is occurring for JCM who has a diagnosis of Constipation. (e-CHAT 3/9/2021) The HCP states: "Recommended Tracking: Bowel Movements via health tracking in therap." "Bristol Stool Chart to be used for</p> |

Immediate/Special Identified Individual Issues – FY2022 Metro Aggregate IQR

| Reg | CM | Res | Day | Immd | Spec | ANE | Issue |
|---------|--------------|--------------------|--------------------|------|------|-----|---|
| | | | | | | | tracking purposes." "If no BM after 3 days notify nurse and follow BM protocol..." |
| Metro 2 | A New Vision | LLCP | LLCP | X | | | Based on onsite observation, JCM was not wearing an anterior chest strap while he was eating his lunch. Per the CARMP 01/08/2021, at "Positioning for Mealtimes & Snacks" includes "JCM's anterior chest strap should be on and in place". Based on record review, CARMP 01/08/2021 However, the picture of JCM provided in the CARMP (which serves as a visual cue for DSP) does not show JCM wearing his anterior chest strap. |
| Metro 2 | A Step Above | Adelante | Adelante | | X | | During on-site observation Surveyor observed JCM's chest harness implemented during mealtime. PT WDSI states JCM "should never have his harness on while sitting in his wheelchair unless he is being transported in the Van." CARMP indicates JCM to be positioned in his wheelchair for dining and does not indicate use of chest harness. There is therefore no evidence that chest harness is needed for positioning during mealtime. There is no evidence that HRC has reviewed/approved the use of chest harness while eating. |
| Metro 2 | NMQCM | The New Beginnings | The New Beginnings | X | | | <p>During the IDT on 6/20/2021 The New Beginnings Nurse indicates a swallow study referral was sent and the FLP needed to watch for it in the mail. Per interviews and document review the FLP did not locate the referral until after the referral was expired due to FLP not checking her mailbox at their residence. There is no evidence that a follow up referral was requested.</p> <p>On 7/28/2021, the Case Manager witnessed JCM choking on a peanut butter and jelly sandwich, CM discussed her concerns with the agency nurse, a swallow study was requested again by the Case Manager</p> <p>During the 8/27/2021 Annual Physical the PCP ordered a swallow study and noted dysphagia as a diagnosis, a swallow study was scheduled for 11/30/2021, however it was rescheduled for 12/7/2021 due to the FLP not assisting JCM with the required COVID screening prior to the scheduled appointment time.</p> <p>Per Virtual onsite observation the swallow study scheduled for 12/7/2021 was canceled due to JCM not receiving the required COVID screening.</p> <p>Per the 5/3/2021 ARST JCM is at low risk for aspiration. ARST instructions indicate a person is at moderate risk for aspiration if the person is dependent on others for oral feeding and if the person has risky eating behaviors. JCM's food has to be cut up, moistened, and the FLP feeds JCM with most meals, per the FLP interview and virtual onsite observation. Per documentation JCM will eat rapidly and stuff his mouth with food. It is not clear if the ARST is accurate per interviews and documentation.</p> <p>FLP does not agree with an SLP or JCM needing CARMP and stated, "I tried telling them he doesn't need this, but no one listens, so we will waste each other's time and they will find out on their own, right now they are doing guess work".</p> |
| Metro 2 | Peak | Solana Care | Solana Care | | X | | <p>Based on document review, the following health tracking concerns are noted:</p> <p>a. Per MAR, and Nutrition Evaluation 11/23/2020, Blood glucose to be checked 2x/day. HCP for Diabetes indicates blood glucose "can" be taken if staff notice symptoms of high or low blood sugar and recorded. Per Blood glucose tracking records glucose levels are not consistently tracked 2x/day. Glucose recorded 2x/day 6 days in Nov. 2020, 15 days in Dec 2020, 22 days in Jan 2021, 22 days in Feb 2021, 30 days in March 2021, 28 days in April 2021, 28 days in May 2021, 25 days in June 2021.</p> <p>b. 10/2021 MAR reviewed (completed through 10/17) indicates only 1 blood glucose check on 10/8/21.</p> <p>c. Fluid tracking had no data for several dates: 10/22-10/27/2020, 11/19/2020, 12/01-12/03/2020, 12/10/2020, 12/24/2020, 1/07/2021, 1/10/2021, 6/30/2021, 8/02-8/05/2021, 8/30-8/31/2021, 9/06-9/09/2021, 9/14-9/16/2021, 9/23/2021, 10/05-10/06/2021, 10/11-10/13/2021</p> <p>d. Fluid tracking had several days marked 0 for fluid intake: 9/13/2021, 9/27/2021, 9/30/2021, and 10/04/2021.</p> <p>e. JCM exceeded fluid limit of 64 oz (1892.706 ml) on the following days and there is no evidence in GERS</p> |

Immediate/Special Identified Individual Issues – FY2022 Metro Aggregate IQR

| Reg | CM | Res | Day | Immd | Spec | ANE | Issue |
|---------|--------------|---------|-------------------|------|------|-----|---|
| | | | | | | | <p>reviewed and nursing documentation reviewed that RN was notified per recommendation in 2/18/2021 Fluid Restriction HCP: 11/01/2020, 12/09/2020, 12/16/2020, 12/30/2020, 1/11-1/12/2021, 1/26/2021, 3/02/2021, 3/18/2021, 4/11/2021, 5/25/2021, 5/27/2021, 5/31/2021, 6/02/2021, 6/14/2021, 6/16/2021, 7/26/2021, 8/10/2021, 8/20-8/22/2021, 8/27/2021, 9/01/2021, 9/03-9/04/2021.</p> <p>Discrepancies in tracking fluid intake and blood glucose is a Repeat Finding from 2018 IQR Immediate #1 and a Partial Repeat Finding from 2018 IQR #7 and #14.</p> <p>Glucose monitoring not on the MAR is a Partial Repeat Finding from 2018 IQR #12.</p> |
| Metro 2 | Unidas | Alegria | Advocacy Partners | | X | | <p>Based on document review and interviews, JCM has been determined to be at moderate risk for aspiration due to risky eating behaviors and tremors that are affecting his hands and his ability to feed himself.</p> <p>a) Family Living Provider stated, "I really haven't seen the OT or SLP in over a year".</p> <p>b) SLP when asked if the CARMP is being implemented stated "I have no idea".</p> <p>c) SLP also stated she never received the swallow study report that was completed in 2015.</p> <p>d) SLP and 2015 Swallow Study indicates JCM has dysphagia. This diagnosis is not indicated on the e-Chat or current CARMP.</p> |
| Metro 2 | Unidas | LLCP | LLCP | | X | | Based on record review, onsite observations and interviews, medications have inconsistencies. Please see the attached Appendix C - Medication Table. (4 concerns were noted) |
| Metro 3 | Unidas | ARCA | Advocacy Partners | X | | | Based on document review and onsite, Depakote 250 mg is to be taken 2x/day. Depakote was not found in the home during onsite |
| Metro 3 | A Step Above | LLCP | LLCP | X | | | <p>Based on the document review and the onsite observation, there is a concern that JCM is not consistently receiving his daily required 60 ounces of fluid and is not consistently producing his daily goal for urinary output. Review of the "Fluid Intake and Elimination" tracking document found in Therap produced the following concerns:</p> <p>a. Per Health Care Plan (HCP) Hydration 11/19/2021, 60 oz (1774.2 ml) fluid a day is the goal. Multiple days report mls less than 1774.2- 1/7/21, 1/9/21, 1/11/21, 1/16-1/17/21, 1/19/21, 1/22-1/23/21, 1/25/21, 2/1-2/2/21, 2/4-2/9/21, 2/12/21, 2/15-2/17/21, 2/20/21, 2/23/21, 3/1-3/2/21, 3/04-3/7/21, 3/15-3/19/21, 3/21/21, 3/25/21, 4/1-4/2/21, 4/7/21, 4/9/21, 4/17/21, 4/22-4/23/21, 4/26-4/29/21, 5/1-5/5/21, 5/11-5/15/21, 5/19/21, 5/21/21, 5/23/21, 5/25/21, 5/27-5/28/21, 6/01/21, 6/03-6/5/21, 6/7-6/11/21, 6/13-6/17/21, 6/21-6/22/21, 6/24-6/25/21, 6/29-7/02/21, 7/4-7/11/21, 7/13-7/21/21, 7/23-7/24/21, 7/28-8/6/21, 8/8/21, 8/10-8/11/21, 8/13-8/14/21, 8/16-8/18/21, 8/20-8/27/21, 8/30-8/31/21, 9/2-9/3/21, 9/7/21, 9/9/21, 9/12/21, 9/14-9/18/21, 9/20-9/21/21, 10/03-10/09/21, 10/11-10/12/21, 10/14/21, 10/16-10/17/21, 10/19-10/23/21, 10/26/21, 10/28-11/06/21, 11/08-11/17/21, 11/24-11/30/21, 12/03-12/11/21, 12/13-12/14/21, 12/16-12/31/21, 1/02-1/13/22, 1/15-1/25/22, 1/27-2/05/22, 2/07/22.</p> <p>b. Per HCP Urinary Retention 11/19/2021, F has to go to the Emergency Room (ER) if urinary output is less than 500 cc/ml in 24 hours. Fluid Output less than 500 ml on 3/3/21, 3/7/21, 4/9/21, 4/22/21, 5/3/21, 6/15/21, 7/4/21, 7/24/21, 10/2/21, 10/12/21, 10/29/21, 11/5/21, 11/11/21, 11/15-11/17/21, 12/3/21, 12/31/21, 1/3-1/4/22, 1/9/22, 1/13/22, 1/15/22, 1/18/22. No evidence in General Events Reports (GERs) or nursing notes/assessments that JCM was taken to ER.</p> <p>c. Fluid Intake/output indicated 11/18-11/21/2021, however JCM was in the hospital.</p> <p>d. Several days not accounted for on the Fluid Intake/Output tracking document- 12/6/21, and 1/22/22.</p> <p>JCM was taken to Urgent Care three times during the review period (1/28/2021, 2/08/2021& 2/20/2021) due to concerns he had a Urinary Tract Infection (UTI). UTIs were diagnosed 2 of the 3 times. JCM was taken to the ER on 11/18/2021 and was admitted to the hospital until 11/23/2021 due to a diagnosis of a UTI, acute kidney injury, and acute metabolic encephalopathy.</p> <p>During the mealtime observation at JCM's residence on 3/01/2022, staff was observed to stop feeding JCM his lunch and 20 ounces of fluid before all of the liquid was consumed. The food bowl and noney cup were returned</p> |

Immediate/Special Identified Individual Issues – FY2022 Metro Aggregate IQR

| Reg | CM | Res | Day | Immd | Spec | ANE | Issue |
|---------|--------------|--------------------|--------------------|------|------|-----|---|
| | | | | | | | to the kitchen and placed on the counter where it remained until the surveyor left the residence. There was approximately 10 ounces of fluid remaining in the nosey cup. It is unknown if the remaining fluid was given to JCM after the surveyor left the residence. Intake/Elimination tracking not accounting for all days is a Repeat Finding from 2018 IQR #1 Immediate. |
| Metro 3 | A Step Above | The New Beginnings | The New Beginnings | X | | X | Based on interviews and document review, the CARMP 4/1/2021 is not being followed. JCM has a moderate risk of aspiration due to risky eating behaviors including eating too fast, stuffing large amount of food in his mouth and tends not to chew his food well. a. The CARMP indicates supervision 1:1 at all times while eating and to remove food and drink if DSP need to leave the room. During interview the guardian indicated she leaves JCM alone in the car with French fries as is their "routine" when she goes to visit her brother at a nursing home weekly. b. The CARMP indicates under Foods to Avoid, to substitute Tator-tots for French fries. Foods are to be mechanical soft, food to be soft and moist and able to be mashed with a fork. All food is to be no larger than nickel size and gravy or condiments to make it slippery-soft. Per the interview, the guardian sated that she gives JCM "french-fries" when he is alone in the car. Per the CARMP JCM is to have a bite of food, then 1-2 drinks of 1 ounce at a time. c. There is no indication the fluids portion of the CARMP is being followed during these times when JCM is left alone in the car with food. JCM is to have nectar thick fluids, one ounce at a time in a small cup after one to two bites of food. d. There is an email from the SLP to the CM in August 2021 indicating this activity of leaving him alone in the car was occurring then. An ANE was called in during this survey for the CARMP not being followed. |
| Metro 3 | Unidas | ARCA | Advocacy Partners | | X | | Based on on-site observations and document review there is evidence of frequent and ongoing medication errors indicating lack of adequate staff training and nursing oversight of medication administration. a. Per February 2022 MAR on 2/22/2022, 2/23/2022, and 2/24/2022 Erythromycin did not have DSP initials for the 8am dosage. Doctor's order for erythromycin was provided for this review b. Chlorhexidine 0.12% mouthwash did not have DSP initials on 2/24/2022 for the 7am dose and on 2/26/2022 for the 7pm dose c. Clonazepam 1 mg did not have DSP initials on 2/26/2022 for the 8pm dosage and a GER on 10/21/2021 for wrong medication time and on 11/6/2021, 11/7/2021 for missed dose, d. Debrox 6.5% drops did not have DSP initials on 2/26/2022 for the Saturday 7pm dosage e. Divalproex Sodium 250 mg tablet did not have DSP initials on 2/22/2022, 2/23/2022 for the 7am dose, on 2/26/2022 both the 7am and 7pm dose did not have DSP initials f. Divalproex Sodium 500 mg tablet did not have DSP initials on 2/22/2022, 2/23/2022 for the 7am dose, on 2/26/2022 both the 7am and 7pm dose did not have DSP initials. g. GER on 2/27/2021, 7/4/2021, and 7/5/2021 Medication error CLONAZEPAM 0.5 MG TABLET missed dose. h. GER 5/28/2021 Medication error LEVOCARNITINE 330 MG TABLET missed dose and on 8/18/2021 12pm and 5pm charting error i. GER 10/12/2021 Medication error PRIMIDONE 50 MG TABLET medication given at the wrong time. j. GER 10/13/2021 Medication error CITRATE-VIT D3 CAPLET, DAILY-VITE TABLET, LEVETIRACETAM 500 MG TABLET charting error. k. GER 10/14/2021 Medication error ALPRAZOLAM 1 MG TABLET charting Error Abuse Neglect and Exploitation investigation still pending l. GER 10/21/2021 Medication error BACITRACIN 500 UNIT/GM OPHTHALMIC OINTMENT, CHLORHEXIDINE 0.12% RINSE charting error |

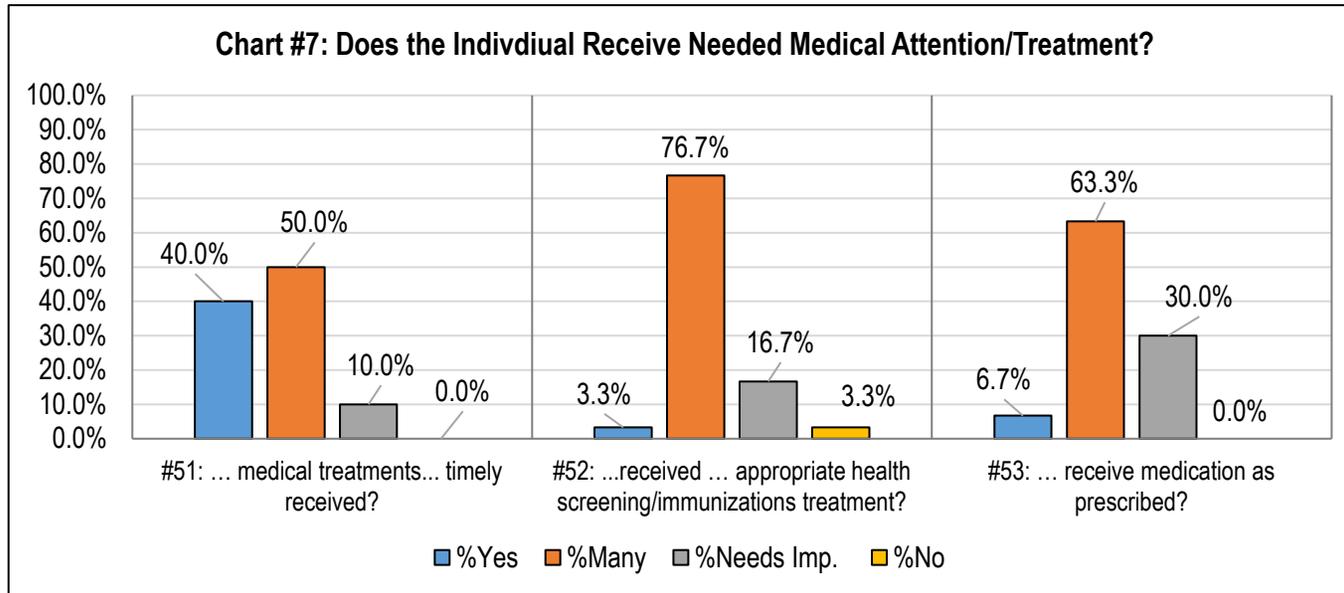
Immediate/Special Identified Individual Issues – FY2022 Metro Aggregate IQR

| Reg | CM | Res | Day | Immd | Spec | ANE | Issue |
|---------|--------------|------|-------------------|------|------|-----|--|
| | | | | | | | Lack of Nursing follow up on medication administration is a Partial Repeat from CPR |
| Metro 3 | Unidas | ARCA | Advocacy Partners | | X | | Based on on-site observations, DSP did not consistently follow the Ambulation and Safety WDSI which states: "Staff need to be within arm's reach/ contact guard of JCM when ambulating." During onsite observations DSP left JCM alone to walk about the kitchen and dining room while they were in the medication room with the door mostly closed |
| Metro 3 | A Step Above | LLCP | LLCP | | X | | <p>Based on the mealtime observation during the 3/01/2022 onsite at JCM's residence, the following concerns were identified regarding the implementation of the 11/19/2021 Comprehensive Aspiration Risk Management Plan (CARMP):</p> <ul style="list-style-type: none"> a. Required mealtime equipment (Anterior chest strap and neck pillow) were not utilized when feeding JCM lunch. b. JCM was not given a dry spoon swallow after every bite/drink by either the Residential Direct Support Professional (DSP) or the Customized Community Supports (CCS) DSP. <p>When the Residential DSP was questioned about the dry spoon technique, she replied that she was aware she was supposed to after every 2 bites or a drink, but that JCM gets frustrated by the dry bites as well as she could tell he has swallowed everything by looking at his mouth and hearing him swallow. When questioned if the Speech Language Pathologist (SLP) had concerns with her not using the dry bite technique during observation of meals, Residential DSP replied that the SLP has told her the dry bites are required.</p> <p>It was also noted during the onsite that the current CARMP was not available to the staff. Staff produced CARMP 4/15/2021 on Therap as the current CARMP. However, annual CARMP 11/19/2021 is current based on the document review.</p> <p>The current CARMP not being in the home is a Repeat Finding from 2014 CPR #3</p> |

E. Health, Assessments and Overall Wellness

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

- Question #51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received?
- Question #52. Has the individual received ... appropriate health screening/immunizations in accordance with national best practice and/or as recommended?
- Question #53: Does the individual receive medication as prescribed?

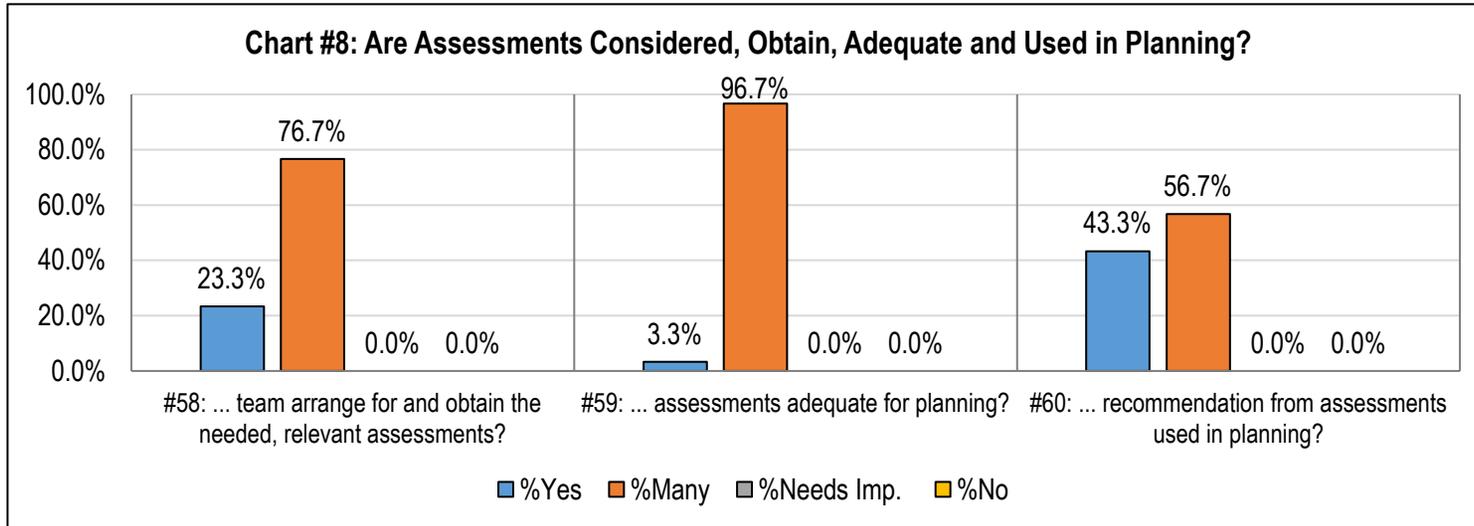


Ensuring individuals have the medical treatment they require includes scheduling and obtaining needed assessments and using information from those assessments to influence treatment and inform future planning. The IQR also evaluates the assessments needed by the individual and whether or not those assessments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

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

Question #59: Are the assessments adequate for planning?

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



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

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

1. The Medication Administration Record (MAR) / Medication / Dr. Orders do not match (med strength, delivery method, purpose of med) (134 issues);
2. Equipment issues (52)
3. Medical specialist follow up (34 issues)
4. MAR needs updating / inconsistencies (24 issues).

The New Beginnings, Dungarvin, and ARCA had the most issues on average.

| Chart #9: Type of Issues identified by Residential Agency | | | | | | | | | | | | | | |
|---|--------------|-------------|----------|----------------------|---------------------|----------------|---------------|-------------------------|----------|-------------|----------|-----------------|------------------------|-------|
| PROVIDER (# IN SAMPLE) | Adelante (7) | Alegria (1) | ARCA (3) | At Home Advocacy (1) | Bright Horizons (3) | Cornucopia (1) | Dungarvin (1) | Expressions of Life (2) | LLCP (4) | Maxcare (2) | Onyx (2) | Solana Care (1) | The New Beginnings (2) | TOTAL |
| APPOINTMENTS | | | | | | | | | | | | | | |
| Audiology: not completed | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 6 |
| Dental: follow up not completed / not timely | 2 | 1 | 1 | 3 | 1 | 1 | 1 | 0 | 0 | 2 | 1 | 0 | 1 | 14 |
| Neurology: follow up not completed / not timely | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 2 | 6 |
| PCP: follow up not completed / not timely | 1 | 0 | 2 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 4 | 10 |
| Psych: follow up not completed/not timely | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 4 |
| Specialists: follow up not completed / not timely | 2 | 1 | 2 | 3 | 3 | 0 | 2 | 1 | 3 | 0 | 3 | 2 | 12 | 34 |
| Specialists: report not provided for review | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Chart #9: Type of Issues identified by Residential Agency

| PROVIDER (# IN SAMPLE) | Adelante (7) | Alegria (1) | ARCA (3) | At Home Advocacy (1) | Bright Horizons (3) | Cornucopia (1) | Dungarvin (1) | Expressions of Life (2) | LLCP (4) | Maxcare (2) | Onyx (2) | Solana Care (1) | The New Beginnings (2) | TOTAL |
|--|--------------|-------------|----------|----------------------|---------------------|----------------|---------------|-------------------------|----------|-------------|----------|-----------------|------------------------|-------|
| Vision: not completed / not current | 1 | 0 | 1 | 3 | 2 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 10 |
| MAR/MEDICATIONS | | | | | | | | | | | | | | |
| MAR/Medication/Dr. Orders do not match (med strength, delivery method, purpose of med) | 24 | 0 | 21 | 0 | 19 | 6 | 19 | 7 | 7 | 7 | 13 | 0 | 11 | 134 |
| MAR needs updating / inconsistencies | 1 | 4 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 1 | 3 | 11 | 24 |
| Meds not administered / given as required | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12 |
| Med review needed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Expired med in home | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Med not found | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Med orders not received | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Expired prescriptions found / orders not current | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Chart #9: Type of Issues identified by Residential Agency

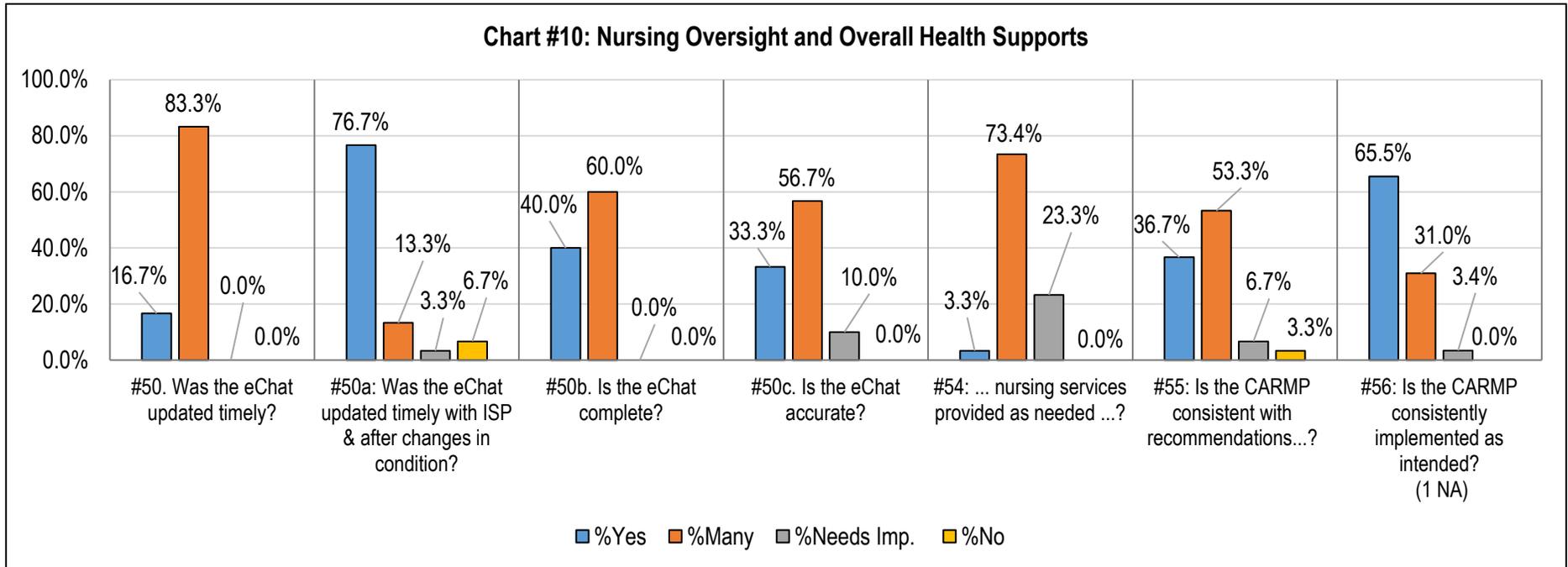
| PROVIDER (# IN SAMPLE) | Adelante (7) | Alegria (1) | ARCA (3) | At Home Advocacy (1) | Bright Horizons (3) | Cornucopia (1) | Dungarvin (1) | Expressions of Life (2) | LLCP (4) | Maxcare (2) | Onyx (2) | Solana Care (1) | The New Beginnings (2) | TOTAL |
|--|--------------|-------------|----------|----------------------|---------------------|----------------|---------------|-------------------------|----------|-------------|----------|-----------------|------------------------|-------|
| Meds not stored properly | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Screenings | | | | | | | | | | | | | | |
| a. No evidence of Hep B/HepC screening or team discussion thereof | 4 | 1 | 1 | 0 | 2 | 0 | 1 | 2 | 2 | 1 | 1 | 1 | 2 | 18 |
| b. No evidence of shingles vaccine or team discussion thereof | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 14 |
| c. No evidence of HIV screening or team discussion thereof | 4 | 0 | 3 | 0 | 1 | 0 | 0 | 2 | 2 | 1 | 1 | 0 | 1 | 15 |
| d. No evidence of TD/Tdap immunizations or team discussion thereof | 2 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 8 |
| e. No evidence of colorectal screening or team discussion thereof | 2 | 0 | 2 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 11 |
| f. No evidence of flu or pneumonia vaccine or team discussion thereof | 1 | 0 | 1 | 1 | 3 | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 2 | 13 |
| g. No evidence of mammogram or team discussion thereof | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| h. No evidence of cervical cancer screening or team discussion thereof | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| AIMS or other TD screening | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 1 | 5 |

Chart #9: Type of Issues identified by Residential Agency

| PROVIDER (# IN SAMPLE) | Adelante (7) | Alegria (1) | ARCA (3) | At Home Advocacy (1) | Bright Horizons (3) | Cornucopia (1) | Dungarvin (1) | Expressions of Life (2) | LLCP (4) | Maxcare (2) | Onyx (2) | Solana Care (1) | The New Beginnings (2) | TOTAL |
|---|--------------|-------------|-------------|----------------------|---------------------|----------------|---------------|-------------------------|-------------|-------------|-----------|-----------------|------------------------|-------------|
| No evidence of test / lab screening or alt. option discussed. | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 3 | 0 | 6 | 14 |
| No evidence of recommended bone density scan (not healthfinder). | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 |
| Other | | | | | | | | | | | | | | |
| AT Equipment; not on AT list / found / provided /or working, etc. | 5 | 0 | 18 | 0 | 0 | 3 | 0 | 1 | 10 | 6 | 7 | 1 | 1 | 52 |
| DNR: confusion about status | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 |
| Totals | 58 | 9 | 71 | 18 | 35 | 15 | 30 | 24 | 31 | 17 | 38 | 9 | 62 | 416 |
| Average | 8.3 | 9 | 23.7 | 18 | 11.6 | 5 | 30 | 12 | 7.75 | 8.5 | 19 | 9 | 31 | 13.9 |

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

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



Oversight provided by nurses is a critical safeguard for Jackson Class Members, direct support personnel and their supervisors. The table below provides specific details, by Residential provider, of nursing related issues identified during the FY2022 Metro IQR. Again, this represents the number of issues found; not the number of findings.

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

1. e-CHAT inconsistencies with diagnoses / conditions in other documents (54 issues)
2. Nursing reports not accurate / missing information / inadequate (42 issues)
3. HCPs inaccurate / incomplete (45 issues)

Solana Care, Alegria, and Expressions of Life had the most issues on average.

| Chart #11: Type of Nursing Related Issues Identified by Residential Provider | | | | | | | | | | | | | | |
|--|--------------|-------------|----------|----------------------|---------------------|----------------|---------------|-------------------------|----------|-------------|----------|-----------------|------------------------|-------|
| PROVIDER (# IN SAMPLE) | Adelante (7) | Alegria (1) | ARCA (3) | At Home Advocacy (1) | Bright Horizons (3) | Cornucopia (1) | Dungarvin (1) | Expressions of Life (2) | LLCP (4) | Maxcare (2) | Onyx (2) | Solana Care (1) | The New Beginnings (2) | TOTAL |
| ISSUE | | | | | | | | | | | | | | |
| Nursing Assessments | | | | | | | | | | | | | | |
| ARST contains conflicting information/not timely/not accurate | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 2 | 1 | 5 |
| Aspiration: documents conflict on risk level | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5 |
| CARMP inaccurate/incomplete/not current / inconsistent | 2 | 2 | 1 | 1 | 6 | 1 | 0 | 2 | 16 | 3 | 5 | 2 | 2 | 43 |
| CARMP not timely | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| CARMP not implemented properly | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 3 | 10 |
| CARMP conflicts with other documents | 1 | 1 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| e-CHAT incorrect/inconsistent /not updated timely | 2 | 1 | 3 | 0 | 0 | 0 | 0 | 3 | 1 | 5 | 4 | 3 | 0 | 22 |
| e-CHAT inconsistencies with diagnoses/conditions in other documents | 7 | 0 | 4 | 0 | 28 | 1 | 0 | 1 | 7 | 0 | 1 | 0 | 5 | 54 |
| HCPs inaccurate/incomplete | 3 | 12 | 4 | 0 | 1 | 0 | 0 | 4 | 10 | 0 | 1 | 3 | 7 | 45 |

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

| PROVIDER (# IN SAMPLE) | Adelante (7) | Alegria (1) | ARCA (3) | At Home Advocacy (1) | Bright Horizons (3) | Cornucopia (1) | Dungarvin (1) | Expressions of Life (2) | LLCP (4) | Maxcare (2) | Onyx (2) | Solana Care (1) | The New Beginnings (2) | TOTAL |
|--|---------------------|--------------------|-----------------|-----------------------------|----------------------------|-----------------------|----------------------|--------------------------------|-----------------|--------------------|-----------------|------------------------|-------------------------------|--------------|
| HCPs need review/updating/more detail | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| HCPs not found | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 4 |
| HCP for Aspiration and CARMP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MAAT: incorrect/inconsistent information | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 3 |
| MAAT not timely | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 3 |
| MERPs inaccurate/incomplete | 4 | 0 | 1 | 0 | 3 | 0 | 0 | 7 | 3 | 1 | 1 | 5 | 7 | 32 |
| MERPs need review, updating, more detail | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 3 |
| MERP not found | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Inconsistency between HCP/CARMP/MERP/e-CHAT/MARS/Plans | 1 | 0 | 1 | 0 | 4 | 0 | 5 | 0 | 0 | 0 | 3 | 0 | 0 | 14 |
| Nursing Documentation | | | | | | | | | | | | | | |
| Nursing reports not timely completed | 2 | 0 | 0 | 0 | 3 | 0 | 0 | 5 | 3 | 1 | 0 | 12 | 2 | 28 |
| Nursing reports not provided for review | 0 | 4 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 6 |
| Nursing reports not accurate/missing information/inadequate | 8 | 8 | 3 | 0 | 0 | 0 | 3 | 6 | 2 | 0 | 4 | 6 | 2 | 42 |
| No evidence of nursing face-to-face visits as required | 1 | 0 | 0 | 1 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| Nurse not attending ISP meeting | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 3 |
| Nurse not familiar with health-related needs/recommendations | 1 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Staff needs more training on health-related needs | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 5 | 11 | 4 | 2 | 0 | 0 | 26 |

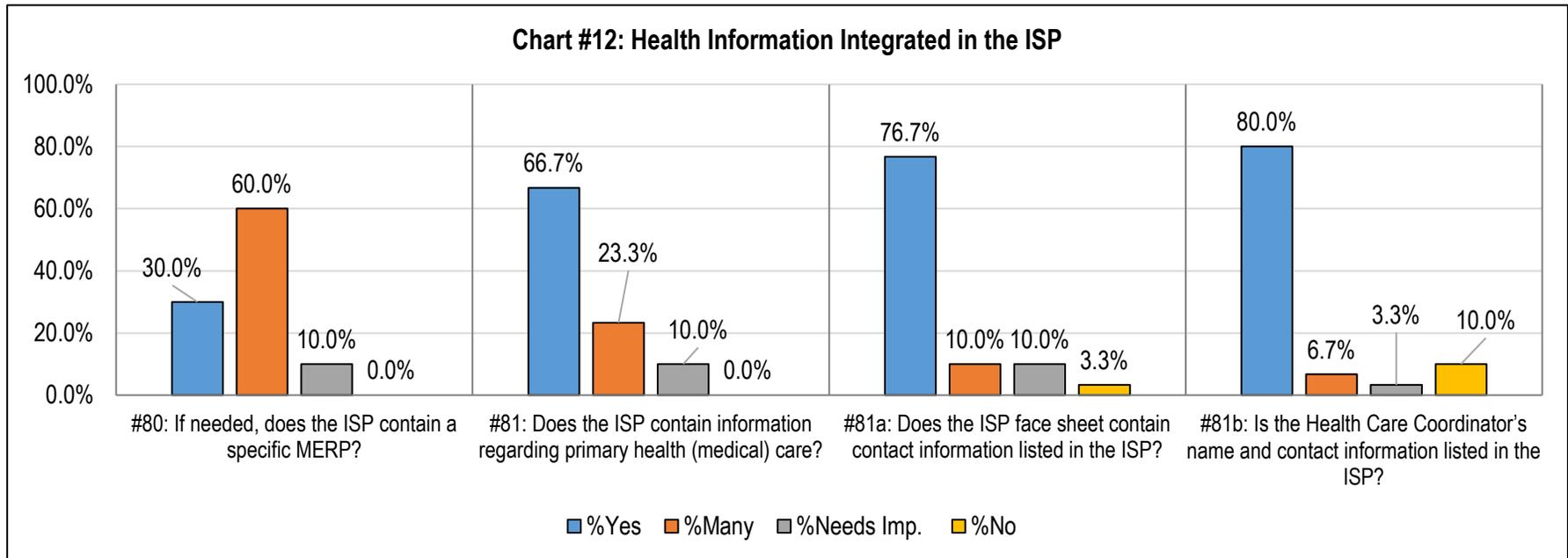
Chart #11: Type of Nursing Related Issues Identified by Residential Provider

| PROVIDER (# IN SAMPLE) | Adelante (7) | Alegria (1) | ARCA (3) | At Home Advocacy (1) | Bright Horizons (3) | Cornucopia (1) | Dungarvin (1) | Expressions of Life (2) | LLCP (4) | Maxcare (2) | Onyx (2) | Solana Care (1) | The New Beginnings (2) | TOTAL |
|---|-------------------------|------------------------|---------------------|-------------------------------------|------------------------------------|---------------------------|--------------------------|--|---------------------|------------------------|---------------------|----------------------------|---------------------------------------|--------------|
| Nurse not monitoring as required, e.g., tracking, plans, meds, appointments, etc. | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Totals | 40 | 32 | 31 | 2 | 54 | 4 | 10 | 36 | 63 | 14 | 24 | 36 | 30 | 376 |
| Average | 5.7 | 32 | 10.3 | 2 | 18 | 4 | 10 | 18 | 15.75 | 7 | 12 | 36 | 15 | 37.6 |

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

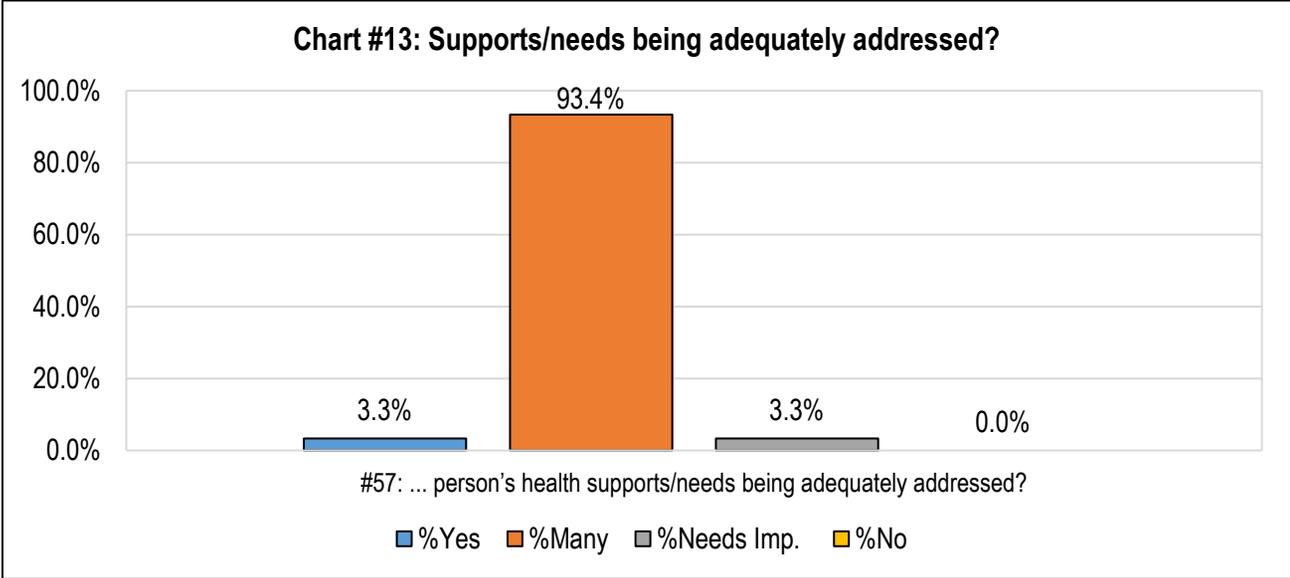
- Question #80: If needed, does the ISP contain a specific MERP?
- Question #81: Does the ISP contain information regarding primary health (medical) care?
- Question #81a: Does the ISP face sheet contain contact information listed in the ISP?
- Question #81b: Is the Health Care Coordinator's name and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

Overall, 76.7% of the ISP's in the sample did contain correct contact information on the face sheet, 66.7% of the ISP's in the sample contained information regarding primary health care and 0% had the individuals Health Care Coordinator's name and contact information listed in the ISP.



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

As noted in the chart below, for the 30 people scored in FY2022 Metro Reviews, overall, one individual had their health supports/needs adequately addressed (3.3% Yes). There were 28 people who had many of their needs addressed (93.4%).



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

Cornucopia, Dungarvin, and Alegria had the most issues on average.

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

| PROVIDER (# IN SAMPLE) | Adelante (7) | Alegria (1) | ARCA (3) | At Home Advocacy (1) | Bright Horizons (3) | Cornucopia (1) | Dungarvin (1) | Expressions of Life (2) | LLCP (4) | Maxcare (2) | Onyx (2) | Solana Care (1) | The New Beginnings (2) | TOTAL |
|---|--------------|-------------|----------|----------------------|---------------------|----------------|---------------|-------------------------|----------|-------------|----------|-----------------|------------------------|-------|
| ISSUE | | | | | | | | | | | | | | |
| Healthcare Tracking | | | | | | | | | | | | | | |
| Blood Pressure / Tracking issues | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 4 | 0 | 0 | 5 | 11 |
| Blood Glucose Tracking issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Fluid Input/Urine Output/Bowel Movement Tracking issues | 2 | 0 | 12 | 0 | 1 | 13 | 2 | 0 | 18 | 5 | 14 | 1 | 3 | 71 |
| Repositioning Tracking issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Seizure Tracking issues | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 4 |
| Skin & Wound Tracking issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tracking requested, not provided for review | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Weight Tracking issues | 0 | 0 | 1 | 1 | 4 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 8 |
| Nutrition | | | | | | | | | | | | | | |
| Nutrition: Inadequate/inconsistent | 0 | 1 | 0 | 0 | 5 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 8 |
| Nutrition: Not timely | 0 | 0 | | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Nutrition: not provided | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Physical Therapy | | | | | | | | | | | | | | |
| PT Report/Eval not available/timely for planning/use | 0 | 0 | 0 | 2 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 6 |
| PT Report/Eval not adequate | 4 | 0 | 2 | 0 | 2 | 1 | 2 | 0 | 0 | 1 | 2 | 0 | 2 | 16 |
| PT WDSI not updated | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |

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

| PROVIDER (# IN SAMPLE) | Adelante (7) | Alegria (1) | ARCA (3) | At Home Advocacy (1) | Bright Horizons (3) | Cornucopia (1) | Dungarvin (1) | Expressions of Life (2) | LLCP (4) | Maxcare (2) | Onyx (2) | Solana Care (1) | The New Beginnings (2) | TOTAL |
|---|-------------------------|------------------------|---------------------|-------------------------------------|------------------------------------|---------------------------|--------------------------|--|---------------------|------------------------|---------------------|--------------------------------|---------------------------------------|--------------|
| PT Report/Eval/WDSI not provided for review/WDSI Inadequate | 4 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 5 | 11 |
| PT WDSI not found in home | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| PT Plans: staff need more training | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 5 |
| Occupational Therapy | | | | | | | | | | | | | | |
| OT Report/Eval not available/timely for planning/use | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| OT Report/Eval not adequate / incomplete | 8 | 4 | 1 | 0 | 2 | 1 | 2 | 0 | 4 | 0 | 2 | 2 | 1 | 27 |
| OT WDSI not timely / not specific | 3 | 0 | 0 | 0 | 3 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| OT Report/Eval/WDSI not provided for review | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 4 |
| OT plans: staff need more training | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Speech Language Pathology | | | | | | | | | | | | | | |
| SLP Report/Eval not available/timely for planning/use | 0 | 2 | 2 | 0 | 2 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 1 | 13 |
| SLP Report/Eval not adequate | 1 | 2 | 2 | 0 | 4 | 0 | 1 | 0 | 1 | 0 | 0 | 2 | 0 | 13 |
| SLP Report/Eval inaccurate | 2 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 7 |
| SLP Report/Eval not provided for review | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 3 |
| SLP WDSI not specific/timely | 3 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 7 |
| SLP WDSI not found in home | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| SLP plans: staff need more training | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Behavior Support Consultation | | | | | | | | | | | | | | |
| BSC Report/Eval not available/timely for planning/use | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 3 | 0 | 0 | 0 | 1 | 7 |
| Behavior Report/Eval not adequate | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 3 | 7 |

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

| PROVIDER (# IN SAMPLE) | Adelante (7) | Alegria (1) | ARCA (3) | At Home Advocacy (1) | Bright Horizons (3) | Cornucopia (1) | Dungarvin (1) | Expressions of Life (2) | LLCP (4) | Maxcare (2) | Onyx (2) | Solana Care (1) | The New Beginnings (2) | TOTAL |
|---|-------------------------|------------------------|---------------------|-------------------------------------|------------------------------------|---------------------------|--------------------------|--|---------------------|------------------------|---------------------|--------------------------------|---------------------------------------|--------------|
| Behavior Report inaccurate/naAdequate | 0 | 2 | 0 | 0 | 0 | 0 | 5 | 1 | 1 | 0 | 6 | 0 | 0 | 15 |
| BSC services needed and not received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| DSP not trained on PBSP, BCIP | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 7 |
| BSC Report/Eval not provided for review | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| Totals | 30 | 16 | 36 | 3 | 32 | 19 | 19 | 12 | 30 | 22 | 29 | 7 | 26 | 281 |
| Average | 4.3 | 16 | 13 | 3 | 10.7 | 19 | 19 | 6 | 7.5 | 11 | 14.5 | 7 | 13 | 9.4 |

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

The ISP provides details regarding the individuals' visions and outcomes and are developed by an Interdisciplinary Team that includes the Individual and those who know and provide supports to that person. This includes the Class Member, Case Manager, Guardian, the Direct Support Staff, Therapists, Nurse, any additional people invited by the class member and persons who are needed to ensure the implementation of the Plan. The FY2022 IQR protocol specifically asks questions regarding many of the aspects of the planning process, including detail of who participates in plan creation. The chart below lists answers to related questions in the FY2022 Metro reviews.

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

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

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

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

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

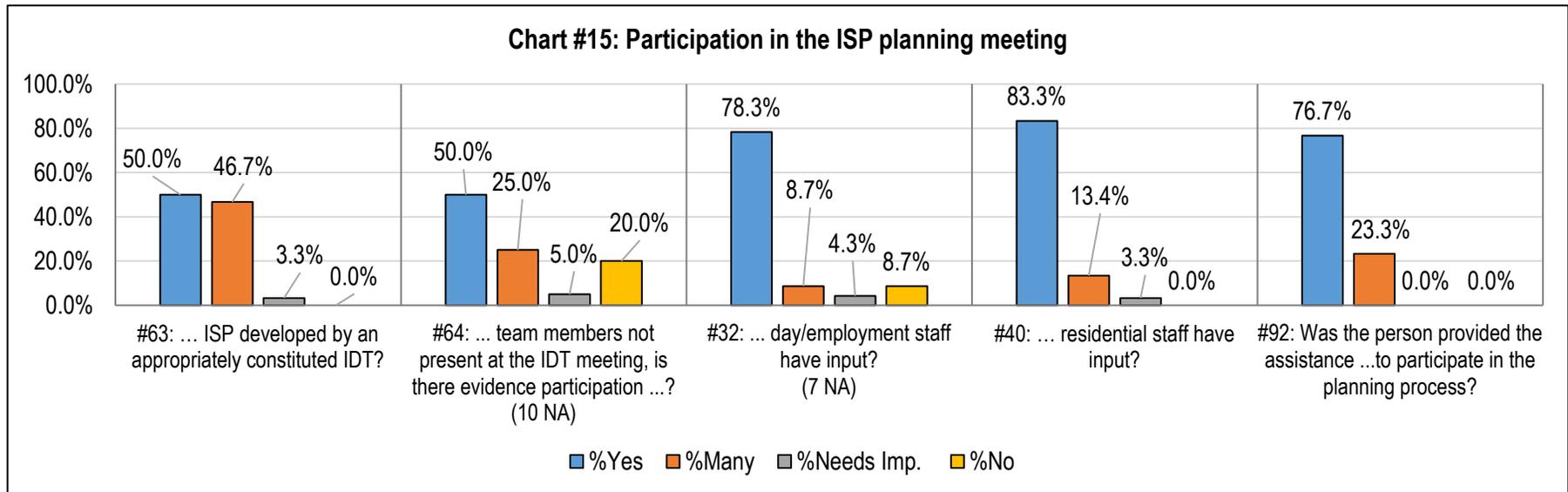


Chart #16: ISP Development Participation, by Residential Provider

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

| Res. Agency (# in sample) | Question | | | | |
|------------------------------|---------------------------------|--|----------------------------------|-----------------------------------|---------------------------------|
| | #63 | #64 | #32 | #40 | #92 |
| Adelante (7) | 40% Yes (2) 60% Many (3) | 25% Yes (1) 25% Many (1) 25% Needs Impv (1) 25% No (1) (1 N/A) | 85.7% Yes (6) 14.3% Many (1) | 80% Yes (4) 20% Needs Impv (1) | 60% Yes (3) 40% Many (2) |
| Alegria (1) | 0% Yes 100% Many (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 100% Yes (1) | 100% Yes (1) |
| ARCA (3) | 33.3% Yes (1) 66.7% Many (2) | 33.3% Yes (1) 33.3% Many (1) 33.4% No (1) | 0% Yes 100% No (1) (2 N/A) | 33.3% Yes (1) 66.7% Many (2) | 100% Yes (3) |
| At Home Advocacy (1) | 100% Yes (1) | (1 N/A) | (1 N/A) | 100% Yes (1) | 100% Yes (1) |
| Bright Horizons (3) | 66.7% Yes (2) 33.3% Many (1) | 100% Yes (1) (2 N/A) | 100% Yes (1) (2 N/A) | 66.7% Yes (2) 33.3% Many (1) | 66.7% Yes (2) 33.3% Many (1) |
| Cornucopia (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| Dungarvin (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| Expressions of Life (2) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) (1 N/A) | 100% Yes (1) | 0% Yes 100% Many (1) |
| LLCP (4) | 33.3% Yes (1) 66.7% Many (2) | 50% Yes (1) 50% Many (1) (1 N/A) | 100% Yes (4) | 66.7% Yes (2) 33.3% Many (1) | 66.7% Yes (2) 33.3% Many (1) |
| Maxcare (2) | 100% Yes (1) | 100% Yes (1) | 100% Yes (2) | 100% Yes (1) | 100% Yes (1) |
| Onyx (2) | 100% Yes (1) | (1 N/A) | 50% Yes (1) 50% Many (1) | 100% Yes (1) | 100% Yes (1) |
| Solana Care (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Impv (1) | 100% Yes (1) | 100% Yes (1) |
| The New Beginnings (2) | 100% Yes (1) | (1 N/A) | 100% Yes (1) (1 N/A) | 100% Yes (1) | 100% Yes (1) |

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

| CM Agency (# in sample) | Question | | | | |
|----------------------------|--|--|---|---------------------------------------|-----------------------------|
| | #63 | #64 | #32 | #40 | #92 |
| A New Vision (3) | 0% Yes 100% Many (3) | 33.3% Yes (1) 33.3% Many (1) 33.4% No (1) | 100% Yes (3) | 100% Yes (3) | 0% Yes 100% Many (3) |
| A Step Above (5) | 60% Yes (3) 40% Many (2) | 66.7% Yes (2) 33.3% Many (1) (2 N/A) | 100% Yes (4) (1 N/A) | 80% Yes (4) 20% Many (1) | 80% Yes (4) 20% Many (1) |
| Amigo (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 100% Yes (1) |
| Carino (1) | 100% Yes (1) | 100% Yes (1) | (1 N/A) | 100% Yes (1) | 0% Yes 100% Many (1) |
| NMQCM (5) | 100% Yes (5) | 100% Yes (1) (4 N/A) | 100% Yes (1) (4 N/A) | 100% Yes (5) | 100% Yes (5) |
| PCCS (2) | 0% Yes 100% Many (2) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% No (1) | 50% Yes (1) 50% Many (1) | 100% Yes (2) |
| Peak (3) | 0% Yes 66.7% Many (2) 33.3% Needs Impv (1) | 0% Yes 33.3% Many (1) 33.3% Needs Impv (1) 33.4% No (1) | 33.3% Yes (1) 33.3% Many (1) 33.4% Needs Impv (1) | 66.7% Yes (2) 33.3% Needs Impv (1) | 100% Yes (3) |
| Unidas (10) | 60% Yes (6) 40% Many (4) | 50% Yes (3) 16.7% Many (1) 33.3% No (2) (4 N/A) | 88.9% Yes (8) 11.1% No (1) (1 N/A) | 80% Yes (8) 20% Many (2) | 80% Yes (8) 20% Many (2) |

The individual's ISP must contain the Long-Term Vision, which summarizes what the individual wants to accomplish in the near future (3 to 5 years) in each life area. Then outcomes are to be developed by the Team to create a path to accomplish their vision. The FY2022 IQR protocol specifically asks the content of identified visions as well as the content and clarity of related outcomes. The chart below details the findings related to the following identified questions related to class members ISP in the FY2022 Metro Reviews.

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

Chart #18: Long Term Vision and Outcomes Protocol Questions

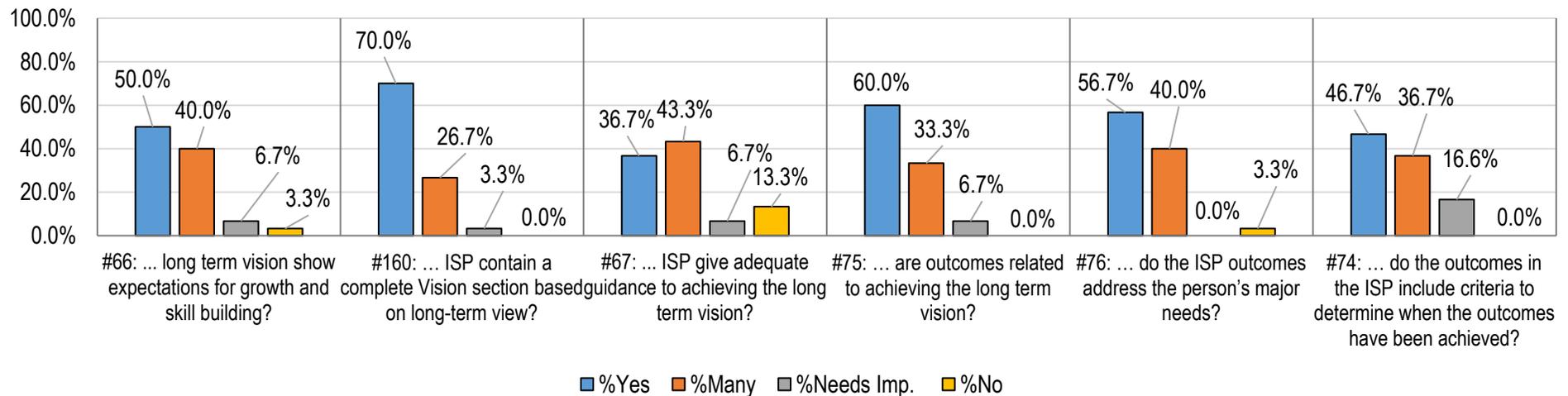


Chart #19: Vision and Outcome Scores, by Residential Agency

| Res Agency (# in sample) | Question | | | | | |
|-----------------------------|---|---|---|-----------------------------------|---|--|
| | #66 | #160 | #67 | #75 | #76 | #74 |
| Adelante (7) | 42.9% Yes (3) 14.3% Many (1) 28.5% Needs Impv (2) 14.3% No (1) | 57.1% Yes (4) 28.6% Many (2) 14.3% Needs Impv (1) | 28.6% Yes (2) 57.1% Many (4) 14.3% No (1) | 57.1% Yes (4) 42.9% Many (3) | 28.6% Yes (2) 57.1% Many (4) 14.3% No (1) | 71.4% Yes (5) 28.6% Many (2) |
| Alegria (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| ARCA (3) | 0% Yes 100% Many (1) (2 N/A) | 100% Yes (3) | 33.3% Yes (1) 33.3% Many (1) 33.4% No (1) | 33.3% Yes (1) 66.7% Many (2) | 100% Yes (3) | 66.7% Yes (2) 33.3% Needs Impv (1) |
| At Home Advocacy (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% No (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 100% Yes (1) |
| Bright Horizons (3) | 33.3% Yes (1) 66.7% Many (2) | 66.7% Yes (2) 33.3% Many (1) | 33.3% Yes (1) 33.4% Many (1) 33.3% Needs Impv (1) | 0% Yes 100% Many (3) | 66.7% Yes (2) 33.3% Many (1) | 0% Yes 100% Many (3) |
| Cornucopia (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| Dungarvin (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Needs Impv (1) |
| Expressions of Life (2) | 50% Yes (1) 50% Many (1) | 100% Yes (2) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) |
| LLCP (4) | 50% Yes (2) 50% Many (2) | 50% Yes (2) 50% Many (2) | 50% Yes (2) 25% Many (1) 25% Needs Impv (1) | 75% Yes (3) 25% Needs Impv (1) | 50% Yes (2) 50% Many (2) | 0% Yes 75% Many (3) 25% Needs Impv (1) |
| Maxcare (2) | 0% Yes 100% Many (2) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Needs Impv (1) |
| Onyx (2) | 100% Yes (2) | 100% Yes (2) | 100% Yes (2) | 50% Yes (1) 50% Many (1) | 100% Yes (2) | 50% Yes (1) 50% Many (1) |
| Solana Care (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 100% Yes (1) |
| The New Beginnings (2) | 50% Yes (1) 50% Many (1) | 100% Yes (1) | 0% Yes 50% Many (1) 50% No (1) | 50% Yes (1) 50% Needs Impv (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Needs Impv (1) |

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

| CM Agency (# in sample) | Question | | | | | |
|----------------------------|---|---|---|-----------------------------------|---|---|
| | #66 | #160 | #67 | #75 | #76 | #74 |
| A New Vision (3) | 33.3% Yes (1) 33.3% Many (1) 33.4% No (1) | 100% Yes (3) | 66.7% Yes (2) 33.3% Many (1) | 66.7% Yes (2) 33.3% Many (1) | 100% Yes (3) | 66.7% Yes (2) 33.3% Many (1) |
| A Step Above (5) | 80% Yes (4) 20% Many (1) | 80% Yes (4) 20% Many (1) | 60% Yes (3) 20% Many (1) 20% No (1) | 60% Yes (3) 40% Needs Impv (2) | 60% Yes (3) 40% Many (2) | 20% Yes (1) 60% Many (3) 20% Needs Impv (1) |
| Amigo (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Carino (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 100% Yes (1) |
| NMQCM (5) | 60% Yes (3) 40% Many (2) | 80% Yes (4) 20% Many (1) | 0% Yes 60% Many (3) 20% Needs Impv (1) 20% No (1) | 40% Yes (2) 60% Many (3) | 60% Yes (3) 40% Many (2) | 80% Yes (4) 20% Many (1) |
| PCCS (2) | 100% Yes (2) | 100% Yes (2) | 50% Yes (1) 50% Many (1) | 100% Yes (2) | 100% Yes (2) | 50% Yes (1) 50% Needs Impv (1) |
| Peak (3) | 66.7% Yes (2) 33.3% Many (1) | 33.3% Yes (1) 66.7% Many (2) | 33.3% Yes (1) 66.7% Many (2) | 33.3% Yes (1) 66.7% Many (2) | 33.3% Yes (1) 66.7% Many (2) | 66.7% Yes (2) 33.3% Many (1) |
| Unidas (10) | 20% Yes (2) 70% Many (7) 10% Needs Impv (1) | 60% Yes (6) 30% Many (3) 10% Needs Impv (1) | 40% Yes (4) 30% Many (3) 10% Needs Impv (1) 20% No (2) | 70% Yes (7) 30% Many (3) | 40% Yes (4) 50% Many (5) 10% No (1) | 30% Yes (3) 40% Many (4) 30% Needs Impv (3) |

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

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

Chart #21 Data Measurability and Action Steps

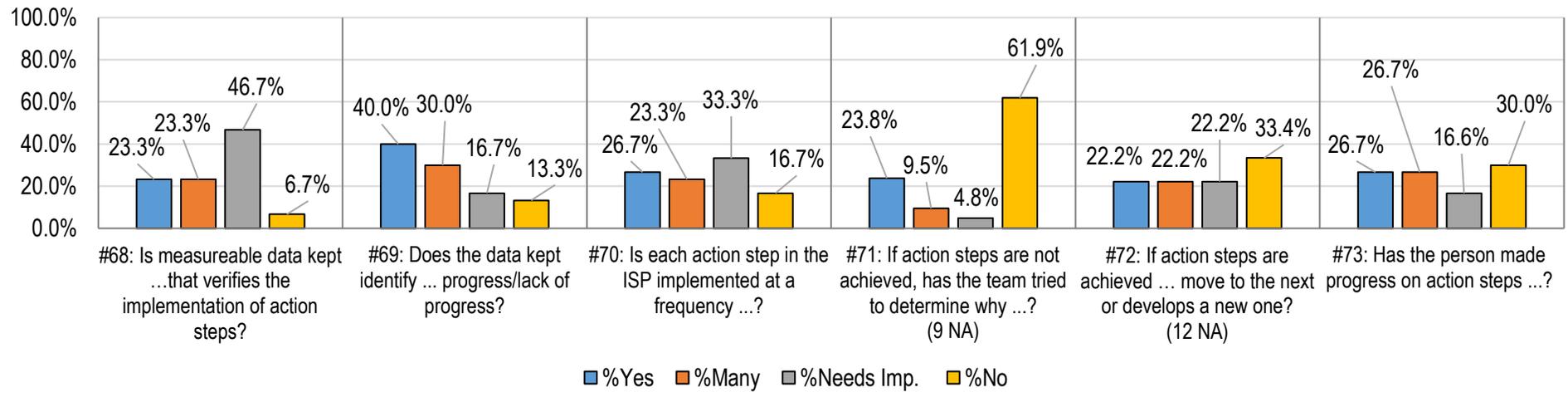


Chart #22: Data and Related ISP Action Step Scores by Residential Agency

| Res Agency (# in sample) | Question | | | | | |
|-----------------------------|---|---|---|--------------------------------------|---|---|
| | #68 | #69 | #70 | #71 | #72 | #73 |
| Adelante (7) | 42.8% Yes (3) 14.3% Many (1) 28.6% Needs Impv (2) 14.3% No (1) | 57.1% Yes (4) 42.9% Many (3) | 28.6% Yes (2) 14.2% Many (1) 28.6% Needs Impv (2) 28.6% No (2) | 50% Yes (2) 50% No (2) (3 N/A) | 0% Yes 33.3% Needs Impv (1) 66.7% No (2) (4 N/A) | 57.1% Yes (4) 28.6% Needs Impv (2) 14.3% No (1) |
| Alegria (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% No (1) | 100% Yes (1) | 0% Yes 100% Many (1) |
| ARCA (3) | 33.3% Yes (1) 66.7% Needs Impv (2) | 33.3% Yes (1) 33.3% Many (1) 33.4% Needs Impv (1) | 0% Yes 33.3% Many (1) 66.7% Needs Impv (2) | 33.3% Yes (1) 66.7% No (2) | 0% Yes 100% Many (1) (2 N/A) | 0% Yes 33.3% Many (1) 66.7% No (2) |
| At Home Advocacy (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% No (1) | (1 N/A) | 0% Yes 100% No (1) |
| Bright Horizons (3) | 33.3% Yes (1) 33.3% Needs Impv (1) 33.4% No (1) | 66.7% Yes (2) 33.3% Needs Impv (1) | 66.7% Yes (2) 33.3% Needs Impv (1) | 0% Yes 100% No (2) (1 N/A) | 33.4% Yes (1) 33.3% Many (1) 33.3% No (1) | 33.3% Yes (1) 66.7% No (2) |
| Cornucopia (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Dungarvin (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Impv (1) | 100% Yes (1) | 0% Yes 100% Many (1) |
| Expressions of Life (2) | 0% Yes 100% Needs Impv (2) | 0% Yes 50% Needs Impv (1) 50% No (1) | 0% Yes 50% Needs Impv (1) 50% No (1) | 0% Yes 100% No (1) (1 N/A) | (2 N/A) | 0% Yes 50% Needs Impv (1) 50% No (1) |
| LLCP (4) | 25% Yes (1) 25% Many (1) 50% Needs Impv (2) | 50% Yes (2) 25% Many (1) 25% Needs Impv (1) | 25% Yes (1) 50% Needs Impv (2) 25% No (1) | 50% Yes (1) 50% No (1) (2 N/A) | 0% Yes 33.3% Many (1) 66.7% No (2) (1 N/A) | 50% Yes (2) 25% Many (1) 25% No (1) |
| Maxcare (2) | 50% Yes (1) 50% Many (1) | 100% Yes (2) | 50% Yes (1) 50% No (1) | 100% Yes (1) (1 N/A) | 0% Yes 100% Needs Impv (1) (1 N/A) | 50% Yes (1) 50% Many (1) |
| Onyx (2) | 0% Yes 100% Needs Impv (2) | 0% Yes 50% Needs Impv (1) 50% No (1) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Many (1) (1 N/A) | 0% Yes 100% Needs Impv (2) | 0% Yes 100% Needs Impv (2) |
| Solana Care (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% No (1) | (1 N/A) | 0% Yes 100% No (1) |
| The New Beginnings (2) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 50% Yes (1) 50% Many (1) | 0% Yes 50% Many (1) 50% No (1) | 0% Yes 100% No (2) | 50% Yes (1) 50% No (1) | 0% Yes 100% Many (2) |

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

| CM Agency (# in sample) | Question | | | | | |
|----------------------------|--|---|---|--|--|---|
| | #68 | #69 | #70 | #71 | #72 | #73 |
| A New Vision (3) | 66.7% Yes (2) 33.3% Many (1) | 66.7% Yes (2) 33.3% Many (1) | 33.3% Yes (1) 66.7% No (2) | 100% Yes (2) (1 N/A) | 0% Yes 50% Needs Impv (1) 50% No (1) (1 N/A) | 100% Yes (3) |
| A Step Above (5) | 0% Yes 20% Many (1) 60% Needs Impv (3) 20% No (1) | 80% Yes (4) 20% No (1) | 40% Yes (2) 20% Needs Impv (1) 40% No (2) | 0% Yes 100% No (3) (2 N/A) | 0% Yes 33.3% Many (1) 33.3% Needs Impv (1) 33.4% No (1) | 20% Yes (1) 20% Many (1) 40% Needs Impv (2) 20% No (1) |
| Amigo (1) | 0% Yes 100% No (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% No (1) | (1 N/A) | 0% Yes 100% No (1) |
| Carino (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% No (1) | (1 N/A) | 0% Yes 100% No (1) |
| NMQCM (5) | 20% Yes (1) 20% Many (1) 60% Needs Impv (3) | 20% Yes (1) 20% Many (1) 40% Needs Impv (2) 20% No (1) | 20% Yes (1) 20% Many (1) 60% Needs Impv (3) | 0% Yes 100% No (4) (1 N/A) | 33.3% Yes (1) 66.7% No (2) (2 N/A) | 20% Yes (1) 20% Many (1) 60% No (3) |
| PCCS (2) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Many (2) | 50% Yes (1) 50% Needs Impv (1) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Many (2) |
| Peak (3) | 0% Yes 100% Needs Impv (3) | 33.3% Yes (1) 33.3% Needs Impv (1) 33.4% No (1) | 0% Yes 33.3% Many (1) 66.7% Needs Impv (2) | 33.3% Yes (1) 33.3% Many (1) 33.4% No (1) | 0% Yes 100% Needs Impv (1) (2 N/A) | 0% Yes 66.7% Needs Impv (2) 33.3% No (1) |
| Unidas (10) | 30% Yes (3) 30% Many (3) 40% Needs Impv (4) | 30% Yes (3) 50% Many (5) 20% Needs Impv (2) | 40% Yes (4) 30% Many (3) 20% Needs Impv (2) 10% No (1) | 20% Yes (1) 20% Many (1) 60% No (3) (5 N/A) | 28.6% Yes (2) 28.6% Many (2) 14.2% Needs Impv (1) 28.6% No (2) (3 N/A) | 30% Yes (3) 40% Many (4) 10% Needs Impv (1) 20% No (2) |

Another component of the ISP is Teaching and Support Strategies (T&SS). While not always required, the T&SS is additional guidance developed by the residential and/or day provider responsible for implementing the outcome. WDSIs are developed by therapists as a complement to the T&SS. The following protocol questions in the FY2022 IQR relate to the T&SS and implementation of the ISP.

- Question #77: Are the T&SS sufficient to ensure consistent implementation of the services planned?
- Question #78: Are the recommendations and/or objectives/strategies of ancillary provider integrated into the ISP?
- Question #89: Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person?
- Question #88: Was the direct service staff trained on the implementation of this person's ISP?
- Question #86/87a: Is the ISP being implemented?

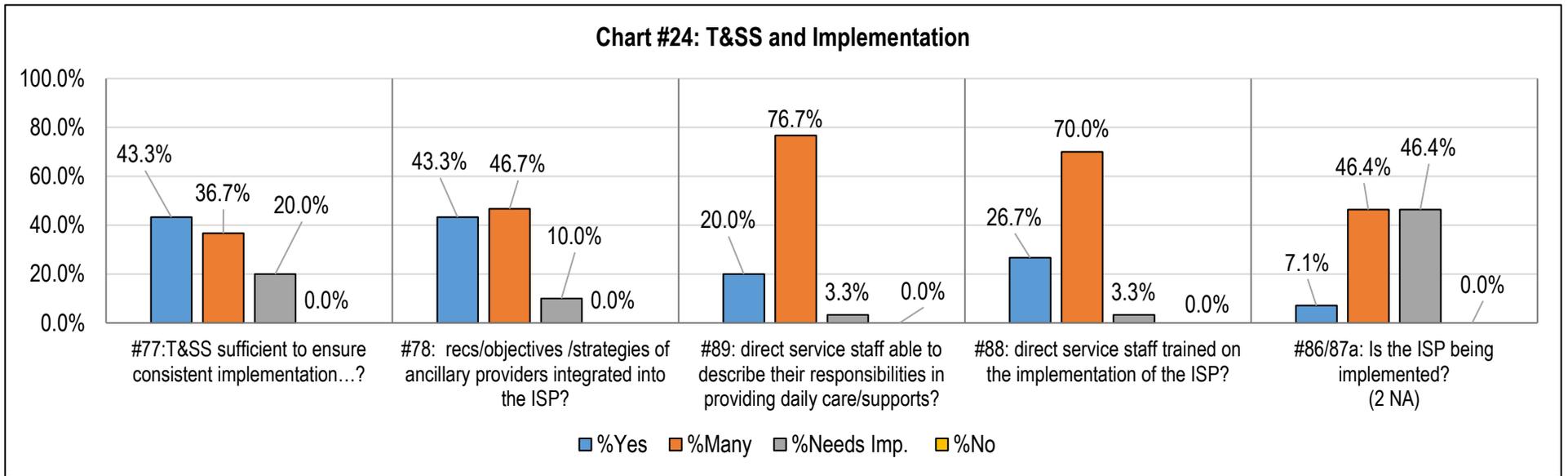


Chart #25: T&SS and ISP Implementation Scores by Residential Agency

| Res. Agency (# in sample) | Question | | | | |
|------------------------------|---|---|---|--|--|
| | #77 | #78 | #89 | #88 | #87a |
| Adelante (7) | 57.1% Yes (4) 28.6% Many (2) 14.3% Needs Impv (1) | 42.9% Yes (3) 57.1% Many (4) | 14.3% Yes (1) 85.7% Many (6) | 28.6% Yes (2) 71.4% Many (5) | 16.7% Yes (1) 33.3% Many (2) 50% Needs Impv (3) (1 N/A) |
| Alegria (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| ARCA (3) | 33.3% Yes (1) 66.7% Many (2) | 66.7% Yes (2) 33.3% Needs Impv (1) | 33.3% Yes (1) 33.3% Many (1) 33.4% Needs Impv (1) | 0% Yes 66.7% Many (2) 33.3% Needs Impv (1) | 0% Yes 33.3% Many (1) 66.7% Needs Impv (2) |
| At Home Advocacy (1) | 0% Yes 100% Needs Impv (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) |
| Bright Horizons (3) | 33.3% Yes (1) 33.4% Many (1) 33.3% Needs Impv (1) | 0% Yes 100% Many (3) | 0% Yes 100% Many (3) | 33.3% Yes (1) 66.7% Many (2) | 0% Yes 100% Needs Impv (2) (1 N/A) |
| Cornucopia (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 0% Yes 100% Many (1) |
| Dungarvin (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Expressions of Life (2) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) | 0% Yes 100% Needs Impv (2) |
| LLCP (4) | 50% Yes (2) 25% Many (1) 25% Needs Impv (1) | 50% Yes (2) 25% Many (1) 25% Needs Impv (1) | 25% Yes (1) 75% Many (3) | 25% Yes (1) 75% Many (3) | 0% Yes 75% Many (3) 25% Needs Impv (1) |
| Maxcare (2) | 50% Yes (1) 50% Many (1) | 100% Yes (2) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) | 50% Yes (1) 50% Many (1) |
| Onyx (2) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Many (2) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 0% Yes 50% Many (1) 50% Needs Impv (1) |
| Solana Care (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Impv (1) |
| The New Beginnings (2) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 0% Yes 50% Many (1) 50% Needs Impv (1) |

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

| CM Agency (# in sample) | Question | | | | |
|----------------------------|---|---|--|--|--|
| | #77 | #78 | #89 | #88 | #87a |
| A New Vision (3) | 100% Yes (3) | 100% Yes (3) | 33.3% Yes (1) 66.7% Many (2) | 66.7% Yes (2) 33.3% Many (1) | 0% Yes 100% Many (2) (1 N/A) |
| A Step Above (5) | 40% Yes (2) 60% Needs Impv (3) | 0% Yes 80% Many (4) 20% Needs Impv (1) | 40% Yes (2) 60% Many (3) | 40% Yes (2) 60% Many (3) | 0% Yes 60% Many (3) 40% Needs Impv (2) |
| Amigo (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Impv (1) |
| Carino (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Impv (1) |
| NMQCM (5) | 20% Yes (1) 60% Many (3) 20% Needs Impv (1) | 80% Yes (4) 20% Many (1) | 60% Yes (3) 40% Many (2) | 40% Yes (2) 60% Many (3) | 20% Yes (1) 20% Many (1) 60% Needs Impv (3) |
| PCCS (2) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 50% Yes (1) 50% Needs Impv (1) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 0% Yes 100% Many (2) |
| Peak (3) | 0% Yes 100% Many (3) | 33.3% Yes (1) 66.7% Many (2) | 0% Yes 100% Many (3) | 0% Yes 100% Many (3) | 0% Yes 100% Needs Impv (3) |
| Unidas (10) | 60% Yes (6) 30% Many (3) 10% Needs Impv (1) | 30% Yes (3) 60% Many (6) 10% Needs Impv (1) | 0% Yes 100% Many (10) | 20% Yes (2) 80% Many (8) | 11.1% Yes (1) 55.6% Many (5) 33.3% Needs Impv (3) (1 N/A) |

An overview of the adequacy of ISP content as well as implementation and effectiveness of the ISP is evaluated by the IQR. There are multiple areas in the FY2022 IQR protocol that ask these questions, and the level of intensity of services that individuals in the review receive.

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

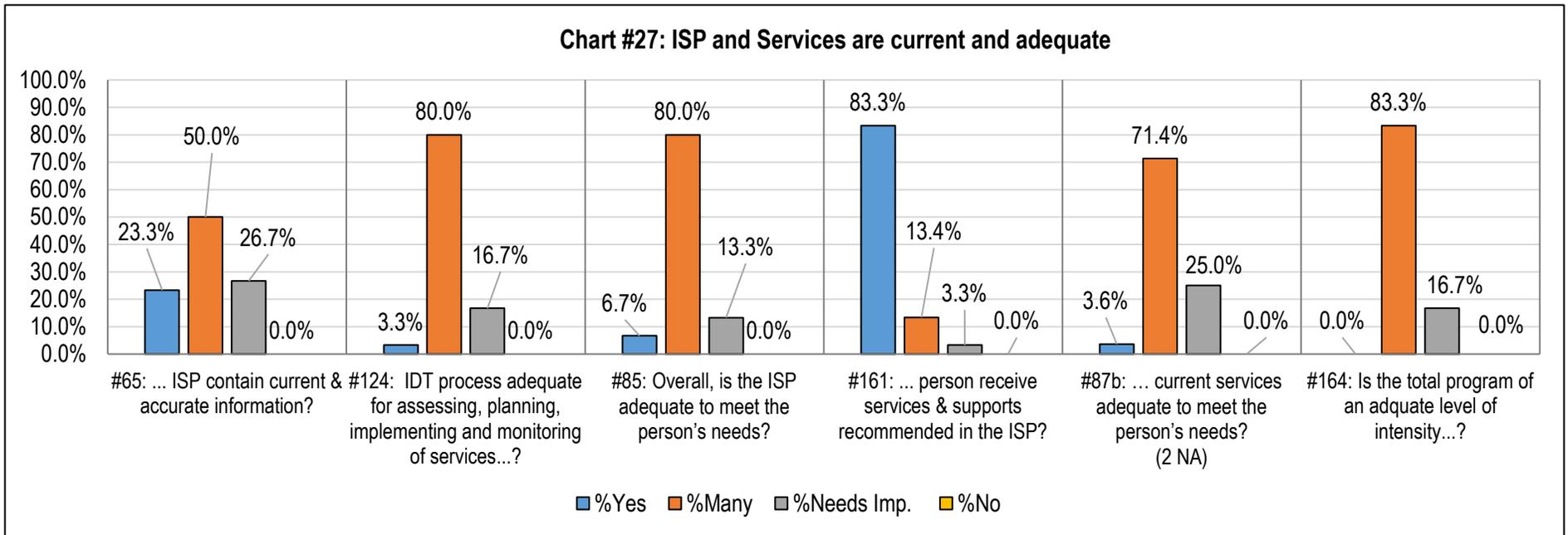


Chart #28: ISP Content and Adequacy Scores, by Residential Agency

| Res. Agency (# in sample) | Question | | | | | |
|------------------------------|---|---|--|-----------------------------------|--|--|
| | #65 | #124 | #85 | #161 | #87b | #164 |
| Adelante (7) | 14.3% Yes (1) 42.9% Many (3) 42.9% Needs Impv (3) | 14.3% Yes (1) 71.4% Many (5) 14.3% Needs Impv (1) | 14.3% Yes (1) 85.7% Many (6) | 100% Yes (7) | 16.7% Yes (1) 50% Many (3) 33.3% Needs Impv (2) (1 N/A) | 0% Yes 100% Many (7) |
| Alegria (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Needs Impv (1) |
| ARCA (3) | 33.3% Yes (1) 66.7% Many (2) | 0% Yes 100% Many (3) | 0% Yes 100% Many (3) | 66.7% Yes (2) 33.3% Many (1) | 0% Yes 33.3% Many (1) 66.7% Needs Impv (2) | 0% Yes 100% Many (3) |
| At Home Advocacy (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Impv (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Bright Horizons (3) | 33.3% Yes (1) 66.7% Many (2) | 0% Yes 66.7% Many (2) 33.3% Needs Impv (1) | 33.3% Yes (1) 66.7% Many (2) | 100% Yes (3) | 0% Yes 50% Many (1) 50% Needs Impv (1) (1 N/A) | 0% Yes 66.7% Many (2) 33.3% Needs Impv (1) |
| Cornucopia (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Dungarvin (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Expressions of Life (2) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) |
| LLCP (4) | 50% Yes (2) 25% Many (1) 25% Needs Impv (1) | 0% Yes 100% Many (4) | 0% Yes 50% Many (3) 50% Needs Impv (1) | 100% Yes (4) | 0% Yes 100% Many (4) | 0% Yes 75% Many (3) 25% Needs Impv (1) |
| Maxcare (2) | 0% Yes 100% Needs Impv (2) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) | 100% Yes (2) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) |
| Onyx (2) | 0% Yes 100% Many (2) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 0% Yes 100% Many (2) | 50% Yes (1) 50% Needs Impv (1) | 0% Yes 100% Many (2) | 0% Yes 50% Many (1) 50% Needs Impv (1) |
| Solana Care (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Needs Impv (1) |
| The New Beginnings (2) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) | 100% Yes (2) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) |

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

| CM Agency (# in sample) | Question | | | | | |
|----------------------------|---|--|--|-----------------------------------|---|--|
| | #65 | #124 | #85 | #161 | #87b | #164 |
| A New Vision (3) | 66.7% Yes (2) 33.3% Needs Impv (1) | 0% Yes 100% Many (3) | 33.3% Yes (1) 66.7% Many (2) | 100% Yes (3) | 0% Yes 100% Many (2) (1 N/A) | 0% Yes 100% Many (3) |
| A Step Above (5) | 0% Yes 80% Many (4) 20% Needs Impv (1) | 0% Yes 80% Many (4) 20% Needs Impv (1) | 0% Yes 80% Many (4) 20% Needs Impv (1) | 80% Yes (4) 20% Needs Impv (1) | 0% Yes 60% Many (3) 40% Needs Impv (2) | 0% Yes 100% Many (5) |
| Amigo (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Many (1) |
| Carino (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| NMQCM (5) | 60% Yes (3) 20% Many (1) 20% Needs Impv (1) | 20% Yes (1) 80% Many (4) | 0% Yes 80% Many (4) 20% Needs Impv (1) | 100% Yes (5) | 20% Yes (1) 80% Many (4) | 0% Yes 80% Many (4) 20% Needs Impv (1) |
| PCCS (2) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) | 100% Yes (2) | 0% Yes 50% Many (1) 50% Needs Impv (1) | 0% Yes 100% Many (2) |
| Peak (3) | 0% Yes 33.3% Many (1) 66.7% Needs Impv (2) | 0% Yes 33.3% Many (1) 66.7% Needs Impv (2) | 0% Yes 66.7% Many (2) 33.3% Needs Impv (1) | 66.7% Yes (2) 33.3% Many (1) | 0% Yes 66.7% Many (2) 33.3% Needs Impv (1) | 0% Yes 33.3% Many (1) 66.7% Needs Impv (2) |
| Unidas (10) | 20% Yes (2) 60% Many (6) 20% Needs Impv (2) | 0% Yes 100% Many (10) | 10% Yes (1) 90% Many (9) | 80% Yes (8) 20% Many (2) | 0% Yes 77.8% Many (7) 22.2% Needs Impv (2) (1 N/A) | 0% Yes 80% Many (8) 20% Needs Impv (2) |

G. Case Management

Case Management services are intended to be person-centered and enable the individual to pursue their desired life outcomes while gaining greater independence and access to needed services and supports. 90% of the case managers “know” the person and had appropriate expectations for growth and over 73% are available to the person. The charts below detail the related findings.

Question #24: Does the case manager “know” the person?

Question #25: Does the case manager understand his/her role/job?

Question #26: Is the case manager available to the person?

Question #27: Was the case manager able to describe the person’s health related needs?

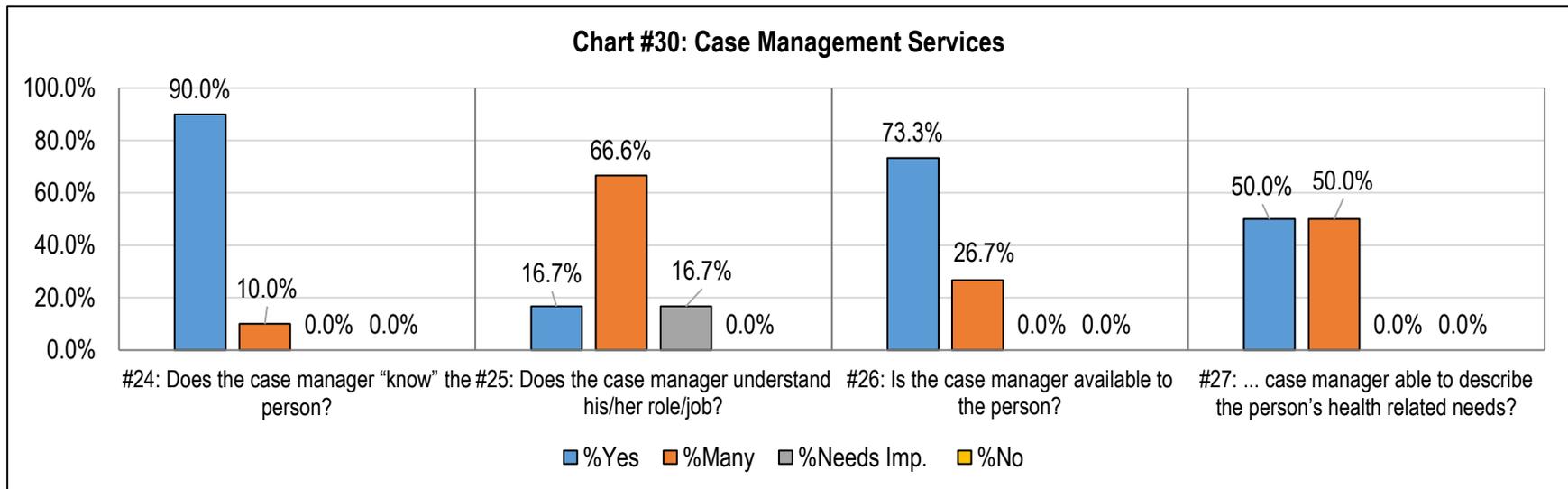


Chart #31: Case Management Scores, by Case Management Agency

| CM Agency (# in sample) | Question | | | |
|----------------------------|---------------------------------|---|---------------------------------|---------------------------------|
| | #24 | #25 | #26 | #27 |
| A New Vision (3) | 100% Yes (3) | 33.3% Yes (1) 66.7% Many (2) | 66.7% Yes (2) 33.3% Many (1) | 100% Yes (3) |
| A Step Above (5) | 80% Yes (4) 20% Many (1) | 0% Yes 80% Many (4) 20% Needs Impv (1) | 100% Yes (5) | 20% Yes (1) 80% Many (4) |
| Amigo (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 0% Yes 100% Many (1) |
| Carino (1) | 100% Yes (1) | 0% Yes 100% Needs Impv (1) | 100% Yes (1) | 0% Yes 100% Many (1) |
| NMQCM (5) | 100% Yes (5) | 60% Yes (3) 40% Many (2) | 60% Yes (3) 40% Many (2) | 80% Yes (4) 20% Many (1) |
| PCCS (2) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Many (2) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) |
| Peak (3) | 66.7% Yes (2) 33.3% Many (1) | 0% Yes 66.7% Many (2) 33.3% Needs Impv (1) | 33.3% Yes (1) 66.7% Many (2) | 33.3% Yes (1) 66.7% Many (2) |
| Unidas (10) | 100% Yes (10) | 10% Yes (1) 70% Many (7) 20% Needs Impv (2) | 80% Yes (8) 20% Many (2) | 50% Yes (5) 50% Many (5) |

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

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

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

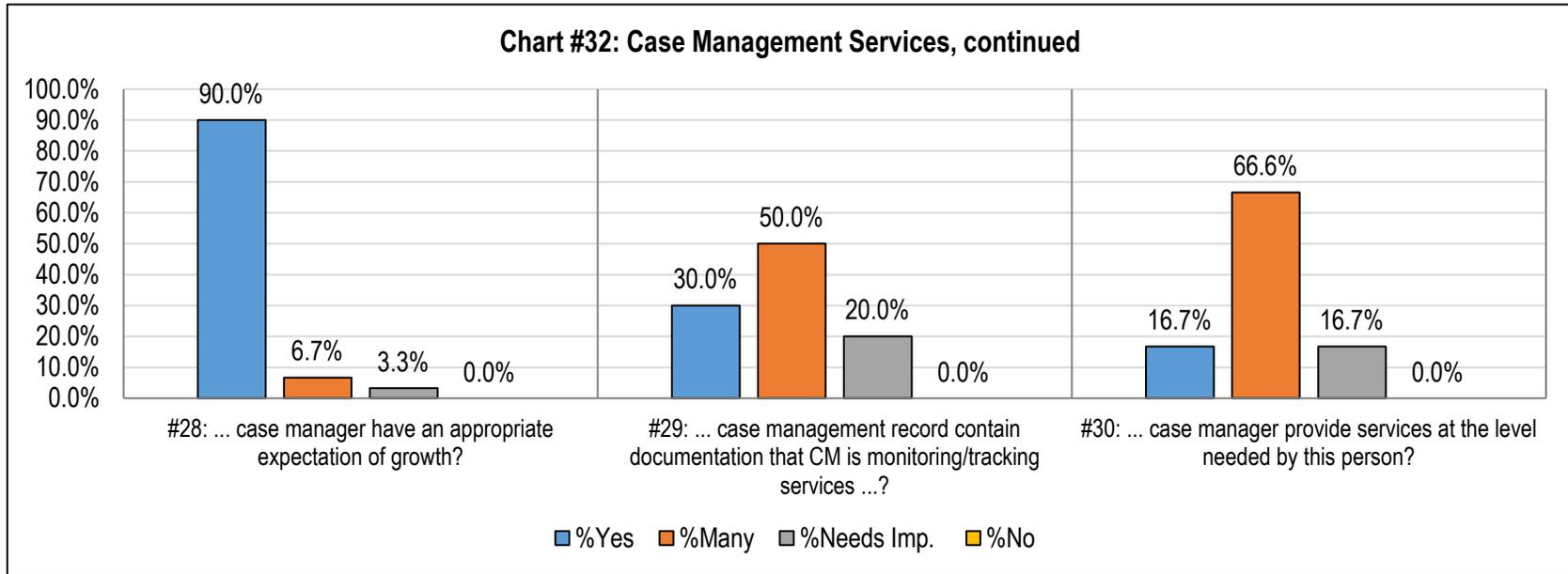


Chart #33: Case Management Scores, by Case Management Agency

| CM Agency (# in sample) | Question | | |
|----------------------------|---|---|---|
| | #28 | #29 | #30 |
| A New Vision (3) | 100% Yes (3) | 66.7% Yes (2) 33.3% Many (1) | 33.3% Yes (1) 66.7% Many (2) |
| A Step Above (5) | 100% Yes (5) | 0% Yes 60% Many (3) 40% Needs Impv (2) | 0% Yes 80% Many (4) 20% Needs Impv (1) |
| Amigo (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Carino (1) | 100% Yes (1) | 0% Yes 100% Needs Impv (1) | 0% Yes 100% Needs Impv (1) |
| NMQCM (5) | 100% Yes (5) | 80% Yes (4) 20% Many (1) | 20% Yes (1) 80% Many (4) |
| PCCS (2) | 100% Yes (2) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Many (2) |
| Peak (3) | 100% Yes (3) | 66.7% Many (2) 33.3% Needs Impv (1) | 0% Yes 66.7% Many (2) 33.3% Needs Impv (1) |
| Unidas (10) | 70% Yes (7) 20% Many (2) 10% No (1) | 20% Yes (2) 60% Many (6) 20% Needs Impv (2) | 30% Yes (3) 50% Many (5) 20% Needs Impv (2) |

H. Supported Employment

The DDSD adopted an Employment First Policy in 2016 to establish procedures for supporting working age adults to have access to valued employment opportunities as the preferred service in New Mexico. Access to competitive integrated employment enables the person to engage in community life, control personal resources, increase self-sufficiency and receive services in the community. When engaging in person-centered planning, team members must first look to community and natural supports to assist people to attain their employment goals and Desired Outcomes. As such, supported employment activities are a planning priority for all working age adults. Employment should be the first consideration. If someone does not choose employment, the decision should be based on informed choice.

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

A. Components of Informed Choice: Assessment

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

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

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

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

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

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

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

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

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

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

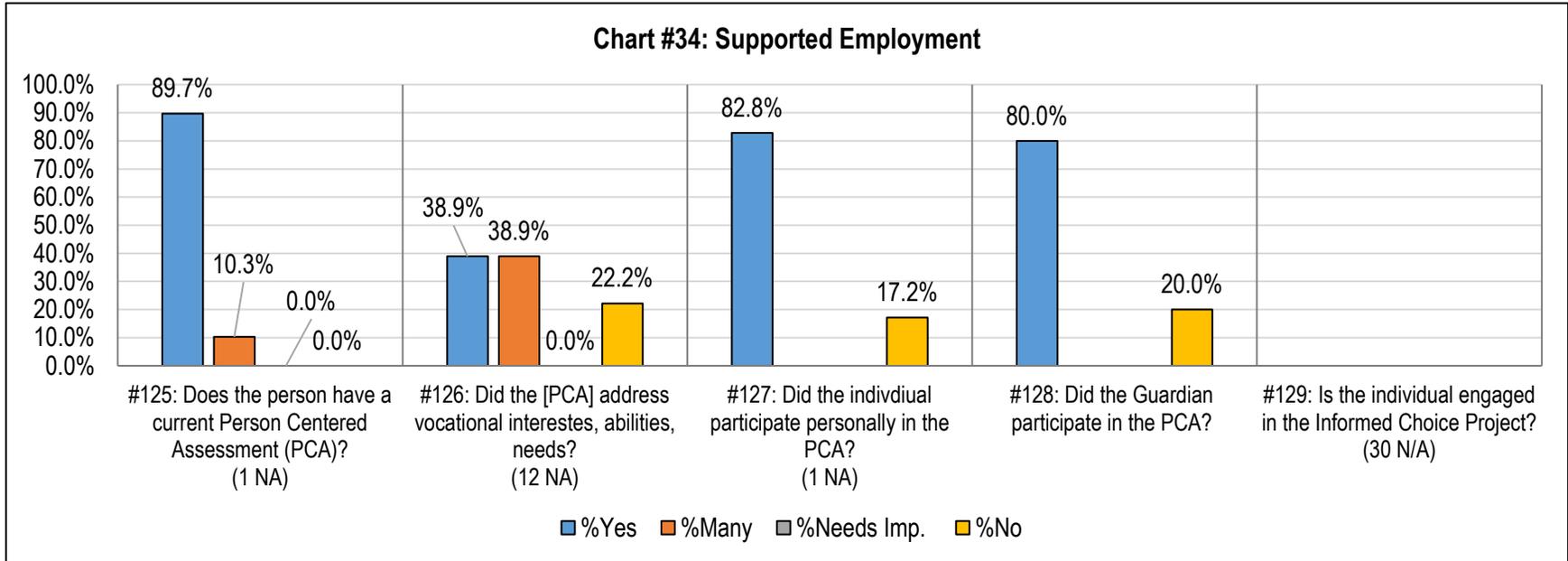


Chart #35: Supported Employment Scores by Provider Agency

| Res. Agency (# in sample) | Question | | | | #129 |
|------------------------------|---------------------------------|--|-----------------------------------|-------------------------------|------|
| | #125 | #126 | #127 | #128 | |
| Adelante (7) | 100% Yes (7) | 50% Yes (3) 50% Many (3) (1 N/A) | 85.7% Yes (6) 14.3% No (1) | 100% Yes (5) | |
| Alegria (1) | 100% Yes (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | |
| At Home Advocacy (1) | (1 N/A) | (1 N/A) | (1 N/A) | 100% Yes (1) | |
| ARCA (3) | 66.7% Yes (2) 33.3% Many (1) | 66.7% Yes (2) 33.3% No (1) | 100% Yes (3) | 100% Yes (3) | |
| Bright Horizons (3) | 100% Yes (3) | 50% Yes (1) 50% Many (1) (1 N/A) | 100% Yes (3) | 66.7% Yes (2) 33.3% No (1) | |
| Cornucopia (1) | 100% Yes (1) | (1 N/A) | 100% Yes (1) | 100% Yes (1) | |
| Dungarvin (1) | 100% Yes (1) | (1 N/A) | 100% Yes (1) | 100% Yes (1) | |
| Expressions of Life (2) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Many (1) (1 N/A) | 100% Yes (2) | 0% Yes 100% No (1) | |
| LLCP (4) | 100% Yes (4) | 33.4% Yes (1) 33.3% Many (1) 33.3% No (1) (1 N/A) | 75% Yes (3) 25% No (1) | 66.7% Yes (2) 33.3% No (1) | |
| Maxcare (2) | 100% Yes (2) | (2 N/A) | 100% Yes (2) | 0% Yes 100% No (1) | |
| Onyx (2) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Many (1) (1 N/A) | 50% Yes (1) 50% No (1) | 100% Yes (1) | |
| Solana Care (1) | 100% Yes (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 100% Yes (1) | |
| The New Beginnings (2) | 100% Yes (2) | (2 N/A) | 100% Yes (1) | 100% Yes (2) | |

Chart #36: Supported Employment Scores by Case Management Agency

| CM Agency (# in sample) | Question | | | | |
|----------------------------|--|--|-------------------------------|-------------------------------|------|
| | #125 | #126 | #127 | #128 | #129 |
| A New Vision (3) | 100% Yes (3) | 0% Yes 50% Many (1) 50% No (1) (1 N/A) | 100% Yes (3) | 66.7% Yes (2) 33.3% No (1) | |
| A Step Above (5) | 80% Yes (4) 20% Many (1) | 66.7% Yes (2) 33.3% Many (1) (2 N/A) | 60% Yes (3) 40% No (2) | 80% Yes (4) 20% No (1) | |
| Amigo (1) | 100% Yes (1) | (1 N/A) | 0% Yes 100% No (1) | 100% Yes (1) | |
| Carino (1) | 100% Yes (1) | (1 N/A) | 100% Yes (1) | 0% Yes 100% No (1) | |
| NMQCM (5) | 75% Yes (3) 25% Many (1) (1 N/A) | 66.7% Yes (2) 33.3% Many (1) (2 N/A) | 100% Yes (4) (1 N/A) | 100% Yes (5) | |
| PCCS (2) | 100% Yes (2) | 100% Yes (1) (1 N/A) | 100% Yes (2) | 100% Yes (2) | |
| Peak (3) | 100% Yes (3) | 0% Yes 50% Many (1) 50% No (1) (1 N/A) | 66.7% Yes (2) 33.3% No (1) | 66.7% Yes (2) 33.3% No (1) | |
| Unidas (10) | 90% Yes (9) 10% Many (1) | 28.6% Yes (2) 42.8% Many (3) 28.6% No (2) (3 N/A) | 90% Yes (9) 10% No (1) | 80% Yes (8) 20% No (2) | |

Components of Informed Choice: Information and Experience:

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

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

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

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

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

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

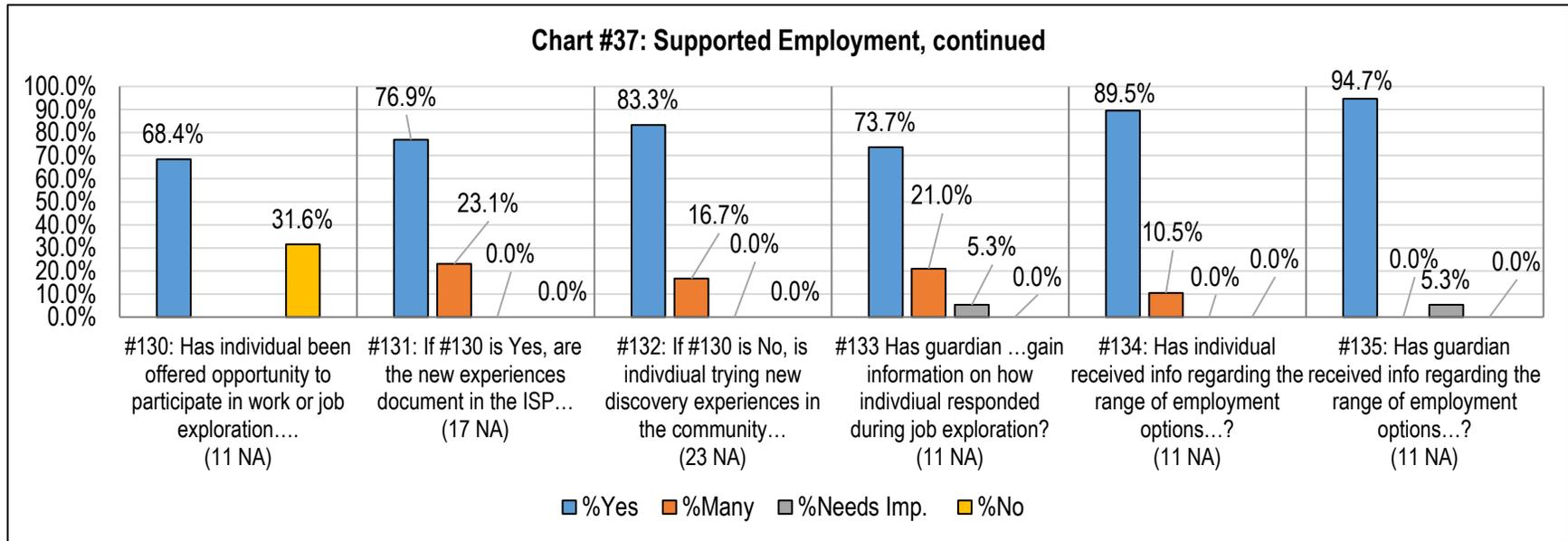


Chart #38: Supported Employment Scores by Provider Agency

| Res. Agency (# in sample) | Question | | | | | |
|------------------------------|--------------------------------------|--|------------------------------------|---|---------------------------------|---------------------------------------|
| | #130 | #131 | #132 | #133 | #134 | #135 |
| Adelante (7) | 85.7% Yes (6) 14.3% No (1) | 100% Yes (6) (1 N/A) | 0% Yes 100% Many (1) (6 N/A) | 42.9% Yes (3) 42.9% Many (3) 14.2% Needs Impv (1) | 85.7% Yes (6) 14.3% Many (1) | 85.7% Yes (6) 14.3% Needs Impv (1) |
| Alegria (1) | 0% Yes 100% No (1) | (1 N/A) | (1 N/A) | 100% Yes (1) | 0% Yes 100% Many (1) | 100% Yes (1) |
| ARCA (3) | 66.7% Yes (2) 33.3% No (1) | 100% Yes (2) (1 N/A) | 100% Yes (1) (2 N/A) | 100% Yes (3) | 100% Yes (3) | 100% Yes (3) |
| At Home Advocacy (1) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) |
| Bright Horizons (3) | 100% Yes (2) | 50% Yes (1) 50% Many (1) (1 N/A) | 100% Yes (1) | 50% Yes (1) 50% Many (1) (1 N/A) | 100% Yes (2) (1 N/A) | 100% Yes (2) (1 N/A) |
| Cornucopia (1) | 0% Yes 100% No (1) | (1 N/A) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| Dungarvin (1) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) |
| Expressions of Life (2) | 100% Yes (1) (1 N/A) | 100% Yes (1) (1 N/A) | (2 N/A) | 100% Yes (1) (1 N/A) | 100% Yes (1) (1 N/A) | 100% Yes (1) (1 N/A) |
| LLCP (4) | 50% Yes (1) 50% No (1) (2 N/A) | 0% Yes 100% Many (1) (3 N/A) | 100% Yes (1) (3 N/A) | 100% Yes (2) (2 N/A) | 100% Yes (2) (2 N/A) | 100% Yes (2) (2 N/A) |
| Maxcare (2) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) |
| Onyx (2) | 0% Yes 100% No (1) (1 N/A) | (2 N/A) | 100% Yes (1) (1 N/A) | 100% Yes (1) (1 N/A) | 100% Yes (1) (1 N/A) | 100% Yes (1) (1 N/A) |
| Solana Care (1) | 100% Yes (1) | 0% Yes 100% Many (1) | (1 N/A) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| The New Beginnings (2) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) |

Chart #39: Supported Employment Scores by Case Management Agency

| CM Agency (# in sample) | Question | | | | | |
|----------------------------|--|--|--|--|--|--|
| | #130 | #131 | #132 | #133 | #134 | #135 |
| A New Vision (3) | 100% Yes (1) (2 N/A) | 100% Yes (1) (2 N/A) | (3 N/A) | 0% Yes 100% Many (1) (2 N/A) | 100% Yes (1) (2 N/A) | 100% Yes (1) (2 N/A) |
| A Step Above (5) | 66.7% Yes (2) 33.3% No (1) (2 N/A) | 100% Yes (2) (3 N/A) | 100% Yes (2) (3 N/A) | 33.3% Yes (1) 66.7% Many (2) (2 N/A) | 100% Yes (3) (2 N/A) | 100% Yes (3) (2 N/A) |
| Amigo (1) | 100% Yes (1) | 100% Yes (1) | (1 N/A) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| Carino (1) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) |
| NMQCM (5) | 100% Yes (3) (2 N/A) | 66.7% Yes (2) 33.3% Many (1) (2 N/A) | 100% Yes (1) (4 N/A) | 66.7% Yes (2) 33.3% Many (1) (2 N/A) | 100% Yes (3) (2 N/A) | 100% Yes (3) (2 N/A) |
| PCCS (1) | 100% Yes (1) (1 N/A) | 100% Yes (1) (1 N/A) | (2 N/A) | 100% Yes (1) (1 N/A) | 100% Yes (1) (1 N/A) | 100% Yes (1) (1 N/A) |
| Peak (3) | 100% Yes (2) (1 N/A) | 50% Yes (1) 50% Many (1) (1 N/A) | (3 N/A) | 100% Yes (2) (1 N/A) | 100% Yes (2) (1 N/A) | 100% Yes (2) (1 N/A) |
| Unidas (10) | 37.5% Yes (3) 62.5% No (5) (2 N/A) | 66.7% Yes (2) 33.3% Many (1) (7 N/A) | 66.7% Yes (2) 33.3% Many (1) (7 N/A) | 87.5% Yes (7) 12.5% Needs Impv (1) (2 N/A) | 75% Yes (6) 25% Many (2) (2 N/A) | 87.5% Yes (7) 12.5% Needs Impv (1) (2 N/A) |

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

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

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

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

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

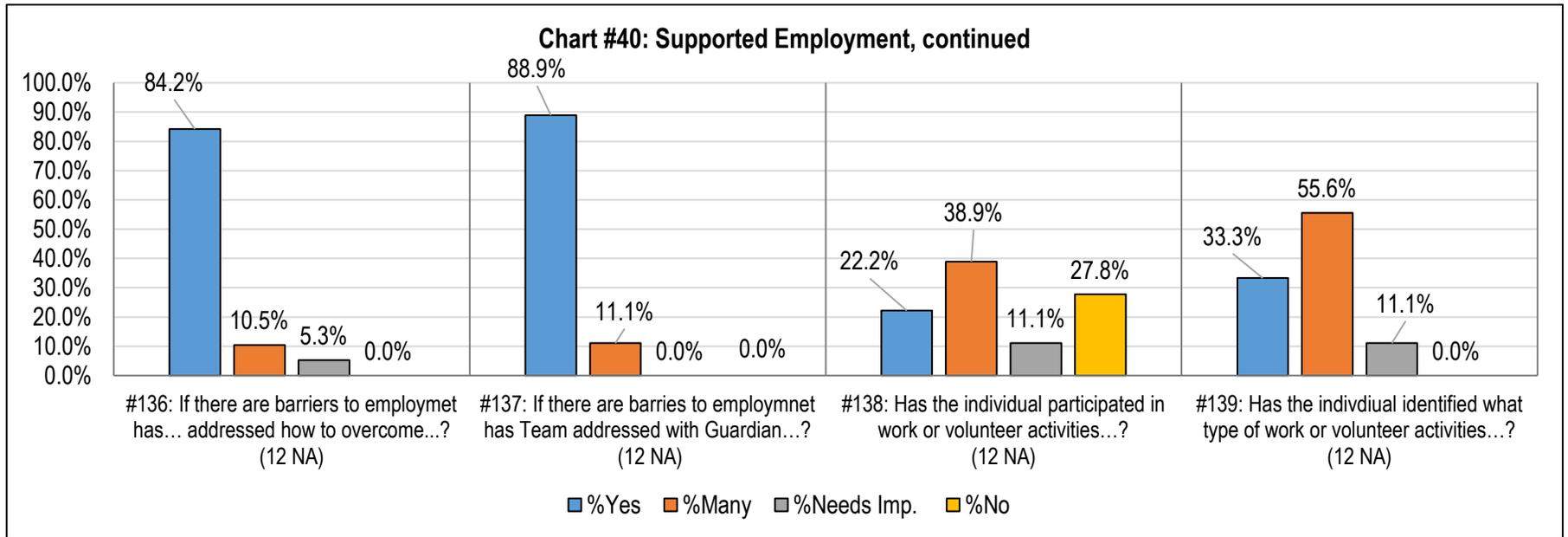


Chart #41: Supported Employment Scores by Provider Agency

| Res. Agency (# in sample) | Question | | | |
|------------------------------|--|---------------------------------|--|--|
| | #136 | #137 | #138 | #139 |
| Adelante (7) | 85.7% Yes (6) 14.3% Many (1) | 71.4% Yes (5) 28.6% Many (2) | 33.3% Yes (2) 33.3% Many (2) 33.4% No (2) (1 N/A) | 16.7% Yes (1) 66.6% Many (4) 16.7% Needs Impv (1) (1 N/A) |
| Alegria (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| ARCA (3) | 66.7% Yes (2) 33.3% Many (1) | 100% Yes (3) | 33.3% Yes (1) 33.3% Needs Impv (1) 33.4% No (1) | 33.3% Yes (1) 33.3% Many (1) 33.4% Needs Impv (1) |
| At Home Advocacy (1) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) |
| Bright Horizons (3) | 100% Yes (2) (1 N/A) | 100% Yes (2) (1 N/A) | 50% Yes (1) 50% Many (1) (1 N/A) | 50% Yes (1) 50% Many (1) (1 N/A) |
| Cornucopia (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% No (1) | 100% Yes (1) |
| Dungarvin (1) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) |
| Expressions of Life (2) | 0% Yes 100% Needs Impv (1) (1 N/A) | (2 N/A) | 0% Yes 100% Needs Impv (1) (1 N/A) | 100% Yes (1) (1 N/A) |
| LLCP (4) | 100% Yes (2) (2 N/A) | 100% Yes (2) (2 N/A) | 0% Yes 50% Many (1) 50% No (1) (2 /A) | 50% Yes (1) 50% Many (1) (2 N/A) |
| Maxcare (2) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) |
| Onyx (2) | 100% Yes (1) (1 N/A) | 100% Yes (1) (1 N/A) | 0% Yes 100% Many (1) (1 N/A) | 0% Yes 100% Many (1) (1 N/A) |
| Solana Care (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| The New Beginnings (2) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) |

Chart #42: Supported Employment Scores by Case Management Agency

| CM Agency (# in sample) | Question | | | |
|----------------------------|--|--|---|---|
| | #136 | #137 | #138 | #139 |
| A New Vision (3) | 100% Yes (1) (2 N/A) | 100% Yes (1) (2 N/A) | 100% Yes (1) (2 N/A) | 100% Yes (1) (2 N/A) |
| A Step Above (5) | 100% Yes (3) (2 N/A) | 100% Yes (3) (2 N/A) | 33.3% Yes (1) 33.3% Many (1) 33.4% No (1) (2 N/A) | 33.3% Yes (1) 66.7% Many (2) (2 N/A) |
| Amigo (1) | 100% Yes (1) | 100% Yes (1) | (1 N/A) | (1 N/A) |
| Carino (1) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) |
| NMQCM (5) | 66.7% Yes (2) 33.3% Many (1) (2 N/A) | 66.7% Yes (2) 33.3% Many (1) (2 N/A) | 0% Yes 66.7% Many (2) 33.3% Needs Impv (1) (2 N/A) | 0% Yes 100% Many (3) (2 N/A) |
| PCCS (2) | 100% Yes (1) (1 N/A) | 100% Yes (1) (1 N/A) | 100% Yes (1) (1 N/A) | 0% Yes 100% Needs Impv (1) (1 N/A) |
| Peak (3) | 100% Yes (2) (1 N/A) | 100% Yes (2) (1 N/A) | 50% Yes (1) 50% Many (1) (1 N/A) | 0% Yes 50% Many (1) 50% Needs Impv (1) (1 N/A) |
| Unidas (10) | 75% Yes (6) 12.5% Many (1) 12.5% Needs Impv (1) (2 N/A) | 85.7% Yes (6) 14.3% Many (1) (3 N/A) | 0% Yes 37.5% Many (3) 12.5% Needs Impv (1) 50% No (4) (2 N/A) | 50% Yes (4) 50% Many (4) (2 N/A) |

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

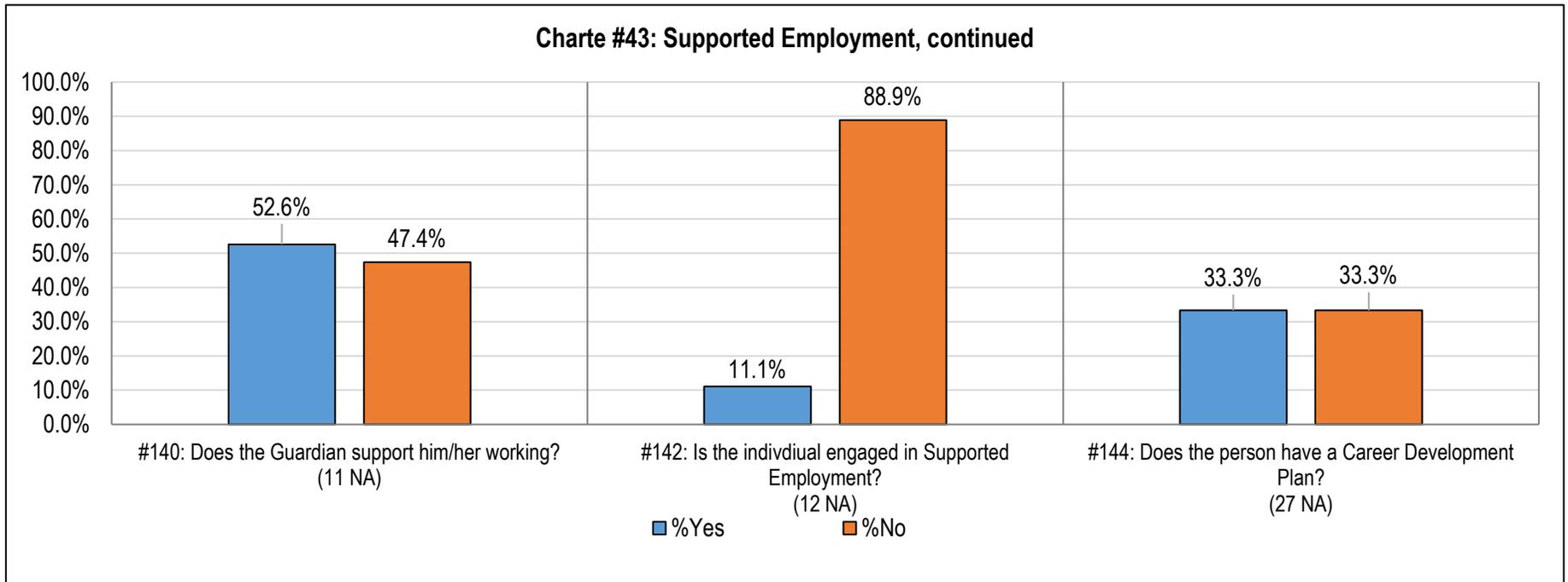


Chart #44: Supported Employment Scores by Provider Agency

| Res. Agency (# in sample) | Question | | |
|------------------------------|--|--------------------------------------|------------------------------------|
| | #140 | #142 | #144 |
| Adelante (7) | 66.7% Yes (4) 33.3% No (2) (1 N/A) | 0% Yes 100% No (6) (1 N/A) | (7 N/A) |
| Alegria (1) | 100% Yes (1) | 0% Yes 100% No (1) | (1 N/A) |
| ARCA (3) | 33.3% Yes (1) 66.7% No (2) | 0% Yes 100% No (3) | 0% Yes 100% No (1) (2 N/A) |
| At Home Advocacy (1) | (1 N/A) | (1 N/A) | (1 N/A) |
| Bright Horizons (3) | 50% Yes (1) 50% No (1) (1 N/A) | 50% Yes (1) 50% No (1) (1 N/A) | 100% Yes (1) (2 N/A) |
| Cornucopia (1) | | 0% Yes 100% No (1) | (1 N/A) |
| Dungarvin (1) | (1 N/A) | (1 N/A) | (1 N/A) |
| Expressions of Life (2) | 100% Yes (1) (1 N/A) | 100% Yes (1) (1 N/A) | 0% Yes 100% Many (1) (1 N/A) |
| LLCP (4) | 0% Yes 100% No (2) (2 N/A) | 0% Yes 100% No (2) (2 N/A) | (4 N/A) |
| Maxcare (2) | 0% Yes 100% No (1) (1 N/A) | (2 N/A) | (2 N/A) |
| Onyx (2) | 100% Yes (1) (1 N/A) | 0% Yes 100% No (1) (1 N/A) | (2 N/A) |
| Solana Care (1) | 100% Yes (1) | 0% Yes 100% No (1) | (1 N/A) |
| The New Beginnings (2) | (2 N/A) | (2 N/A) | (2 N/A) |

Chart #45: Supported Employment Scores by Case Management Agency

| CM Agency (# in sample) | Question | | |
|----------------------------|--|--|------------------------------------|
| | #140 | #142 | #144 |
| A New Vision (3) | 0% Yes 100% No (2) (1 N/A) | 0% Yes 100% No (1) (2 N/A) | (3 N/A) |
| A Step Above (5) | 66.7% Yes (2) 33.3% No (1) (2 N/A) | 33.3% Yes (1) 66.7% No (2) (2 N/A) | 100% Yes (1) (4 N/A) |
| Amigo (1) | (1 N/A) | (1 N/A) | (1 N/A) |
| Carino (1) | (1 N/A) | (1 N/A) | (1 N/A) |
| NMQCM (5) | 33.3% Yes (1) 66.7% No (2) (2 N/A) | 0% Yes 100% No (3) (2 N/A) | 0% Yes 100% No (1) (4 N/A) |
| PCCS (2) | 0% Yes 100% No (1) (1 N/A) | 0% Yes 100% No (1) (1 N/A) | (2 N/A) |
| Peak (3) | 100% Yes (2) (1 N/A) | 0% Yes 100% No (2) (1 N/A) | (3 N/A) |
| Unidas (10) | 62.5% Yes (5) 37.5% No (3) (2 N/A) | 12.5% Yes (1) 87.5% No (7) (2 N/A) | 0% Yes 100% Many (1) (9 N/A) |

I. IQR Scored Protocol Questions

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

| Question | FY2022 Metro (sample=30) |
|--|--|
| CASE MANAGEMENT | |
| 24. Does the case manager “know” the person? CPRQ26; ‘17IQR#8c, ‘18IQR24 | 90% Yes (27) 10% Many (3) |
| 25. Does the case manager understand his/her role/job? CPRQ27 ‘17IQR#16, ‘18IQR25 | 16.7% Yes (5) 66.6% Many (20) 16.7% Needs Impv (5) |
| 26. Is the case manager available to the person? CPRQ29; ‘17IQR#16a, ‘18IQR27 | 73.3% Yes (22) 26.7% Many (8) |
| 27. Was the case manager able to describe the person’s health related needs? CPRQ30, ‘18IQR28 | 50% Yes (15) 50% Many (15) |
| 28. Does the case manager have an appropriate expectation of growth for this person? CPRQ31, ‘18IQR29 | 90% Yes (27) 6.7% Many (2) 3.3% No (1) |
| 29. Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP? CPRQ32; ‘17IQR#16b, ‘18IQR30 | 30% Yes (9) 50% Many (15) 20% Needs Impv (6) |
| 30. Does the case manager provide case management services at the level needed by this person? CPRQ33; ‘17IQR#16c, ‘18IQR31 | 16.7% Yes (5) 66.6% Many (20) 16.7% Needs Impv (5) |
| Direct Services | |
| 31. Does the direct services staff “know” the person? CPRQ35; ‘17IQR#8a, ‘18IQR33 | 78.3% Yes (18) 21.7% Many (5) (7 N/A) |
| 32. Does the direct service staff have input into the person’s ISP? CPRQ36, ‘18IQR34 | 78.3% Yes (18) 8.7% Many (2) |

| Question | FY2022 Metro (sample=30) |
|--|---|
| | 4.3% Needs Impv (1) 8.7% No (2) (7 N/A) |
| 33. Did the direct service staff receive training on implementing this person's ISP? CPRQ37, '18IQR35 | 52.2% Yes (12) 39.1% Many (9) 8.7% Needs Impv (2) (7 N/A) |
| 34. Was the direct service staff able to describe this person's health-related needs? CPRQ38, '18IQR36 | 17.4% Yes (4) 65.2% Many (15) 17.4% Needs Impv (4) (7 N/A) |
| 35. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39, '18IQR37 | 26.1% Yes (6) 69.6% Many (16) 4.3% Needs Impv (1) (7 N/A) |
| 35a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a, '18IQR37a | 69.6% Yes (16) 26.1% Many (6) 4.3% Needs Impv (1) (7 N/A) |
| 35b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ39b, '18IQR37b | 34.8% Yes (8) 56.5% Many (13) 8.7% Needs Impv (2) (7 N/A) |
| 36. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ41, '18IQR39 | 87% Yes (20) 4.3% Needs Impv (1) 8.7% No (2) (7 N/A) |
| 37. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42, '18IQR40 | 82.6% Yes (19) 17.4% Many (4) (7 N/A) |
| 38. Does the person's day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43, '18IQR41 | 100% Yes (7) (2 N/A, 21 CND) |

| Question | FY2022 Metro (sample=30) |
|--|---|
| | |
| 39. Does the residential direct services staff “know” the person? CPRQ44; ‘17IQR#8b, ‘18IQR42 | 83.3% Yes (25) 16.7% Many (5) |
| 40. Does the direct service staff have input into the person’s ISP? CPRQ45, ‘18IQR43 | 83.3% Yes (25) 13.4% Many (4) 3.3% Needs Impv (1) |
| 41. Did the direct service staff receive training on implementing this person’s ISP? CPRQ46, ‘18IQR44 | 40% Yes (12) 56.7% Many (17) 3.3% Needs Impv (1) |
| 42. Is the residence safe for individuals (void of hazards)? CPRQ45, ‘18IQR45 | 86.7% Yes (26) 13.3% Many (4) |
| 43. Was the residential direct service staff able to describe this person’s health-related needs? CPRQ48, ‘18IQR46 | 26.7% Yes (8) 66.6% Many (20) 6.7% Needs Impv (2) |
| 44. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49, ‘18IQR47 | 36.7% Yes (11) 63.3% Many (19) |
| 44a. Was the direct service staff able to provide specific information regarding the person’s daily activities? CPRQ49a, ‘18IQR47a | 80% Yes (24) 20% Many (6) |
| 44b. Can the direct service staff describe his/her responsibilities in implementing this person’s ISP, including outcomes, action plans, and WDSIs? CPRQ49b, ‘18IQR47b | 40% Yes (12) 56.7% Many (17) 3.3% Needs Impv (1) |
| 45. Did the direct service staff have training on the provider’s complaint process and how to report abuse, neglect and exploitation? CPRQ51, ‘18IQR49 | 96.7% Yes (29) 3.3% No (1) |
| 46. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52, ‘18IQR50 | 86.7% Yes (26) 10% Many (3) 3.3% No (1) |
| 47. Does the person’s residential environment offer a minimal level of quality of life? CPRQ53, ‘18IQR51 | 83.3% Yes (25) 16.7% Many (5) |
| | |
| 48. Overall, were the team members interviewed able to describe the person’s health-related needs? CPRQ54; ‘17IQR#21b, ‘18IQR52 | 10% Yes (3) |

| Question | FY2022 Metro (sample=30) |
|---|---|
| | 83.3% Many (25) 6.7% Needs Impv (2) |
| 49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21, '18IQR53 | 30% Yes (9) 70% Many (21) |
| 50. Was the eCHAT updated timely? '17IQR#18g, '18IQR54 | 16.7% Yes (5) 83.3% Many (25) |
| 50a. Is the eCHAT updated timely with the ISP and after changes in condition? | 76.7% Yes (23) 13.3% Many (4) 3.3% Needs Impv (1) 6.7% No (2) |
| 50b. Is the eCHAT complete? | 40% Yes (12) 60% Many (18) |
| 50c. Is the eCHAT accurate? | 33.3% Yes (10) 56.7% Many (17) 10% Needs Impv (3) |
| 51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received? 17IQR#19, '18IQR55 | 40% Yes (12) 50% Many (15) 10% Needs Impv (3) |
| 52. Has the individual received all age and gender appropriate health screening/immunizations in accordance with national best practice and/or as recommended ... <i>(Does the individual receive routine/scheduled medical treatment? 17IQR#19a, '18IQR56)</i> | 3.3% Yes (1) 76.7% Many (23) 16.7% Needs Impv (5) 3.3% No (1) |
| 53. Does the individual receive medication as prescribed? 17IQR#19e, '18IQR57 | 6.7% Yes (2) 63.3% Many (19) 30% Needs Impv (9) |
| 54. Are nursing services provided as needed by the individual? 17IQR#20, '18IQR59 | 3.3% Yes (1) 73.4% Many (22) 23.3% Needs Impv (7) |
| 55. Is the CARMP consistent with recommendation in other healthcare documents? <i>(Is the CARMP is accurate? '17IQR#21f, '18IQR60)</i> | 36.7% Yes (11) 53.3% Many (16) 6.7% Needs Impv (2) 3.3% No (1) |

| Question | FY2022 Metro (sample=30) |
|---|--|
| 56. Is the CARMP consistently implemented as intended? , '18IQR61 | 65.5% Yes (19) 31% Many (9) 3.4% Needs Impv (1) (1 N/A) |
| 57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19, '18IQR62 | 3.3% Yes (1) 93.4% Many (28) 3.3% Needs Impv (1) |
| 57a. Are assessment recommendations followed up on in a timely way? | 20% Yes (6) 56.7% Many (17) 23.3% Needs Impv (7) |
| 57b. Were needed equipment/communication devices delivered timely? | 40% Yes (8) 45% Many (9) 15% Needs Impv (3) (10 N/A) |
| 57c. Were medical specialist appointments attended timely? | 36.7% Yes (11) 46.7% Many (14) 13.3% Needs Impv (4) 3.3% No (1) |
| 57d. Were changes in personal condition, if any, responded to timely? | 79.3% Yes (23) 13.8% Many (4) 6.9% Needs Impv (2) (1 N/A) |
| 57e. Were Health Care Plans available, accurate and consistently implemented? | 16.7% Yes (5) 73.3% Many (22) 10% Needs Impv (3) |
| | |
| 58. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18, '18IQR65 | 23.3% Yes (7) 76.7% Many (23) |
| 59. Are the assessments adequate for planning? CPRQ59; '17IQR#4f, '18IQR66 | 3.3% Yes (1) 96.7% Many (29) |
| 59a. Were assessments provided timely? | 23.3% Yes (7) 73.4% Many (22) |

| Question | FY2022 Metro (sample=30) |
|--|---|
| | 3.3% Needs Impv (1) |
| 59b. Did assessments contain accurate information? | 36.7% Yes (11) 53.3% Many (16) 10% Needs Impv (3) |
| 59c. Did assessments contain information accurate to guide planning? | 10% Yes (3) 83.3% Many (25) 6.7% Needs Impv (2) |
| 59d. Did assessments contain recommendations? | 76.7% Yes (23) 23.3% Many (7) |
| 60. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5, '18IQR67 | 43.3% Yes (13) 56.7% Many (17) |
| 61. For medical, clinical or health related rec's, has a DCF been completed if the individual and/or their guardian/health care decision maker have decided not to follow all or part of an order, rec, or suggestion? '17IQR#5c, '18IQR68 | 38.9% Yes (7) 27.8% Many (5) 33.3% No (6) (12 N/A) |
| | |
| 62. Is there a document called an Individual Service Plan (ISP) that was developed within the past year? CPRQ61; '17IQR#9, '18IQR69 | 100% Yes (30) |
| 63. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3, '18IQR70 | 50% Yes (15) 46.7% Many (14) 3.3% Needs Impv (1) |
| 64. For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP? CPRQ63; '17IQR#3d, '18IQR71 | 50% Yes (10) 25% Many (5) 5% Needs Impv (1) 20% No (4) (10 N/A) |
| 65. Does my ISP contain current and accurate information? '17IQR#6, '18IQR72 | 23.3% Yes (7) 50% Many (15) 26.7% Needs Impv (8) |
| 66. Does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b, '18IQR73 | 50% Yes (15) 40% Many (12) 6.7% Needs Impv (2) |

| Question | FY2022 Metro (sample=30) |
|---|---|
| | 3.3% No (1) |
| 67. Does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c, '18IQR74 | 36.7% Yes (11) 43.3% Many (13) 6.7% Needs Impv (2) 13.3% No (4) |
| 68. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a, '18IQR75 | 23.3% Yes (7) 23.3% Many (7) 46.7% Needs Impv (14) 6.7% No (2) |
| 69. Does the data kept identify what the person does so a determination regarding progress/lack of progress can be made? '17IQR#12b, '18IQR76 | 40% Yes (12) 30% Many (9) 16.7% Needs Impv (5) 13.3% No (4) |
| 70. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c, '18IQR77 | 26.7% Yes (8) 23.3% Many (7) 33.3% Needs Impv (10) 16.7% No (5) |
| 71. If the person is not successful in achieving actions steps, has the team tried to determine why, and change their approach if needed? '18IQR78 | 23.8% Yes (5) 9.5% Many (2) 4.8% Needs Impv (1) 61.9% No (13) (9 N/A) |
| 72. If the person achieves action steps, does the team move to the next in the progression of steps or develops a new one? '17IQR#12c, '18IQR79 | 22.2% Yes (4) 22.2% Many (4) 22.2% Needs Impv (4) 33.4% No (6) (12 N/A) |
| 73. Has the person made measurable progress on actions steps during this past year?'17IQR#13b, '18IQR80 | 26.7% Yes (8) 26.7% Many (8) 16.6% Needs Impv (5) 30% No (9) |
| 74. Do the outcomes in the ISP include criteria by which the team can determine when the outcome(s) have been achieved? CPRQ67; '17IQR#7e, '18IQR81 | 46.7% Yes (14) 36.7% Many (11) |

| Question | FY2022 Metro (sample=30) |
|---|---|
| | 16.6% Needs Impv (5) |
| 75. Are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d, '18IQR82 | 60% Yes (18) 33.3% Many (10) 6.7% Needs Impv (2) |
| 76. Do the ISP outcomes and related action plans and teaching strategies address the person's major needs as identified in the Personal Challenges and Obstacles That Need to be Addressed In Order to Achieve the Desired Outcomes section of the ISP/Action plans?" CPRQ69; '17IQR#7g, '18IQR83 | 56.7% Yes (17) 40% Many (12) 3.3% No (1) |
| 77. Are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i, '18IQR84 | 43.3% Yes (13) 36.7% Many (11) 20% Needs Impv (6) |
| 78. Are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m, '18IQR85 | 43.3% Yes (13) 46.7% Many (14) 10% Needs Impv (3) |
| 79. Has the person made measurable progress in therapy this year? '17IQR#13a, '18IQR86 | 16.7% Yes (5) 60% Many (18) 20% Needs Impv (6) 3.3% No (1) |
| 80. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c, '18IQR87 | 30% Yes (9) 60% Many (18) 10% Needs Impv (3) |
| 81. Does the ISP contain information regarding primary health (medical) care? CPRQ74, '18IQR88 | 66.7% Yes (20) 23.3% Many (7) 10% Needs Impv (3) |
| 81a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a, '18IQR88a | 76.7% Yes (23) 10% Many (3) 10% Needs Impv (3) 3.3% No (1) |
| 81b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b, '18IQR88b | 80% Yes (24) 6.7% Many (2) 3.3% Needs Impv (1) 10% No (3) |

| Question | FY2022 Metro (sample=30) |
|--|--|
| 82. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76, '18IQR89 | 70% Yes (21) 23.4% Many (7) 3.3% Needs Impv (1) 3.3% No (1) |
| 83. Based on the evidence, is adequate transportation available for the person? (Does the ISP reflect how the person will get to work/day activities, shopping, and social activities? CPRQ75, '18IQR90) | 96.7% Yes (29) 3.3% Needs Impv (1) |
| 84. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a, '18IQR91 | 37.9% Yes (11) 44.7% Many (13) 17.2% Needs Impv (5) (1 N/A) |
| 85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7, '18IQR92 | 6.7% Yes (2) 80% Many (24) 13.3% Needs Impv (4) |
| 86. Is the ISP being implemented? (If 85 is "3") CPRQ79 '17IQR#12, '18IQR93 | 50% Yes (1) 50% Many (1) (28 N/A) |
| 87a. Is the ISP being implemented? (If 85 is "0", "1", or "2") CPRQ80a '17IQR#12, '18IQR94a | 7.1% Yes (2) 46.4% Many (13) 46.4% Needs Impv (13) (2 N/A) |
| 87b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11, '18IQR94b | 3.6% Yes (1) 71.4% Many (20) 25% Needs Impv (7) (2 N/A) |
| 88. Was the direct service staff trained on the implementation of this person's ISP? CPRQ81, '18IQR95 | 26.7% Yes (8) 70% Many (21) 3.3% Needs Impv (1) |
| 89. Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82, '18IQR96 | 20% Yes (6) 76.7% Many (23) 3.3% Needs Impv (1) |

| Question | FY2022 Metro (sample=30) |
|---|--|
| 90. Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13, '18IQR98 | 6.7% Yes (2) 53.3% Many (16) 40% Needs Impv (12) |
| 91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d, '18IQR99 | 63.3% Yes (19) 36.7% Many (11) |
| 92. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b, '18IQR100 | 76.7% Yes (23) 23.3% Many (7) |
| 93. Is the person offered a range of opportunities for participation in each life area? CPRQ87, '18IQR101 | 76.7% Yes (23) 16.6% Many (5) 6.7% Needs Impv (2) |
| 94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30, '18IQR102 | 76% Yes (19) 24% Many (6) (5 CND) |
| 94a. About where and with whom to live? CPRQ89; '17IQR#23c, '18IQR102a | 84% Yes (21) 12% Many (3) 4% Needs Impv (1) (5 CND) |
| 94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d, '18IQR102b | 88% Yes (22) 8% Many (2) 4% Needs Impv (1) (5 CND) |
| 94c. About where and with whom to socialize/spend leisure time? CPRQ91, '18IQR102c | 84% Yes (21) 16% Many (4) (5 CND) |
| 95. Does the evidence support that providers do not prevent the person from pursuing relationships? CPRQ92; '17IQR#31f, '18IQR103 (<i>and are respecting the rights of this person</i>) | 100% Yes (30) |
| 96. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect, and exploitation? CPR 93*; '17IQR#35a, '18IQR105 | 46.7% Yes (14) 53.3% Many (16) |
| 97. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94, '18IQR106 | 90% Yes (27) 10% Many (3) |
| 98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h, '18IQR107 | 96.7% Yes (29) |

| Question | FY2022 Metro (sample=30) |
|--|--|
| | 3.3% No (1) |
| 99. If there are restrictions that should be reviewed by HRC, have the restrictions been reviewed (quarterly) and approved (annually) by the HRC? If no, describe why. '17IQR#34i, '18IQR108 | 46.4% Yes (13) 32.1% Many (9) 7.1% Needs Impv (2) 14.3% No (4) (2 N/A) |
| 100. If there are restrictions that should be reviewed by HRC, is a plan to enable the individual to regain his/her rights and reduce or eliminate these restrictions? '17IQR#34j, '18IQR109 | 29.2% Yes (7) 20.8% Many (5) 8.3% Needs Impv (2) 41.7% No (10) (6 N/A) |
| 101. Is the person protected from abuse, neglect and exploitation? '17IQR#35, '18IQR110 | 66.7% Yes (20) 30% Many (9) 3.3% Needs Impv (1) |
| 102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b, '18IQR111 | 89.5% Yes (17) 10.5% Many (2) (11 N/A) |
| 103. Is the individual safe? '17IQR#24, '18IQR112 | 53.3% Yes (16) 40% Many (12) 6.7% Needs Impv (2) |
| 104. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a, '18IQR113 | 20% Active (6) 60% Moderate (18) 20% Limited (6) |
| 105. If the person is retired, does he/she have opportunities to engage in activities of interest during the day? CPRQ 100; '17IQR#29b, '18IQR114 | 93.3% Yes (14) 6.7% Many (1) (15 N/A) |
| 106. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30, '18IQR115 | 93.3% Yes (28) 6.7% Many (2) |
| 107. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e, '18IQR116 | 96.7% Yes (29) 3.3% Many (1) |
| 108. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c, '18IQR117 | 30% Yes (9) 60% Many (18) |

| Question | FY2022 Metro (sample=30) |
|--|--|
| | 10% Needs Impv (3) |
| 109. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e, '18IQR118 | 100% Yes (30) |
| 110. Does the person have sufficient personal money? CPRQ110 '17IQR#34f, '18IQR119 | 96.7% Yes (29) 3.3% Many (1) |
| 111. Does the person get along with their day program/employment provider staff? CPRQ111, '18IQR120 | 96.2% Yes (25) 3.8% No (1) (5 CND) |
| 112. Does the person get along with their residential provider staff? CPRQ112, '18IQR121 | 100% Yes (30) |
| | |
| 113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10, '18IQR122 | 63.3% Many (19) 36.7% Needs Impv (11) |
| 114. If there is evidence of situations in which the team failed to reach a consensus on the person's service and support needs, has the team made efforts to build consensus? CPRQ 115; '17IQR#17c, '18IQR123 | 0% Yes 33.3% Many (1) 66.7% Needs Impv (2) (28 N/A) |
| 115. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs? CPRQ 116; '17IQR#17d, '18IQR124 | 30% Yes (9) 56.6% Many (17) 6.7% Needs Impv (2) 6.7% No (2) |
| 116. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117, '18IQR125 | 30% Yes (9) 53.3% Many (16) 16.7% Needs Impv (5) |
| 117. Do you recommend Dispute Resolution for this IDT? CPRQ118, '18IQR126 | 3.3% Yes (1) 96.7% No (29) |
| 118. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#17d, '18IQR127 | 43.3% Yes (13) 56.7% No (17) |
| 119. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c, '18IQR128 | 13.3% Yes (4) 86.7% No (26) |
| 120. If #118 OR #119 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; '18IQR129 | 86.7% Yes (13) |

| Question | FY2022 Metro (sample=30) |
|--|---|
| | 13.3% No (2) (15 N/A) |
| 121. Has the person changed residential/day services in the last year? CPRQ122, '18IQR130 | 30% Yes (9) 70% No (21) |
| 122. If #121 is Yes, was the change Planned by the IDT? CPRQ122a, '18IQR131 | 88.9% Yes (8) 11.1% No (1) (21 N/A) |
| 123. If #121 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b, '18IQR132 | 55.6% Yes (5) 44.4% No (4) (21 N/A) |
| 124. Overall, has the IDT process been adequate for assessing, planning, implementing, and monitoring of services for this person? CPRQ123; '17IQR#7n, '18IQR133 | 3.3% Yes (1) 80% Many (24) 16.7% Needs Impv (5) |
| | |
| 125. Does (Name) have a current Person-Centered Assessment? '18IQR134 | 89.7% Yes (26) 10.3% Many (3) (1 N/A) |
| 126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a, '18IQR135 | 38.9% Yes (7) 38.9% Many (7) 22.2% No (4) (12 N/A) |
| 127. Did the individual participate personally in the Person Centered Assessment? '18IQR136 | 82.8% Yes (24) 17.2% No (5) (1 N/A) |
| 128. Did the Guardian participate in the Person Centered Assessment? '18IQR137 | 80% Yes (24) 20% No (6) |
| 129. Is the individual engaged in the Informed Choice Project? '18IQR138 | (30 N/A) |
| 130. Has the individual been offered the opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities? '17IQR#26e, '18IQR139 | 68.4% Yes (13) 31.6% No (6) (11 N/A) |
| 131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section? '18IQR140 | 76.9% Yes (10) |

| Question | FY2022 Metro (sample=30) |
|---|---|
| | 23.1% Many (3) (17 N/A) |
| 132. If #131 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs? '18IQR141 | 83.3% Yes (5) 16.7% Many (1) (23 N/A) |
| 133. Has the Guardian had the opportunity to gain information on how the individual responded during job exploration activities such as volunteering and/or trial work experiences? '18IQR142 | 73.7% Yes (14) 21% Many (4) 5.3% Needs Impv (1) (11 N/A) |
| 134. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c, '18IQR143 | 89.5% Yes (17) 10.5% Many (2) (11 N/A) |
| 135. Has the Guardian received information regarding the range of employment options available for the individual? '18IQR144 | 94.7% Yes (18) 5.3% Needs Impv (1) (11 N/A) |
| 136. If there are barriers to employment, has the Team, including the individual, addressed how to overcome those barriers to employment and integrating clinical info., AT, & therapies as necessary ... '17IQR#27b, '18IQR145 | 84.2% Yes (16) 10.5% Many (2) 5.3% Needs Impv (1) (12 N/A) |
| 137. If there are barriers to employment, has the Team addressed with the Guardian how to overcome those barriers to employment and integrating clinical info, AT, & therapies as necessary...? '18IQR146 | 88.9% Yes (16) 11.1% Many (2) (12 N/A) |
| 138. Has the individual participated in work or volunteer activities during the past year? '18IQR147 | 22.2% Yes (4) 38.9% Many (7) 11.1% Needs Impv (2) 27.8% No (5) (12 N/A) |
| 139. Has the individual identified what type of work or volunteer activities he/she would like to do? '18IQR148 | 33.3% Yes (6) 55.6% Many (10) 11.1% Needs Impv (2) (12 N/A) |
| 140. Does the Guardian support him/her working? '18IQR149 | 52.6% Yes (10) |

| Question | FY2022 Metro (sample=30) |
|---|---|
| | 47.4% No (9) (11 N/A) |
| 142. Is the individual engaged in Supported Employment? CPRQ129, '18IQR151 | 11.1% Yes (2) 88.9% No (16) (12 N/A) |
| 144. Does the person have a Career Development Plan? CPRQ128 17IQR#26e, '18IQR153 | 33.3% Yes (1) 33.4% Many (1) 33.3% No (1) (27 N/A) |
| | |
| 145. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d, '18IQR154 | 58.6% Yes (17) 41.4% No (12) (1 N/A) |
| 146. Does the person need behavior services now? CPRQ132 '17IQR#11e, '18IQR155 | 62.1% Yes (18) 37.9% No (11) (1 N/A) |
| 147. Have behavioral assessments been completed? CPRQ133, '18IQR156 | 61.1% Yes (11) 22.2% Many (4) 11.1% Needs Impv (2) 5.6% No (1) (12 N/A) |
| 148. Does the person have a positive behavior support plan developed out of the behavior assessments that meets the person's needs? CPRQ134 '17IQR#5g, '18IQR157 | 61.1% Yes (11) 33.3% Many (6) 5.6% No (1) (12 N/A) |
| 149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d, '18IQR158 | 66.7% Yes (12) 22.1% Many (4) 5.6% Needs Impv (1) 5.6% No (1) (12 N/A) |
| 150. If needed, does the person have a Behavior Crisis Intervention Plan that meets the person's needs? CPRQ 73a; '17IQR#5h, '18IQR159 | 50% Yes (3) |

| Question | FY2022 Metro (sample=30) |
|--|---|
| | 50% Many (3) (24 N/A) |
| 151. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i, '18IQR160 | 44.4% Yes (8) 44.4% Many (8) 5.6% Needs Impv (1) 5.6% No (1) (12 N/A) |
| 152. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d, '18IQR161 | 55.6% Yes (10) 33.3% Many (6) 11.1% No (2) (12 N/A) |
| | |
| 153. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b, '18IQR162 | 64.3% Yes (18) 35.7% Many (10) (2 N/A) |
| 154. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c, '18IQR163 | 63% Yes (17) 37% Many (10) (3 N/A) |
| 155. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f, '18IQR164 | 82.8% Yes (24) 17.2% Many (5) (1 N/A) |
| 156. Is the person's equipment and technology in good repair?'17IQR#25d, '18IQR165 | 89.7% Yes (26) 6.9% Many (2) 3.4% Needs Impv (1) (1 N/A) |
| 157. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e, '18IQR166 | 55.2% Yes (16) 44.8% Many (13) (1 N/A) |
| 158. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b, '18IQR167 | 58.6% Yes (17) 37.9% Many (11) 3.4% No (1) |

| Question | FY2022 Metro (sample=30) |
|---|---|
| | (1 N/A) |
| 159. Does the person have an ISP that addresses live, work/learn, fun/relationships and health/other that correlates with the person's desires and capabilities, in accordance with DOH Regulations? CPRQ141 '17IQR#7o, '18IQR168 | 86.7% Yes (26) 10% Many (3) 3.3% Needs Impv (1) |
| 160. Does the person have an ISP that contains a complete Vision Section that is based on a long-term view? CPRQ142 '17IQR#7a, '18IQR169 | 70% Yes (21) 26.7% Many (8) 3.3% Needs Impv (1) |
| 161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a, '18IQR170 | 83.3% Yes (25) 13.4% Many (4) 3.3% Needs Impv (1) |
| 162. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f, '18IQR171 | 86.7% Yes (26) 13.3% Many (4) |
| 163. Is the person integrated into the community? CPRQ145; '17IQR#29g, '18IQR172 | 53.3% Yes (16) 33.4% Many (10) 13.3% Needs Impv (4) |
| 164. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36, '18IQR174 | 0% Yes 83.3% Many (25) 16.7% Needs Impv (5) |