



**A. Jackson Class Member Demographics – Northwest Region**

When the NW sample was selected in January 2020, there were 17 Active Jackson Class Members in the Northwest Region, since that time, two individuals have passed away. There were 9 class members reviewed in the Northwest Region as part of the 2019 IQR. Details regarding all 15 class members currently active in the region are provided below.

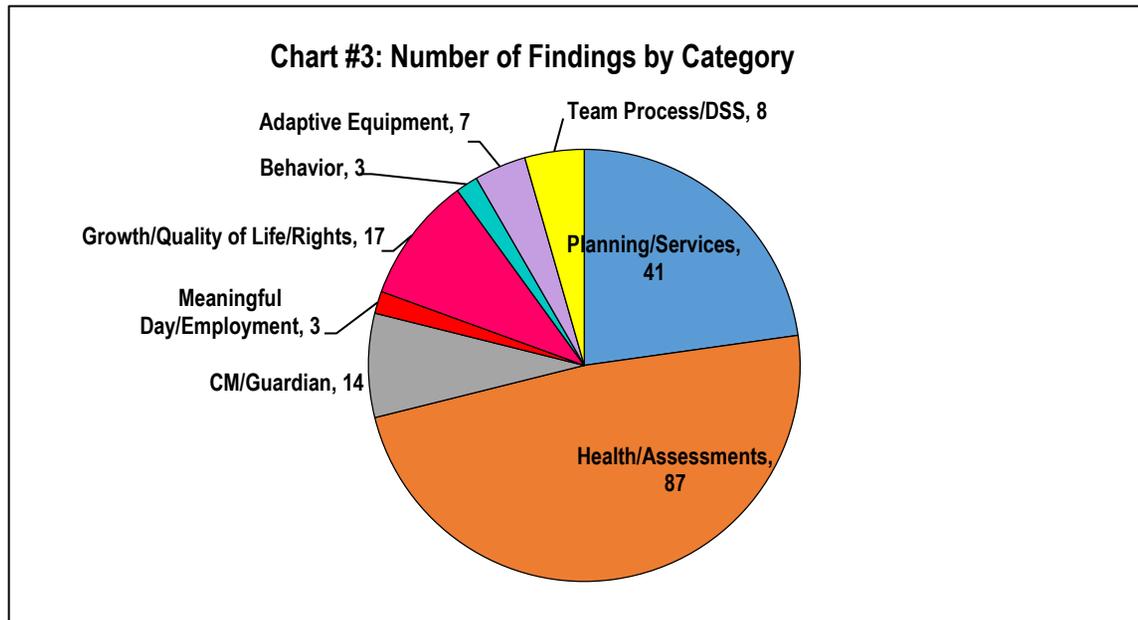
Chart #1: Demographics of JCMs in the Northwest Region					
Age		Ethnicity		Day Service Type	
30-39	0	Hispanic	1 (7%)	CCS	13 (87%)
40-49	0	Caucasian	4 (27%)	CIE	1 (7%)
50-59	6 (40%)	Native American	10 (67%)	Mi Via – Community Direct Support/Navigation	1 (7%)
60-69	7 (46%)	Black/African American	0 (0%)		
70-79	2 (13%)	Asian	0 (0%)		
80+	0	Gender			
Average Age:	61	Male	6 (40%)	Residential Service Type	
		Female	9 (60%)	Supported Living	13 (87%)
				Family Living	1 (7%)
				Customized In-Home Supports	0 (0%)
				Mi Via – In-Home Living Supports	1 (7%)

**Chart #2: Agencies and the Number of Jackson Class Members They Serve in the Northwest Region  
(one JCM in the sample passed away shortly after the review)**

<b>Case Management</b>	A Step Above (1)	Consumer Direct (Mi Via 1)	Excel (8)	Peak (3)	Rio Puerco (2)	
<b>Residential</b>	At Home Advocacy (Mi Via 1)	Dungarvin (6)	Ramah Care (4)	Tungland (4)		
<b>Day</b>	At Home Advocacy (Mi Via 1)	Dungarvin (6)	Empowerment (1)	PMS Shield (1)	Ramah Care (2)	Tungland (5)

**B. Most Frequently Identified Findings by Category**

For the 9 people in the review, there were a total of 180 Findings. The table below shows into what categories those findings fall.



### C. Most Frequently Repeated Findings by Category

IQR Findings include the identification of good and exemplary as well as deficient practice. Findings are developed by the Surveyor, reviewed by a Case Judge, the Community Monitor, DDS Regional Office, State DDS and DHI Staff before they become final. The expectation is that the identified issue will be resolved not only for the individual but, if applicable, for everyone in that agency to whom the finding is relevant, and resolved in a way that is sustainable so that the identified issue remains “fixed”.

Of the 180 Findings in the Northwest Review, there were 70 (39%) identified as “repeat findings”. Repeat findings are those which have been identified by the IQR during previous reviews (within the last ten years). The category where ‘repeat findings’ are most frequently identified is in the area of Planning and Services (25 repeat findings 36%), followed by Health/Assessments (24 repeat findings 34%). 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 ----- Provider	AE/AC	Behavior	CM/ Guardian	Growth/ Quality of Life / Rights	Health/ Assmnts.	Meaningful Day / Supp. Empl	ISP and Services	Team/ DSS	Total
At Home Advocacy (Mi Via 1)	1	0	0	0	2	0	0	0	3
Dungarvin (3)	1	0	3	2	6	0	8	1	21
Ramah Care (3)	0	0	4	0	7	2	8	0	21
Tungland (2)	1	0	2	3	9	0	9	1	25
<b>TOTAL</b>	<b>3</b>	<b>0</b>	<b>9</b>	<b>5</b>	<b>24</b>	<b>2</b>	<b>25</b>	<b>2</b>	<b>70</b>

Chart #5: Repeat Findings by Area and Case Management Agency									
Area ----- Agency	AE/AC	Behavior	CM/ Guardian	Growth/ Quality of Life / Rights	Health/ Assmnts.	Meaningful Day / Supp. Empl	ISP and Services	Team/ DSS	Total
A Step Above (1)	0	0	1	0	1	0	4	0	6
Consumer Direct (Mi Via 1)	1	0	0	0	2	0	0	0	3
Excel (3)	1	0	4	3	12	1	10	1	32
Peak (2)	1	0	2	2	5	0	7	0	17
Rio Puerco (2)	0	0	2	0	4	1	4	1	12
<b>TOTAL</b>	<b>3</b>	<b>0</b>	<b>9</b>	<b>5</b>	<b>24</b>	<b>2</b>	<b>25</b>	<b>2</b>	<b>70</b>

## D. Immediate and Special Findings

There were 9 Class Members reviewed in Northwest Region as part of the 2019 IQR. Six (6) individuals (67%) were found to have immediate and/or special findings. Five (5) individuals (56%) were found to have Immediate Needs. Two (2) also had Special Findings. One (1) additional individual was found to have Special Needs. A total of three (3) individuals were identified with Special Need (33%). There were eight (8) Immediate findings and three (3) Special findings. Details of the issues of these findings are identified in the table below.

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

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

As the following summary highlights, the number of Immediate and/or Special Findings are in the following topic areas:

4 aspiration/CARMP findings	3 finding identified related to Health Oversight/Tracking
1 finding regarding DNR	1 finding regarding guardian involvement
1 finding regarding document production	1 finding regarding equipment

**Chart #6a: Immediate/Special Findings in the Northwest Region by Agency/Provider**

Residential Provider	# JCM in Sample	# Immediate Findings	# Special Findings	Total both Categories
At Home Advocacy (Mi Via)	1	0	0	0
Dungarvin	3	3	0	3
Ramah Care	3	3	2	5
Tungland	2	2	1	3
<b>CM Agency</b>				
A Step Above	1	0	1	1
Consumer Direct (Mi Via)	1	0	0	0
Excel	3	3	1	4
Peak	2	3	0	3
Rio Puerco	2	2	1	3

The following summarizes the details of the specific findings.

**Chart #6b: Immediate/Special Identified Findings – 2019 IQR Northwest Region**

Immediate/Special Identified Findings – 2019 Northwest IQR							
Reg	CM	Res	Day	Immd	Spec	IR	Issue
<b>Health Oversight Issues</b>							
NW	PEAK	Dungarvin	Dungarvin	X		X	JCM was diagnosed with a fractured tibia on 10/23/19, there was no evidence found of this unexplained injury being reported or investigated for possible ANE. Note: Surveyor reported this to DHI at 7:17 am on 4/21/20.
NW	Rio Puerco	Ramah Care	Ramah Care	X			<p>Based on document review and interviews, JCM has a current diagnosis of constipation and has a history of multiple bowel obstructions and bowel resection surgeries. The Guardian reports that these surgeries have resulted in scar tissue, that further surgery is not an option and that JCM's bowel issues are her primary health concern.</p> <p>Despite this history of serious and ongoing bowel issues, evidence does not indicate that bowel tracking, medication and HCP and MERP related to risk of constipation have been consistently and appropriately implemented.</p> <p>a) GERs dated 4/15/19 and 5/13/19 reflect medication errors of missed/delayed dosage of Lactulose given to prevent constipation.</p> <p>b) Per 8/26/2019 nursing note in Therap, staff reported 4th day no BM. Per constipation HCP &amp; MERP staff to contact RN if no BM in 2 days.</p> <p>c) Per 11/07/2019 nursing note in Therap, staff reported 3rd day no BM. Per constipation HCP &amp; MERP staff to contact RN if no BM in 2 days.</p> <p>d) Several days of BM tracking is missing in May, June, July, October, November, and December 2019, and January 2020. BM tracking missing/blank for 5/23-5/24/19, 6/01-6/02/20, 6/04/20, 6/7-6/9/19, 6/15-6/16/20, 7/12/19, 10/31/19, 11/05/19, 12/06-12/11/19, 1/02-1/03/20, and 1/17-1/21/20.</p> <p>e) Per document review, 12/05/2019 JCM admitted to the ICU with pneumonia, bowel obstruction, and sepsis.</p> <p>f) Per document review, 1/2/2020-1/4/2020 hospitalization noted "moderate amount of fecal material within the colon consistent with delayed intestinal transit".</p> <p>Bowel tracking/Constipation Management is a Repeat Finding from the 2013 CPR (Finding not numbered, in the box following #6)</p>
NW	Excel	Tungland	Tungland	X			A PCP contact on 12/27/2019 was provided through the DRF process. On the contact form, a diagnosis of malignant tumor of the large intestine was noted. Nurse was contacted to obtain further information. Per interview the report was filed before review. No evidence of follow up for further testing or treatment was provided. There is no evidence this diagnosis has been discussed with the IDT. This needs immediate follow up as no one on the team was aware of this PCP finding, and when it was made.
<b>Aspiration/CARMP Issues</b>							
NW	Excel	Tungland	Tungland	X			JCM is at high risk of Aspiration. JCM's CARMP indicates that he is to have two teaspoons of liquid in his cup at a time. During SL HL and CCS Zoom observations, surveyor observed JCM's dinner and mid-morning snack with staff support. Surveyor observed staff provide a full cup of liquid during dinner and a half cup of liquid during his snack.
NW	PEAK	Dungarvin	Dungarvin	X		X	<p>Due to the COVID-19 pandemic, observations for this review were completed using skype. Based on the observation, residential staff is not adequately trained in administration of tube feedings. Observation done via Skype started at 12:00 pm and the entire feeding and 2 flushes were completed by 12:02 pm.</p> <p>Note: A GER was filed on 12/4/2019 documenting an ER visit due to vomiting during feeding.</p> <p>Note: Surveyor reported an IR this to DHI 7:17 am on 4/21/20.</p>

Immediate/Special Identified Findings – 2019 Northwest IQR							
Reg	CM	Res	Day	Immd	Spec	IR	Issue
NW	PEAK	Dungarvin	Dungarvin	X			7/30/19 CARMP does not include specific instructions for procedures to be use in administering bolus feeding (e.g. rate of administration).
NW	Rio Puerco	Ramah Care	Ramah Care	X			Based on document review and interviews, the following concerns are related to the 3/21/2019 CARMP: a) CARMP revised 12/16/19 states weight taken monthly. Nutritionist recommended weight be taken 2 x month at 8/15/2019 appt. b) Tube Feeding Protocol Strategy 3 states continuous feeding starts at 2000, then states continuous feeding is from 0600-0000. c) CARMP has not been updated to include the nutritionist's tube feeding recommendation from 12/20/19 assessment. CARMP 12/16/19 states current rate is 45ml/hr. RD recommended 60ml/hr x 18 hrs. at 12/20/2019 appt. d) CARMP has not been updated to include weight recommendations from Nutrition report of 2/13/20. Nutrition report 2/13/20 recommends monitor weights weekly and notify RD of weekly rates. CARMP 12/16/19 indicates weights monthly and notify nurse if 2 lb loss in 1 month e) CARMP has not been updated to include tube feeding recommendations from Nutrition report of 2/13/20. Nutrition report of 2/13/20 recommends changing feeding from infusion at 60 ml hr for 18 hrs. per day w/ 1600 cc water flushes per day to infusion rate of 63/ml/hr. x 18 hrs. and decreasing water flushes to 1300cc. CARMP of 12/16/19 states: 45 ml/hr. x 24 hrs, "flush tube with water" but does not specify amount of water to be used. f) Requested updated CARMP on Document Request Form. Per CM interview, CARMP has not been updated since 12/16/2019. Inconsistency between the CARMP and the Nutrition Assessment is a partial Repeat Finding from the 2015 CPR (#1, Special).
<b>Equipment Issues</b>							
NW	Excel	Tungland	Tungland		X		JCM's PT recommended a new wheelchair for him December 20, 2018. This chair is intended to address his risk for hazards associated with immobility which include pneumonia, skin breakdown, urinary tract infections, loss of bone density, muscle atrophy, and further contractures (12/20/18).  Annual PCP appointment 2/13/20 noted JCM was due for a wheelchair 5/19 and received prescriptions for a wheelchair at Annual PCP 2/13/20 appointment, however, as of the Zoom observations 5/4/20 and 5/5/20, DM has not received his wheelchair.  Per PT Annual Report 12/17/19 and interview, PT attempted multiple times to receive information from LCA nurse regarding wheelchair needs with delayed responses regarding PCP status.  No RORA has been filed.  Not having all equipment is a Repeat Finding from 2010 CPR (#20) and 2017 IQR (#19).
<b>Other</b>							
NW	Rio Puerco	Ramah Care	Ramah Care		X		During interview, Day DSP gave conflicting information regarding whether JCM has advance directives and was not aware that his DNR should be provided to EMS personnel. Stated (Q.16): "No he doesn't have advanced directives because of the guardian choosing. In his home in his files. Yes, he does, located in his home and in his files." Reviewer follow up question: "If you had to call an ambulance to the center, do you have to give the EMTs anything?" "Well staff would have to go with him to give the EMTs basic information because J can't talk."

Immediate/Special Identified Findings – 2019 Northwest IQR							
Reg	CM	Res	Day	Immd	Spec	IR	Issue
NW	A Step Above	Ramah Care	Empowerment		X		<p>The Document Request Form was not responded to timely. It is hard to acquire an accurate picture of JCM's supports, services and personal circumstances when so many required pieces of information are not provided or not provided timely. The Surveyor and Case Judge were not notified that documents had been received and/or there were many documents not received timely including:</p> <ol style="list-style-type: none"> <li>1. April 2020 MAR</li> <li>2. Physicians Orders for Comfort Meds and Prescribed Meds</li> <li>3. 1/28/2019 Lab Results</li> <li>4. ZEE Nursing Face to Face Visit Notes 3/1/19-3/1/20</li> <li>5. Ramah Nursing Face to Face Visit Notes 3/1/19-3/1/20</li> <li>6. 19-20 PT Semi Annual Report</li> <li>7. Current PT WDSI for Walking Program</li> <li>8. Freedom of Choice for PT</li> <li>9. Current HCPs and MERPs for Ramah Care</li> <li>10. Current HCPs and MERPs for ZEE/Empowerment</li> <li>11. 19/20 ISP revisions</li> <li>12. T&amp;SS Health Outcome 19/20</li> <li>13. T&amp;SS Health Outcome 20/21</li> <li>14. T&amp;SS WORK Outcome 19/20</li> <li>15. T&amp;SS WORK Outcome 20/21</li> <li>16. Immunization history</li> <li>17. 19/20 RAMAH Care Semiannual report for CCSI (annual report received)</li> <li>18. 19/20 Ramah Care Semiannual report CCS IIBS (annual report received)</li> <li>19. 19/20 Ramah Care Semiannual SL (annual report received)</li> <li>20. 19/20 FUN Outcome tracking for 3 months (Nov-Jan)</li> <li>21. Most recent Auditory Assessment.</li> <li>22. DDS Assessment Tracking Sheet.</li> </ol>
NW	Excel	Ramah Care	Ramah Care	X			<ol style="list-style-type: none"> <li>1. Based on interviews and record review the Guardians involvement has been limited: <ol style="list-style-type: none"> <li>a. Per CM interview CM stated he planned a trip with JCM and staff to go visit Guardian due to 2 months of unreturned phone calls.</li> <li>b. Per CCS interview staff stated, "She is not involved with her. The only time is when we probably took her to see her sister in Crownpoint; her sister never comes to see her. I know her sister has no consent of photography for her and does not want her to work. That's all I know from her."</li> <li>c. Per 19/20 ISP signature sheet guardian did not attend annual ISP meeting or call in.</li> <li>d. Per Res staff interview staff stated. "She doesn't really attend or make decisions it's the CM or SC the only thing she objects photo taking. She will see her once in a while out in the community and she will come up to her and tell her hi and talk to the staff." For example, surgery was recommended due to her fractures and the guardian could not be reached for discussion or consent, leaving the decision to the CM and SC. Guardian not present for meetings is a partial repeat finding 2014 CPR (# 2), and 2017 IQR (#3).</li> </ol> </li> </ol>

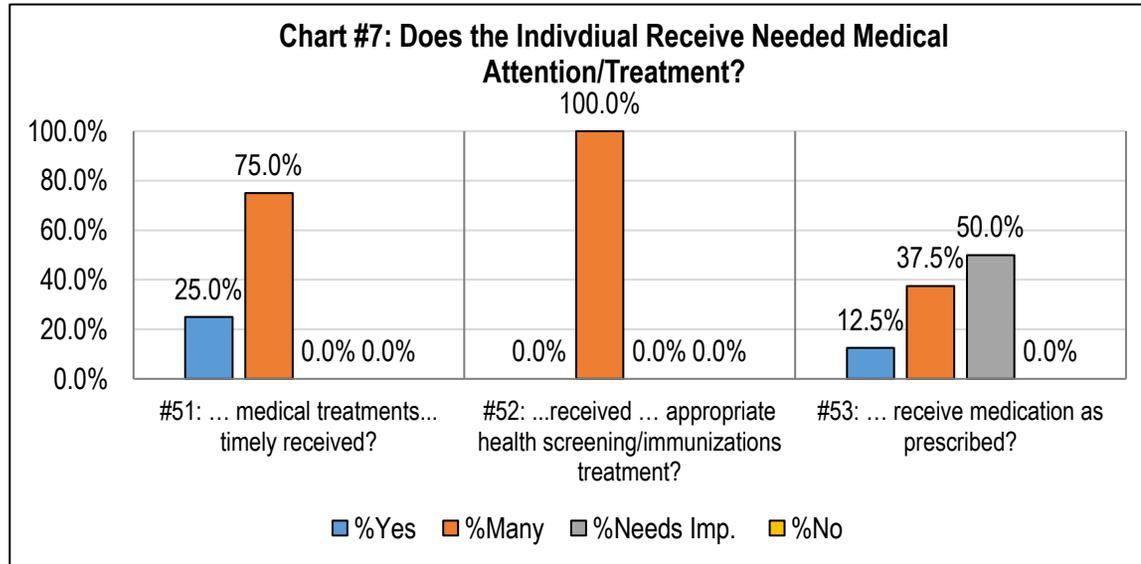
## E. Health, Assessments and Overall Wellness

There is a series of scored questions in the IQR protocol that specifically relate to the medical attention received by the class members. The 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?

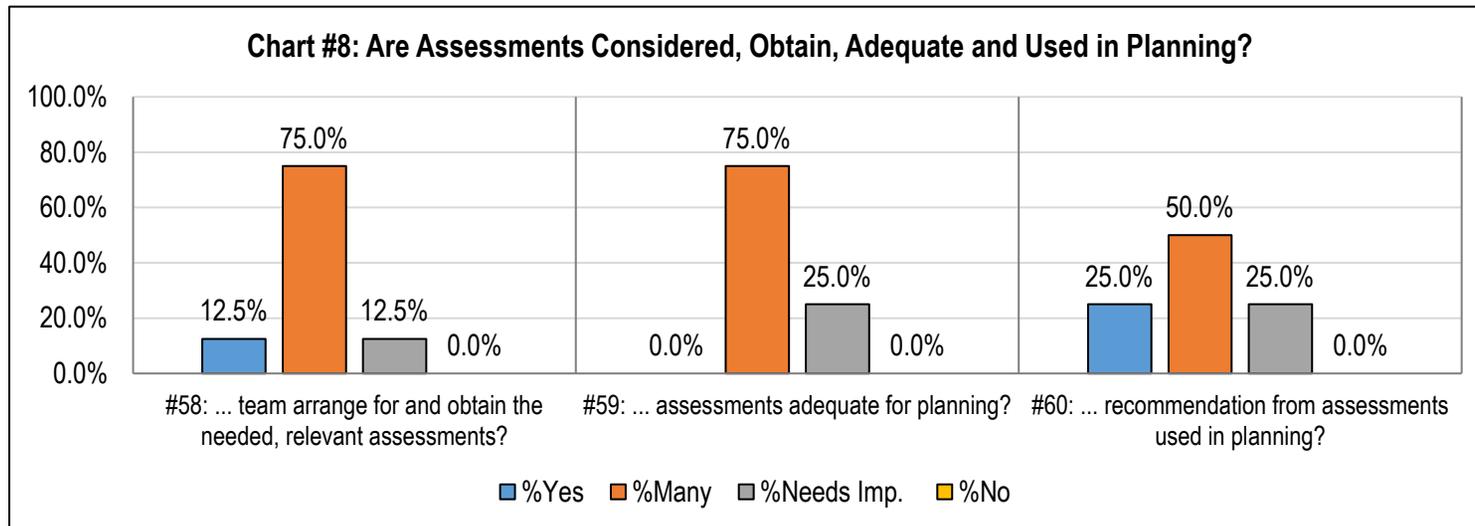


Ensuring individuals have the medical treatment they require includes scheduling and obtaining needed assessments and using information from those assessments to influence treatment and inform future planning. The IQR also evaluates the assessments needed by the individual and whether or not those assessments 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, Community Monitor, Regional and State DDSD and DHI staff, the individual and his/her team prior to becoming final<sup>1</sup>. 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 doctor's order was not found AND was also found to have been given a medication twice a day when the doctor's order called for one time a day, that might be ONE finding regarding medication but TWO different issues.

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

1. Nationally recommended immunizations/screenings not discussed or completed (29 issues)
2. Medication, MAR, Dr. orders inconsistencies

It is worth noting that one agency, Tungland, had 41% of the total issues, but only two (2) people (22%) in the sample. Ramah Care had 31% of the total issues with three (3) people (33%) in the sample. Dungarvin had 22% of the total issues with three (3) people (33%) in the sample. At Home Advocacy had 6% of the total issues with one (1) person (11%) in the sample.

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

Issue	Provider (# in Sample)	At Home Advocacy (Mi Via 1)	Dungarvin (3)	Ramah Care (3)	Tungland (2)	Total (9)
<b>Appointments</b>						
Audiology not current / adequate	0	1	4	1	6	
Dental: follow up not completed / not timely	0	0	1	1	2	
PCP: follow up not completed / not timely	0	3	4	1	8	
Psychiatric: follow up not completed / not timely	0	0	0	1	1	
Specialists: follow up not completed / not timely	0	0	0	1	1	
TEASC - follow up not completed / not timely	0	1	0	0	1	
Vision/Ophthalmology: Not current / not adequate / missing	0	0	0	1	1	

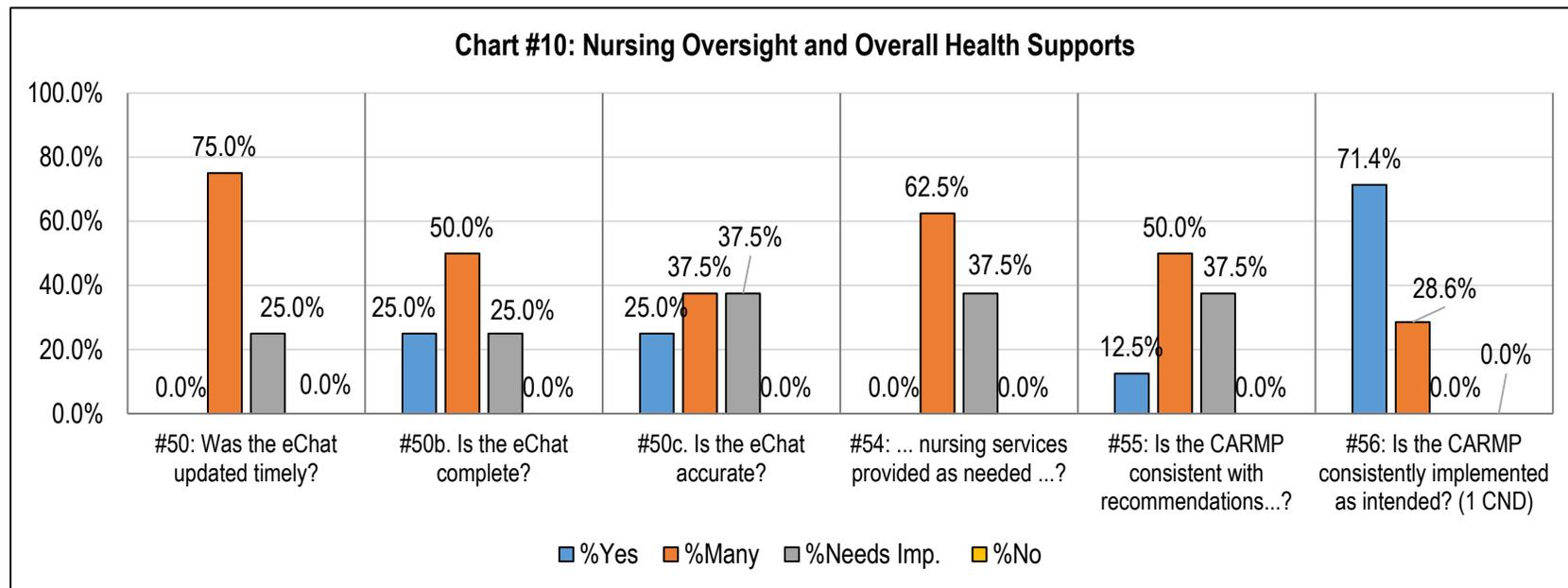
<sup>1</sup> In the future, the Findings will become final after the Regional Office Status Summary.

<b>Issue</b>	<b>Provider (# in Sample)</b>	<b>At Home Advocacy (Mi Via 1)</b>	<b>Dungarvin (3)</b>	<b>Ramah Care (3)</b>	<b>Tungland (2)</b>	<b>Total (9)</b>
<b>MAR/Medications</b>						
MAR/Medication/Dr. Orders do not match (med strength, delivery method, purpose of med)		0	1	10	17	<b>28</b>
Med not on MAR but found in home		0	1	0	0	<b>1</b>
Expired med found in home		0	0	1	0	<b>1</b>
Medication not added/deleted from MAR.		0	0	0	2	<b>2</b>
Meds not administered / given as required		0	5	4	0	<b>9</b>
Med. Review needed		0	0	1	0	<b>1</b>
PRN Psychotropic Med tracking / following protocol inconsistent		0	3	1	0	<b>4</b>
<b>Screenings</b>						
<b>Total number of myhealthfinder issues by agency based on a-h below:</b>		<b>6</b>	<b>6</b>	<b>8</b>	<b>9</b>	<b>29</b>
a. No evidence of Hep B/HepC screening or team discussion thereof		1	2	4	2	<b>7</b>
b. No evidence of mammogram or team discussion thereof		1	0	0	0	<b>1</b>
c. No evidence of Pap or team discussion thereof		1	1	0	0	<b>2</b>
d. No evidence of shingles vaccine or team discussion thereof		1	1	2	2	<b>5</b>
e. No evidence of HIV screening or team discussion thereof		0	1	1	2	<b>3</b>
f. No evidence of TD/Tdap immunizations or team discussion thereof		1	0	1	1	<b>1</b>
g. No evidence of colorectal screening or team discussion thereof		1	1	0	1	<b>3</b>
h. No evidence of flu vaccine or team discussion thereof		0	0	0	1	<b>1</b>

<b>Issue</b>	<b>Provider (# in Sample)</b>	<b>At Home Advocacy (Mi Via 1)</b>	<b>Dungarvin (3)</b>	<b>Ramah Care (3)</b>	<b>Tungland (2)</b>	<b>Total (9)</b>
AIMS or other TD screening		0	0	1	1	2
No immunization record provided/not tracked in Therap		0	1	0	5	6
No evidence of test / lab screening or alt. option discussed.		0	1	0	6	7
No evidence of recommended bone density scan.		1	1	0	0	2
Plans needed to monitor health-related issues		0	1	0	1	2
<b>Totals</b>		<b>7</b>	<b>25</b>	<b>35</b>	<b>47</b>	<b>114</b>
<b>Average</b>		<b>7</b>	<b>8.3</b>	<b>11.7</b>	<b>23.5</b>	<b>12.7</b>

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

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



Oversight provided by nurses is a critical safeguard for Jackson Class Members, direct support professionals and their supervisors. This includes the adequacy and incorporation of needed (health related) tracking. The table below provides specific details, by Residential provider, of nursing related issues identified during the 2019 Northwest Region IQR. Again, this represents the number of issues found; not the number of findings.

As the numbers in the following chart show, the following nursing activities were identified most frequently as having issues.

1. HCPs (22)
2. Inconsistencies across plans (19)
3. e-CHAT (18)
4. Nursing documentation (18)
5. CARMP accurate and complete (17)

It is worth noting that one agency, Tunland, had 45% of the total issues, but only two (2) people (22%) in the sample. Ramah Care had 31% of the total issues with three (3) people (33%) in the sample. Dungarvin had 24% of the total issues with three (3) people (33%) in the sample.

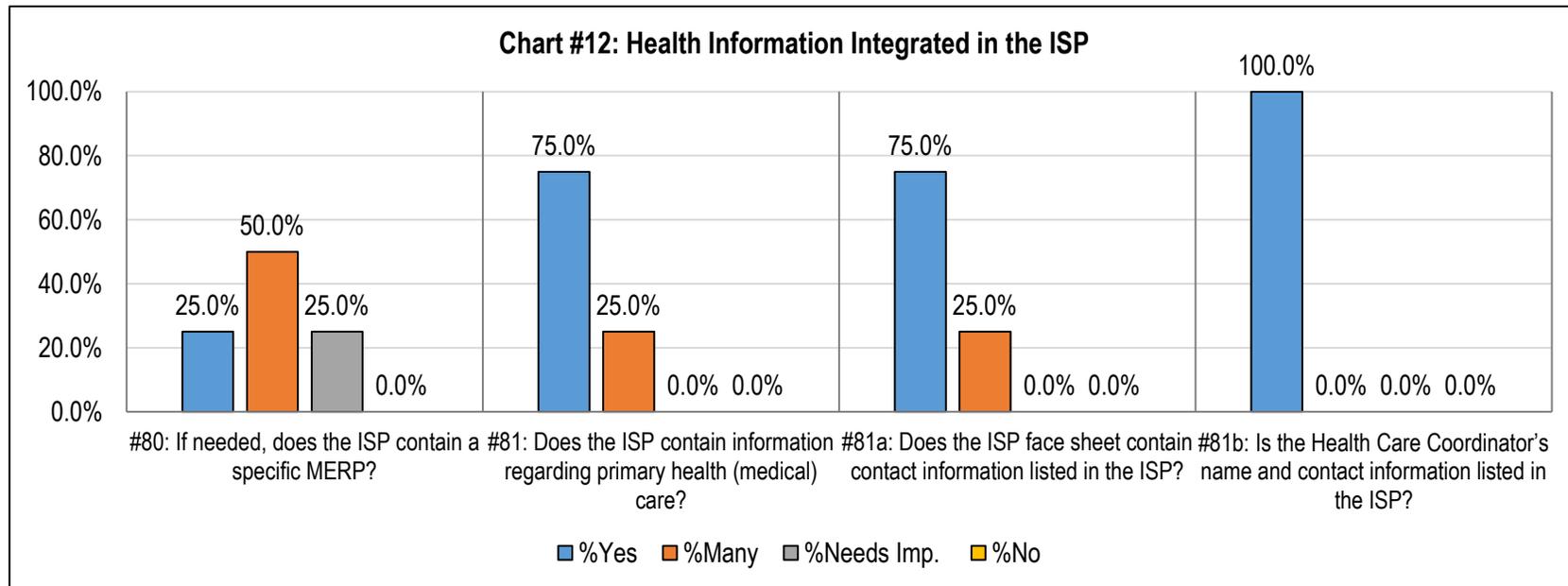
**Chart #11: Type of Nursing Related Issues Identified by Residential Provider**

Issue	Provider (# in Sample)	At Home Advocacy (Mi Via 1)	Dungarvin (3)	Ramah Care (3)	Tunland (2)	Total (9)
<b>Nursing Assessments</b>						
e-CHAT incorrect/inconsistent /not updated timely		0	5	5	8	<b>18</b>
CARMP inaccurate/ incomplete/not current		0	2	6	9	<b>17</b>
MERPs inaccurate/incomplete/need more detail		0	2	3	6	<b>11</b>
HCPs inaccurate/incomplete/need more detail		0	2	6	14	<b>22</b>
Has both a CARMP and HCP for Aspiration		0	0	0	1	<b>1</b>
Inconsistency between HCP/ CARMP/MERP/e-CHAT/MARS/Plans		0	4	8	7	<b>19</b>
HCP/CARMP/MERP not implemented		0	1	2	1	<b>4</b>
MAR/HCP/MERP/CARMP/Appointment Forms not linked in Therap		0	1	4	1	<b>6</b>
MAAT inaccurate/inconsistent/not timely		0	1	1	2	<b>4</b>

Issue	Provider (# in Sample)	At Home Advocacy (Mi Via 1)	Dungarvin (3)	Ramah Care (3)	Tungland (2)	Total (9)
<b>Nursing Documentation</b>						
Nursing Annual/Quarterly/ Monthly report not timely completed/missing	0	6	2	3	11	
Nurse report not accurate/missing information/inadequate	0	6	5	7	18	
No evidence of nursing face-to-face visits as required	0	1	0	2	3	
Nurse not familiar with diagnoses/HCPs/MERPs	0	1	0	1	2	
Nurse not monitoring as required, e.g., tracking	0	0	0	1	1	
Nurse needs to ensure adequate training of staff	0	3	4	0	7	
Consultation form inconsistent with other documents/do not list recommendations	0	1	0	2	3	
Nurse not attending ISP meeting	0	0	0	1	1	
<b>Totals</b>	<b>0</b>	<b>36</b>	<b>46</b>	<b>66</b>	<b>148</b>	
<b>Average</b>	<b>0</b>	<b>12</b>	<b>15.3</b>	<b>33</b>	<b>16.4</b>	

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:

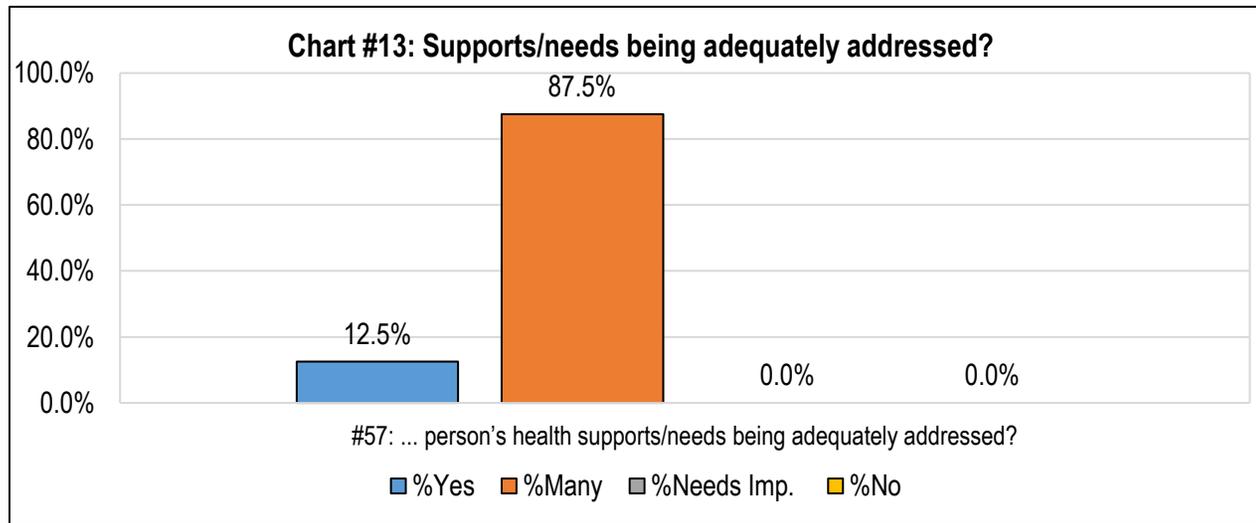
- Question #80: If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)?
- Question #81: Does the ISP contain information regarding primary health (medical) care?
- Question #81a: Does the ISP face sheet contain contact information listed in the ISP?
- Question #81b: Is the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



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

**#57: Are the person's health supports/needs being adequately addressed?**

As noted in the chart below, for the 9 people reviewed in the Northwest Region, overall, one individual had their health supports/needs adequately addressed (13% Yes). There were 7 people who had many of their needs addressed (88%)



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. 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.

The largest number of issues found for Residential providers clustered in the following areas:

- Therapy reports containing baseline and progress
- Inconsistent healthcare tracking, especially intake and output

It is worth noting that one agency, Tungland, had 45% of the total issues, but only two (2) people (22%) in the sample. Ramah Care had 39% of the total issues with three (3) people (33%) in the sample.

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

Issue	Provider (# in Sample)	At Home Advocacy (1)	Dungarvin (3)	Ramah Care (3)	Tungland (2)	Total (9)
	Healthcare Tracking					
<b>Total Tracking Issues Per Agency</b>		<b>0</b>	<b>0</b>	<b>11</b>	<b>9</b>	<b>34</b>
Weight Tracking issues		0	0	2	2	4
Fluid Input/Urine Output Tracking issues		0	0	8	2	10
Bowel Tracking issues		0	0	15	4	19
Vitals Tracking issues		0	0	0	1	1

Issue	Provider (# in Sample)					Total (9)
	At Home Advocacy (1)	Dungarvin (3)	Ramah Care (3)	Tungland (2)		
<b>Nutrition Reports</b>						
Nutrition: Inadequate/inconsistent	0	0	4	5		9
Nutrition: Not timely (6 not aligned with ISP year)	0	6	7	4		17
<b>Physical Therapy</b>						
PT Report/Eval not available/timely for planning/use	0	0	2	1		3
PT Report/Eval does not identify baseline/ progress	0	2	4	7		13
PT WDSI missing/not timely/not specific	0	0	3	0		3
<b>Occupational Therapy</b>						
OT Report/Eval not available/timely for planning/use	0	0	3	1		4
OT Report/Eval does not ID baseline/progress	0	4	2	6		12
OT WDSI missing/not specific	0	0	2	0		2
OT Mods not timely	1	0	0	0		1
<b>Speech/Language Pathology</b>						
SLP Report/Eval not available/timely for planning/use	0	0	0	2		2
SLP Evaluation/Report does not identify baseline/progress	0	2	0	2		4
SLP WDSI missing/not specific	0	0	0	2		2

Issue	Provider (# in Sample)					Total (9)
	At Home Advocacy (1)	Dungarvin (3)	Ramah Care (3)	Tungland (2)		
<b>Behavior Support Consultation</b>						
Behavior issues but no BSC Assessment	1	0	0	0	1	
BSC Report/Eval not available/timely for planning/use	0	0	0	1	1	
Behavior Report/Eval does not ID baseline/progress	0	0	1	0	1	
Behavior Report inaccurate/inadequate	0	0	0	0	0	
PBSP not adequate/ no skills/no recs	0	0	0	1	1	
Behavior Crisis Plan not adequate	0	0	0	0	0	
BSC Unresponsive	0	0	4	0	4	
<b>Other</b>						
Needs Eval by PT/OT/SLP	3	0	2	0	5	
<b>Totals</b>	<b>5</b>	<b>14</b>	<b>63</b>	<b>41</b>	<b>123</b>	
<b>Average</b>	<b>5</b>	<b>4.7</b>	<b>21</b>	<b>20.5</b>	<b>13.67</b>	

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

Before a plan can be implemented, it must first be created. The ISPs that provide details regarding the individuals' visions and outcomes are supposed to be developed by an Interdisciplinary Team that includes the Individual and those who know and provide supports to that person. This includes the Guardian, Case Manager, 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 2019 IQR protocol specifically probes 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 2019 Northwest Region review.

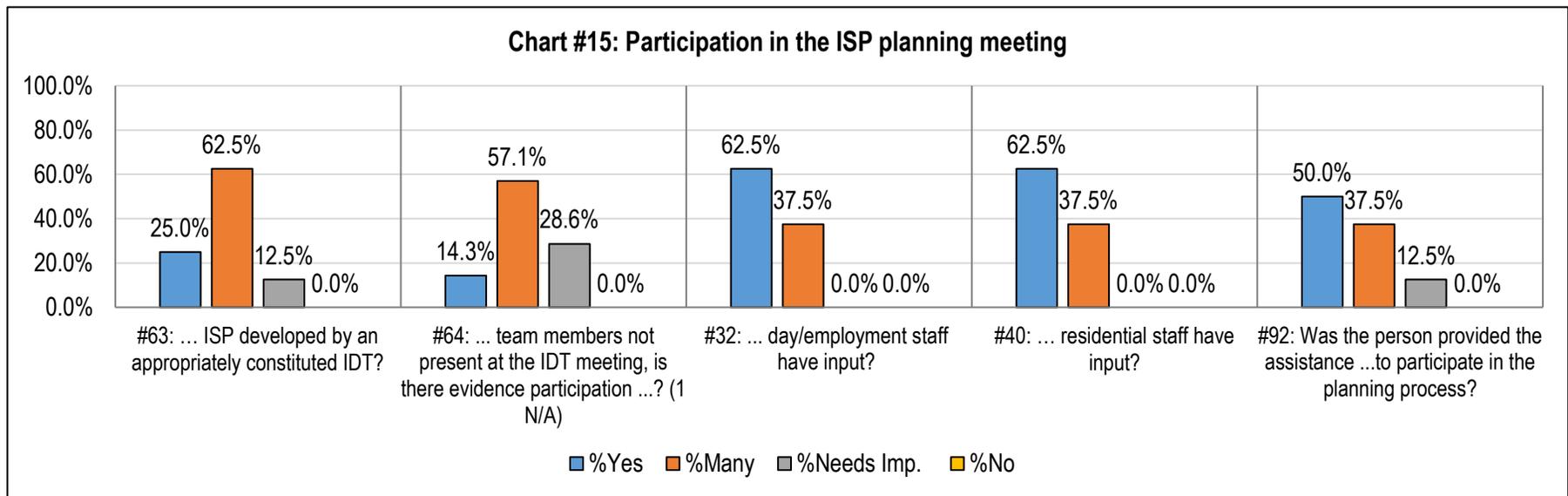
Question #63: Was the ISP developed by an appropriately constituted IDT?

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

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

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

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



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

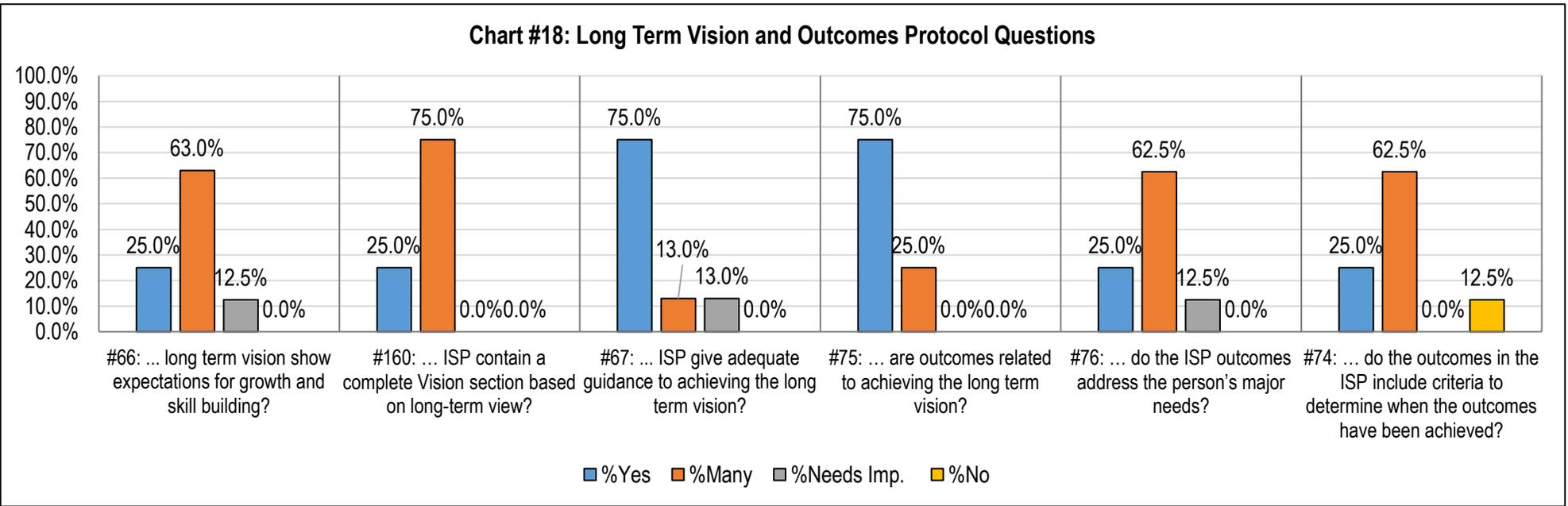
Res. Agency (# in sample)	Question				
	#63	#64	#32	#40	#92
Dungarvin (3)	33.3% Yes (1) 66.7% Many (2)	0% Yes 100% Many (2) (1 N/A)	66.7% Yes (2) 33.3% Many (1)	66.7% Yes (2) 33.3% Many (1)	66.7% Yes (2) 33.3% Many (1)
Ramah Care (3)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	33.3% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1)	100% Yes (3)	100% Yes (3)	66.7% Yes (2) .3% Needs Impv (1)
Tungland (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)

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

CM Agency (# in sample)	Question				
	#63	#64	#32	#40	#92
A Step Above (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)
Excel (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)	33.3% Yes (1) 66.7% Many (2)	33.3% Yes (1) 66.7% Many (2)
Peak (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (1) (1 N/A)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	100% Yes (2)
Rio Puerco (2)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% Many (1)

One foundational component of an individual’s ISP is the Long Term Vision, which summarizes what the individual wants to accomplish in the near future (3 to 5 years) in each life area. To that end, Outcomes are to be developed by the Team in a way that results in an accomplishable path to the visions. The 2019 IQR protocol specifically probes 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 2019 Northwest Region review.

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



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

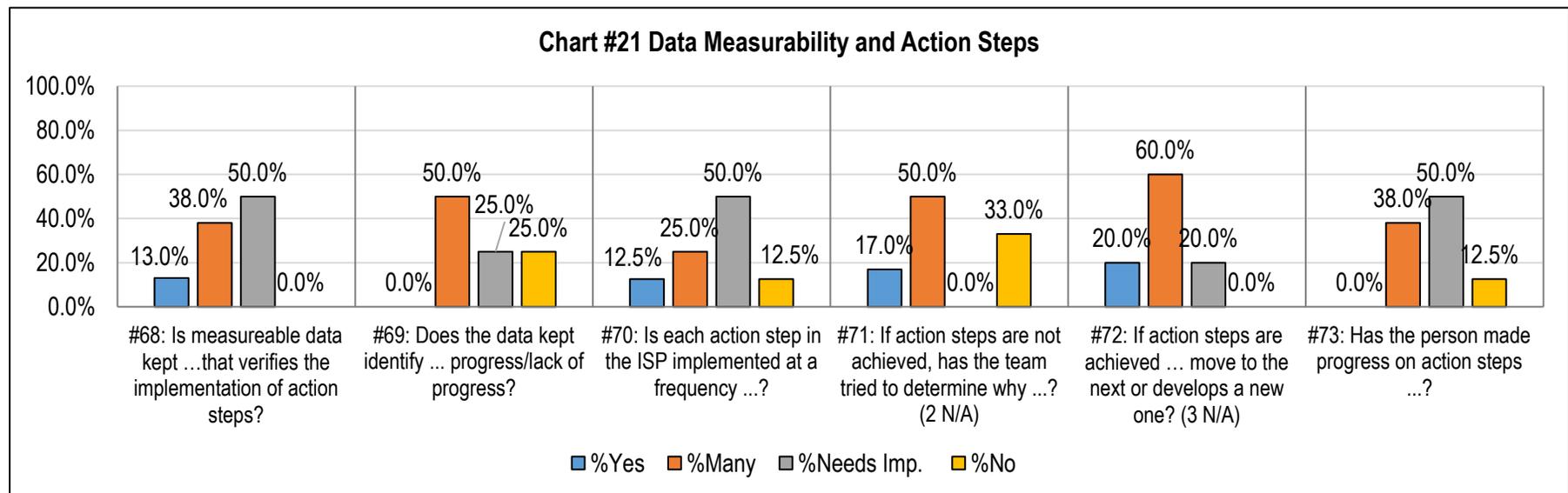
Res Agency (# in sample)	Question					
	#66	#160	#67	#75	#76	#74
Dungarvin (3)	33% Yes (1) 67% Many (2)	33.3% Yes (1) 66.7% Many (2)	33.3% Yes (1) 66.7% Many (2)	100% Yes (3)	33.3% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1)	33.3% Yes (1) 33.3% Many (1) 33.3% No (1)
Ramah Care (3)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	0% Yes 100% Many (3)	66.7% Yes (2) 33.3% Needs Impv (1)	33.3% Yes (1) 66.7% Many (2)	0% Yes 100% Many (3)	0% Yes 100% Many (3)
Tungland (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)

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

CM Agency (# in sample)	Question					
	#66	#160	#67	#75	#76	#74
A Step Above (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Excel (3)	33.3% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1)	33.3% Yes (1) 66.7% Many (2)	100% Yes (3)	100% Yes (3)	33.3% Yes (1) 66.7% Many (2)	33.3% Yes (1) 66.7% Many (2)
Peak (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	100% Yes (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	50% Yes (1) 50% Many (1)
Rio Puerco (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	100% Yes (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% No (1)

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

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



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

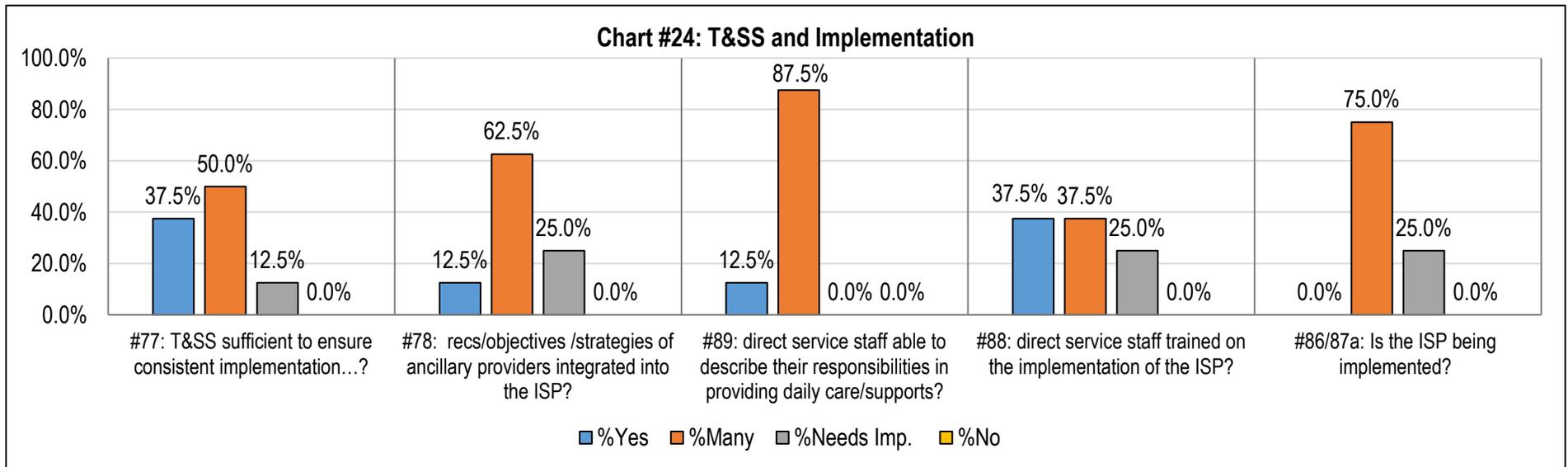
Res Agency (# in sample)	Question					
	#68	#69	#70	#71	#72	#73
Dungarvin (3)	0% Yes 67% Many (2) 33% Needs Impv (1)	0% Yes 67% Many (2) 33% No (1)	0% Yes 67% Many (2) 33% Needs Impv (1)	50% Yes (1) 50% No (1) (1 N/A)	50% Yes (1) 50% Needs Impv (1) (1 N/A)	0% Yes 33% Many (1) 67% Needs Impv (2)
Ramah Care (3)	0% Yes 100% Needs Impv (3)	0% Yes 33.3% Many (1) 33.3% Needs Impv (1) 33.3% No (1)	33.3% Yes (1) 33.3% Needs Impv (1) 33.3% No (1)	0% Yes 66.7% Many (2) 33.3% No (1)	0% Yes 100% Many (1) (2 N/A)	0% Yes 33.3% Many (1) 33.3% Needs Impv (1) 33.3% No (1)
Tungland (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Needs Impv (2)	0% Yes 100% Many (1) (1 N/A)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)

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

CM Agency (# in sample)	Question					
	#68	#69	#70	#71	#72	#73
A Step Above (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	(1 N/A)	0% Yes 100% Needs Impv (1)
Excel (3)	33.3% Yes (1) 66.7% Many (2)	0% Yes 33.3% Many (1) 66.7% Needs Impv (2)	33.3% Yes (1) 66.7% Needs Impv (2)	0% Yes 100% Many (2) (1 N/A)	0% Yes 100% Many (3)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)
Peak (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 100% No (1) (1 N/A)	0% Yes 100% Needs Impv (1) (1 N/A)	0% Yes 50% Many (1) 50% Needs Impv (1)
Rio Puerco (2)	0% Yes 100% Needs Impv (2)	0% Yes 100% No (2)	0% Yes 50% Needs Impv (1) 50% No (1)	50% Yes (1) 50% No (1)	100% Yes (1) (1 N/A)	0% Yes 50% Needs Impv (1) 50% No (1)

In addition to the components listed above, the Teaching and Support Strategies (T&SS) are also an integral part of the ISP. T&SS should be developed by the residential and/or day provider responsible for implementing the T&SS. Input from others such as therapists should be included as needed. WDSIs are developed by therapists as a complement to the T&SS. All T&SS and WDSIs should provide guidance for those direct support professionals who support the person in achieving his/her Vision/Outcomes. The following protocol questions in the 2019 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
Dungarvin (3)	66.7% Yes (2) 33.3% Needs Impv (1)	33.3% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1)	0% Yes 100% Many (3)	66.7% Yes (2) 33.3% Needs Impv (1)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)
Ramah Care (3)	0% Yes 100% Many (3)	0% Yes 100% Many (3)	33.3% Yes (1) 66.7% Many (2)	33.3% Yes (1) 66.7% Many (2)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)
Tungland (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)

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

CM Agency (# in sample)	Question				
	#77	#78	#89	#88	#87a
A Step Above (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)
Excel (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)	33.3% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1)	0% Yes 100% Many (3)
Peak (2)	50% Yes (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)	50% Yes (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)
Rio Puerco (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% Needs Impv (1)

As evidenced above, the different components of each person's ISP are evaluated. Based on that analysis, an overview of the adequacy of ISP content as well as implementation and effectiveness of the ISP can be determined. There are multiple questions in the 2019 IQR protocol that probe these items, and the level of intensity of services that individuals in the review receive.

Question #65: Does my ISP contain current and accurate information?

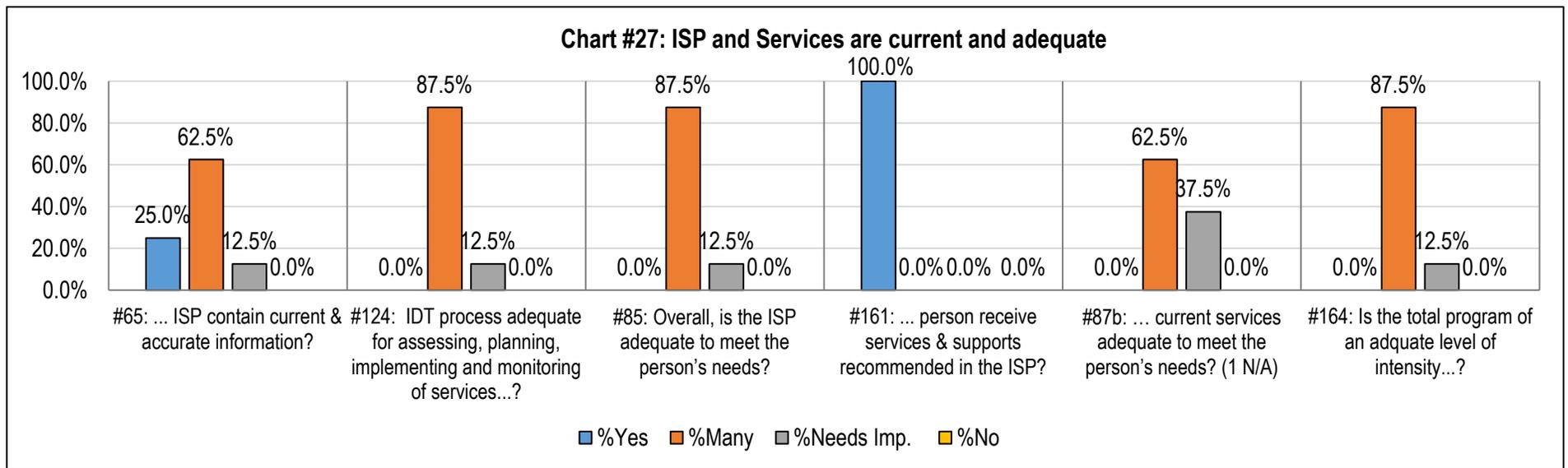
Question #124: Overall, has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?

Question #85: Overall, is the ISP adequate to meet the person's needs?

Question #161: Does the person receive services and supports recommended in the ISP?

Question #87b: Are current services adequate to meet the person's needs?

Question #164: Is the total program of the level of intensity adequate to meet this person's needs?



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

Res. Agency (# in sample)	Question					
	#65	#124	#85	#161	#87b	#164
Dungarvin (3)	66.7% Yes (2) 33.3% Many (1)	0% Yes 100% Many (3)	0% Yes 100% Many (3)	100% Yes (3)	0% Yes 100% Many (3)	0% Yes 100% Many (3)
Ramah Care (3)	0% Yes 100% Many (3)	0% Yes 100% Many (3)	0% Yes 100% Many (3)	100% Yes (3)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	0% Yes 100% Many (3)
Tungland (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	100% Yes (2)	0% Yes 100% Needs Impv (2)	0% Yes 50% Many (1) 50% Needs Impv (1)

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

CM Agency (# in sample)	Question					
	#65	#124	#85	#161	#87b	#164
A Step Above (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)
Excel (3)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	100% Yes (3)	0% Yes 33.3% Many (1) 66.7% Needs Impv (2)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)
Peak (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
Rio Puerco (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)

## G. Case Management

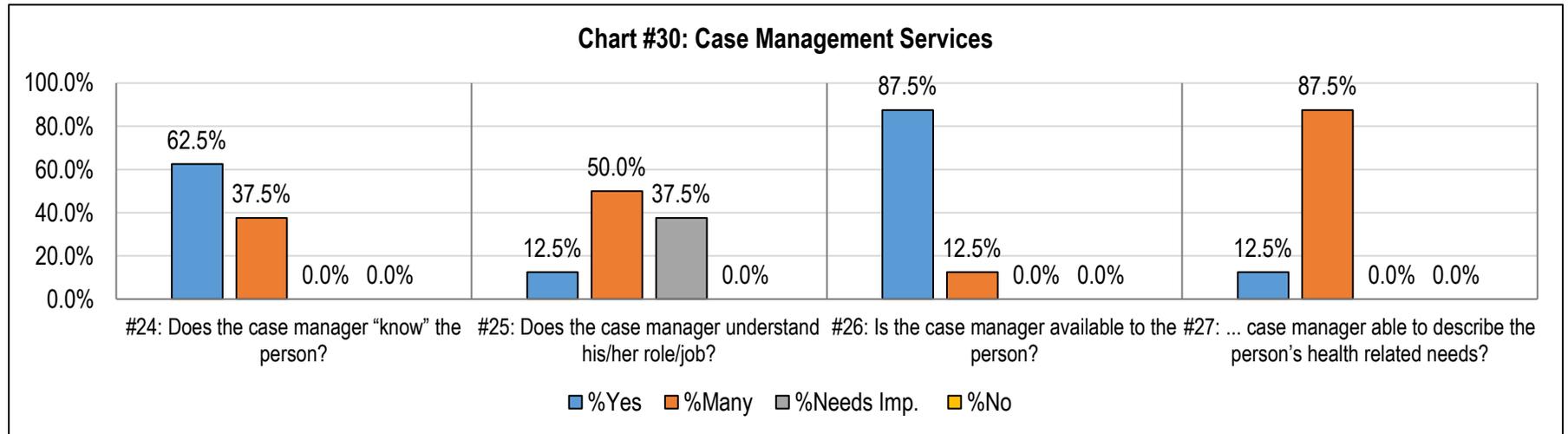
Case Management services are intended to be person-centered and are key to enabling people to pursue their desired life outcomes while gaining greater independence and access to needed services and supports. While the number of findings in the 2019 Northwest Region IQR in the Case Management area are the third highest of the findings area, the case managers supporting individuals in this sample scored well on, “does the case manager know the person” and “Is the case manager available to the person as pictured below. The charts below detail the related findings.

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

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

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

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



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

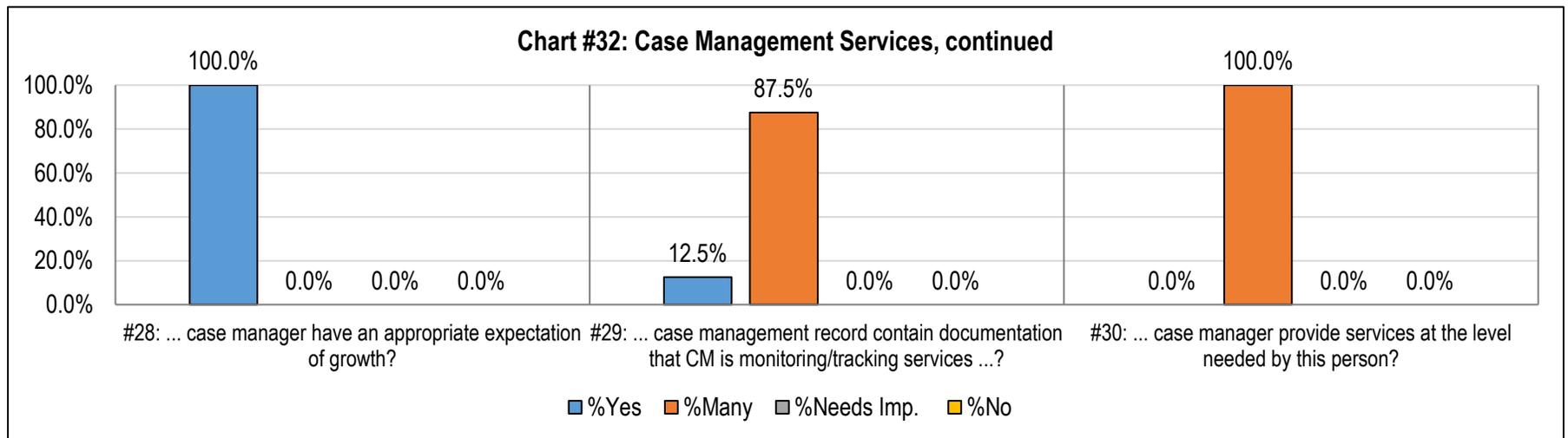
CM Agency (# in sample)	Question			
	#24	#25	#26	#27
A Step Above (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	0% Yes 100% Many (1)
Excel (3)	33.3% Yes (1) 66.7% Many (2)	33.3% Yes (1) 66.7% Many (2)	66.7% Yes (2) 33.3% Many (1)	0% Yes 100% Many (3)
Peak (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	100% Yes (2)	0% Yes 100% Many (2)
Rio Puerco (2)	100% Yes (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	100% Yes (2)	50% Yes (1) 50% Many (1)

Again, case managers across the board expressed appropriate expectations of growth for those whom they support. This is a key and important component of any individual's success.

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 Step Above (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Excel (3)	100% Yes (3)	33.3% Yes (1) 66.7% Many (2)	0% Yes 100% Many (3)
Peak (2)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
Rio Puerco (2)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)

## H. Supported Employment

Access to competitive integrated employment enables an individual to engage in community life, increase personal resources, improve self-sufficiency and contribute back to the community. The 2018 Waiver Standards emphasize that, “employment should be the first consideration. If someone does not choose employment, the decision should be based on informed choice”. Making an informed choice about employment is an individualized process. All people have unique histories and backgrounds, which means that some people may have limited experiences and will require more information to make a decision about employment while others may have a rich and varied employment history and can make an informed choice based on that history.

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

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

Informed choice generally includes the following:

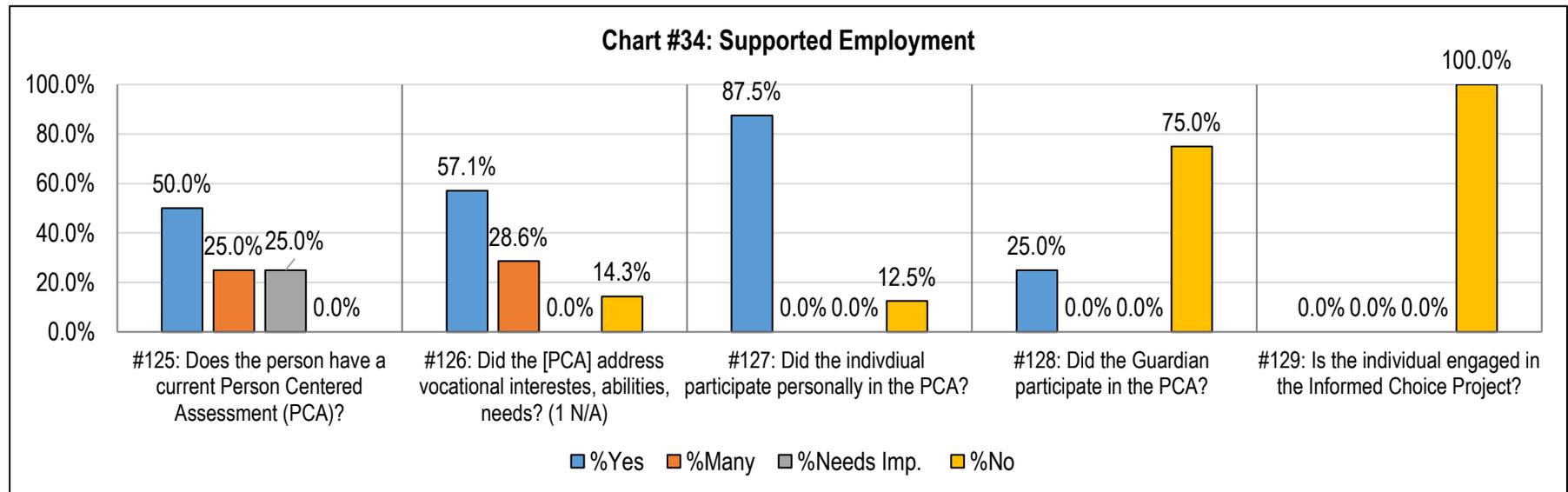
Also, the following contains information from 2018 DD Waiver Standards Chapter 4.5 and 6.6.3.4

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

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

**1. Components of Informed Choice: Assessment**

- Question #125. Does (Name) have a current Person Centered Assessment?
- Question #126. Did this assessment address vocational interests, abilities and needs?
- Question #127. Did the individual participate personally in the Person Centered Assessment?
- Question #128. Did the Guardian participate in the Person Centered Assessment?
- Question #129. Is the individual engaged in the Informed Choice Project?



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

Res. Agency (# in sample)	Question				
	#125	#126	#127	#128	#129
Dungarvin (3)	66.7% Yes (2) 33.3% Many (1)	0% Yes 100% Many (2) (1 N/A)	66.7% Yes (2) 33.3% No (1)	33.3% Yes (1) 66.7% No (2)	0% Yes 100% No (3)
Ramah Care (3)	66.7% Yes (2) 33.3% Many (1)	66.7% Yes (2) 33.3% No (1)	100% Yes (3)	0% Yes 100% No (3)	0% Yes 100% No (3)
Tungland (2)	0% Yes 100% Needs Impv (2)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% No (1)	0% Yes 100% No (2)

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

CM Agency (# in sample)	Question				
	#125	#126	#127	#128	#129
A Step Above (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% No (1)	0% Yes 100% No (1)
Excel (3)	33.3% Yes (1) 66.7% Needs Impv (2)	100% Yes (3)	100% Yes (3)	33.3% Yes (1) 66.7% No (2)	0% Yes 100% No (3)
Peak (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (1) (1 N/A)	50% Yes (1) 50% No (1)	0% Yes 100% No (2)	0% Yes 100% No (2)
Rio Puerco (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% No (1)	100% Yes (2)	50% Yes (1) 50% No (1)	0% Yes 100% No (2)

**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?

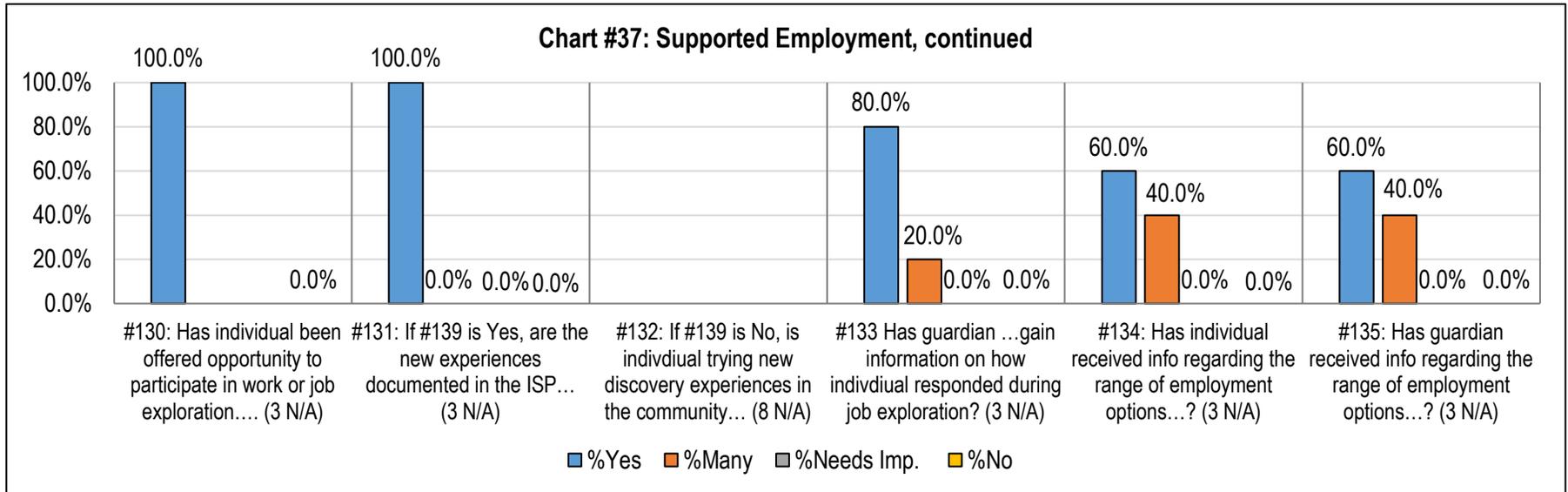
Question #131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section?

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
Dungarvin (3)	100% Yes (1) (2 N/A)	100% Yes (1) (2 N/A)	(3 N/A)	100% Yes (1) (2 N/A)	100% Yes (1) (2 N/A)	0% Yes 100% Many (1) (2 N/A)
Ramah Care (3)	100% Yes (3)	100% Yes (3)	(3 N/A)	100% Yes (3)	66.7% Yes (2) 33.3% Many (1)	100% Yes (3)
Tungland (2)	100% Yes (1) (1 N/A)	100% Yes (1) (1 N/A)	(2 N/A)	0% Yes 100% Many (1) (1 N/A)	0% Yes 100% Many (1) (1 N/A)	0% Yes 100% Many (1) (1 N/A)

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

CM Agency (# in sample)	Question					
	#130	#131	#132	#133	#134	#135
A Step Above (1)	100% Yes (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Excel (3)	100% Yes (2) (1 N/A)	100% Yes (2) (1 N/A)	(3 N/A)	50% Yes (1) 50% Many (1) (1 N/A)	0% Yes 100% Many (2) (1 N/A)	50% Yes (1) 50% Many (1) (1 N/A)
Peak (2)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)
Rio Puerco (2)	100% Yes (2)	100% Yes (2)	(2 N/A)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% Many (1)

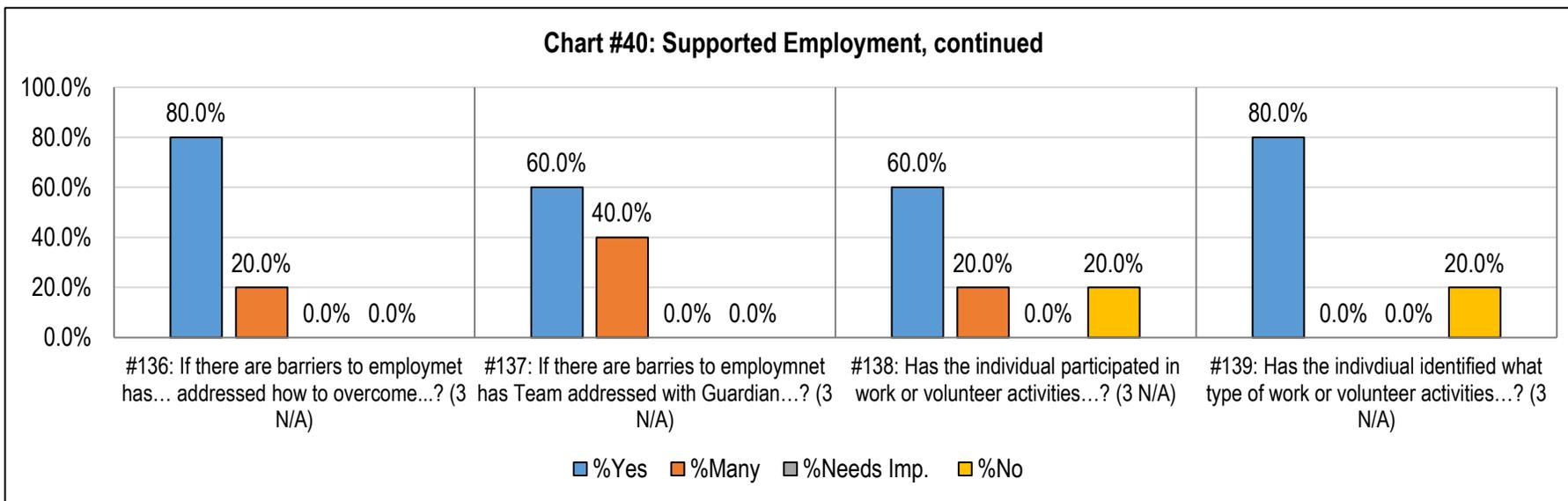
**3. Components of Informed Choice: Identification of Employment Barriers/Issues.**

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

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

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

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



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

Res. Agency (# in sample)	Question			
	#136	#137	#138	#139
Dungarvin (3)	0% Yes 100% Many (1) (2 N/A)	0% Yes 100% Many (1) (2 N/A)	0% Yes 100% Many (1) (2 N/A)	100% Yes (1) (2 N/A)
Ramah Care (3)	100% Yes (3)	100% Yes (3)	66.7% Yes (2) 33.3% No (1)	66.7% Yes (2) 33.3% No (1)
Tungland (2)	100% Yes (1) (1 N/A)	0% Yes 100% Many (1) (1 N/A)	100% Yes (1) (1 N/A)	100% Yes (1) (1 N/A)

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

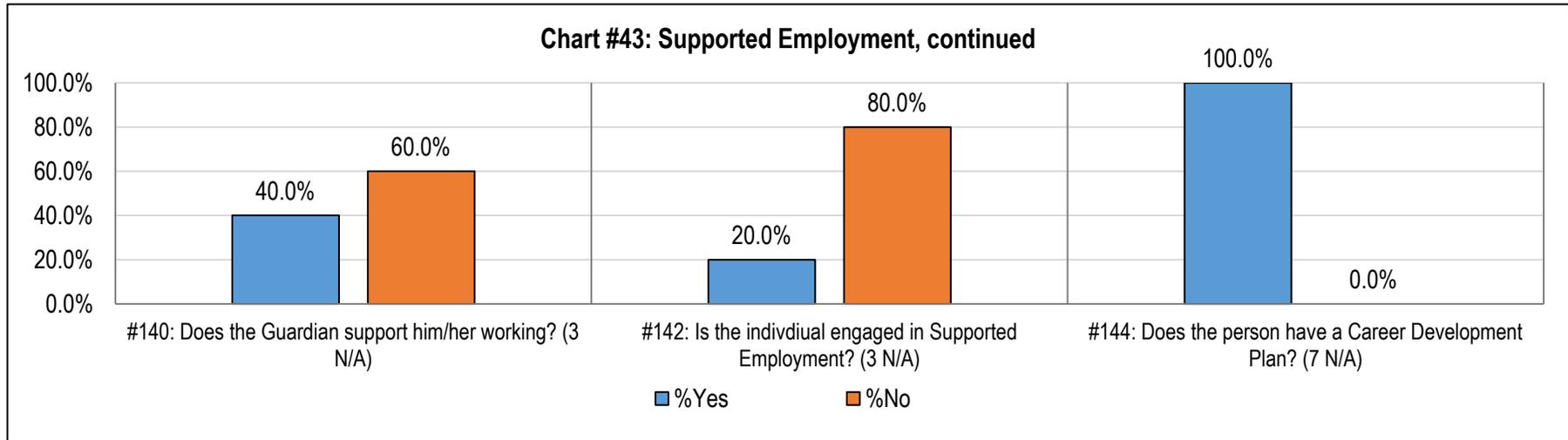
CM Agency (# in sample)	Question			
	#136	#137	#138	#139
A Step Above (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Excel (3)	100% Yes (2) (1 N/A)	50% Yes (1) 50% Many (1) (1 N/A)	100% Yes (2) (1 N/A)	100% Yes (2) (1 N/A)
Peak (2)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)
Rio Puerco (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	50% Many (1) 50% No (1)	50% Yes (1) 50% No (1)

**4. JCMs Involved in Supported Employment**

Question #140. Does the Guardian support him/her working?

Question #142. Is the individual engaged in Supported Employment?

Question #144. Does the person have a Career Development Plan?



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

Res. Agency (# in sample)	Question		
	#140	#142	#144
Dungarvin (3)	0% Yes 100% No (1) (2 N/A)	0% Yes 100% No (1) (2 N/A)	(3 N/A)
Ramah Care (3)	66.7% Yes (2) 33.3% No (1)	33.3% Yes (1) 66.7% No (2)	100% Yes (1) (2 N/A)
Tungland (2)	0% Yes 100% No (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)	(2 N/A)

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

CM Agency (# in sample)	Question		
	#140	#142	#144
A Step Above (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Excel (3)	0% Yes 100% No (2) (1 N/A)	0% Yes 100% No (2) (1 N/A)	(3 N/A)
Peak (2)	(2 N/A)	(2 N/A)	(2 N/A)
Rio Puerco (2)	50% Yes (1) 50% No (1)	0% Yes 100% No (2)	(2 N/A)

## I. IQR Scored Protocol Questions

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

Question	2019 (sample=8)
<b>CASE MANAGEMENT</b>	
24. Does the case manager “know” the person? CPRQ26; ‘17IQR#8c, ‘18IQR24	62.5% Yes (5) 37.5% Many (3)
25. Does the case manager understand his/her role/job? CPRQ27 ‘17IQR#16, ‘18IQR25	12.5% Yes (1) 50% Many (4) 37.5% Need Imp (3)
26. Is the case manager available to the person? CPRQ29; ‘17IQR#16a, ‘18IQR27	87.5% Yes (7) 12.5% Many (1)
27. Was the case manager able to describe the person’s health related needs? CPRQ30, ‘18IQR28	12.5% Yes (1) 87.5% Many (7)
28. Does the case manager have an appropriate expectation of growth for this person? CPRQ31, ‘18IQR29	100% Yes (8)
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	12.5% Yes (1) 87.5% Many (7)
30. Does the case manager provide case management services at the level needed by this person? CPRQ33; ‘17IQR#16c, ‘18IQR31	0% Yes 100% Many (8)
<b>EMPLOYMENT AND DAY</b>	
31. Does the direct services staff “know” the person? CPRQ35; ‘17IQR#8a, ‘18IQR33	87.5% Yes (7) 12.5% Many (1)
32. Does the direct service staff have input into the person’s ISP? CPRQ36, ‘18IQR34	62.5% Yes (5) 37.5% Many (3)
33. Did the direct service staff receive training on implementing this person’s ISP? CPRQ37, ‘18IQR35	50% Yes (4) 37.5% Many (3) 12.5% Need Imp (1)

Question	2019 (sample=8)
34. Was the direct service staff able to describe this person's health-related needs? CPRQ38, '18IQR36	37.5% Yes (3) 37.5% Many (3) 25% Needs Imp (2)
35. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39, '18IQR37	37.5% Yes (3) 62.5% Many (5)
35a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a, '18IQR37a	75% Yes (6) 12.5% Many (1) 12.5% Need Imp (1)
35b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ39b, '18IQR37b	50% Yes (4) 50% Many (4)
36. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ41, '18IQR39	75% Yes (6) 12.5% Many (1) 12.5% No (1)
37. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42, '18IQR40	50% Yes (4) 25% Many (2) 25% Needs Imp (2)
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 (2) (6 CND)
<b>RESIDENTIAL</b>	
39. Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b, '18IQR42	75% Yes (6) 25% Many (2)
40. Does the direct service staff have input into the person's ISP? CPRQ45, '18IQR43	62.5% Yes (5) 37.5% Many (3)
41. Did the direct service staff receive training on implementing this person's ISP? CPRQ46, '18IQR44	37.5% Yes (3) 50% Many (4) 12.5% Need Imp (1)
42. Is the residence safe for individuals (void of hazards)? CPRQ45, '18IQR45	100% Yes (6) (2 CND)

Question	2019 (sample=8)
43. Was the residential direct service staff able to describe this person's health-related needs? CPRQ48, '18IQR46	12.5% Yes (1) 75% Many (6) 12.5% Need Imp (1)
44. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49, '18IQR47	25% Yes (2) 75% Many (6)
44a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ49a, '18IQR47a	62.5% Yes (5) 37.5% Many (3)
44b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ49b, '18IQR47b	25% Yes (2) 75% Many (6)
45. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ51, '18IQR49	87.5% Yes (7) 12.5% Many (1)
46. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52, '18IQR50	75% Yes (6) 12.5% Need Imp (1) 12.5% No (1)
47. Does the person's residential environment offer a minimal level of quality of life? CPRQ53, '18IQR51	100% Yes (4) (4 CND)
<b>HEALTH</b>	
48. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b, '18IQR52	0% Yes 87.5% Many (7) 12.5% Need Imp (1)
49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21, '18IQR53	12.5% Yes (1) 62.5% Many (5) 25% Needs Imp (2)
50. Was the eChat updated timely? '17IQR#18g, '18IQR54	0% Yes 75% Many (6) 25% Needs Imp (2)
50a. Is the eChat updated timely with the ISP and after changes in condition?	50% Yes (4) 25% Many (2) 25% Needs Imp (2)

Question	2019 (sample=8)
50b. Is the eChat complete?	25% Yes (2) 50% Many (4) 25% Needs Imp (2)
50c. Is the eChat accurate?	25% Yes (2) 37.5% Many (3) 37.5% Need Imp (3)
51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received? 17IQR#19, '18IQR55	25% Yes (2) 75% Many (6)
52. Has the individual received all age and gender appropriate health screening/immunizations in accordance with national best practice and/or as recommended ... <i>(Does the individual receive routine/scheduled medical treatment? 17IQR#19a, '18IQR56)</i>	0% Yes 100% Many (8)
53. Does the individual receive medication as prescribed? 17IQR#19e, '18IQR57	12.5% Yes (1) 37.5% Many (3) 50% Needs Imp (4)
54. Are nursing services provided as needed by the individual? 17IQR#20, '18IQR59	0% Yes 62.5% Many (5) 37.5% Need Imp (3)
55. Is the CARMP consistent with recommendation in other healthcare documents? <i>(Is the CARMP is accurate? '17IQR#21f, '18IQR60)</i>	12.5% Yes (1) 50% Many (4) 37.5% Needs Imp (3)
56. Is the CARMP consistently implemented as intended? , '18IQR61	71.4% Yes (5) 28.6% Many (2) (1 CND)
57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19, '18IQR62	12.5% Yes (1) 87.5% Many (7)
57a. Are assessment recommendations followed up on in a timely way?	37.5% Yes (3) 50% Many (4) 12.5% Need Imp (1)
57b. Were needed equipment/communication devices delivered timely?	87.5% Yes (7) 12.5% Many (1)
57c. Were medical specialist appointments attended timely?	62.5% Yes (5) 25% Many (2) 12.5% Need Imp (1)

Question	2019 (sample=8)
57d. Were changes in personal condition, if any, responded to timely?	75% Yes (6) 12.5% Many (1) 12.5% Need Imp (1)
57e. Were Health Care Plans available, accurate and consistently implemented?	25% Yes (2) 37.5% Many (3) 37.5% Needs Imp (3)
<b>ASSESSMENTS</b>	
58. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18, '18IQR65	12.5% Yes (1) 75% Many (6) 12.5% Need Imp (1)
59. Are the assessments adequate for planning? CPRQ59; '17IQR#4f, '18IQR66	0% Yes 75% Many (6) 25% Need Imp (2)
59a. Were assessments provided timely?	25% Yes (2) 50% Many (4) 25% Need Imp (2)
59b. Did assessments contain accurate information?	0% Yes 62.5% Many (5) 37.5% Need Imp (3)
59c. Did assessments contain information accurate to guide planning?	0% Yes 50% Many (4) 50% Need Imp (4)
59d. Did assessments contain recommendations?	37.5% Yes (3) 12.5% Many (1) 50% Need Imp (4)
60. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5, '18IQR67	25% Yes (2) 50% Many (4) 25% Need Imp (2)
61. For medical, clinical or health related rec's, has a DCF been completed if the individual and/or their guardian/health care decision maker have decided not to follow all or part of an order, rec, or suggestion? '17IQR#5c, '18IQR68	60% Yes (3) 20% Many (1) 20% No (1) (3 N/A)

Question	2019 (sample=8)
<b>ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES</b>	
62. Is there a document called an Individual Service Plan (ISP) that was developed within the past year? CPRQ61; '17IQR#9, '18IQR69	100% Yes (8)
63. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3, '18IQR70	25% Yes (2) 62.5% Many (5) 12.5% Needs Imp (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	14.3% Yes (1) 57.1% Many (4) 28.6% Needs Imp (2) (1 N/A)
65. Does my ISP contain current and accurate information? '17IQR#6, '18IQR72	25% Yes (2) 62.5% Many (5) 12.5% Needs Imp (1)
66. Does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b, '18IQR73	25% Yes (2) 63% Many (5) 12.5% Needs Imp (1)
67. Does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c, '18IQR74	75% Yes (6) 13% Many (1) 13% Needs Imp (1)
68. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a, '18IQR75	13% Yes (1) 38% Many (3) 50% Needs Imp (4)
69. Does the data kept identify what the person does so a determination regarding progress/lack of progress can be made? '17IQR#12b, '18IQR76	0% Yes 50% Many (4) 25% Needs Imp (2) 25% No (2)
70. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c, '18IQR77	12.5% Yes (1) 25% Many (2) 50% Needs Imp (4) 12.5% No (1)
71. If the person is not successful in achieving actions steps, has the team tried to determine why, and change their approach if needed? '18IQR78	17% Yes (1) 50% Many (3) 33% No (2) (2 NA)

Question	2019 (sample=8)
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	20% Yes (1) 60% Many (3) 20% Needs Impv (1) (3 N/A)
73. Has the person made measurable progress on actions steps during this past year?'17IQR#13b, '18IQR80	0% Yes 38% Many (3) 50% Needs Impv (4) 12.5% No (1)
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	25% Yes (2) 62.5% Many (5) 12.5% No (1)
75. Are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d, '18IQR82	75% Yes (6) 25% Many (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	25% Yes (2) 62.5% Many (5) 12.5% Need Imp (1)
77. Are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i, '18IQR84	37.5% Yes (3) 50% Many (4) 12.5% Need Imp (1)
78. Are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m, '18IQR85	12.5% Yes (1) 62.5% Many (5) 25% Need Imp (2)
79. Has the person made measurable progress in therapy this year? '17IQR#13a, '18IQR86	0% Yes 50% Many (4) 37.5% Need Imp (3) 12.5% No (1)
80. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c, '18IQR87	25% Yes (2) 50% Many (4) 25% Needs Imp (2)
81. Does the ISP contain information regarding primary health (medical) care? CPRQ74, '18IQR88	75% Yes (6) 25% Many (2)
81a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a, '18IQR88a	75% Yes (6) 25% Many (2)
81b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b, '18IQR88b	100% Yes (8)

Question	2019 (sample=8)
82. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76, '18IQR89	62.5% Yes (5) 37.5% Many (3)
83. Based on the evidence, is adequate transportation available for the person? <i>(Does the ISP reflect how the person will get to work/day activities, shopping, and social activities? CPRQ75, '18IQR90)</i>	100% Yes (8)
84. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a, '18IQR91	37.5% Yes (3) 62.5% Many (5)
85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7, '18IQR92	0% Yes 87.5% Many (7) 12.5% Need Imp (1)
86. Is the ISP being implemented? (If 85 is "3") CPRQ79 '17IQR#12, '18IQR93	(8 N/A)
87a. Is the ISP being implemented? (If 85 is "0", "1", or "2") CPRQ80a '17IQR#12, '18IQR94a	0% Yes 75% Many (6) 25% Need Imp (2)
87b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11, '18IQR94b	0% Yes 62.5% Many (5) 37.5% Need Imp (3)
88. Was the direct service staff trained on the implementation of this person's ISP? CPRQ81, '18IQR95	37.5% Yes (3) 37.5% Many (3) 25% Need Imp (2)
89. Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82, '18IQR96	12.5% Yes (1) 87.5% Many (7)
<b>EXPECTATIONS FOR GROWTH, QUALITY OF LIFE, SATISFACTION</b>	
90. Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13, '18IQR98	0% Yes 62.5% Many (5) 37.5% Need Imp (3)
91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d, '18IQR99	37.5% Yes (3) 50% Many (4) 12.5% Need Imp (1)
92. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b, '18IQR100	50% Yes (4) 37.5% Many (3) 12.5% Need Imp (1)

Question	2019 (sample=8)
93. Is the person offered a range of opportunities for participation in each life area? CPRQ87, '18IQR101	87.5% Yes (7) 12.5% Many (1)
94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30, '18IQR102	80% Yes (4) 20% Many (1) (3 CND)
94a. About where and with whom to live? CPRQ89; '17IQR#23c, '18IQR102a	100% Yes (4) (4 CND)
94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d, '18IQR102b	60% Yes (3) 20% Many (1) 20% Need Imp (1) (3 CND)
94c. About where and with whom to socialize/spend leisure time? CPRQ91, '18IQR102c	80% Yes (4) 20% Many (1) (3 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 (8)
96. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a, '18IQR105	37.5% Yes (3) 62.5% Many (5)
97. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94, '18IQR106	87.5% Yes (7) 12.5% Many (1)
98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h, '18IQR107	87.5% Yes (7) 12.5% 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	71.4% Yes (5) 14.3% Many (1) 14.3% Need Imp (1) (1 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	57.1% Yes (4) 14.3% Many (1) 14.3% Need Imp (1) 14.3% No (1) (1 N/A)
101. Is the person protected from abuse, neglect and exploitation? '17IQR#35, '18IQR110	25% Yes (2) 25% Many (2) 50% Need Imp (4)

Question	2019 (sample=8)
102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b, '18IQR111	71.4% Yes (5) 28.6% Need Imp (2) (1 N/A)
103. Is the individual safe? '17IQR#24, '18IQR112	42.9% Yes (3) 28.6% Many (2) 28.6% Need Imp (2) (1 CND)
104. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a, '18IQR113	25% Active (2) 25% Moderate (2) 50% Limited (4)
105. If the person is retired, does he/she have opportunities to engage in activities of interest during the day? CPRQ 100; '17IQR#29b, '18IQR114	100% Yes (3) (5 N/A)
106. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30, '18IQR115	62.5% Yes (5) 37.5% Many (3)
107. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e, '18IQR116	100% Yes (8)
108. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c, '18IQR117	37.5% Yes (3) 50% Many (4) 12.5% Need Imp (1)
109. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e, '18IQR118	87.5% Yes (7) 12.5% Need Imp (1)
110. Does the person have sufficient personal money? CPRQ110 '17IQR#34f, '18IQR119	100% Yes (8)
111. Does the person get along with their day program/employment provider staff? CPRQ111, '18IQR120	100% Yes (4) (4 CND)
112. Does the person get along with their residential provider staff? CPRQ112, '18IQR121	100% Yes (6) (2 CND)
<b>TEAM PROCESS</b>	
113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10, '18IQR122	0% Yes 100% Many (8)
114. If there is evidence of situations in which the team failed to reach a consensus on the person's service and support needs, has the team made efforts to build consensus? CPRQ 115; '17IQR#17c, '18IQR123	33.3% Yes (1) 66.7% Many (2) (5 N/A)

Question	2019 (sample=8)
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	50% Yes (4) 37.5% Many (3) 12.5% Need Imp (1)
116. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117, '18IQR125	62.5% Yes (5) 37.5% Many (3)
117. Do you recommend Dispute Resolution for this IDT? CPRQ118, '18IQR126	0% Yes 100% No (8)
118. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#17d, '18IQR127	87.5% Yes (7) 12.5% No (1)
119. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c, '18IQR128	37.5% Yes (3) 62.5% No (5)
120. If #118 OR #119 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; '18IQR129	71.4% Yes (5) 28.6% No (2) (1 N/A)
121. Has the person changed residential/day services in the last year? CPRQ122, '18IQR130	12.5% Yes (1) 87.5% No (7)
122. If #121 is Yes, was the change Planned by the IDT? CPRQ122a, '18IQR131	100% Yes (1) (7 N/A)
123. If #121 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b, '18IQR132	100% Yes (1) (7 N/A)
124. Overall, has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person? CPRQ123; '17IQR#7n, '18IQR133	0% Yes 87.5% Many (7) 12.5% Need Imp (1)
<b>SUPPORTED EMPLOYMENT</b>	
125. Does (Name) have a current Person-Centered Assessment? '18IQR134	50% Yes (4) 25% Many (2) 25% Needs Imp (2)
126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a, '18IQR135	57.1% Yes (4) 28.6% Many (2) 14.3% No (1) (1 N/A)
127. Did the individual participate personally in the Person Centered Assessment? '18IQR136	87.5% Yes (7) 12.5% No (1)

Question	2019 (sample=8)
128. Did the Guardian participate in the Person Centered Assessment? '18IQR137	25% Yes (2) 75% No (6)
129. Is the individual engaged in the Informed Choice Project? '18IQR138	0% Yes 100% No (8)
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	100% Yes (5) (3 N/A)
131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section? '18IQR140	100% Yes (5) (3 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	(8 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	80% Yes (4) 20% Many (1) (3 N/A)
134. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c, '18IQR143	60% Yes (3) 40% Many (2) (3 N/A)
135. Has the Guardian received information regarding the range of employment options available for the individual? '18IQR144	60% Yes (3) 40% Many (2) (3 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	80% Yes (4) 20% Many (1) (3 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	60% Yes (3) 40% Many (2) (3 N/A)
138. Has the individual participated in work or volunteer activities during the past year? '18IQR147	60% Yes (3) 20% Many (1) 20% No (1) (3 N/A)
139. Has the individual identified what type of work or volunteer activities he/she would like to do? '18IQR148	80% Yes (4) 20% No (1) (3 N/A)
140. Does the Guardian support him/her working? '18IQR149	40% Yes (2) 60% No (3) (3 N/A)

Question	2019 (sample=8)
142. Is the individual engaged in Supported Employment? CPRQ129, '18IQR151	20% Yes (1) 80% No (4) (3 N/A)
144. Does the person have a Career Development Plan? CPRQ128 17IQR#26e, '18IQR153	100% Yes (1) (7 N/A)
<b>BEHAVIOR</b>	
145. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d, '18IQR154	25% Yes (2) 75% No (6)
146. Does the person need behavior services now? CPRQ132 '17IQR#11e, '18IQR155	50% Yes (4) 50% No (4)
147. Have behavioral assessments been completed? CPRQ133, '18IQR156	0% Yes 50% Many (2) 50% No (2) (4 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	25% Yes (1) 25% Many (1) 50% No (2) (4 N/A)
149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d, '18IQR158	25% Yes (1) 25% Many (1) 50% No (2) (4 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	(8 N/A)
151. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i, '18IQR160	25% Yes (1) 25% Need Imp (1) 50% No (2) (4 N/A)
152. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d, '18IQR161	25% Yes (1) 25% Many (1) 50% No (2) (4 N/A)

Question	2019 (sample=8)
<b>ADAPTIVE EQUIPMENT / AUGMENTATIVE COMMUNICATION</b>	
153. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b, '18IQR162	75% Yes (6) 25% Many (2)
154. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c, '18IQR163	87.5% Yes (7) 12.5% Need Imp (1)
155. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f, '18IQR164	87.5% Yes (7) 12.5% Many (1)
156. Is the person's equipment and technology in good repair?'17IQR#25d, '18IQR165	100% Yes (8)
157. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e, '18IQR166	75% Yes (6) 25% Many (2)
158. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b, '18IQR167	50% Yes (4) 25% Many (2) 25% Need Imp (2)
<b>INDIVIDUAL SERVICE PLANNING</b>	
159. Does the person have an ISP that addresses live, work/learn, fun/relationships and health/other that correlates with the person's desires and capabilities, in accordance with DOH Regulations? CPRQ141 '17IQR#7o, '18IQR168	87.5% Yes (7) 12.5% Many (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	25% Yes (2) 75% Many (6)
161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a, '18IQR170	100% Yes (8)
162. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f, '18IQR171	75% Yes (6) 25% Many (2)
163. Is the person integrated into the community? CPRQ145; '17IQR#29g, '18IQR172	62.5% Yes (5) 37.5% Many (3)
164. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36, '18IQR174	0% Yes 87.5% Many (7) 12.5% Need Imp (1)