A. Jackson Class Member Demographics – Southeast Region

At the time the sample was selected for the Southeast Review, there were 25 Active Jackson Class Members in Region. Ten individuals were chosen to be part of the review sample.

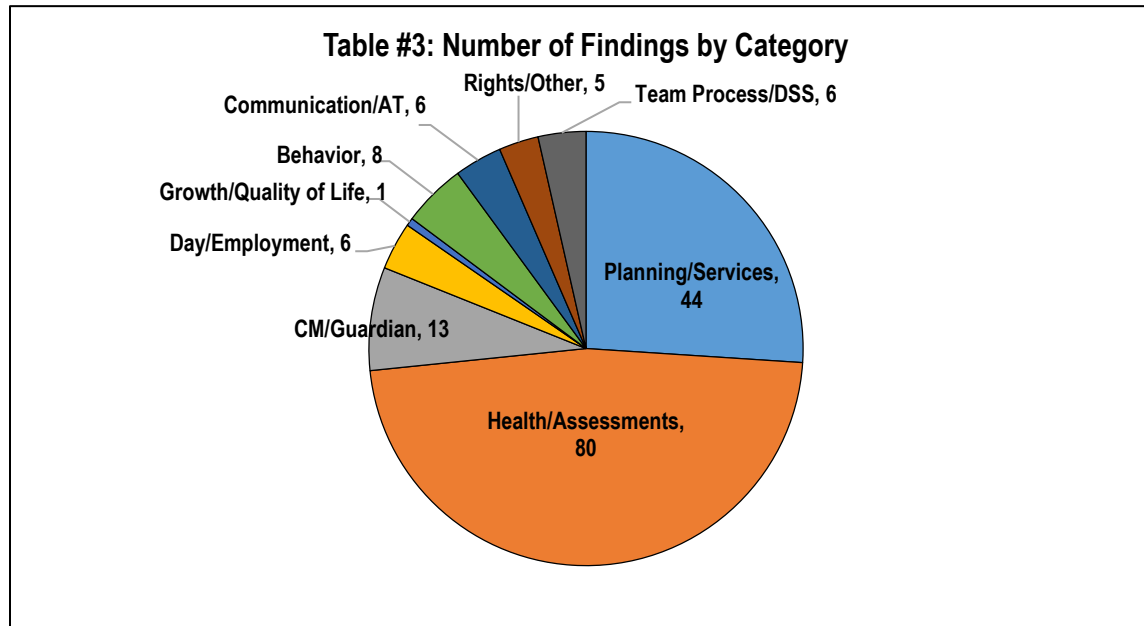**Table #1: Active Class Member Demographics in the Southeast Region**

Gender	
Male	17
Female	8

Age	
30-39	0
40-49	4
50-59	11
60-69	5
70-79	3
80+	1
Average Age:	60.2

Ethnicity	
Hispanic	11
Caucasian	9
Native American	1
Black	3
Asian	1

Day Service Type	
Adult Habilitation (AH)	16
Adult Hab/Supp Empl (SE)	4
Adult Hab/Community Access (CA)	2
ICF/MR	2
Mi Via	1

Residential Service Type	
Supported Living	21
Mi Via	1
Independent Living	1
ICF/MR	2

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

Case Management	DDSD (2)	Peak (1)	J&J (21)	Mi Via (1)			
Residential	Aspire (5)	CARC (2)	ENMRSH (5)	Leaders (3)	Mi Via (1)	Nezzy Care (1)	Tobosa (8)
Day *(one person does not have day services)*	Aspire (5)	CARC (2)	ENMRSH (5)	Leaders (2)	Mi Via (1)	Nezzy Care (1)	Tobosa (8)

B. Most Frequently Identified Findings by Category

The Southeast Region had a total of 169 Findings. The table below shows what categories they fall into.

Table #3: Number of Findings by Category

- Rights/Other, 5
- Team Process/DSS, 6
- Communication/AT, 6
- Behavior, 8
- Growth/Quality of Life, 1
- Day/Employment, 6
- CM/Guardian, 13
- Planning/Services, 44
- Health/Assessments, 80

C. Most Frequently Identified 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, Regional Office and State DDSD and DHI Staff, the individual and his/her Team before they become final. The expectation is that the identified issue will be resolved not only for the individual but, if applicable, for everyone in that agency for whom the finding is relevant, and resolved in a way that is sustainable so that the identified issue remains "fixed".

Of the 169 Findings in the Southeast Region's Review, there were 53 identified as "repeat findings". Repeat findings are those which have been identified by the IQR within the last ten years. The category where 'repeat findings' are most frequently identified is in the area of Health/Assessments (80), followed by Planning and Services (44) and Case Management/Guardian (13). The charts below summarize, by agency, the number of repeat findings which were identified by topic area.

Table #4: Repeat Findings by Topic Area and Residential Provider						
Area	Aspire (2)	CARC (1)	ENMRSH (2)	Leaders (2)	Tobosa (3)	Total
Health/Assessments	2	6	4	7	6	25
Planning and Services	4	2	1	3	5	15
Case Manager/ Guardian	2	1	2	1		6
Adaptive Equipment / Augmentative Communication	1				2	3
Behavior		2			1	3
Rights/Other		1				1
TOTAL	9	12	7	11	14	53

Table #5: Repeat Findings by Area and Case Management Agency			
Area	DDSD (1)	J&J (9)	Total
Health/Assessments	6	19	25
Planning and Services	2	13	15
Case Manager/ Guardian	1	5	6
Adaptive Equipment / Augmentative Communication		3	3
Behavior	2	1	3
Rights/Other	1		1
TOTAL	12	41	53

D. Immediate and Special Findings

There were ten (10) Class Members reviewed in the Southeast Region as part of the 2019 IQR. Five individuals (50% of the total sample) were found to have immediate and/or special findings. Five individuals (50% of the sample) were found to have Immediate Needs; three of these five also had Special Findings (30%). There were a total of seven (7) Immediate findings and eight (8) Special findings. Details of the issues associated with these findings are identified in the table below.

Class Members identified as "*needing immediate attention*" are persons for whom urgent health, safety, environment and/or abuse/neglect/exploitation issues were identified which the team is not successfully and actively in the process of addressing in a timely fashion.
Class Members identified as "*needing special attention*" are individuals for whom issues have been identified that, if not addressed, are likely to become an urgent health and safety concern.

Table #6: Immediate/Special Identified Individual Issues – 2019 IQR Southeast

Reg	CM	Res	Day	Immd	Spec	IR	Issue
Health Related Oversight Issues							
SE	J&J	Leaders	Leaders	X			Nursing reports are missing from the record provided for review. There is no evidence of Monthly Nursing Reports for November 2018, December 2018, January 2019, February 2019, March 2019, April 2019, and May 2019. Per DJF 10/2/17, Nursing should be providing monthly breast exams and arranging for blood every 6 months to check for cancer cells. The DJF 10/2/17 indicates, in lieu of Mammogram, Nurse will do breast exam monthly and Blood Work would be completed every 6 months to check for cancer cells. Nurse stated she was unaware she was supposed to be doing this and is now in the process of developing policy for that to be accomplished.
SE	SERO	CARC	CARC	X			7.31.19 Dental appointment noted that JCM's teeth are not being brushed which resulted in severe poor oral care and teeth being extracted. JCM went to the ER 7.9.19 because JCM had been yelling and screaming. After lab work and other tests which found gall stones could not determine a physical cause. JCM's sister, by report, asked if it could be her teeth. She was given an antibiotic which resulted in reduced behaviors.
SE	J&J	Tobosa	Tobosa			X	Annual and Semi-Annual Nursing Assessments were not timely. Both were dated 07.19.2019, but were due 01.23.2019 and 11.06.2018 respectively. There is also no evidence of nursing oversight for JCM for the following months: August 2018, September 2018, October 2018, November 2018, December 2018, March 2019, April 2019. JCM is required to have monthly nursing oversight due to high aspiration risk and high acuity.
Not following orders/recommendations							
SE	SERO	CARC	CARC	X			Per Healthfinder.gov there are a number of recommendations which were not found in JCM's file. These include: DEXA scan, Hep B and C screening, Depression, Colonoscopy or fecal occult screening. Also, per IHP JCM is unable to tolerate cervical screening. For the screenings which are not going to be completed there are no Decision Consultation forms completed or plans on how to monitor JCM's health in lieu of these screenings.
SE	J&J	Leaders	None	X			There is no evidence that multiple diagnostic tests/procedures or appointments that were recommended have been completed and there is no evidence of team discussion, or nursing follow up regarding these recommendations. • The Cardiology report of 5/8/19 continues to recommend Echocardiogram, carotid doppler. No evidence provided for this review to indicate that these have been conducted to date. • The Cardiology report of 5/8/19 recommended return appointment in 1 month. No evidence provided of any subsequent cardiology appointment. • The Cardiology report of 1/22/19 recommended echocardiogram, carotid doppler RTC in 1 month. The next Cardiology appointment provided was from 5/8/19. There is no evidence that echocardiogram or carotid doppler have been conducted to date. • The Oncology report of 4/8/19 recommends right breast mammogram on 4/22/19. There was no evidence of right breast mammogram on 4/22/19 as recommended • The Oncology report of 4/20/18 recommended R diagnostic mammogram "this month"; no evidence provided of mammogram in April or May of 2018 was provided. • The Gastroenterology report of 11/29/18 recommends colonoscopy and EGD. No evidence was provided for this review to indicate that colonoscopy and EGD have been conducted.
SE	J&J	Tobosa	Tobosa	X			JCM's PCP ordered a MRI, x-rays, and swallow study. Written evidence was not provided that these assessments were completed or that the IDT discussed the results and potential implications these assessments may have for planning services for JCM. The case manager did note during the 8/16/2018 site visit notes that the MRI machine was broken and the scan needed to be rescheduled. No entries about the MRI were found in Sept, Oct site visits.
Symptoms/Issues not being followed up							
SE	J&J	Leaders	Leaders			X	All interviewed agree that JCM has experienced changes in physical condition and an increase in behaviors which can be a danger to JCM and others, however, staff reports vary regarding root cause. Team members have different opinions regarding JCM's continued physical decline. • The BSC reports she has not received any current information and "JCM 's falls and physical decline are not behavior". Also stated she does not believe falls and physical decline are behavior related.

Reg	CM	Res	Day	Immd	Spec	IR	Issue
							• JCM's CM and Nurse also do not believe her decline is behavior related. (During the Regional Status Summary, members noted that the CM and Nurse asked that it be noted they DO believe her decline is behavior related). • However, RB's PT, SLP and OT believe the decline is behavior related. There is evidence the team has made follow up appointments with current physicians and sought other professional treatment/options but the follow up evidence and continuing to seek resolution to ongoing problems is limited. Nursing interview reports, "We follow up with Monteverde her psychologist about this and her BT and they have made no changes in her plan"
SE	J&J	Leaders	Leaders		X		There are 40 IRs/GERs reported between 8/8/19 through 9/29/19. That is an average of 3 per month for the past 13 months. As noted in the table above, 50% of these addressed bruises, skin breakdown, falls…. There was no evidence that the Team acted (other than meet) on these individually or as they cluster together topically.
SE	J&J	Tobosa	Tobosa	X			Lab work completed on 9/14/2018 revealed several grossly abnormal results: • SGOT result was 408 .(normal range is 10 – 42) • SGPT result was 650 (normal range is 10 – 40) • Alk Phos result was 245 (normal range is 32 – 135) • B12 result was >1500 (normal range is 180 – 914) Other lab values drawn the same day that were slightly out of range were identified in the 7/16/19 EChat and the Lab search for 7/1/18 – 8/21/19 but the results mentioned above were not included. The Registered Dietitian recommended in October 2018, December 2018, and July 2019 that JCM's daily dose of B complex be decreased or discontinued. JCM continues to receive the same dose of B Complex. There is no evidence that JCM's Nurse or PCP has evaluated and addressed these grossly abnormal lab values of 9/14/18 (SGOT, SGPT, Alk Phos, B12) other than stating in the Annual Physical list that there are elevated liver enzymes. There were no previous or repeat of these labs for comparison.
Aspiration/CARMP Issues							
SE	SERO	CARC	CARC		X		During observation at Life Enhancement, JCM ate while pacing, put a whole peach slice and took a large bite of bagel prior to staff cutting up bagel sandwich. Staff noted that if there was something that looks like she would have trouble eating or can take too large of bite out of they would cut it up. However, there is no mealtime plan or guidelines as to how to present food to JCM or staff interventions needed to prevent accidental choking on large bites of food while pacing.
SE	J&J	Tobosa	Tobosa	X			JCM has a history of silent aspiration. Because JCM has the potential to aspirate with no outward signs, changes in vitals might be the earliest indication aspiration has occurred. JCM is required to have the following vital signs taken and recorded daily: • Blood pressure (every morning at 7:00 AM per September 2019 MAR) • Temperature (every morning at 9:00 AM per September 2019 MAR) • Oxygen Saturation ("in the morning and PRN as JCM requests" per Ineffective Breathing Patterns HCP 07.22.2019) Staff reported that vital signs are recorded in Therap. Although the MAR for September has initials for blood pressure and temperature every morning through 09.09.2019, no vital signs were recorded in Therap for 09.02, 09.03, 09.04, or 09.09 at the time of the reviewer's visit. Further, a review of tracking for the three months preceding this review indicated that there are several gaps where no vital signs were recorded in Therap: 08.05 – 08.15, 07.30 – 08.01, 07.22 – 07.23, 07.07 – 07.10, 07.01 – 07.04, 06.24 – 06.26, 06.16 – 06.20, 06.10 – 06.12, 06.03 – 06.06. Blood pressure and temperature were recorded on 07.29.2019, but not oxygen saturation.
Missing/Gap in Therapy							
SE	SERO	CARC	CARC		X		Since JCM's mother's passing JCM has had an increase in behaviors such as yelling, screaming, crying, pulling hair, and pinching. JCM has also had difficulty with going to sleep sometimes staying up until 1 to 2 am before going to bed. Staff believe JCM misses her mom and doesn't understand where she is and is going through the grieving process. There is no documentation in file of JCM seeing her doctor, a psychiatrist, grievance counselor or behavior therapist for emotional concerns.
Other							
SE	SERO	CARC	CARC		X		There was an incident reported on September 29, 2018 which indicated "residential instructor had taken JCM to JCM's room and held the door shut so JCM could not come out, as JCM was scratching her." An Internal IR was completed; however, this was not reported to DHI or JCM's External Case Manager. Per the External Case Manager, she did not find out about the incident until recently and would have held an IDT meeting to discuss if she had known.

| Reg	CM	Res	Day	Immd	Spec	IR	Issue
SE	SERO	CARC	CARC		X		There is no written protocol or instructions for staff to follow when JCM is displaying disruptive or aggressive behavior to ensure JCM is safe and staff are consistent in their responses.
SE	SERO	CARC	CARC		X		Residential staff was unclear as to how to report Abuse, Neglect and Exploitation and did not identify DOH/DHI.

E. Health, Assessments and Overall Wellness

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

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

Table #7: Does the Indvdiual Receive Needed Medical Attention/Treatment?
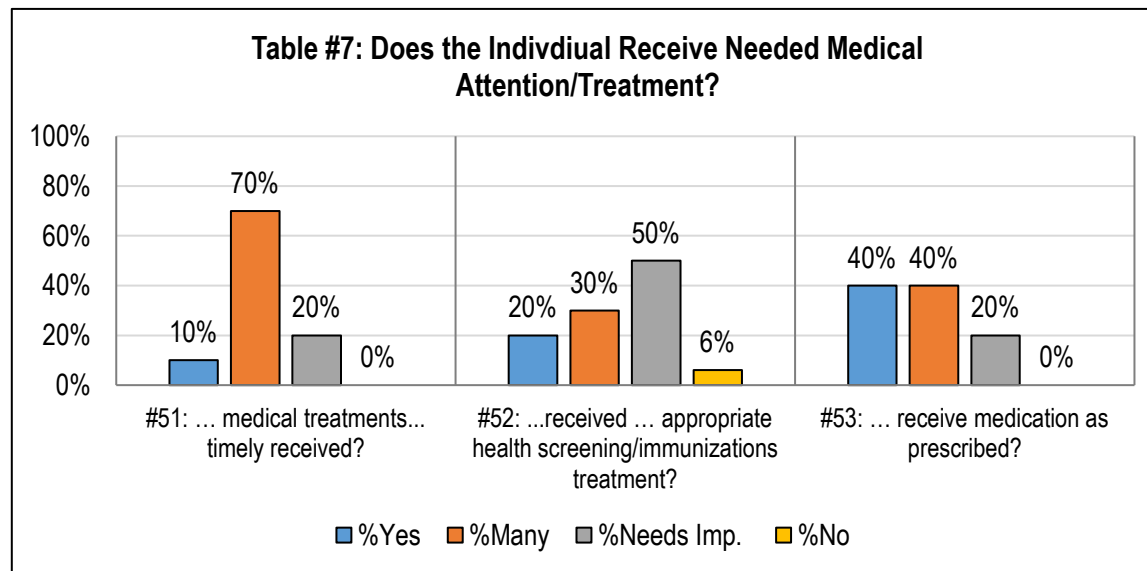
Ensuring individuals have the medical treatment they require includes scheduling and obtaining needed assessments, and using information from those assessments to influence treatment and inform future planning. The IQR also evaluates the assessments needed by the individual and whether or not those assessments 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?

Table #8: Are Assessments Considered, Obtain, Adequate and Used in Planning?
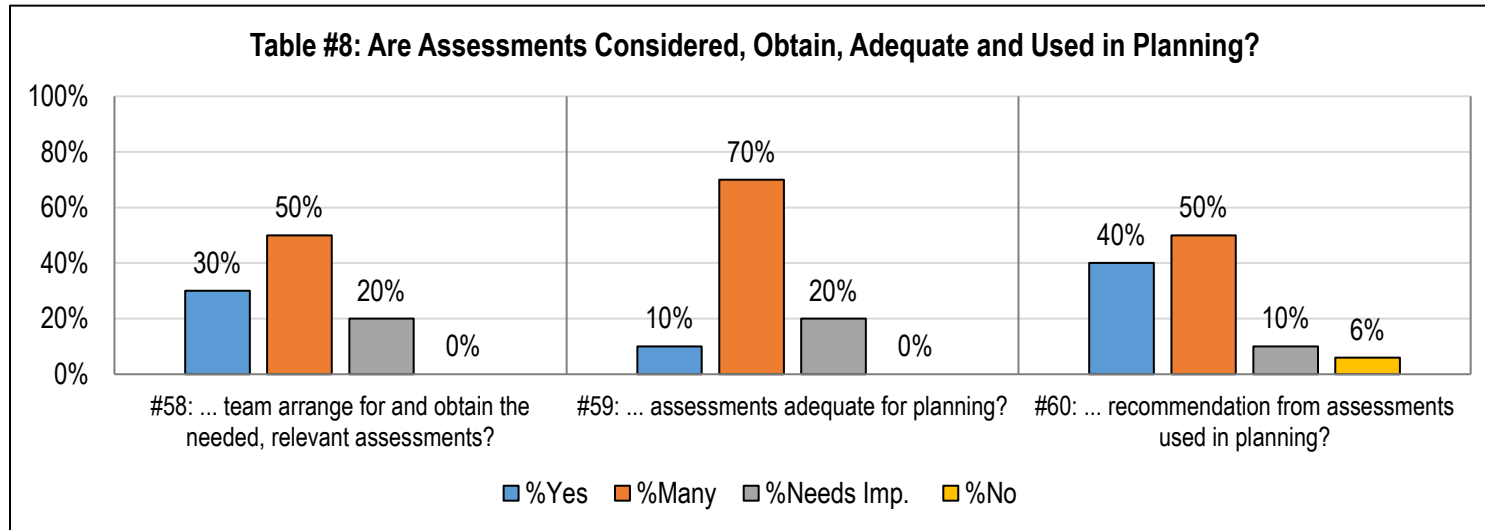
Beyond the protocol questions, a letter of Findings is issued for each class member. This letter is developed by the Surveyor, reviewed by the Case Judge, Community Monitor, Regional and State DDSD and DHI staff, the individual and his/her team prior to becoming final. The table below summarizes some 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.

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

Table #9: Type of Issues identified by Residential Agency

Area	Aspire (2)	CARC (1)	ENMRSH (2)	Leaders (2)	Tobosa (3)	Total
MAR/Medication/Dr. Order do not match	9		1		2	**12**
Colon cancer screen not done		1	1	2	2	**6**
Flu vaccine not done			1	2	1	**4**
Med delivery instructions unclear/conflicting	1				3	**4**
Shingles vaccine not done	1		1	1	1	**4**

Area	Aspire (2)	CARC (1)	ENMRSH (2)	Leaders (2)	Tobosa (3)	Total
Labs missing				1	2	**3**
MAAT incorrect/inconsistent/not timely					3	**3**
Pap/Cervical screen needed		1		2		**3**
HepB and/or HepC vaccine not done	1	1	1			**3**
TDap not completed as recommended	1			1	1	**3**
ARST incorrect/inconsistent/not timely					2	**2**
MAR not updated/incorrect	2					**2**
Breast Exam/Mammogram needed				2		**2**
Cardiology exams needed/not done				2		**2**
Med found on MAR but not in home/vice versa					2	**2**
Dexa/Bone Density not done		1	1			**2**
Meds not administered/given as required	1					**1**
Medication review needed					1	**1**
Audiology/ABR: Not current/missing/ inaccurate					1	**1**
Vision: Not current/Missing/inaccurate		1				**1**
Poor oral hygiene		1				**1**
Evaluation for Depression needed		1				**1**
Swallow Study recommended, not done					1	**1**
MRI recommended, not done					1	**1**
X-Ray recommended, not done					1	**1**
Prostrate exam recommended, not done					1	**1**
Totals	**16**	**7**	**6**	**13**	**25**	**67**

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?

Table #10: Nursing Oversight and Overall Health Supports

	#50: Was the eChat updated timely?	#50b. Is the eChat complete?	#50c. Is the eChat accurate?	#54: ... nursing services provided as needed ...?	#55: Is the CARMP consistent with recommendations...? (2 N/A)	#56: Is the CARMP consistently implemented as intended? (2 N/A)
%Yes	20%	30%	30%	20%	13%	63%
%Many	60%	50%	40%	50%	63%	25%
%Needs Imp.	20%	20%	30%	30%	25%	13%
%No	0%	0%	6%	0%	0%	0%
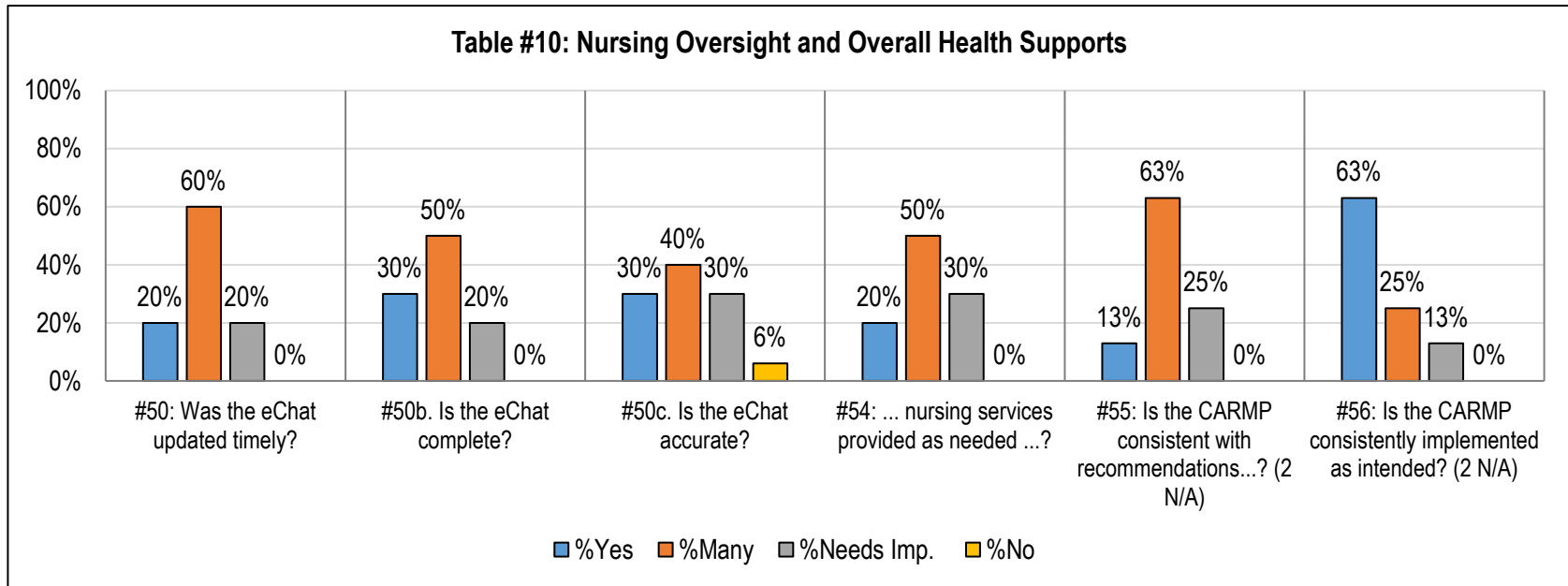
Oversight provided by nurses is a critical safeguard for Jackson Class Members, direct support professionals and their supervisors. The table below provides specific details, by Residential provider, of nursing related issues identified during the 2019 Southeast IQR. Again, this represents the number of issues found; not the number of findings.

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

Area	Aspire (2)	CARC (1)	ENMRSH (2)	Leaders (2)	Tobosa (3)	Total
Nursing Annual/Quarterly/ Monthly report not timely completed/missing	2			8	24	**34**
MERPs/HCPs Not found/not specific/incorrect	15		4	1	13	**33**
eChat incorrect/inconsistent/not updated timely	2			10	14	**26**
MTP/CARMP not implemented correctly	15				1	**16**
Nurse not monitoring tracking records / Appts	1			4	3	**8**
Nurse report not accurate/missing information	4				3	**7**
CARMP/MTP inaccurate/incomplete/not current		1			4	**5**
Nursing not providing/discussing info with team/PCP as needed					4	**4**
Plan for medical/nursing monitoring needed				2	2	**4**

| Area	Aspire (2)	CARC (1)	ENMRSH (2)	Leaders (2)	Tobosa (3)	Total
Inconsistency between HCP/CARMP/MERP/eChat/MAR/Plans	2				1	3
Nurse documentation not accurate/complete				2	1	3
Nurse not familiar with recommendations				2		2
Totals	**41**	**1**	**4**	**29**	**70**	**145**

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

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

Table #12: Health Information Integrated in the ISP
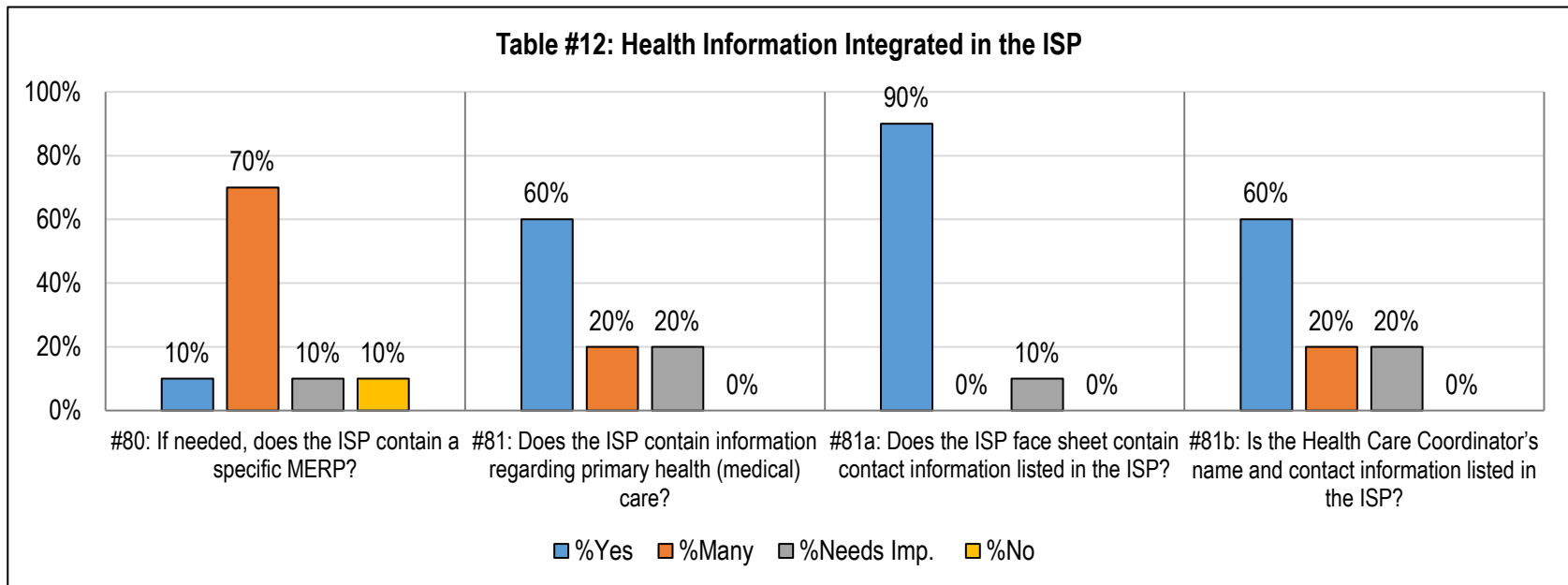
There are many components to ensuring the health and safety of individuals with I/DD. These components vary and are unique to each individual. While the scored protocol questions cannot encompass each and every issue, it does allow for a general score that measures the adequacy of response to the individual's overall health needs. That question is #57: Are the person's health supports/needs being adequately addressed?

As noted in the table below, for the 10 people scored in Southeast review, overall, no class member had their health supports/needs adequately addressed. There were nine people who had many of their needs addressed (90%) and one is receiving supports that need improvement (10%).

Table #13: Supports/needs being adequately addressed?
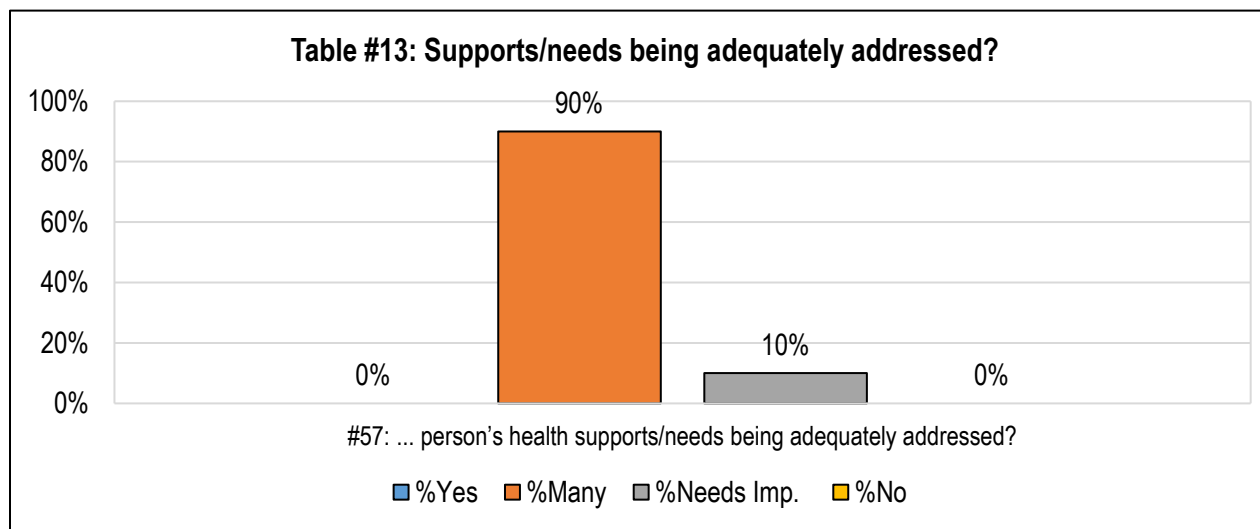
As noted earlier, beyond the scored protocol questions, the Findings Letters issued for each class member in a review provides person-specific detail about the issues which impact the answer to protocol question #57. This includes the adequacy and incorporation of needed tracking, ancillary support services, 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.

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

Area	Aspire (2)	CARC (1)	ENMRSH (2)	Leaders (2)	Tobosa (3)	Total
SLP Eval/Report does not identify baseline/progress	3			1	4	**8**
PT Report inaccurate/inadequate	1				6	**7**
Behavior Report inaccurate/inadequate	2				4	**6**
OT Report/Eval not available/timely for planning/use			2		3	**5**
SLP Report/Eval not available/timely for planning/use	1			1	3	**5**

Area	Aspire (2)	CARC (1)	ENMRSH (2)	Leaders (2)	Tobosa (3)	Total
TEASC needed, not completed				1		1
Fluid Input/Urine Output Tracking issues					1	1
Bowel Tracking issues				1	3	4
Nutrition: Not Current/Missing/inaccurate			1		4	5
PT Evaluation does not identify baseline/progress	1			1	1	3
OT Report inaccurate/inadequate	2		1			3
OT Evaluation does not identify baseline/progress	1		1		1	3
BSC Report/Eval not available/timely for planning/use	1		1		1	3
Behavior Eval does not identify baseline/progress	1			1	1	3
PT Report/Eval not available/timely for planning/use			1	1		2
OT WDSI missing/not specific	2					2
SLP WDSI missing/not specific	2					2
PT WDSI missing/not timely/ not specific					1	1
Needs OT/PT Assessment		1				1
SLP/Communication Eval Needed / not done		1				1
Needs SLP assessment		1				1
Behavior Eval needed / not provided / missing		1				1
Desentization Plan needed		1				1
Totals	**17**	**5**	**7**	**7**	**33**	**69**

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

Before a plan can be implemented, it must first be created. The ISPs that provide details regarding the individuals' visions and outcomes are supposed to be developed by an Interdisciplinary Team that includes the Individual and those who know and provide supports to that person. This includes the Case Manager, Guardian, the Direct Support Staff, Therapists, Nurse, any additional individuals 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 table below lists answers to related questions in the 2019 Southeast review.

    Question #63: Was the ISP developed by an appropriately constituted IDT?
    Question #64: For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP?
    Question #32: Did the [day/employment] direct service staff have input into the person's ISP?
    Question #40: Did the [residential] staff have input into the person's ISP?
    Question #92: Was the person provided the assistance and support needed to participate meaningfully in the planning process?

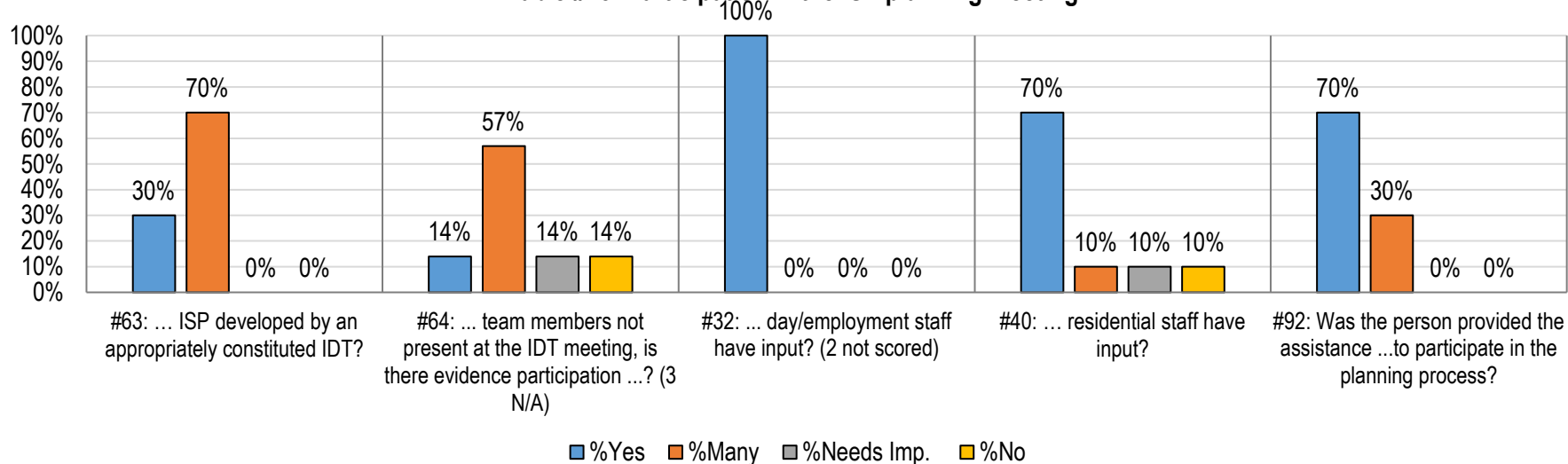**Table #15: Participation in the ISP planning meeting**

Chart showing percentages by question:

- #63: … ISP developed by an appropriately constituted IDT? — %Yes 30%, %Many 70%, %Needs Imp. 0%, %No 0%
- #64: ... team members not present at the IDT meeting, is there evidence participation ...? (3 N/A) — %Yes 14%, %Many 57%, %Needs Imp. 14%, %No 14%
- #32: ... day/employment staff have input? (2 not scored) — %Yes 100%, %Many 0%, %Needs Imp. 0%, %No 0%
- #40: … residential staff have input? — %Yes 70%, %Many 10%, %Needs Imp. 10%, %No 10%
- #92: Was the person provided the assistance ...to participate in the planning process? — %Yes 70%, %Many 30%, %Needs Imp. 0%, %No 0%

Legend: ■ %Yes   ■ %Many   ■ %Needs Imp.   ■ %No

Table #16: ISP Development Participation, by Residential Provider

Res. Agency (# in sample)	#63	#64	#32	#40	#92
Aspire (2)	50% Yes (1) 50% Many (1)	100% Yes (1) (1 N/A)	100% Yes (2)	50% Yes (1) 50% Many (1)	100% Yes (2)
CARC (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)
ENMRSH (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	100% Yes (2)	100% Yes (2)	0% Yes 100% Many (2)
Leaders (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (1) (1 N/A)	100% Yes (1) (1 not scored)	50% Yes (1) 50% No (1)	50% Yes (1) 50% Many (1)
Tobosa (3)	33% Yes (1) 67% Many (2)	50% Many (1) 50% Needs Impv (1) (1 N/A)	100% Yes (3)	100% Yes (3)	100% Yes (3)

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

CM Agency (# in sample)	#63	#64	#32	#40	#92
DDSD/SERO (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)
J&J (9)	33% Yes (3) 67% Many (6)	17% Yes (1) 67% Many (4) 17% Needs Impv (1) (3 N/A)	100% Yes (8) (1 not scored)	78% Yes (7) 11% Many (1) 11% No (1)	67% Yes (6) 33% Many (3)

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 table below details the findings related to the following identified questions related to class members ISP in the 2019 Southeast review.

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

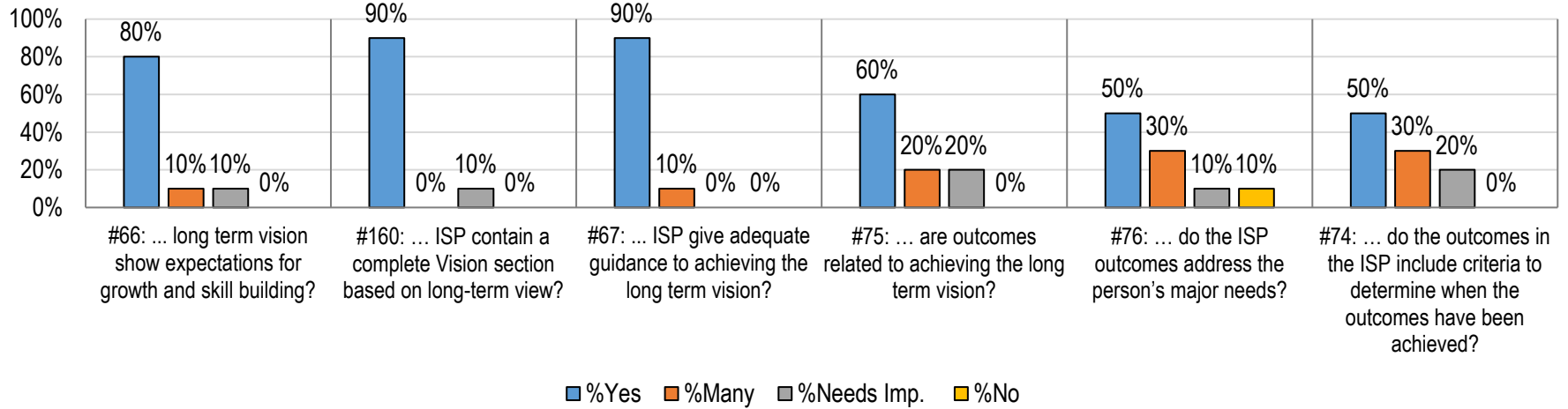## Table #18: Long Term Vision and Outcomes Protocol Questions

Legend: ■%Yes ■%Many ■%Needs Imp. ■%No

Data by question:
- #66: ... long term vision show expectations for growth and skill building? — 80% Yes, 10% Many, 10% Needs Imp., 0% No
- #160: ... ISP contain a complete Vision section based on long-term view? — 90% Yes, 0% Many, 10% Needs Imp., 0% No
- #67: ... ISP give adequate guidance to achieving the long term vision? — 90% Yes, 10% Many, 0% Needs Imp., 0% No
- #75: ... are outcomes related to achieving the long term vision? — 60% Yes, 20% Many, 20% Needs Imp., 0% No
- #76: ... do the ISP outcomes address the person's major needs? — 50% Yes, 30% Many, 10% Needs Imp., 10% No
- #74: ... do the outcomes in the ISP include criteria to determine when the outcomes have been achieved? — 50% Yes, 30% Many, 20% Needs Imp., 0% No

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

Res Agency (# in sample)	#66	#160	#67	#75	#76	#74
Aspire (2)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	100% Yes (2)
CARC (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% No (1)	0% Yes 100% No (1)
ENMRSH (2)	100% Yes (2)	100% Yes (2)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Needs Impv (1)
Leaders (2)	50% Yes (1) 50% Many (1)	100% Yes (2)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Needs Impv (1)
Tobosa (3)	67% Yes (2) 33% Needs Impv (1)	67% Yes (2) 33% Needs Impv (1)	100% Yes (3)	33% Yes (1) 33% Many (1) 33% Needs Impv (1)	67% Yes (2) 33% Needs Impv (1)	33% Yes (1) 33% Needs Impv (1) 33% No (1)

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

CM Agency (# in sample)	#66	#160	#67	#75	#76	#74
DDSD/SERO (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% No (1)	0% Yes 100% No (1)
J&J (9)	78% Yes (7) 11% Many (1) 11% Needs Impv (1)	89% Yes (8) 11% Needs Impv (1)	89% Yes (8) 11% Many (1)	67% Yes (6) 22% Many (2) 11% Needs Impv (1)	56% Yes (5) 33% Many (3) 11% Needs Impv (1)	56% Yes (5) 33% Needs Impv (3) 11% 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 table below details the findings related to specific questions which probe the action steps and data collection intended to verify progress and opportunity for class members.

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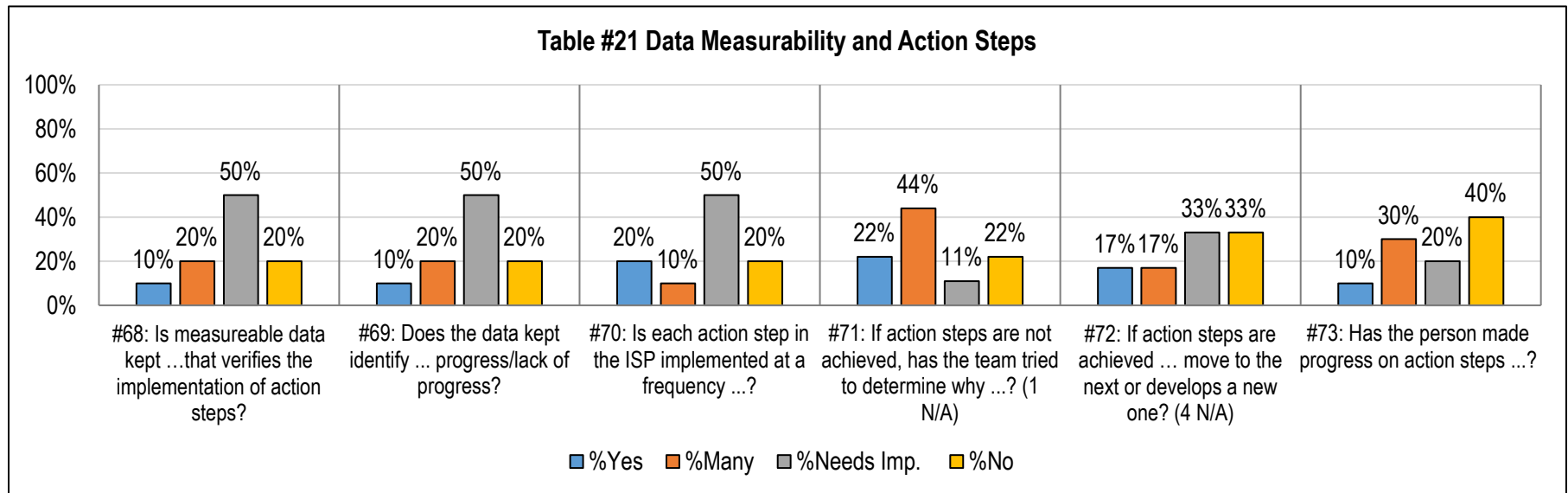   Question #69: Does the data kept identify what the person does so a determination can be made regarding the progress/lack of progress?
    Question #70: Is each action step in the ISP implemented at a frequency that enables the person to learn new skills?
    Question #71: If the person is not successful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

Table #21 Data Measurability and Action Steps

Legend: ■ %Yes ■ %Many ■ %Needs Imp. ■ %No

Bar chart data by question:

- **#68: Is measureable data kept …that verifies the implementation of action steps?** — Yes 10%, Many 20%, Needs Imp. 50%, No 20%
- **#69: Does the data kept identify ... progress/lack of progress?** — Yes 10%, Many 20%, Needs Imp. 50%, No 20%
- **#70: Is each action step in the ISP implemented at a frequency ...?** — Yes 20%, Many 10%, Needs Imp. 50%, No 20%
- **#71: If action steps are not achieved, has the team tried to determine why ...? (1 N/A)** — Yes 22%, Many 44%, Needs Imp. 11%, No 22%
- **#72: If action steps are achieved … move to the next or develops a new one? (4 N/A)** — Yes 17%, Many 17%, Needs Imp. 33%, No 33%
- **#73: Has the person made progress on action steps ...?** — Yes 10%, Many 30%, Needs Imp. 20%, No 40%

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

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

Res Agency (# in sample)	#68	#69	#70	#71	#72	#73
Aspire (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 100% Needs Impv (2)	0% Yes 50% Many (1) 50% No (1)	0% Yes 50% Needs Impv (1) 50% No (1)	0% Yes 50% Many (1) 50% No (1)
CARC (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)
ENMRSH (2)	50% Yes (1) 50% Needs Impv (1)	50% Yes (1) 50% Needs Impv (1)	50% Yes (1) 50% Needs Impv (1)	100% Yes (2)	100% Yes (1) (1 N/A)	Yes (1) Many (1)
Leaders (2)	0% Yes 50% Needs Impv (1) 50% No (1)	0% Yes 50% Needs Impv (1) 50% No (1)	0% Yes 50% Many (1) 50% No (1)	0% Yes 100% Many (2)	0% Yes 100% Many (1) (1 N/A)	0% Yes No (2)
Tobosa (3)	0% Yes	0% Yes	0% Yes	0% Yes	0% Yes	0% Yes

Res Agency (# in sample)	#68	#69	#70	#71	#72	#73
	67% Needs Impv (2) 33% No (1)	67% Needs Impv (2) 33% No (1)	67% Needs Impv (2) 33% No (1)	50% Needs Impv (1) 50% No (1) (1 N/A)	100% No (1) (2 N/A)	33% Many (1) 33% Needs Impv (1) 33% No (1)

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

CM Agency (# in sample)	#68	#69	#70	#71	#72	#73
DDSD/SERO (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)
J&J (9)	11% Yes (1) 22% Many (2) 44% Needs Impv (4) 22% No (2)	11% Yes (1) 22% Many (2) 44% Needs Impv (4) 22% No (2)	11% Yes (1) 11% Many (1) 56% Needs Impv (5) 22% No (2)	25% Yes (2) 38% Many (3) 13% Needs Impv (1) 25% No (2) (1 N/A)	20% Yes (1) 20% Many (1) 20% Needs Impv (1) 40% No (2) (4 N/A)	11% Yes (1) 33% Many (3) 11% Needs Impv (1) 44% No (4)

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?
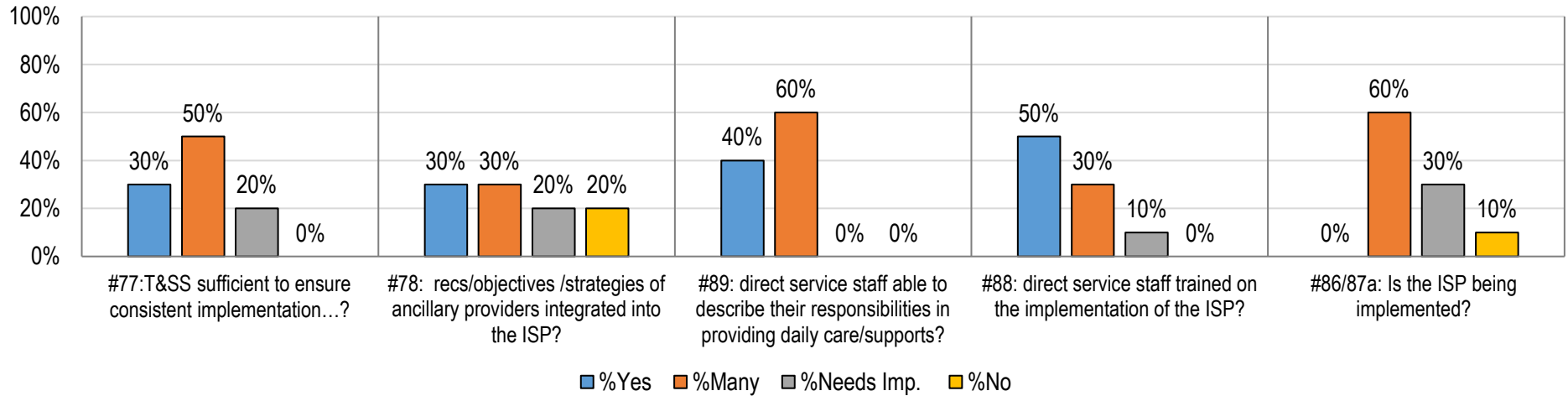
Table #24: T&SS and Implementation

Chart showing percentages for:

#77: T&SS sufficient to ensure consistent implementation…?
- %Yes: 30%
- %Many: 50%
- %Needs Imp.: 20%
- %No: 0%

#78: recs/objectives /strategies of ancillary providers integrated into the ISP?
- %Yes: 30%
- %Many: 30%
- %Needs Imp.: 20%
- %No: 20%

#89: direct service staff able to describe their responsibilities in providing daily care/supports?
- %Yes: 40%
- %Many: 60%
- %Needs Imp.: 0%
- %No: 0%

#88: direct service staff trained on the implementation of the ISP?
- %Yes: 50%
- %Many: 30%
- %Needs Imp.: 10%
- %No: 0%

#86/87a: Is the ISP being implemented?
- %Yes: 0%
- %Many: 60%
- %Needs Imp.: 30%
- %No: 10%

Legend: ■ %Yes ■ %Many ■ %Needs Imp. ■ %No

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

Res. Agency (# in sample)	#77	#78	#89	#88	#87a
Aspire (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% No (1)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)
CARC (1)	100% Yes (1)	0% Yes 100% No (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)
ENMRSH (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	100% Yes (2)	0% Yes 100% Many (2)
Leaders (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	100% Yes (2)	0% Yes Needs Impv (1) No (1)
Tobosa (3)	0% Yes 67% Many (2) 33% Needs Impv (1)	33% Yes (1) 67% Needs Impv (2)	33% Yes (1) 67% Many (2)	33% Yes (1) 67% Many (2)	0% Yes 67% Many (2) 33% Needs Impv (1)

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

CM Agency (# in sample)	#77	#78	#89	#88	#87a
DDSD/SERO (1)	100% Yes (1)	100% No (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)
J&J (9)	Yes (2) Many (5) Needs Impv (2)	Yes (3) Many (3) Needs Impv (2) No (1)	Yes (3) Many (6)	Yes (5) Many (3) Needs Impv (1)	0% Yes Many (6) Needs Impv (2) No (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?
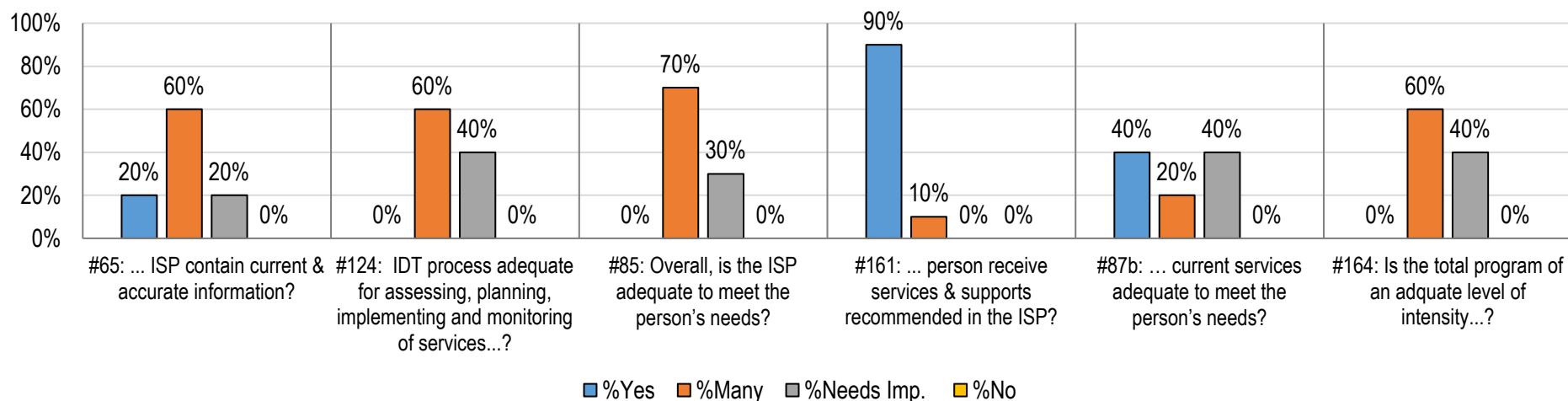
Table #27: ISP and Services are current and adequate

Chart showing percentages for %Yes, %Many, %Needs Imp., %No across questions:

- #65: ... ISP contain current & accurate information? — 20% Yes, 60% Many, 20% Needs Imp., 0% No
- #124: IDT process adequate for assessing, planning, implementing and monitoring of services...? — 0% Yes, 60% Many, 40% Needs Imp., 0% No
- #85: Overall, is the ISP adequate to meet the person's needs? — 0% Yes, 70% Many, 30% Needs Imp., 0% No
- #161: ... person receive services & supports recommended in the ISP? — 90% Yes, 10% Many, 0% Needs Imp., 0% No
- #87b: ... current services adequate to meet the person's needs? — 40% Yes, 20% Many, 40% Needs Imp., 0% No
- #164: Is the total program of an adquate level of intensity...? — 0% Yes, 60% Many, 40% Needs Imp., 0% No

Legend: ■ %Yes ■ %Many ■ %Needs Imp. ■ %No

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

Res. Agency (# in sample)	#65	#124	#85	#161	#87b	#164
Aspire (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	100% Yes (2)	100% Yes (2)	0% Yes 100% Many (2)
CARC (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	100% Yes(1)	0% Yes Needs Impv (1)
ENMRSH (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	100% Yes (2)	Yes (1) Needs Impv (1)	0% Yes Many (2)
Leaders (2)	0% Yes 100% Many (2)	0% Yes 100% Needs Impv (2)	0% Yes 100% Many (2)	100% Yes (2)	0% Yes 100% Needs Impv (2)	0% Yes 50% Many (1) 50% Needs Impv (1)
Tobosa (3)	33% Yes (1) 33% Many (1) 33% Needs Impv (1)	0% Yes 67% Many (2) 33% Needs Impv (1)	0% Yes 33% Many (1) 67% Needs Impv (2)	67% Yes (2) 33% Many (1)	0% Yes 67% Many (2) 33% Needs Impv (1)	0% Yes 33% Many (1) 67% Needs Impv (2)

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

CM Agency (# in sample)	Question					
	#65	**#124**	**#85**	**#161**	**#87b**	**#164**
DDSD/SERO (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	100% Yes(1)	0% Yes Needs Impv (1)
J&J (9)	11% Yes (1) 67% Many (6) 22% Needs Impv (2)	0% Yes 67% Many (6) 33% Needs Impv (3)	0% Yes 78% Many (7) 22% Needs Impv (2)	89% Yes (8) 11% Many (1)	33% Yes (3) 22% Many (2) 44% Needs Impv (4)	0% Yes 67% Many (6) 33% Needs Impv (3)

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 Southeast IQR in the Case Management area are the third highest of the findings area, the region scored well on two questions, "does the case manager know the person" and "is the Case Manager available to the person" as pictured below. The tables below detail the related findings.

> Question #24: Does the case manager "know" the person?
> Question #25: Does the case manager understand his/her role/job?
> Question #26: Is the case manager available to the person?
> Question #27: Was the case manager able to describe the person's health related needs?

Table #30: Case Management Services

Legend: %Yes, %Many, %Needs Imp., %No

#24: Does the case manager "know" the person? — 90% Yes, 10% Many, 0% Needs Imp., 0% No
#25: Does the case manager understand his/her role/job? — 30% Yes, 50% Many, 20% Needs Imp., 0% No
#26: Is the case manager available to the person? — 90% Yes, 10% Many, 0% Needs Imp., 0% No
#27: ... case manager able to describe the person's health related needs? — 40% Yes, 50% Many, 10% Needs Imp., 0% No
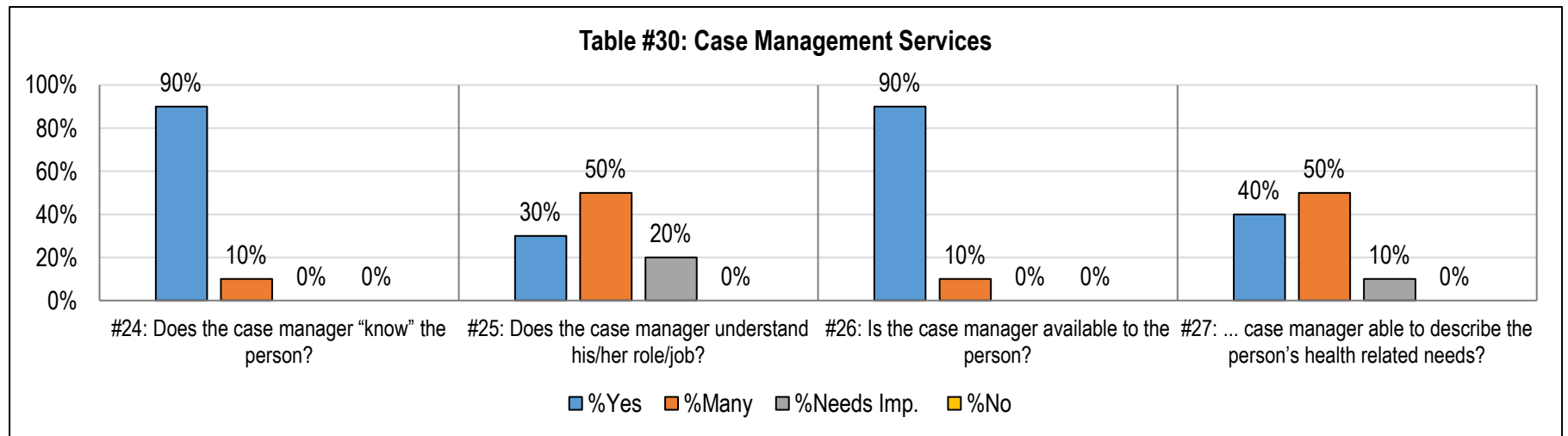
Table #31: Case Management Scores, by Case Management Agency

CM Agency (# in sample)	#24	#25	#26	#27
DDSD/SERO (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)
J&J (9)	89% Yes (8) 11% Many (1)	33% Yes (3) 44% Many (4) 22% Needs Impv (2)	89% Yes (8) 11% Many (1)	44% Yes (4) 56% Many (5)

Other important questions related to Case Management include:

Question #28: Does the case manager have an appropriate expectation of growth for this person?
Question #29: Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP?
Question #30: Does the case manager provide case management services at the level needed by this person?

Table #32: Case Management Services, continued
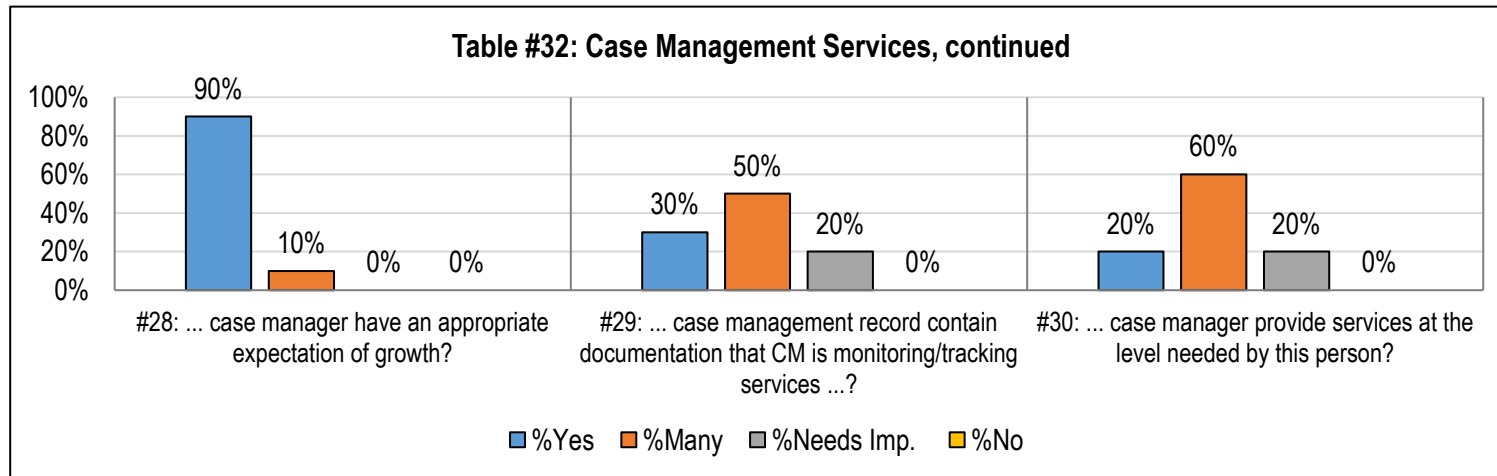
Table #33: Case Management Scores, by Case Management Agency

CM Agency (# in sample)	#28	#29	#30
DDSD/SERO (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
J&J (9)	89% Yes (8)	22% Yes (2)	11% Yes (1)

CM Agency (# in sample)	#28	#29	#30
	11% Many (1)	56% Many (5) 22% Needs Impv (2)	67% Many (6) 22% Needs Impv (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?

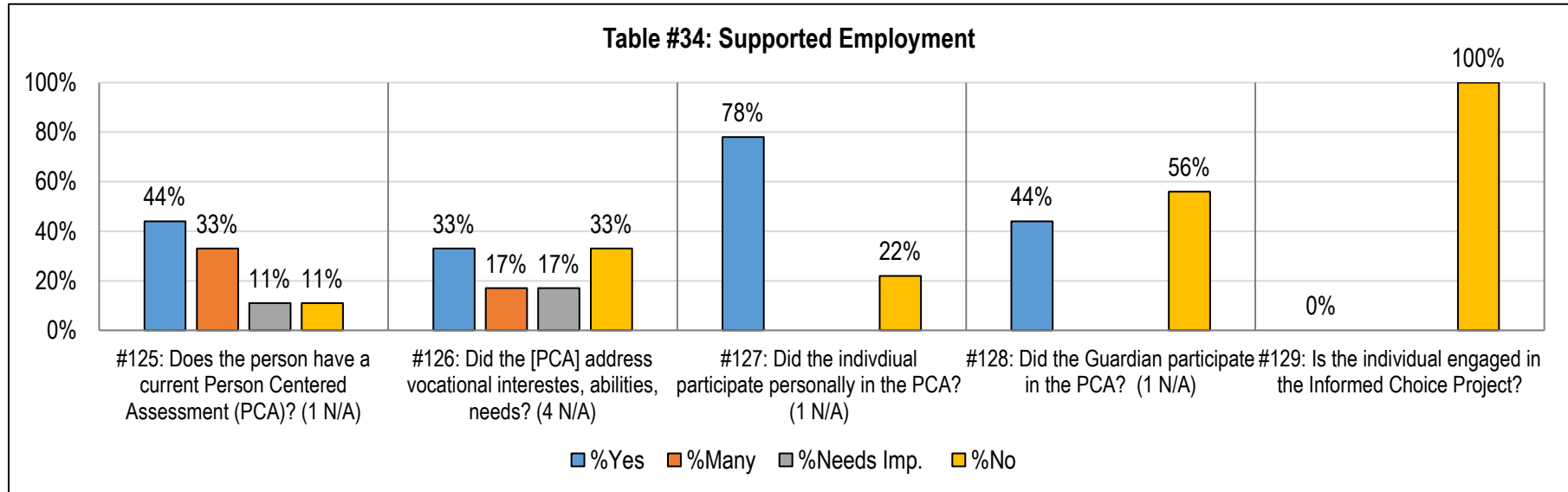Question #129. Is the individual engaged in the Informed Choice Project?

Table #34: Supported Employment

	#125	#126	#127	#128	#129
%Yes	44%	33%	78%	44%	0%
%Many	33%	17%			
%Needs Imp.	11%	17%			
%No	11%	33%	22%	56%	100%

Legend: ■ %Yes ■ %Many ■ %Needs Imp. ■ %No

Table #35: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	#125	#126	#127	#128	#129
Aspire (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	100% Yes (2)	50% Yes (1) 50% No (1)	0% Yes 100% No (2)
CARC (1)	0% Yes 100% No (1)	(1 N/A)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)
ENMRSH (2)	50% Yes (1) 50% Needs Impv (1)	0% Yes 100% Needs Impv (1) (1 N/A)	100% Yes (2)	100% Yes (2)	0% Yes 100% No (2)
Leaders (2)	0% Yes 100% Many (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)	100% Yes (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)	0% Yes 100% No (2)
Tobosa (3)	67% Yes (2) 33% Many (1)	50% Yes (1) 50% No (1) (1 N/A)	67% Yes (2) 33% No (1)	33% Yes (1) 67% No (2)	0% Yes 100% No (3)

Table #36: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	#125	#126	#127	#128	#129
DDSD/SERO (1)	0% Yes 100% No (1)	(1 N/A)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)
J&J (9)	50% Yes (4) 38% Many (3) 13% Needs Impv (1) (1 N/A)	33% Yes (2) 17% Many (1) 17% Needs Impv (1) 33% No (2) (3 N/A)	88% Yes (7) 13% No (1) (1 N/A)	50% Yes (4) 50% No (4) (1 N/A)	0% Yes 100% No (9)

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

Question #130. Has the individual been offered the opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities?
Question #131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section?
Question #132. If #130 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs?
Question #133. Has the Guardian had the opportunity to gain information on how the individual responded during job exploration activities such as volunteering and/or trial work experiences?
Question #134. Has the individual received information regarding the range of employment options available to him/her?
Question #135. Has the Guardian received information regarding the range of employment options available for the individual?

Table #37: Supported Employment, continued
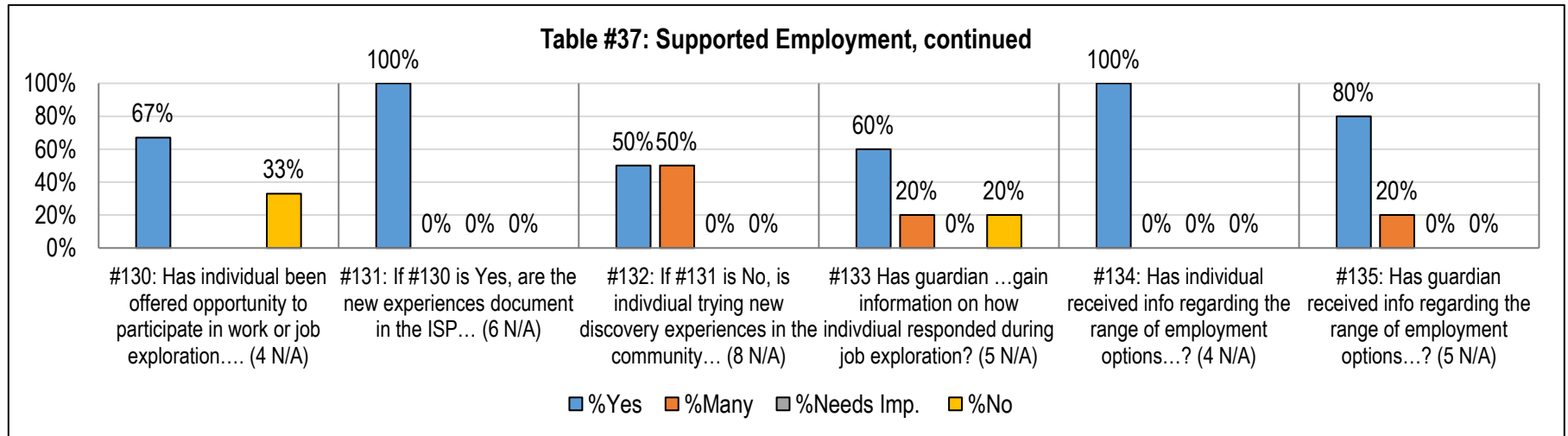
Table #38: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	#130	#131	#132	#133	#134	#135
Aspire (2)	50% Yes (1) 50% No (1)	100% Yes (1) (1 N/A)	0% Yes 100% Many (1) (1 N/A)	100% Yes (2)	100% Yes (2)	100% Yes (2)
CARC (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
ENMRSH (2)	0% Yes 100% No (1) (1 N/A)	(2 N/A)	100% Yes (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)	100% Yes (1) (1 N/A)	100% Yes (1) (1 N/A)
Leaders (2)	100% Yes (2)	100% Yes (2)	(2 N/A)	0% Yes 100% Many (1) (1 N/A)	100% Yes (2)	0% Yes 100% Many (1) (1 N/A)
Tobosa (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)	100% Yes (1) (2 N/A)

Table #39: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	#130	#131	#132	#133	#134	#135
DDSD/SERO (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
J&J (9)	67% Yes (4) 33% No (2) (3 N/A)	100% Yes (4) (5 N/A)	50% Yes (1) 50% Many (1) (7 N/A)	60% Yes (3) 20% Many (1) 20% No (1) (4 NA)	100% Yes (6) (3 N/A)	80% Yes (4) 20% Many (1) (4 N/A)

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

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

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

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

Question #139. Has the individual identified what type of work or volunteer activities he/she would like to do?
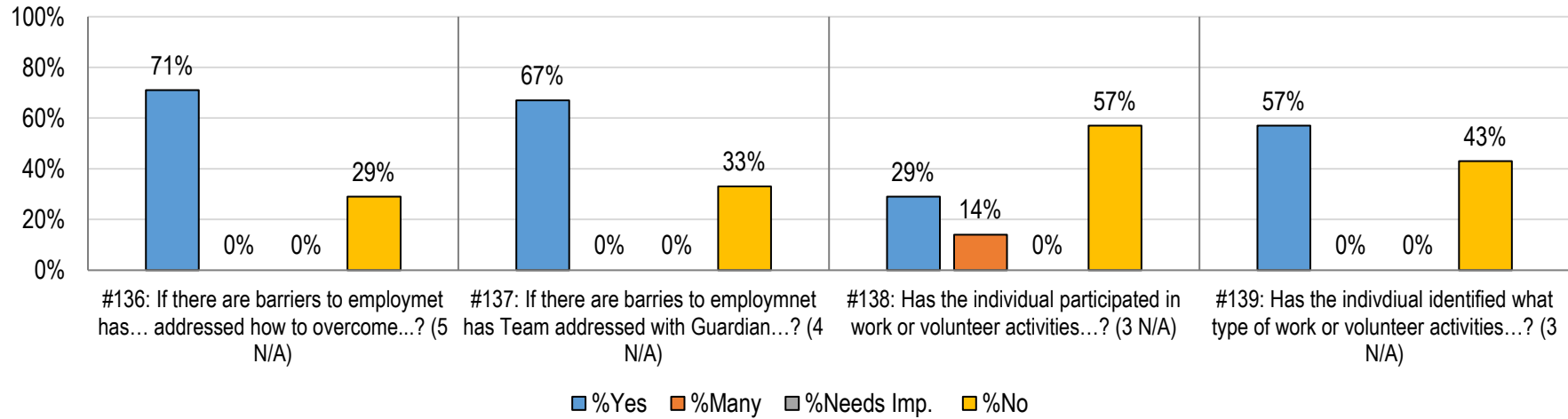
Table #40: Supported Employment, continued

Chart showing percentages for questions #136–#139 with legend: %Yes, %Many, %Needs Imp., %No

- #136: If there are barriers to employmet has… addressed how to overcome...? (5 N/A): 71% Yes, 0% Many, 0% Needs Imp., 29% No
- #137: If there are barries to employmnet has Team addressed with Guardian…? (4 N/A): 67% Yes, 0% Many, 0% Needs Imp., 33% No
- #138: Has the individual participated in work or volunteer activities…? (3 N/A): 29% Yes, 14% Many, 0% Needs Imp., 57% No
- #139: Has the indivdiual identified what type of work or volunteer activities…? (3 N/A): 57% Yes, 0% Many, 0% Needs Imp., 43% No

Table #41: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	#136	#137	#138	#139
Aspire (2)	100% Yes (2)	100% Yes (2)	0% Yes 50% Many (1) 50% No (1)	50% Yes (1) 50% No (1)
CARC (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
ENMRSH (2)	0% Yes 100% No (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)
Leaders (2)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% No (1)	100% Yes (2)
Tobosa (3)	50% Yes (1) 50% No (1) (1 N/A)	0% Yes 100% No (1) (2 N/A)	50% Yes (1) 50% No (1) (1 N/A)	50% Yes (1) 50% No (1) (1 N/A)

Table #42: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	#136	#137	#138	#139
DDSD/SERO (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
J&J (9)	71% Yes (5) 29% No (2) (2 N/A)	67% Yes (4) 33% No (2) (3 N/A)	33% Yes (2) 17% Many (1) 50% No (3) (2 N/A)	57% Yes (4) 43% No (3) (2 N/A)

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

Tablee #43: Supported Employment, continued
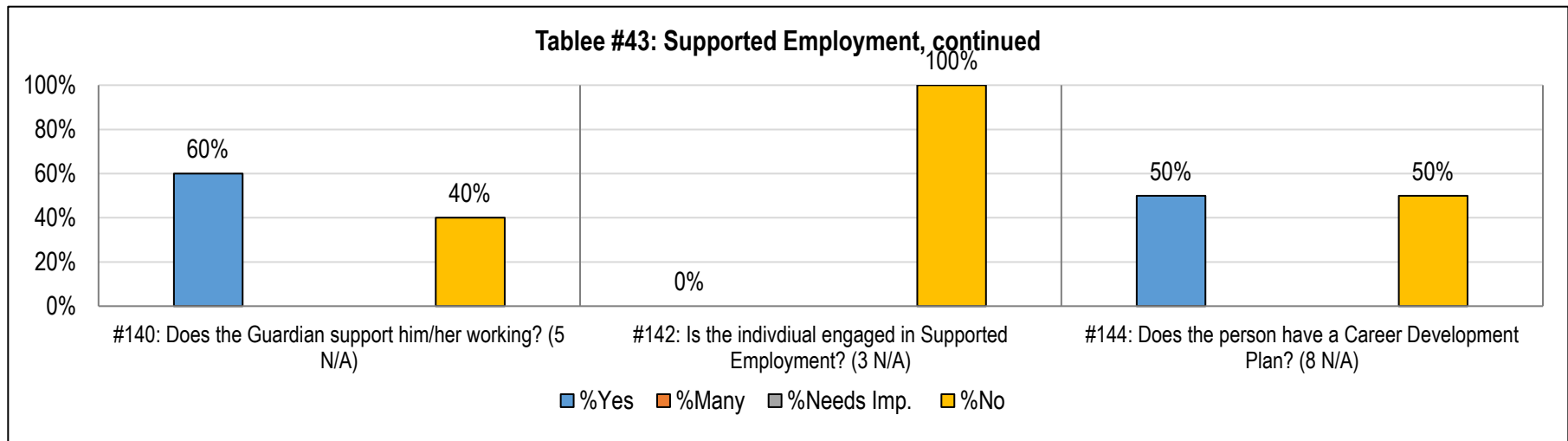
Table #44: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	#140	#142	#144
Aspire (2)	50% Yes (1) 50% No (1)	0% Yes 100% No (2)	100% Yes (1) (1 N/A)
CARC (1)	(1 N/A)	(1 N/A)	(1 N/A)
ENMRSH (2)	0% Yes 100% No (1) (1 N/A)	0% Yes 100% No (1) (1 N/A)	(2 N/A)
Leaders (2)	100% Yes (1) (1 N/A)	0% Yes 100% No (2)	(2 N/A)
Tobosa (3)	100% Yes (1) (2 N/A)	0% Yes 100% No (2) (1 N/A)	0% Yes 100% Many (1) (2 N/A)

Table #45: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	#140	#142	#144
DDSD/SERO (1)	(1 N/A)	(1 N/A)	(1 N/A)
J&J (9)	60% Yes (3) 40% No (2) (4 N/A)	0% Yes 100% No (7) (2 N/A)	50% Yes (1) 50% Many (1) (7 N/A)

I. IQR Scored Protocol Questions

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

Question	2019 (sample=10)
CASE MANAGEMENT	
24. Does the case manager "know" the person? CPRQ26; '17IQR#8c, '18IQR24	90% Yes (9) 10% Many (1)
25. Does the case manager understand his/her role/job? CPRQ27 '17IQR#16, '18IQR25	30% Yes (3) 50% Many (5) 20% Needs Impv (2)
26. Is the case manager available to the person? CPRQ29; '17IQR#16a, '18IQR27	90% Yes (9) 10% Many (1)
27. Was the case manager able to describe the person's health related needs? CPRQ30, , '18IQR28	40% Yes (4) 50% Many (5) 10% Needs Impv (1)
28. Does the case manager have an appropriate expectation of growth for this person? CPRQ31, '18IQR29	90% Yes (9) 10% Many (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 (3) 50% Many (5) 20% Needs Impv (2)
30. Does the case manager provide case management services at the level needed by this person? CPRQ33; '17IQR#16c, '18IQR31	20% Yes (2) 60% Many (6) 20% Needs Impv (2)
EMPLOYMENT AND DAY	
31. Does the direct services staff "know" the person? CPRQ35; '17IQR#8a, '18IQR33	89% Yes (8) 11% Many (1)
32. Does the direct service staff have input into the person's ISP? CPRQ36, '18IQR34	100% Yes (9)
33. Did the direct service staff receive training on implementing this person's ISP? CPRQ37, '18IQR35	56% Yes (5) 33% Many (3) 11% Needs Impv (1)

Question	2019 (sample=10)
34. Was the direct service staff able to describe this person's health-related needs? CPRQ38, '18IQR36	67% Yes (6) 22% Many (2) 11% Needs Impv (1)
35. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39, '18IQR37	67% Yes (6) 33% Many (3)
35a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a, '18IQR37a	100% Yes (9)
35b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ39b, '18IQR37b	56% Yes (5) 33% Many (3) 11% Needs Impv (1)
36. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ41, '18IQR39	100% Yes (9)
37. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42, '18IQR40	67% Yes (6) 33% Many (3)
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 (9)
RESIDENTIAL	
39. Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b, '18IQR42	100% Yes (10)
40. Does the direct service staff have input into the person's ISP? CPRQ45, '18IQR43	70% Yes (7) 10% Many (1) 10% Needs Impv (1) 10% No (1)
41. Did the direct service staff receive training on implementing this person's ISP? CPRQ46, '18IQR44	60% Yes (6) 40% Many (4)
42. Is the residence safe for individuals (void of hazards)? CPRQ47, '18IQR45	89% Yes (8) 11% Many (1) (1 CND)
43. Was the residential direct service staff able to describe this person's health-related needs? CPRQ48, '18IQR46	30% Yes (3) 60% Many (6) 10% Needs Imipv (1)
44. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49, '18IQR47	70% Yes (7) 30% Many (3)

Question	2019 (sample=10)
44a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ49a, '18IQR47a	100% Yes (10)
44b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ49b, '18IQR47b	70% Yes (7) 30% Many (3)
45. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ51, '18IQR49	80% Yes (8) 20% Many (2)
46. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52, '18IQR50	90% Yes (9) 10% Many (1)
47. Does the person's residential environment offer a minimal level of quality of life? CPRQ53, '18IQR51	70% Yes (7) 30% Many (3)
HEALTH	
48. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b, '18IQR52	20% Yes (2) 70% Many (7) 10% Needs Impv (1)
49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21, '18IQR53	40% Yes (4) 40% Many (4) 20% Needs Impv (2)
50. Was the eChat updated timely? '17IQR#18g, '18IQR54	20% Yes (2) 60% Many (6) 20% Needs Impv (2)
50a. Is the eChat updated timely with the ISP and after changes in condition?	60% Yes (6) 10% Many (1) 30% Needs Impv (3)
50b. Is the eChat complete?	30% Yes (3) 50% Many (5) 20% Needs Impv (2)
50c. Is the eChat accurate?	30% Yes (3) 40% Many (4) 30% Needs Impv (3)
51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received? 17IQR#19, '18IQR55	10% Yes (1) 70% Many (7) 20% Needs Impv (2)
52. Has the individual received all age and gender appropriate health screening/immunizations in accordance with national best practice and/or as recommended …(*Does the individual receive routine/scheduled medical treatment? 17IQR#19a, '18IQR56*)	20% Yes (2) 30% Many (3)

Question	2019 (sample=10)
	50% Needs Impv (5)
53. Does the individual receive medication as prescribed? 17IQR#19e, '18IQR57	40% Yes (4) 40% Many (4) 20% Needs Impv (2)
54. Are nursing services provided as needed by the individual? 17IQR#20, '18IQR59	20% Yes (2) 50% Many (5) 30% Needs Impv (3)
55. Is the CARMP consistent with recommendation in other healthcare documents? *(Is the CARMP is accurate? '17IQR#21f, '18IQR60)*	13% Yes (1) 63% Many (5) 25% Needs Impv (2) (2 N/A)
56. Is the CARMP consistently implemented as intended? , '18IQR61	63% Yes (5) 25% Many (2) 13% No (1) (2 N/A)
57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19, '18IQR62	0% Yes 90% Many (9) 10% Needs Impv (1)
57a. Are assessment recommendations followed up on in a timely way?	20% Yes (2) 50% Many (5) 30% Needs Impv (3)
57b. Were needed equipment/communication devices delivered timely?	56% Yes (5) 44% Many (4) (1 N/A)
57c. Were medical specialist appointments attended timely?	60% Yes (6) 30% Many (3) 10% Needs Impv (1)
57d. Were changes in personal condition, if any, responded to timely?	78% Yes (7) 11% Many (1) 11% Needs Impv (1) (1 N/A)
57e. Were Health Care Plans available, accurate and consistently implemented?	30% Yes (3) 50% Many (5) 10% Needs Impv (1)

Question	2019 (sample=10)
ASSESSMENTS	
58. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18, '18IQR65	30% Yes (3) 50% Many (5) 20% Needs Impv (2)
59. Are the assessments adequate for planning? CPRQ59; '17IQR#4f, '18IQR66	10% Yes (1) 70% Many (7) 20% Needs Impv (2)
59a. Were assessments provided timely?	10% Yes (1) 60% Many (6) 30% Needs Impv (3)
59b. Did assessments contain accurate information?	30% Yes (3) 70% Many (7)
59c. Did assessments contain information accurate to guide planning?	20% Yes (2) 40% Many (4) 40% Needs Impv (4)
59d. Did assessments contain recommendations?	50% Yes (5) 30% Many (3) 20% Needs Impv (2)
60. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5, '18IQR67	40% Yes (4) 50% Many (5) 10% Needs Impv (1)
61. For medical, clinical or health related rec's, has a DCF been completed if the individual and/or their guardian/health care decision maker have decided not to follow all or part of an order, rec, or suggestion? '17IQR#5c, '18IQR68	33% Yes (2) 17% Many (1) 17% Needs Impv (1) 33% No (2) (4 N/A)
ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES	
62. Is there a document called an Individual Service Plan (ISP) that was developed within the past year? CPRQ61; '17IQR#9, '18IQR69	100% Yes (10)
63. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3, '18IQR70	30% Yes (3) 70% Many (7)
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% Yes (1) 57% Many (4) 14% Needs Impv (1)

Question	2019 (sample=10)
	14% No (1) (3 N/A)
65. Does my ISP contain current and accurate information? '17IQR#6, '18IQR72	20% Yes (2) 60% Many (6) 20% Needs Impv (2)
66. Does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b, '18IQR73	80% Yes (8) 10% Many (1) 10% Needs Impv (1)
67. Does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c, '18IQR74	90% Yes (9) 10% Many (1)
68. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a, '18IQR75	10% Yes (1) 20% Many (2) 50% Needs Impv (5) 20% No (2)
69. Does the data kept identify what the person does so a determination regarding progress/lack of progress can be made? '17IQR#12b, '18IQR76	10% Yes (1) 20% Many (2) 50% Needs Impv (5) 20% No (2)
70. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c, '18IQR77	20% Yes (2) 10% Many (1) 50% Needs Impv (5) 20% No (2)
71. If the person is not successful in achieving actions steps, has the team tried to determine why, and change their approach if needed? '18IQR78	22% Yes (2) 44% Many (4) 11% Needs Impv (1) 22% No (2) (1 N/A)
72. If the person achieves action steps, does the team move to the next in the progression of steps or develops a new one? '17IQR#12c, '18IQR79	17% Yes (1) 17% Many (1) 33% Needs Impv (2) 33% No (2) (4 N/A)
73. Has the person made measurable progress on actions steps during this past year?'17IQR#13b, '18IQR80	10% Yes (1) 30% Many (3) 20% Needs Impv (2) 40% No (4)

Question	2019 (sample=10)
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	50% Yes (5) 30% Needs Impv (3) 20% No (2)
75. Are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d, '18IQR82	60% Yes (6) 20% Many (2) 20% 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	50% Yes (5) 30% Many (3) 10% Needs Impv (1) 10% No (1)
77. Are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i, '18IQR84	30% Yes (3) 50% Many (5) 20% Needs Impv (2)
78. Are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m, '18IQR85	30% Yes (3) 30% Many (3) 20% Needs Impv (2) 20% No (2)
79. Has the person made measurable progress in therapy this year? '17IQR#13a, '18IQR86	0% Yes 22% Many (2) 67% Needs Impv (6) 11% No (1) (1 N/A)
80. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c, '18IQR87	10% Yes (1) 70% Many (7) 10% Needs Impv (1) 10% No (1)
81. Does the ISP contain information regarding primary health (medical) care? CPRQ74, '18IQR88	60% Yes (6) 20% Many (2) 20% Needs Impv (2)
81a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a, '18IQR88a	90% Yes (9) 10% Needs Impv (1)
81b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b, '18IQR88b	60% Yes (6) 20% Many (2) 20% No (2)
82. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76, '18IQR89	80% Yes (8) 20% Needs Impv (2)

Question	2019 (sample=10)
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)*	100% Yes (10)
84. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a, '18IQR91	44% Yes (4) 44% Many (4) 11% Needs Impv (1) (1 N/A)
85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7, '18IQR92	0% Yes 70% Many (7) 30% Needs Impv (3)
86. Is the ISP being implemented? (If 85 is "3") CPRQ79 '17IQR#12, '18IQR93	(10 N/A)
87a. Is the ISP being implemented? (If 85 is "0", "1", or "2") CPRQ80a '17IQR#12, '18IQR94a	0% Yes 60% Many (6) 30% Needs Impv (3) 10% No (1)
87b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11, '18IQR94b	40% Yes (4) 20% Many (2) 40% Needs Impv (4)
88. Was the direct service staff trained on the implementation of this person's ISP? CPRQ81, '18IQR95	60% Yes (6) 30% Many (3) 10% Needs Impv (1)
89. Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82, '18IQR96	40% Yes (4) 60% Many (6)
EXPECTATION OF GROWTH AND QUALITY OF LIFE, SATISFACTION	
90. Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13, '18IQR98	30% Yes (3) 20% Many (2) 40% Needs Impv (4) 10% No (1)
91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d, '18IQR99	70% Yes (7) 30% Many (3)
92. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b, '18IQR100	70% Yes (7) 30% Many (3)
93. Is the person offered a range of opportunities for participation in each life area? CPRQ87, '18IQR101	70% Yes (7) 30% Many (3)

Question	2019 (sample=10)
94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30, '18IQR102	86% Yes (6) 14% Many (1) (3 CND)
94a. About where and with whom to live? CPRQ89; '17IQR#23c, '18IQR102a	100% Yes (5) (5 CND)
94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d, '18IQR102b	100% Yes (6) (4 CND)
94c. About where and with whom to socialize/spend leisure time? CPRQ91, '18IQR102c	100% Yes (7) (3 CND)
95. Does the evidence support that providers do not prevent the person from pursuing relationships? CPRQ92; '17IQR#31f, '18IQR103 *(and are respecting the rights of this person)*	100% Yes (10)
96. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a, '18IQR105	60% Yes (6) 40% Many (4)
97. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94, '18IQR106	80% Yes (8) 10% Many (1) 10% No (1)
98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h, '18IQR107	60% Yes (6) 40% No (4)
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	83% Yes (5) 17% Needs Impv (1) (4 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	33% Yes (2) 33% Many (2) 33% No (2) (4 N/A)
101. Is the person protected from abuse, neglect and exploitation? '17IQR#35, '18IQR110	70% Yes (7) 10% Many (1) 20% Needs Impv (2)
102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b, '18IQR111	60% Yes (3) 20% Many (1) 20% No (1) (5 N/A)
103. Is the individual safe? '17IQR#24, '18IQR112	60% Yes (6) 40% Many (4)

Question	2019 (sample=10)
104. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a, '18IQR113	38% Active (3) 25% Moderate (2) 38% Limited (3) (2 N/A)
105. If the person is retired, does he/she have opportunities to engage in activities of interest during the day? CPRQ 100; '17IQR#29b, '18IQR114	33% Yes (1) 67% Needs Impv (2) (7 N/A)
106. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30, '18IQR115	70% Yes (7) 30% Many (3)
107. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e, '18IQR116	100% Yes (10)
108. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c, '18IQR117	20% Yes (2) 50% Many (5) 30% 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 (9) (1 CND)
110. Does the person have sufficient personal money? CPRQ110 '17IQR#34f, '18IQR119	60% Yes (6) 30% Many (3) 10% Needs Impv (1)
111. Does the person get along with their day program/employment provider staff? CPRQ111, '18IQR120	100% Yes (8) (1 N/A, 1 CND)
112. Does the person get along with their residential provider staff? CPRQ112, '18IQR121	100% Yes (9) (1 CND)
TEAM PROCESS	
113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10, '18IQR122	20% Yes (2) 40% Many (4) 40% Needs Impv (4)
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	67% Yes (2) 33% Many (1) (7 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	50% Yes (5) 30% Many (3) 20% Needs Impv (2)

Question	2019 (sample=10)
116. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117, '18IQR125	70% Yes (7) 10% Many (1) 20% Needs Impv (2)
117. Do you recommend Dispute Resolution for this IDT? CPRQ118, '18IQR126	10% Yes (1) 90% No (9)
118. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#17d, '18IQR127	60% Yes (6) 40% No (4)
119. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c, '18IQR128	50% Yes (5) 50% No (5)
120. If #118 OR #119 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; '18IQR129	57% Yes (4) 43% No (3) (3 N/A)
121. Has the person changed residential/day services in the last year? CPRQ122, '18IQR130	10% Yes (1) 90% No (9)
122. If #121 is Yes, was the change Planned by the IDT? CPRQ122a, '18IQR131	100% Yes (1) (9 N/A)
123. If #121 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b, '18IQR132	100% Yes (1) (9 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 60% Many (6) 40% Needs Impv (4)
SUPPORTED EMPLOYMENT	
125. Does (Name) have a current Person-Centered Assessment? '18IQR134	44% Yes (4) 33% Many (3) 11% Needs Impv (1) 11% No (1) (1 N/A)
126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a, '18IQR135	33% Yes (2) 17% Many (1) 17% Needs Impv (1) 33% No (2) (4 N/A)
127. Did the individual participate personally in the Person Centered Assessment? '18IQR136	78% Yes (7) 22% No (2)

Question	2019 (sample=10)
	(1 N/A)
128. Did the Guardian participate in the Person Centered Assessment? '18IQR137	44% Yes (4) 56% No (5) (1 N/A)
129. Is the individual engaged in the Informed Choice Project? '18IQR138	0% Yes 100% No (10)
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	67% Yes (4) 33% No (2) (4 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 (4) (6 N/A)
132. If #131 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs? '18IQR141	50% Yes (1) 50% Many (1) (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	60% Yes (3) 20% Many (1) 20% No (1) (5 N/A)
134. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c, '18IQR143	100% Yes (6) (4 N/A)
135. Has the Guardian received information regarding the range of employment options available for the individual? '18IQR144	80% Yes (4) 20% Many (1) (5 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	71% Yes (5) 29% No (2) (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	67% Yes (4) 33% No (2) (4 N/A)
138. Has the individual participated in work or volunteer activities during the past year? '18IQR147	29% Yes (2) 14% Many (1) 57% No (4) (3 N/A)
139. Has the individual identified what type of work or volunteer activities he/she would like to do? '18IQR148	57% Yes (4) 43% No (3)

Question	2019 (sample=10)
	(3 N/A)
140. Does the Guardian support him/her working? '18IQR149	60% Yes (3) 40% No (2) (5 N/A)
142. Is the individual engaged in Supported Employment? CPRQ129, '18IQR151	0% Yes 100% No (7) (3 N/A)
144. Does the person have a Career Development Plan? CPRQ128 17IQR#26e, '18IQR153	50% Yes (1) 50% Many (1) (8 N/A)
BEHAVIOR	
145. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d, '18IQR154	80% Yes (8) 20% No (2)
146. Does the person need behavior services now? CPRQ132 '17IQR#11e, '18IQR155	90% Yes (9) 10% No (1)
147. Have behavioral assessments been completed? CPRQ133, '18IQR156	44% Yes (4) 44% Many (4) 11% No (1) (1 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	67% Yes (6) 11% Many (1) 11% Needs Impv (1) 11% No (1) (1 N/A)
149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d, '18IQR158	56% Yes (5) 11% Many (1) 22% Needs Impv (2) 11% No (1) (1 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	75% Yes (3) 25% No (1) (6 N/A)
151. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i, '18IQR160	56% Yes (5) 22% Many (2)

Question	2019 (sample=10)
	11% Needs Impv (1) 11% No (1) (1 N/A)
152. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d, '18IQR161	78% Yes (7) 11% Many (1) 11% No (1) (1 N/A)
ADAPTIVE EQUIPMENT / AUGMENTATIVE COMMUNICATION	
153. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b, '18IQR162	56% Yes (5) 44% Many (4) (1 N/A)
154. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c, '18IQR163	63% Yes (5) 13% Many (1) 25% Needs Impv (2) (2 N/A)
155. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f, '18IQR164	88% Yes (7) 13% Needs Impv (1) (2 N/A)
156. Is the person's equipment and technology in good repair? '17IQR#25d, '18IQR165	89% Yes (8) 11% Needs Impv (1) (1 N/A)
157. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e, '18IQR166	44% Yes (4) 44% Many (4) 11% Needs Impv (1) (1 N/A)
158. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b, '18IQR167	67% Yes (6) 11% Many (1) 11% Needs Impv (1) 11% No (1) (1 N/A)
INDIVIDUAL SERVICE PLANNING	
159. Does the person have an ISP that addresses live, work/learn, fun/relationships and health/other that correlates with the person's desires and capabilities, in accordance with DOH Regulations? CPRQ141 '17IQR#7o, '18IQR168	90% Yes (9) 10% Many (1)

Question	2019 (sample=10)
160. Does the person have an ISP that contains a complete Vision Section that is based on a long-term view? CPRQ142 '17IQR#7a, '18IQR169	90% Yes (9) 10% Needs Impv (1)
161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a, '18IQR170	90% Yes (9) 10% Many (1)
162. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f, '18IQR171	80% Yes (8) 20% Many (2)
163. Is the person integrated into the community? CPRQ145; '17IQR#29g, '18IQR172	70% Yes (7) 20% Many (2) 10% Needs Impv (1)
164. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36, '18IQR174	0% Yes 60% Many (6) 40% Needs Impv (4)