



A. Jackson Class Member Demographics – Southeast Region

For the last two review cycles, the Southeast Region has had 25 Active Jackson Class Members at the time the sample was selected. Ten JCMs were chosen to be part of the review sample for FY2021. The following two tables describe the demographics of and providers for the JCMs in the Southeast Region.

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

AGE	
30-39	0 (0%)
40-49	4 (16%)
50-59	9 (36%)
60-69	7 (28%)
70-79	4 (16%)
80+	1 (4%)
AVERAGE AGE	61

ETHNICITY	
Black/African American	3 (12%)
Caucasian	9 (36%)
Hispanic	11 (44%)
Native American	1 (4%)
Other (Asian)	1 (4%)

GENDER	
Female	8 (32%)
Male	17 (68%)
Other	0 (0%)

COMMUNITY INCLUSION SERVICE	
CCS (I or G)	21 (84%)
CIE	5 (20%)
ICF/IDD	2 (8%)
Mi Via	1 (4%)
N/A	1 (4%)

LIVING CARE ARRANGEMENT SERVICE	
Family Living	1 (4%)
Supported Living Cat.	20 (80%)
ICF/IDD	2 (8%)
Mi Via	1 (4%)
CIHS	1 (4%)

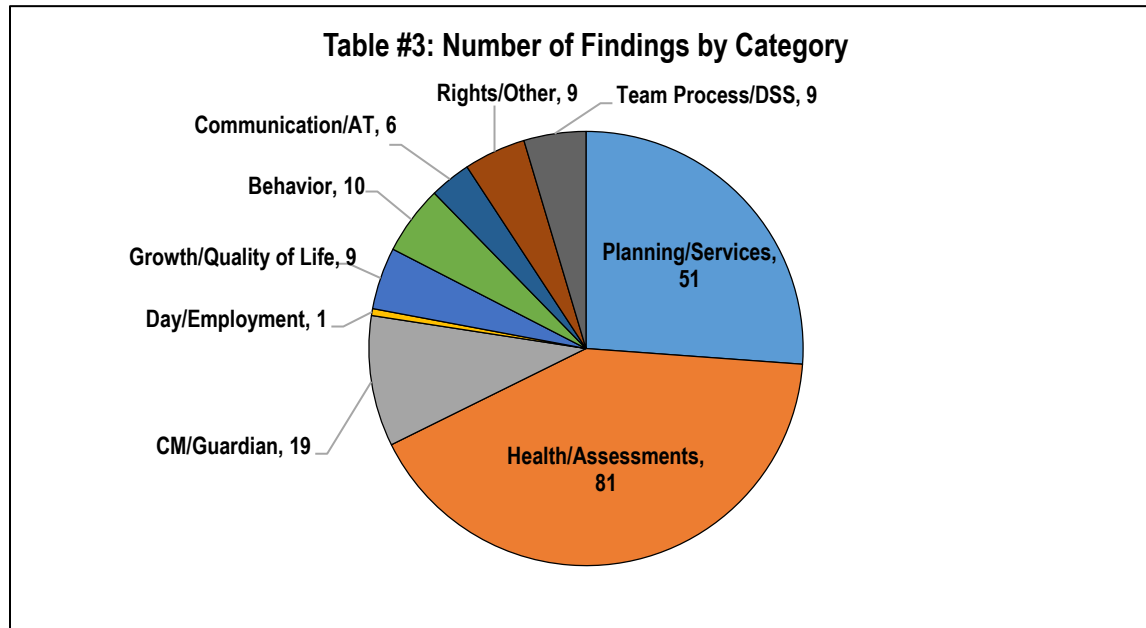
* 5 people in the SE region have more than one CI service

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

Case Management	DDSD/CARC (ICF 2)	Peak (1)	J&J (21)	Consumer Direct (Mi Via 1)			
Residential	Aspire (5)	CARC (ICF 2)	ENMRSH (5)	Leaders (3)	At Home Advocacy (Mi Via 1)	Nezzy Care (1)	Tobosa (8)
Community Inclusion (CI) <i>(one person does not have CI services)</i>	Aspire (5)	CARC (2)	ENMRSH (5)	Leaders (2)	NA (Mi Via 1)	Nezzy Care (1)	Tobosa (8)

B. Most Frequently Identified Findings by Category

The Southeast Region had a total of 195 findings. The table below shows the categories and number of findings for this review.



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

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

Of the 195 Findings in the Southeast Region’s Review, there were 77 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 (30), followed by Planning and Services (23) and Case Management/Guardian (11). 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	AE/AC	BEHAVIOR	CM & GUARDIAN	GROWTH QUALITY OF LIFE RIGHTS	HEALTH & ASSESSMENTS	MEANINGFUL DAY EMPLOYMENT	PLANNING & SERVICES	TEAM PROCESS	TOTAL
PROVIDER									
Aspire (2)	0	2	2	0	5	0	3	0	12
ENMRSH (2)	0	1	1	0	4	0	5	0	11
Leaders (1)	0	0	1	2	2	0	3	0	8
Nezzy Care (1)	0	0	1	0	5	0	2	0	8
Tobosa (4)	4	0	6	2	14	0	10	2	38
TOTAL	4	3	11	4	30	0	23	2	77

Chart #5: Repeat Findings by Area and Case Management Agency									
AREA	AE/AC	BEHAVIOR	CM & GUARDIAN	GROWTH QUALITY OF LIFE RIGHTS	HEALTH & ASSESSMENTS	MEANINGFUL DAY EMPLOYMENT	PLANNING & SERVICES	TEAM PROCESS	TOTAL
PROVIDER									
J & J (10)	4	3	11	4	30	0	23	2	77
TOTAL	4	3	11	4	30	0	23	2	77

D. Immediate and Special Findings

There were ten (10) Class Members reviewed in the Southeast Region as part of the 2020 IQR. Five individuals (50% of the total sample) were found to have immediate and/or special findings. Two individuals (20% of the sample) were found to have Immediate Needs; they both also had Special Findings (20%). There were a total of two (2) Immediate findings and six (6) 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 – FY21 IQR Southeast

Reg	CM	Res	Day	Immd	Spec	IR	Issue
Health Related Oversight Issues							
SE	J&J	Nezzy Care	Nezzy Care	x			Based on document review, there are conflicting documents provide for survey regarding a DNR. A document dated 3/7/14 states “I, XX, legal guardian for JCM, have been provided with the DO NOT RESUSCITATE (DNR) Information and Form but at this time I wish not to sign.” There is a DNR in record (consistent with reports from team members) that does not have a date and is signed by JCM’s guardian and PCP. (JCM was hospitalized from 6/29 – 30/2020) Having conflicting DNR documents in the record is a repeat finding from IQR 2018 Immediate #1 and CPR 2016 #4
SE	J&J	Aspire	Aspire		x		Based on record review and interviews the following is noted about medications (see medication table above): a) Azelastine 0.1% (137 mcg) spray MAR and medication label do not match. MAR states 2 sprays in each nostril 2x/day and the medication label states 1x/day. b) Medication labels do not match the MAR: Diphenhist 25 mg capsule, Guaifenesin DM syrup, Ibuprofen 200 mg tablet, Mylanta 10 ml, and Pepto-Bismol Suspension 262mg/15ml. c) Medications were listed on the MAR several times and not all Physician Standing Orders (PSO) that were requested, were received: Acetaminophen 500 mg tablet, Diphenhist 25 mg capsule x2, Ibuprofen 200 mg tablet, Milk of Magnesia Suspension 400mg/5ml x2, Mylanta 10 ml, Pepto-Bismol Suspension 262mg/15ml, and Mucus chest congestion 200mg. Physician Orders not matching the MAR is a repeat finding from the 2011 CPR (8)
SE	J&J	Nezzy Care	Nezzy Care		x		Based on Interview with Employment DSP and Case Manager, JCM will hold his hand up to his chest when exhibiting chest pain, JCM and the team are unable to determine if cause of chest pain is related to heart or GERD. There is no HCP that addresses GERD and provides this needed guidance. Case Manager: Quote: “The heart issue is always a concern the problem with him having GERD as well. Sometimes he will put his hand up to his chest and a lot of times they’re like is it a heart issue or is it a GERD issues”

Reg	CM	Res	Day	Immd	Spec	IR	Issue
							Employment DSP Quote: "I think the only one that really sometimes impacts him is chest pain but he confuses it with heart burn. He's not as quick as he used to be and he has to stop and take a breath where before he didn't used to do that"
SE	J&J	Tobosa	Tobosa		x		Based on document review and virtual onsite, medication orders and information on the August 2020 MAR do not match. Medication inconsistency: LAMOTRIGINE 200 MG TABLET: Entry on AUG 2020 MAR, "Purpose For seizure control. Assist with one 200mg tablet twice a day." Then under "Instruction/Comments Take one tablet by mouth every morning." (Per medication orders received by Dr., 5/8/20, LAMOTRIGINE 200 MG oral tablet "please discontinue previous lamotrigine order and begin 1 by mouth qAM.")
SE	J&J	Tobosa	Tobosa		x		Based on document review and virtual on-site observation 9/14/2020, the most recently revised CARMP is not in the home. CARMP in home reflects revision date 8/14/2019. CARMP provided for review was revised 3/24/2020.
Assessments							
SE	J&J	Nezzy Care	Nezzy Care		x		Based on document review, the following documents were not provided for survey as requested on Original Document Request sent to CM on 7/20/20 so a complete and thorough review of services was not possible: a. Community Integrated Employment Bi-Annual Progress Report due 10/3/19 not provided for survey b. CCS-G Bi-Annual Progress Report due 10/3/19 not provided for survey c. Supported Living Bi-Annual Report due 10/3/19 not provided for survey d. 19-20 T&SS for Live, WEV, and DRHF Action Steps e. Evidence of nursing visits Not providing documents for survey is a repeat finding from CPR 2014 #9, CPR 2016 #5.
Other							
SE	J&J	Aspire	Aspire	x			Based on pictures received for onsite observation the following was noted: a) Residential: JCM's room was not clean. There was little to almost no walking room in JCM's bedroom. There were at least 7 cups in his room. Surveyor could not determine if there was anything in the cups. There were many items on JCM's bed including a fork, wire hanger, a blue plastic stick and something that appears to look like a plastic lid. His door had broken blinds and there is newspaper covering the broken pieces. The bathroom towel was seen hanging over the shower curtain rod, and the floor appeared to be very dirty. b) There is a large variety of food in JCM's house. JCM currently is diagnosed with Type 2 Diabetes and per quarterly nursing assessments (11/11/2019 and 2/26/2020) JCM is to be on a diabetic diet. There were several boxes of cakes mixes and frostings, chips, several bottles of syrup, several boxes of pasta noodles, Cheez-its, a couple packages of flour tortillas, Otter Pops, and ice cream. JCM also has a 5/29/2020 HCP and MERP for diabetes that states "JCM is encouraged to eat healthy and to eat foods with high fiber." Per DSP interview, DSP stated JCM's house supervisor does the shopping for JCM.
SE	J&J	Aspire	Aspire		x		Based on record review, interviews, and virtual observations, JCM's health may not be adequately safeguarded: a) there was a 1/16/2020 GER due to soiled/bloody sheets discovered by DSP, who called nursing. No evidence in record that the

Reg	CM	Res	Day	Immd	Spec	IR	Issue
							<p>nurse did an assessment for his health and safety. When asked during the interview about the incident and what the cause was the nurse replied; "No basically we thought that he messed with himself a little I don't remember sending him to a physician and it was a little smear we were thinking it was maybe a hemorrhoid."</p> <p>b) Based on Residential and CCS/CIE interviews, DSPs did not mention awareness of specific recommendations for increased supervision and frequent checks as found in the PBSP to prevent self-injuries. During the virtual on-site medication observation, two DSPs reviewed meds with the surveyor in a closed room. It is unknown if a third staff was present to provide the enhanced staffing needed to protect JCM from injury</p>

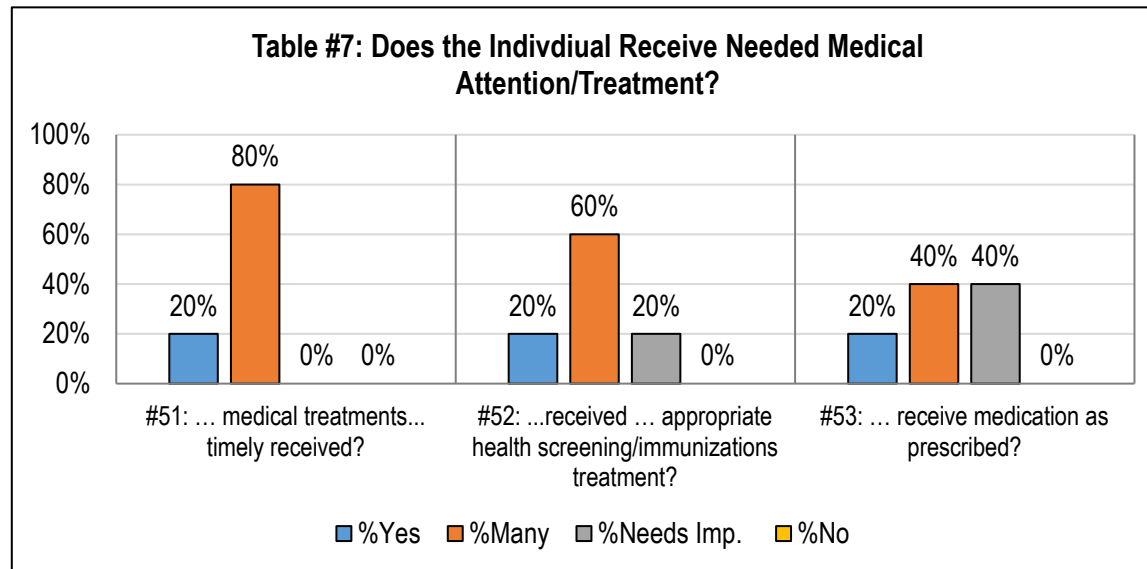
E. Health, Assessments and Overall Wellness

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

Question #51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received?

Question #52. Has the individual received ... appropriate health screening/immunizations in accordance with national best practice and/or as recommended

Question #53: Does the individual receive medication as prescribed?

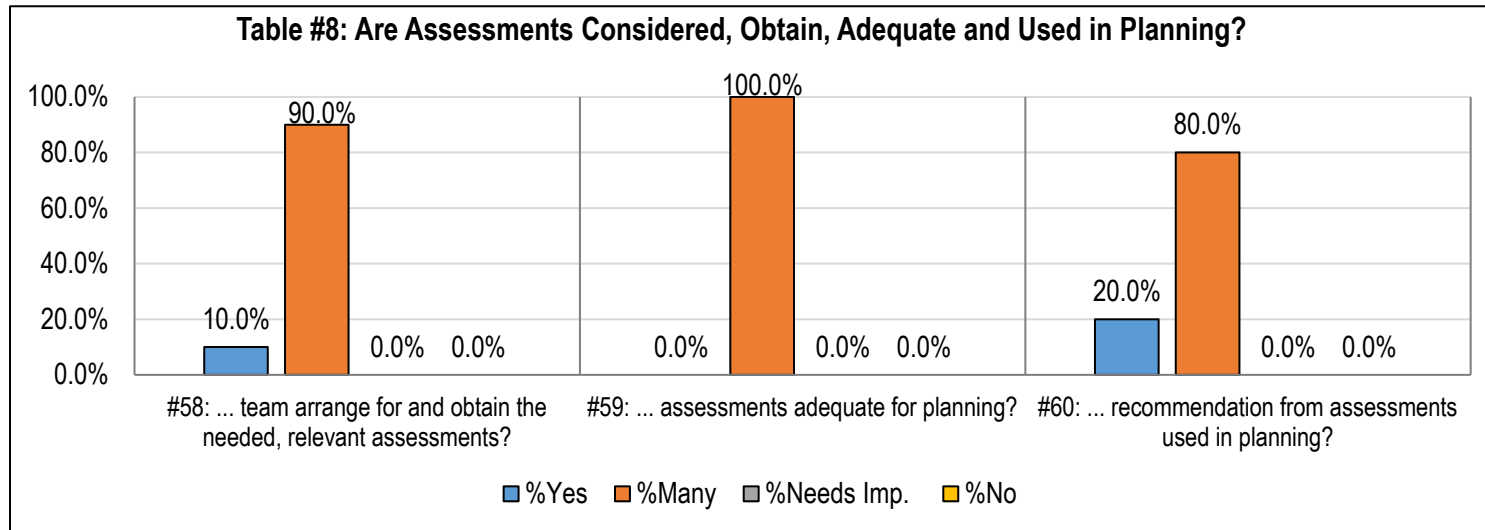


Ensuring individuals have the medical treatment they require includes scheduling and obtaining needed assessments, and using information from those assessments to influence treatment and inform future planning. The IQR also evaluates the assessments needed by the individual and whether or not those assessments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

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

Question #59: Are the assessments adequate for planning?

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



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

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

Chart #9: Type of Issues identified by Residential Agency						
PROVIDER (# IN SAMPLE)	Aspire (2)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (4)	TOTAL
ISSUE						
APPOINTMENTS						
Dental: follow up not completed / not timely	0	0	0	0	1	1
PCP: follow up not completed / not timely	0	3	0	0	3	6
Specialists: follow up not completed / not timely	0	0	3	0	0	3
Vision/Ophthalmology: Not current / not adequate / missing	0	0	0	0	1	1
MAR/MEDICATIONS						
MAR/Medication/Dr. Orders do not match (med strength, delivery method, purpose of med)	9	3	0	0	17	29
Meds not administered / given as required	0	21	0	0	10	31
Prescriptions/orders not provided	0	0	0	0	2	2
Expired prescriptions/orders	10	0	0	0	0	10
SCREENINGS						
Health.gov/myHealthfinder.gov (a – h)						

Chart #9: Type of Issues identified by Residential Agency

PROVIDER (# IN SAMPLE)	Aspire (2)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (4)	TOTAL
a. No evidence of Hep B/HepC screening or team discussion thereof	1	1	1	0	2	5
c. No evidence of shingles vaccine or team discussion thereof	1	0	1	0	1	3
d. No evidence of HIV screening or team discussion thereof	1	1	0	0	2	4
e. No evidence of TD/Tdap immunizations or team discussion thereof	0	0	0	0	2	2
f. No evidence of colorectal screening or team discussion thereof	0	0	1	1	1	3
g. No evidence of flu or pneumonia vaccine or team discussion thereof	0	0	1	0	4	5
h. No evidence of discussion with PCP about aspirin regimen	1	0	0	0	0	1
No evidence of test / lab screening or alt. option discussed.	4	10	5	0	3	22
No evidence of PCP recommended urine cultures	0	0	0	0	1	1
DNR Issue	0	0	0	1	0	1
Totals	27	39	12	2	50	130
Average	13.5	19.5	12	2	12.5	13

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

Question #50: Was the eCHAT updated timely?

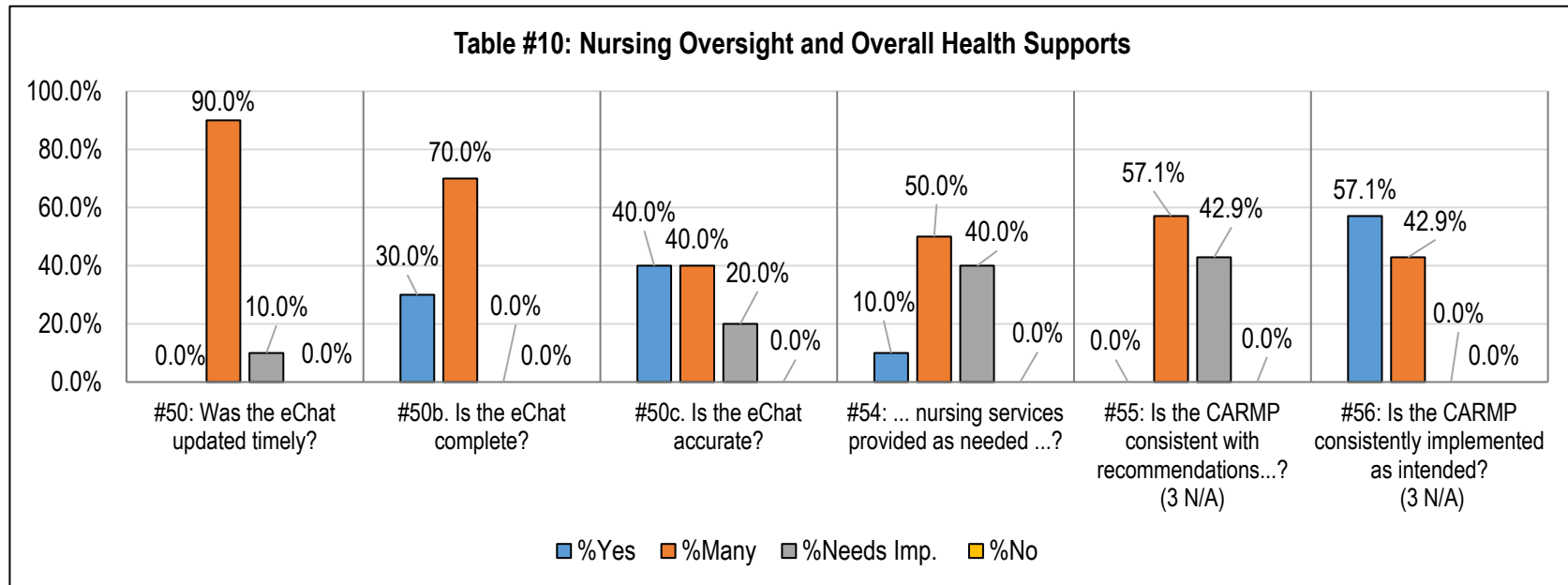
Question #50b: Is the eCHAT complete?

Question #50c: Is the eCHAT accurate?

Question #54: Are nursing services provided as needed by the individual?

Question #55: Is the CARMP consistent with recommendations in other healthcare documents?

Question #56: Is the CARMP consistently implemented as intended?



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

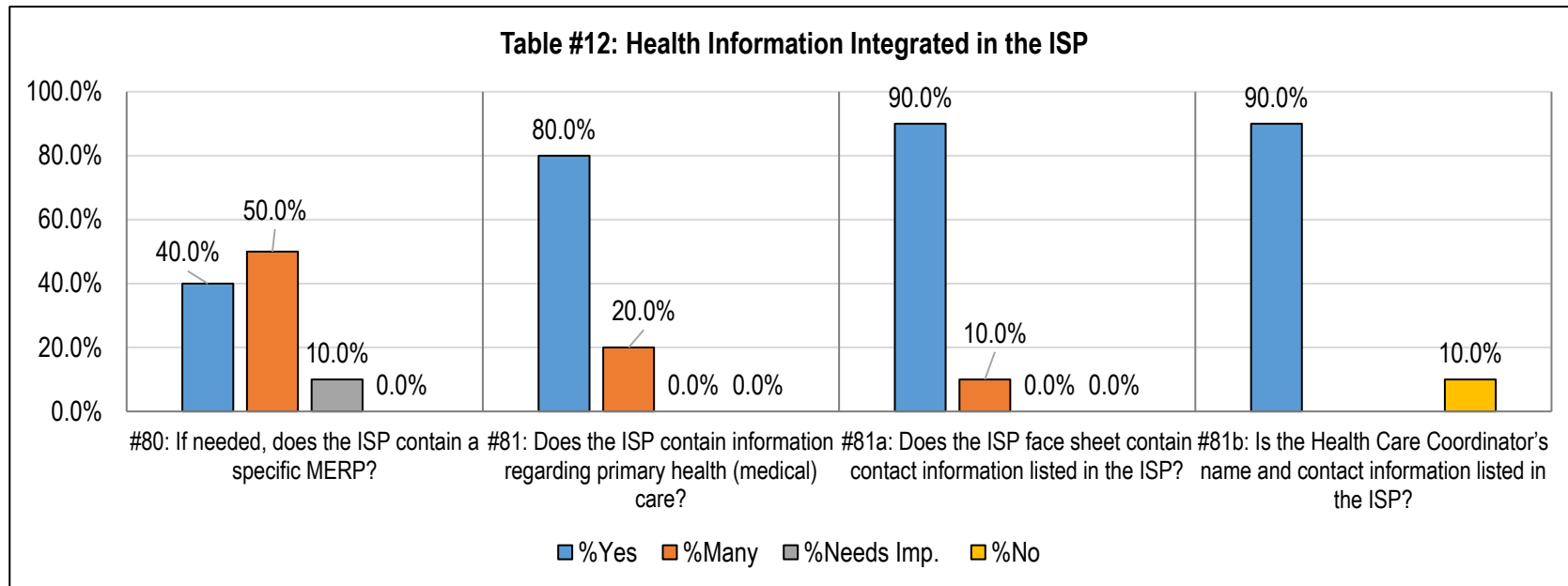
Chart #11: Type of Nursing Related Issues Identified by Residential Provider						
PROVIDER (# IN SAMPLE)	Aspire (2)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (4)	TOTAL
ISSUE						
NURSING ASSESSMENTS						
ARST not timely	0	0	1	1	2	4
ARST incorrect/inconsistent	0	0	0	0	1	1
Aspiration: documents conflict on risk level	0	1	0	0	1	2
Aspiration: documents conflict on fluid consistency/diet texture	1	0	0	0	0	1
CARMP inaccurate/ incomplete/not current	5	0	3	0	7	15
e-CHAT incorrect/inconsistent /not updated timely	0	2	1	1	7	11
HCPs need review/updating/more detail	0	0	1	2	0	3
HCPs not found	1	0	0	1	0	2
HCPs inaccurate/incomplete	1	0	0	0	3	4
HCP for Aspiration & CARMP in place	0	0	1	0	0	1
HCP/MERP not implemented	0	0	0	0	1	1
MAAT incorrect/inconsistent	0	0	0	0	3	3
MAAT not timely	0	0	1	1	2	4
MERPs need review, updating, more detail	0	0	1	0	2	3

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

PROVIDER (# IN SAMPLE)	Aspire (2)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (4)	TOTAL
MERPs inaccurate/incomplete	2	0	0	0	2	4
Inconsistency between HCP/ CARMP/MERP/e-CHAT/MARS/Plans	3	2	1	0	16	22
NURSING DOCUMENTATION						
Nursing reports not timely completed	1	0	1	3	7	12
Nursing reports not provided for review	0	0	0	2	2	4
Nurse report not accurate/missing information/inadequate	0	0	1	0	9	10
No evidence of nursing face-to-face visits as required	0	0	0	1	5	6
Nurse not monitoring as required, e.g., tracking, plans, appointments, etc.	0	0	0	0	6	6
Totals	14	5	12	12	76	119
Average	7	2.5	12	12	19	11.9

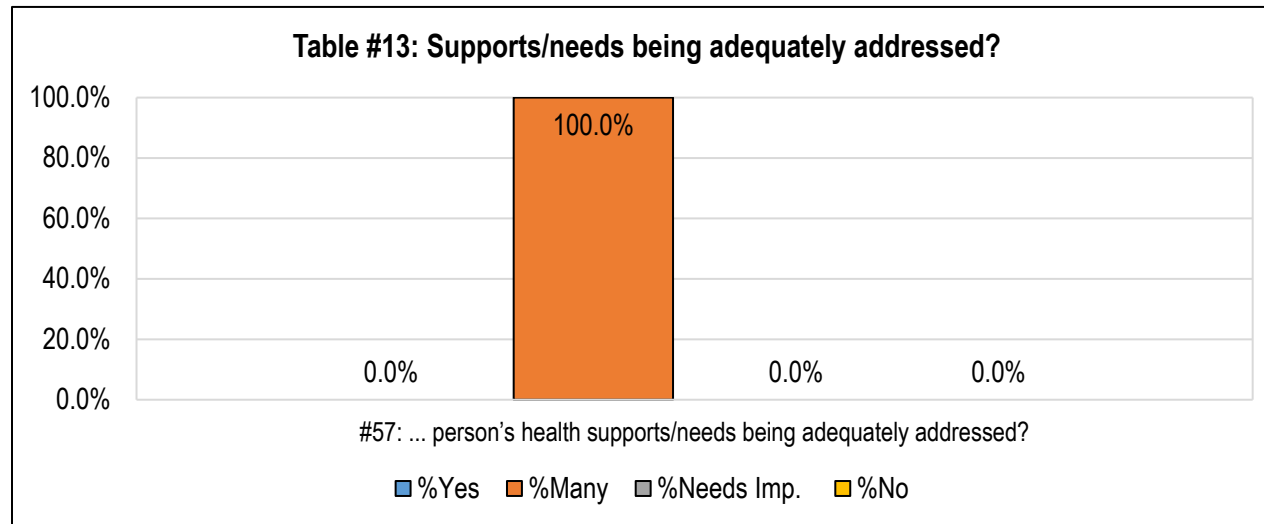
In addition to the issues and questions noted above, the individual's nurse is responsible, with the assistance of the rest of the Team, to assure that the documents presented and created for planning, such as the ISP, are accurate, thorough and contain the needed plans and information required. The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

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

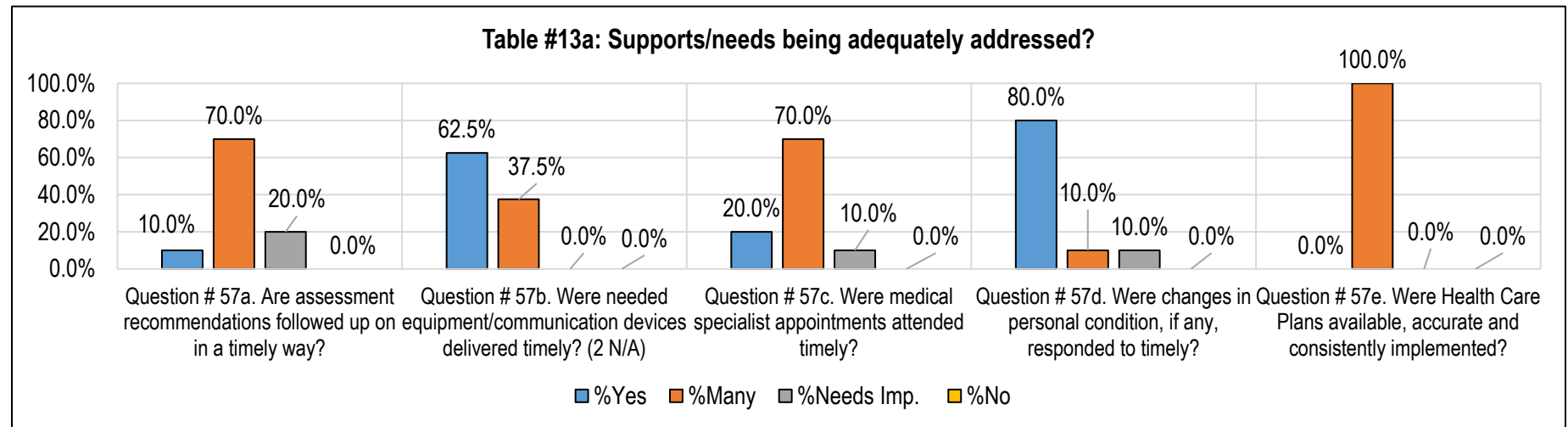


There are many components to ensuring the health and safety of individuals with I/DD. These components vary and are unique to each individual. While the scored protocol questions cannot encompass each and every issue, it does allow for a general score that measures the adequacy of response to the individual's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

As noted in the table below, for the 10 people scored in Southeast review, overall, no class member had their health supports/needs adequately addressed. All ten people had many of their needs addressed.



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



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

Chart #14: Issues Found Which Affect the Adequacy of Health Care Provision, by Residential Provider						
PROVIDER (# IN SAMPLE)	Aspire (2)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (4)	TOTAL
ISSUE						
HEALTHCARE TRACKING						
Blood glucose	0	0	1	0	0	1
Fluid Input/Urine Output Tracking issues	1	0	0	0	3	4
Skin integrity/breakdown	0	0	0	0	2	2
Weight Tracking	0	0	0	0	4	4
NUTRITION						
Nutrition: Not timely	3	2	0	0	2	7
Nutrition report not provided for review	1	0	0	0	0	1
Nutritionist recommendations not followed	0	1	0	0	1	2
PHYSICAL THERAPY						
PT Report/Eval not available/timely for planning/use	0	0	0	0	1	1
PT Report/Eval does not identify baseline/data/progress	0	2	0	0	3	5
PT Report/Eval/WDSI not provided for review	0	0	0	0	2	2
OCCUPATIONAL THERAPY						
OT Report/Eval not available/timely for planning/use	0	0	0	0	4	4

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

PROVIDER (# IN SAMPLE)	Aspire (2)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (4)	TOTAL
OT Report/Eval does not ID baseline/data/progress	0	0	0	0	4	4
OT WDSI not specific	0	0	0	0	1	1
OT Report/Eval/WDSI not provided for review	0	0	0	0	2	2
Environmental modification services not provided/timely	0	0	0	0	2	2
SPEECH LANGUAGE THERAPY						
SLP Report/Eval not available/timely for planning/use	1	0	1	0	0	2
SLP Report/Eval inaccurate	0	0	0	0	1	1
SLP Evaluation/Report does not identify baseline/data/progress	1	1	0	0	1	3
SLP Report/Eval/WDSI not provided for review	0	0	0	0	3	3
BEHAVIOR SUPPORT CONSULTATION						
BSC Report/Eval not available/timely for planning/use	1	1	0	2	0	4
Behavior Report inaccurate/inadequate	2	4	1	2	3	12
Totals	10	11	3	4	39	67
Average	5	5.5	3	4	9.75	6.7

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 FY21 IQR protocol specifically probes many of the aspects of the planning process, including detail of who participates in plan creation. The table below lists answers to related questions in the FY21 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?

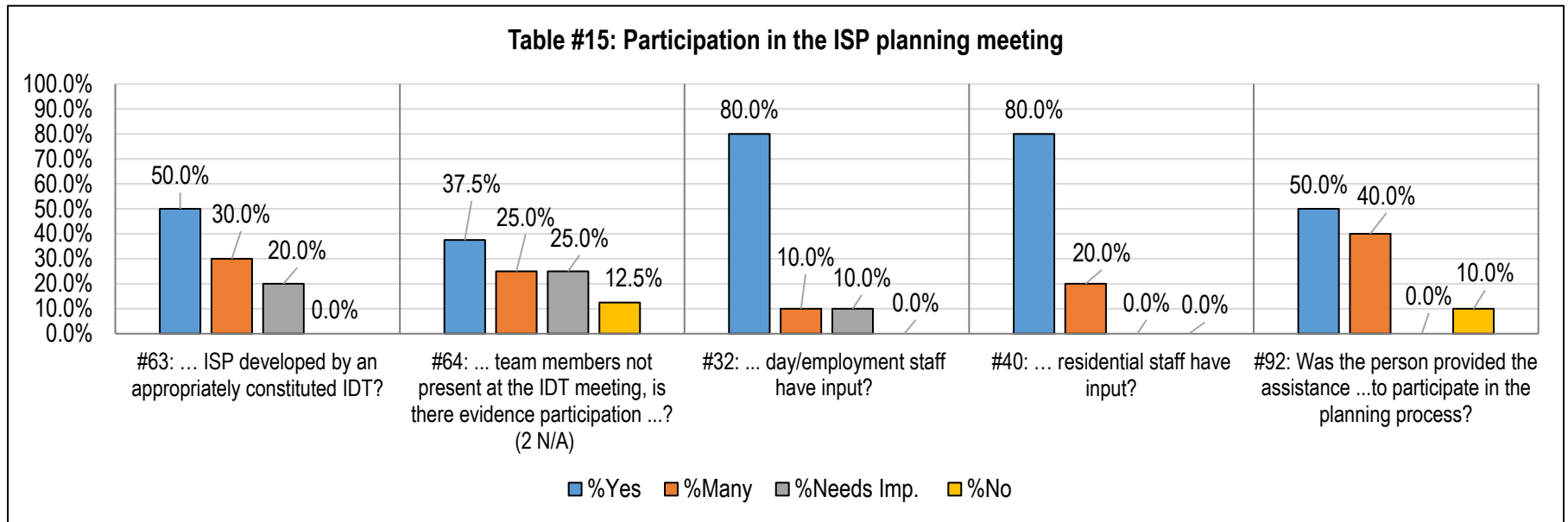


Table #16: ISP Development Participation, by Residential Provider

Res. Agency (# in sample)	#63	#64	#32	#40	#92
Aspire (2)	50% Yes (1) 50% Needs Impv (1)	100% Yes (2)	100% Yes (2)	100% Yes (2)	100% Yes (2)
ENMRSH (2)	100% Yes (2)	0% Yes 100% Needs Impv (1) (1 N/A)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% Many (1)
Leaders (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% No (1)
Nezzy Care (1)	100% Yes (1)	0% Yes (1 N/A)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)
Tobosa (4)	25% Yes (1) 50% Many (2) 25% Needs Impv (1)	25% Yes (1) 50% Many (2) 25% No (1)	50% Yes (2) 25% Many (1) 25% Needs Impv (1)	50% Yes (2) 50% Many (2)	50% Yes (2) 50% Many (2)

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

CM Agency (# in sample)	#63	#64	#32	#40	#92
J&J (10)	50% Yes (5) 30% Many (3) 20% Needs Impv (2)	37.5% Yes (3) 25% Many (2) 25% Needs Impv (2) 12.5% No (1) (2 N/A)	80% Yes (8) 10% Many (1) 10% Needs Impv (1)	80% Yes (8) 20% Many (2)	50% Yes (5) 40% Many (4) 10% No (1)

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

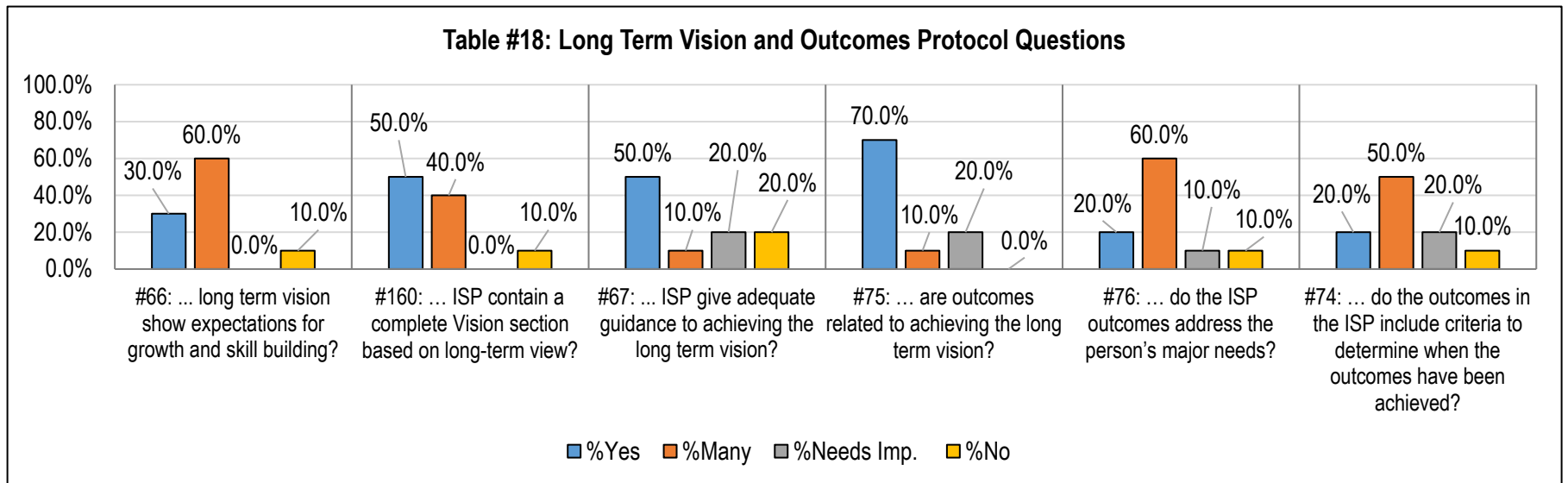


Table #19: Vision and Outcome Scores, by Residential Agency

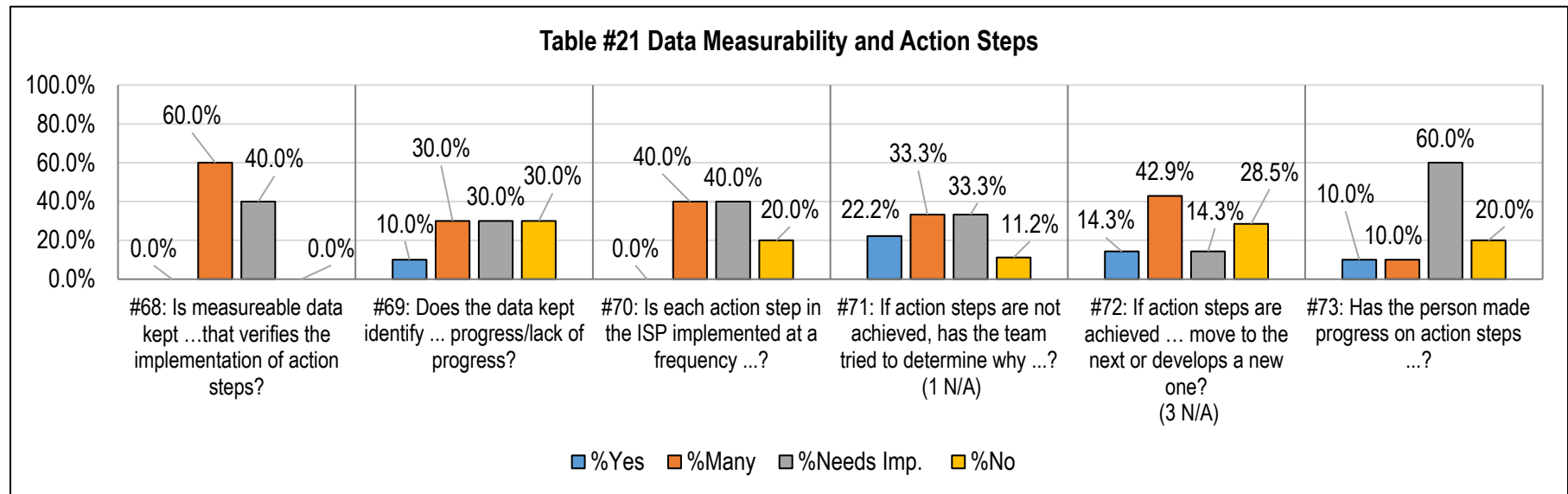
Res Agency (# in sample)	#66	#160	#67	#75	#76	#74
Aspire (2)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% Many (1)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% Many (1)
ENMRSH (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Needs Impv (1)	50% Yes (1) 50% Needs Impv (1)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)
Leaders (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	0% Yes 100% No (1)
Nezzy Care (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)
Tobosa (4)	0% Yes 100% Many (4)	50% Yes (2) 50% Many (2)	75% Yes (3) 25% Needs Impv (1)	75% Yes (3) 25% Needs Impv (1)	0% Yes 100% Many (4)	25% Yes (1) 75% Many (3)

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

CM Agency (# in sample)	#66	#160	#67	#75	#76	#74
J&J (9)	30% Yes (3) 60% Many (6) 10% No (1)	50% Yes (5) 40% Many (4) 10% No (1)	50% Yes (5) 10% Many (1) 20% Needs Impv (2) 20% No (2)	70% Yes (7) 10% Many (1) 20% Needs Impv (2)	20% Yes (2) 60% Many (6) 10% Needs Impv (1) 10% No (1)	20% Yes (2) 50% Many (5) 20% Needs Impv (2) 10% 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?



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)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	50% Yes (1) 50% Needs Impv (1)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Needs Impv (1)
ENMRSH (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)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)
Leaders (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	(1 N/A)	0% Yes 100% No (1)	0% Yes 100% Needs Impv (1)
Nezzy Care (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	(1 N/A)	0% Yes 100% Needs Impv (1)
Tobosa (4)	0% Yes 25% Many (1) 75% Needs Impv (3)	0% Yes 25% Many (1) 25% Needs Impv (1) 50% No (2)	0% Yes 25% Many (1) 50% Needs Impv (2) 25% No (1)	25% Yes (1) 50% Needs Impv (2) 25% No (1)	0% Yes 50% Many (1) 50% No (1) (2 N/A)	0% Yes 50% Needs Impv (2) 50% No (2)

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

CM Agency (# in sample)	#68	#69	#70	#71	#72	#73
J&J (10)	0% Yes 60% Many (6) 40% Needs Impv (4)	10% Yes (1) 30% Many (3) 30% Needs Impv (3) 30% No (3)	0% Yes 40% Many (4) 40% Needs Impv (4) 20% No (2)	22.3% Yes (2) 33.3% Many (3) 33.3% Needs Impv (3) 11.1% No (1) (1 N/A)	14.3% Yes (1) 42.8% Many (3) 14.3% Needs Impv (1) 28.6% No (2) (3 N/A)	10% Yes (1) 10% Many (1) 60% Needs Impv (6) 20% No (2)

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 2020 IQR relate to the T&SS and implementation of the ISP.

Question #77: Are the T&SS sufficient to ensure consistent implementation of the services planned?

Question #78: Are the recommendations and/or objectives/strategies of ancillary provider integrated into the ISP?

Question #89: Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person?

Question #88: Was the direct service staff trained on the implementation of this person's ISP?

Question #86/87a: Is the ISP being implemented?

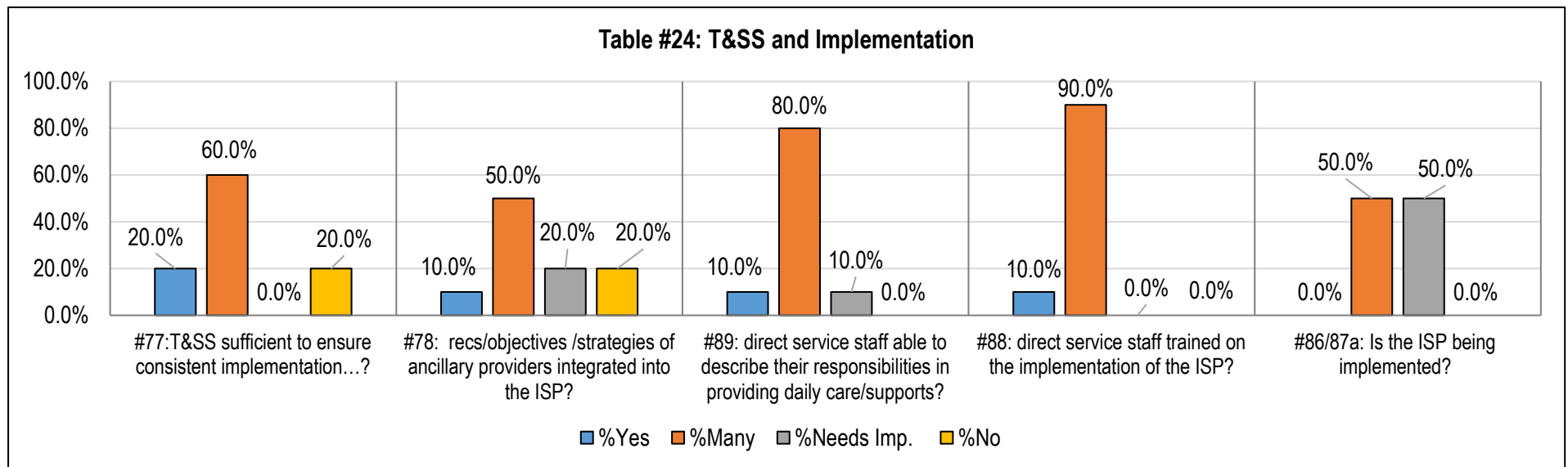


Table #25: T&SS and ISP Implementation Scores by Residential Agency

Res. Agency (# in sample)	#77	#78	#89	#88	#87a
Aspire (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Needs Impv (2)
ENMRSH (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 50% Many (1) 50% Needs Impv (1)
Leaders (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)
Nezzy Care (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)
Tobosa (4)	0% Yes 100% Many (4)	0% Yes 75% Many (3) 25% Needs Impv (1)	25% Yes (1) 50% Many (2) 25% Needs Impv (1)	0% Yes 100% Many (4)	0% Yes 100% Many (4)

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

CM Agency (# in sample)	#77	#78	#89	#88	#87a
J&J (10)	20% Yes (2) 60% Many (6) 20% No (2)	10% Yes (1) 50% Many (5) 20% Needs Impv (2) 20% No (2)	10% Yes (1) 80% Many (8) 10% Needs Impv (1)	10% Yes (1) 90% Many (9)	0% Yes 50% Many (5) 50% Needs Impv (5)

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

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

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

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

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

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

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

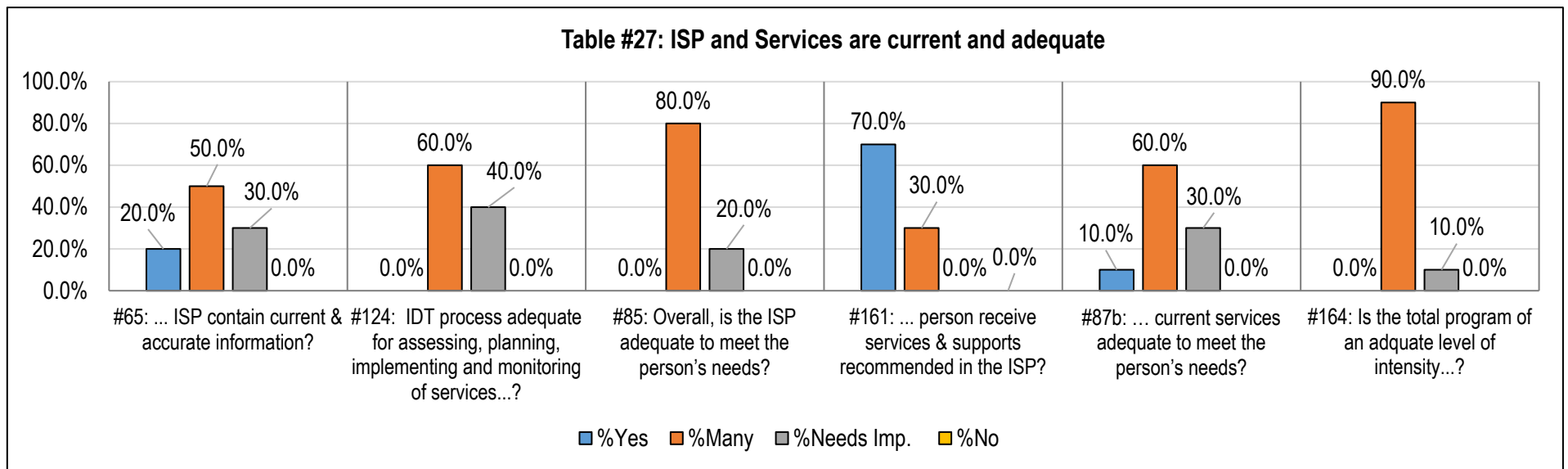


Table #28: ISP Content and Adequacy Scores, by Residential Agency

Res. Agency (# in sample)	#65	#124	#85	#161	#87b	#164
Aspire (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	100% Yes (2)	0% Yes 100% Needs Impv (2)	0% Yes 100% Many (2)
ENMRSH (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	100% Yes (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)
Leaders (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)
Nezzy Care (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Tobosa (4)	0% Yes 25% Many (1) 75% Needs Impv (3)	0% Yes 50% Many (2) 50% Needs Impv (2)	0% Yes 75% Many (3) 25% Needs Impv (1)	50% Yes (2) 50% Many (2)	0% Yes 100% Many (4)	0% Yes 100% Many (4)

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

CM Agency (# in sample)	Question					
	#65	#124	#85	#161	#87b	#164
J&J (10)	20% Yes (2) 50% Many (5) 30% Needs Impv (3)	0% Yes 60% Many (6) 40% Needs Impv (4)	0% Yes 80% Many (8) 20% Needs Impv (2)	70% Yes (7) 30% Many (3)	10% Yes (1) 60% Many (6) 30% Needs Impv (3)	0% Yes 90% Many (9) 10% Needs Impv (1)

G. Case Management

Case Management services are intended to be person-centered and are key to enabling people to pursue their desired life outcomes while gaining greater independence and access to needed services and supports. While the number of findings in the FY21 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?

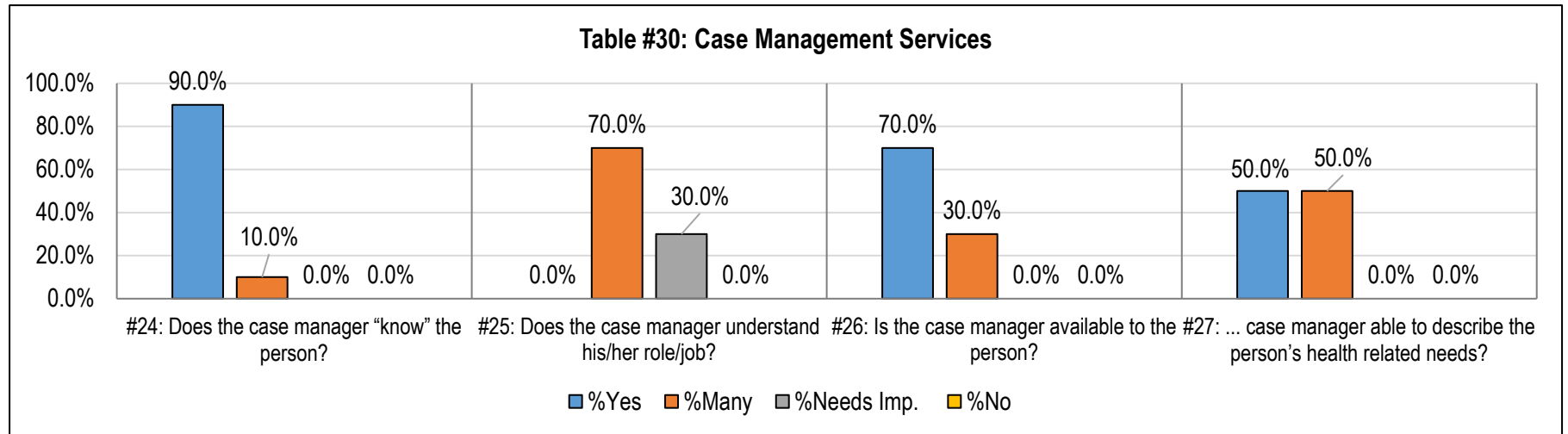


Table #31: Case Management Scores, by Case Management Agency

CM Agency (# in sample)	#24	#25	#26	#27
J&J (10)	90% Yes (9) 10% Many (1)	0% Yes 70% Many (7) 30% Needs Impv (3)	70% Yes (7) 30% Many (3)	50% Yes (5) 50% 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?

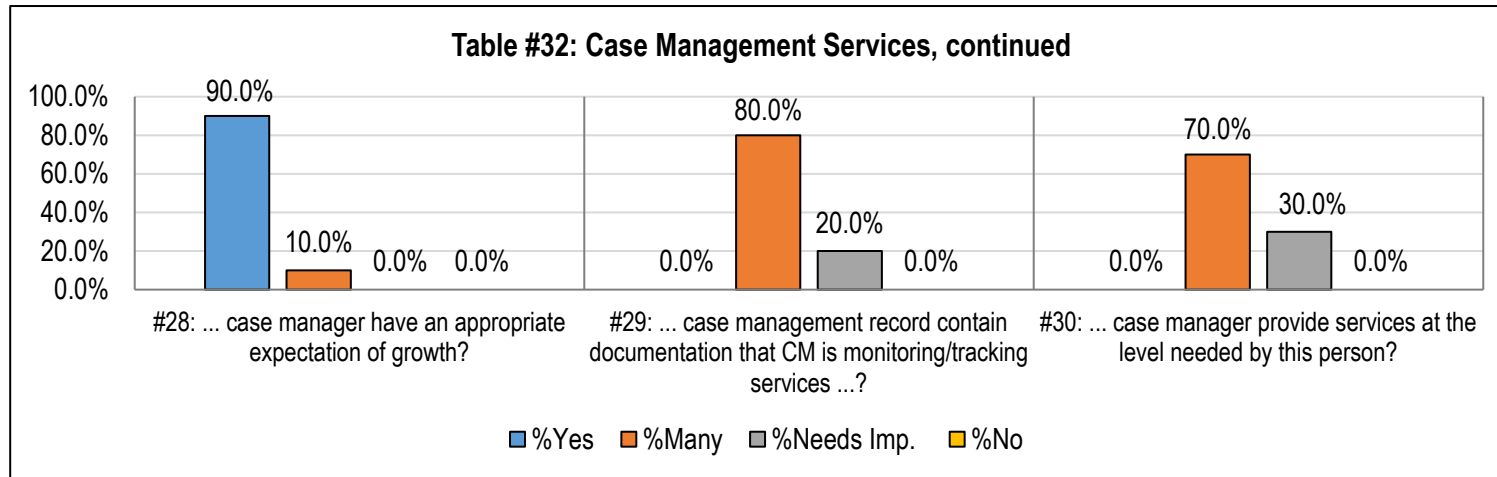


Table #33: Case Management Scores, by Case Management Agency

CM Agency (# in sample)	#28	#29	#30
J&J (10)	90% Yes (9) 10% Many (1)	0% Yes 80% Many (8) 20% Needs Impv (2)	0% Yes 70% Many (7) 30% Needs Impv (3)

H. Supported Employment

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

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

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

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

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

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

1. Components of Informed Choice: Assessment

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

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

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

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

Question #129. Is the individual engaged in the Informed Choice Project? *Note: This question was answered N/A by all surveyors as this project no longer exists.*

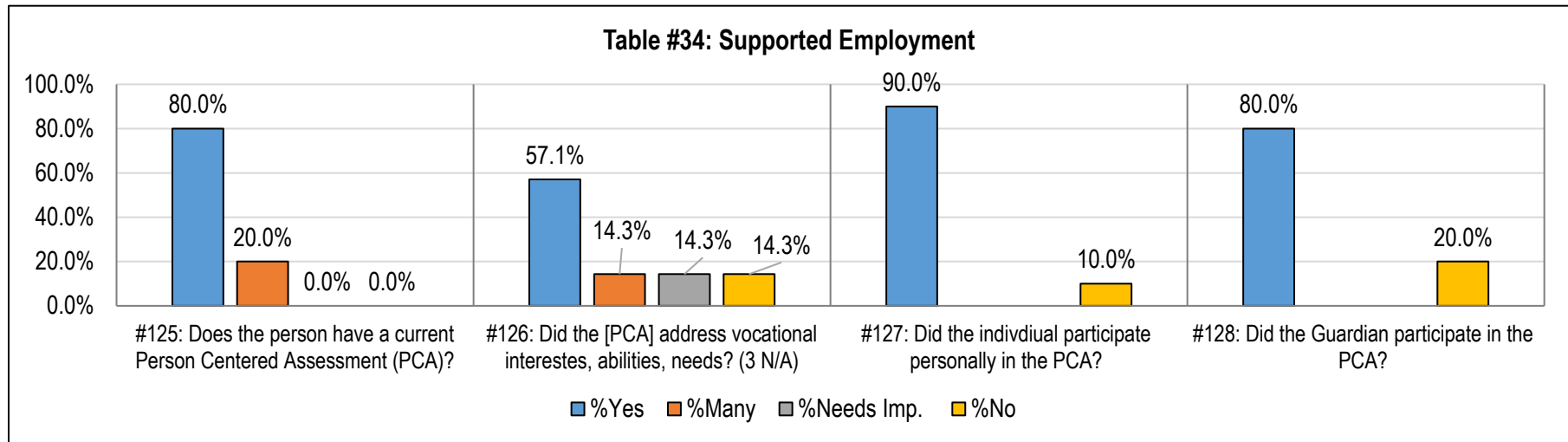


Table #35: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	#125	#126	#127	#128
Aspire (2)	100% Yes (2)	100% Yes (2)	100% Yes (2)	100% Yes (2)
ENMRSH (2)	100% Yes (2)	50% Yes (1) 50% Needs Impv (1)	50% Yes (1) 50% No (1)	100% Yes (2)
Leaders (1)	0% Yes 100% Many (1)	0% Yes (1 N/A)	100% Yes (1)	0% Yes 100% No (1)
Nezzy Care (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	100% Yes (1)	100% Yes (1)
Tobosa (4)	100% Yes (4)	50% Yes (1) 50% Many (1) (2 N/A)	100% Yes (4)	75% Yes (3) 25% No (1)

Table #36: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	#125	#126	#127	#128
J&J (10)	80% Yes (8) 20% Many (2)	57.1% Yes (4) 14.3% Many (1) 14.3% Needs Impv (1) 14.3% No (1) (3 N/A)	90% Yes (9) 10% No (1)	80% Yes (8) 20% 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?

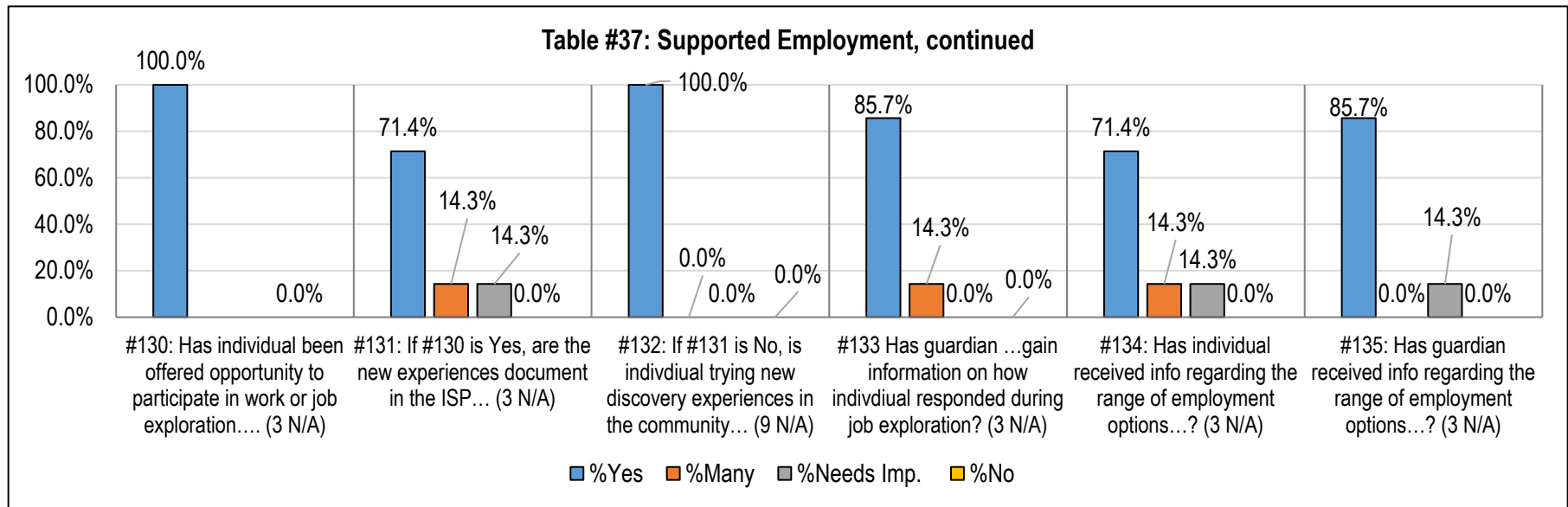


Table #38: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	#130	#131	#132	#133	#134	#135
Aspire (2)	100% Yes (2)	100% Yes (2)	(2 N/A)	100% Yes (2)	100% Yes (2)	100% Yes (2)
ENMRSH (2)	100% Yes (2)	50% Yes (1) 50% Needs Impv (1)	(2 N/A)	50% Yes (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	50% Yes (1) 50% Needs Impv (1)
Leaders (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
Nezzy Care (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Tobosa (4)	100% Yes (2) (2 N/A)	100% Yes (2) (2 N/A)	(4 N/A)	100% Yes (2) (2 N/A)	100% Yes (2) (2 N/A)	100% Yes (2) (2 N/A)

Table #39: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	#130	#131	#132	#133	#134	#135
J&J (10)	100% Yes (7) (3 N/A)	71.4% Yes (5) 14.3% Many (1) 14.3% Needs Impv (1) (3 N/A)	100% Yes (1) (9 N/A)	85.7% Yes (6) 14.3% Needs Impv (1) (3 N/A)	71.4% Yes (5) 14.3% Many (1) 14.3% Needs Impv (1) (3 N/A)	85.7% Yes (6) 14.3% Needs Impv (1) (3 N/A)

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

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

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

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

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

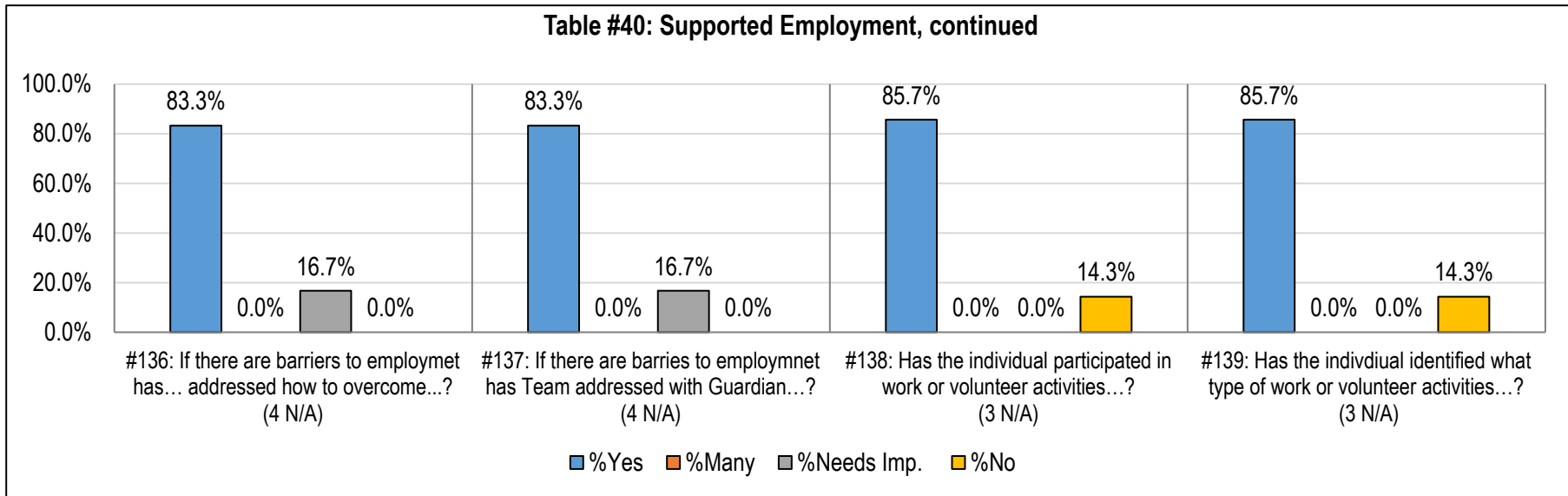


Table #41: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	#136	#137	#138	#139
Aspire (2)	100% Yes (2)	100% Yes (2)	100% Yes (2)	100% Yes (2)
ENMRSH (2)	50% Yes (1) 50% Needs Impv (1)	50% Yes (1) 50% Needs Impv (1)	50% Yes (1) 50% No (1)	50% Yes (1) 50% No (1)
Leaders (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
Nezzy Care (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Tobosa (4)	100% Yes (1) (3 N/A)	100% Yes (1) (3 N/A)	100% Yes (2) (2 N/A)	100% Yes (2) (2 N/A)

Table #42: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	#136	#137	#138	#139
J&J (10)	83.3% Yes (5) 16.7% Needs Impv (1) (4 N/A)	83.3% Yes (5) 16.7% Needs Impv (1) (4 N/A)	85.7% Yes (6) 14.3% No (1) (3 N/A)	85.7% Yes (6) 14.3% No (1) (3 N/A)

4. JCMs Involved in Supported Employment

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

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

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

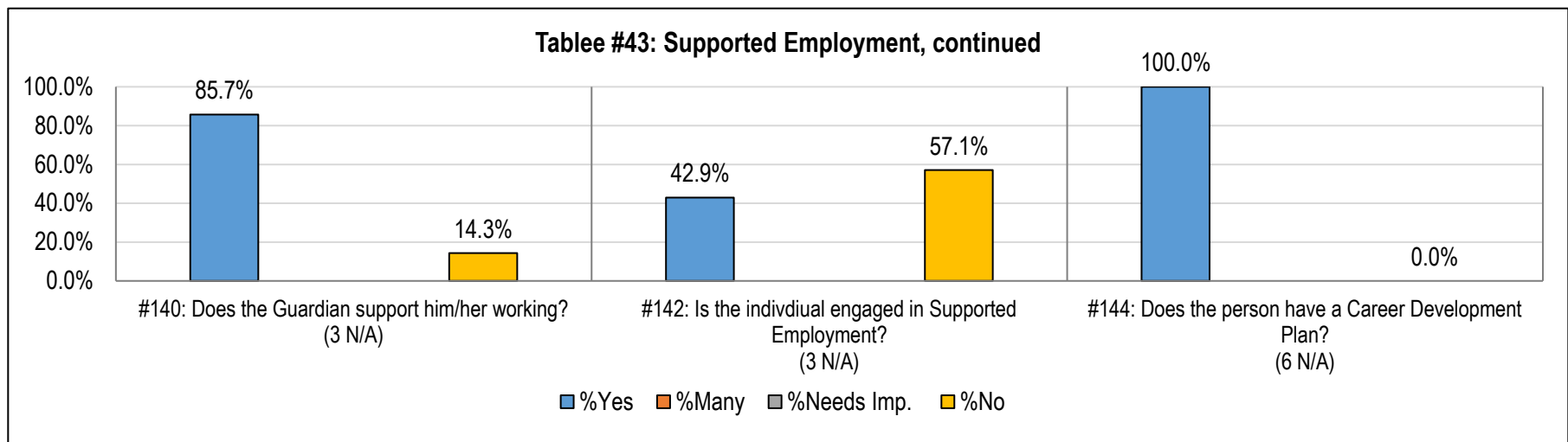


Table #44: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	#140	#142	#144
Aspire (2)	100% Yes (2)	100% Yes (2)	100% Yes (2)
ENMRSH (2)	50% Yes (1) 50% No (1)	100% No (2)	0% Yes (2 N/A)
Leaders (1)	(1 N/A)	(1 N/A)	(1 N/A)
Nezzy Care (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Tobosa (4)	100% Yes (2) (2 N/A)	0% Yes 100% No (2) (2 N/A)	100% Yes (1) (3 N/A)

Table #45: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	#140	#142	#144
J&J (10)	85.7% Yes (6) 14.3% No (1) (3 N/A)	42.9% Yes (3) 57.1% No (4) (3 N/A)	100% Yes (4) (6 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	2020 (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	0% Yes 70% Many (7) 30% Needs Impv (3)
26. Is the case manager available to the person? CPRQ29; ‘17IQR#16a, ‘18IQR27	70% Yes (7) 30% Many (3)
27. Was the case manager able to describe the person’s health related needs? CPRQ30, , ‘18IQR28	50% Yes (5) 50% Many (5)
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	0% Yes 80% Many (8) 20% Needs Impv (2)
30. Does the case manager provide case management services at the level needed by this person? CPRQ33; ‘17IQR#16c, ‘18IQR31	0% Yes 70% Many (7) 30% Needs Impv (3)
EMPLOYMENT AND DAY	
31. Does the direct services staff “know” the person? CPRQ35; ‘17IQR#8a, ‘18IQR33	60% Yes (6) 40% Many (4)
32. Does the direct service staff have input into the person’s ISP? CPRQ36, ‘18IQR34	80% Yes (8) 10% Many (1) 10% Needs Impv (1)
33. Did the direct service staff receive training on implementing this person’s ISP? CPRQ37, ‘18IQR35	40% Yes (4) 50% Many (5) 10% Needs Impv (1)

Question	2020 (sample=10)
34. Was the direct service staff able to describe this person's health-related needs? CPRQ38, '18IQR36	10% Yes (1) 90% Many (9)
35. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39, '18IQR37	30% Yes (3) 50% Many (5) 20% Needs Impv (2)
35a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a, '18IQR37a	80% Yes (8) 10% Many (1) 10% Needs Impv (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	30% Yes (3) 40% Many (4) 30% Needs Impv (3)
36. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ41, '18IQR39	90% Yes (9) 10% No (1)
37. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42, '18IQR40	80% Yes (8) 20% Many (2)
38. Does the person's day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43, '18IQR41	66.7% Yes (2) 33.3% Many (1) (7 CND)
RESIDENTIAL	
39. Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b, '18IQR42	100% Yes (10)
40. Does the direct service staff have input into the person's ISP? CPRQ45, '18IQR43	80% Yes (8) 20% Many (2)
41. Did the direct service staff receive training on implementing this person's ISP? CPRQ46, '18IQR44	30% Yes (3) 70% Many (7)
42. Is the residence safe for individuals (void of hazards)? CPRQ47, '18IQR45	80% Yes (8) 10% Many (1) 10% No (1)
43. Was the residential direct service staff able to describe this person's health-related needs? CPRQ48, '18IQR46	20% Yes (2) 60% Many (6) 20% Needs Impv (2)
44. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49, '18IQR47	30% Yes (3) 70% Many (7)

Question	2020 (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	30% Yes (3) 40% Many (4) 30% Needs Impv (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	90% Yes (9) 10% No (1)
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) 20% Many (2) 10% No (1)
HEALTH	
48. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b, '18IQR52	10% Yes (1) 90% Many (9)
49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21, '18IQR53	20% Yes (2) 70% Many (7) 10% Needs Impv (1)
50. Was the eCHAT updated timely? '17IQR#18g, '18IQR54	0% Yes 90% Many (9) 10% Needs Impv (1)
50a. Is the eCHAT updated timely with the ISP and after changes in condition?	40% Yes (4) 50% Many (5) 10% Needs Impv (1)
50b. Is the eCHAT complete?	30% Yes (3) 70% Many (7)
50c. Is the eCHAT accurate?	40% Yes (4) 40% Many (4) 20% Needs Impv (2)
51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received? 17IQR#19, '18IQR55	20% Yes (2) 80% Many (8)

Question	2020 (sample=10)
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>	20% Yes (2) 60% Many (6) 20% Needs Impv (2)
53. Does the individual receive medication as prescribed? 17IQR#19e, '18IQR57	20% Yes (2) 40% Many (4) 40% Needs Impv (4)
54. Are nursing services provided as needed by the individual? 17IQR#20, '18IQR59	10% Yes (1) 50% Many (5) 40% Needs Impv (4)
55. Is the CARMP consistent with recommendation in other healthcare documents? <i>(Is the CARMP is accurate? '17IQR#21f, '18IQR60)</i>	0% Yes 57.1% Many (4) 42.9% Needs Impv (3) (3 NA)
56. Is the CARMP consistently implemented as intended? , '18IQR61	57.1% Yes (4) 42.9% Many (3) (3 N/A)
57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19, '18IQR62	<u>0% Yes</u> 100% Many (10)
57a. Are assessment recommendations followed up on in a timely way?	10% Yes (1) 70% Many (7) 20% Needs Impv (2)
57b. Were needed equipment/communication devices delivered timely?	62.5% Yes (5) 37.5% Many (3) (2 N/A)
57c. Were medical specialist appointments attended timely?	20% Yes (2) 70% Many (7) 10% Needs Impv (1)
57d. Were changes in personal condition, if any, responded to timely?	80% Yes (8) 10% Many (1) 10% Needs Impv (1)
57e. Were Health Care Plans available, accurate and consistently implemented?	0% Yes 100% Many (10)
ASSESSMENTS	

Question	2020 (sample=10)
58. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18, '18IQR65	10% Yes (1) 90% Many (9)
59. Are the assessments adequate for planning? CPRQ59; '17IQR#4f, '18IQR66	0% Yes 100% Many (10)
59a. Were assessments provided timely?	0% Yes 90% Many (9) 10% Needs Impv (1)
59b. Did assessments contain accurate information?	0% Yes 100% Many (10)
59c. Did assessments contain information accurate to guide planning?	0% Yes 60% Many (6) 40% Needs Impv (4)
59d. Did assessments contain recommendations?	30% Yes (3) 70% Many (7)
60. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5, '18IQR67	20% Yes (2) 80% Many (8)
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	40% Yes (2) 20% Many (1) 20% Needs Impv (1) 20% No (1) (5 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	50% Yes (5) 30% Many (3) 20% Needs Impv (2)
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	37.5% Yes (3) 25% Many (2) 25% Needs Impv (2) 12.5% No (1) (2 N/A)

Question	2020 (sample=10)
65. Does my ISP contain current and accurate information? '17IQR#6, '18IQR72	20% Yes (2) 50% Many (5) 30% Needs Impv (3)
66. Does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b, '18IQR73	30% Yes (3) 60% Many (6) 10% No (1)
67. Does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c, '18IQR74	50% Yes (5) 10% Many (1) 20% Needs Impv (2) 20% No (2)
68. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a, '18IQR75	0% Yes 60% Many (6) 40% Needs Impv (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	10% Yes (1) 30% Many (3) 30% Needs Impv (3) 30% No (3)
70. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c, '18IQR77	0% Yes 40% Many (4) 40% Needs Impv (4) 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	22.2% Yes (2) 33.3% Many (3) 33.3% Needs Impv (3) 11.2% No (1) (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	14.3% Yes (1) 42.9% Many (3) 14.3% Needs Impv (1) 28.5% No (2) (3 N/A)
73. Has the person made measurable progress on actions steps during this past year?'17IQR#13b, '18IQR80	10% Yes (1) 10% Many (1) 60% Needs Impv (6) 20% No (2)
74. Do the outcomes in the ISP include criteria by which the team can determine when the outcome(s) have been achieved? CPRQ67; '17IQR#7e, '18IQR81	20% Yes (2) 50% Many (5)

Question	2020 (sample=10)
	20% Needs Impv (2) 10% No (1)
75. Are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d, '18IQR82	70% Yes (7) 10% Many (1) 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	20% Yes (2) 60% Many (6) 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	20% Yes (2) 60% Many (6) 20% No (2)
78. Are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m, '18IQR85	10% Yes (1) 50% Many (5) 20% Needs Impv (2) 20% No (2)
79. Has the person made measurable progress in therapy this year? '17IQR#13a, '18IQR86	0% Yes 55.6% Many (5) 44.4% Needs Impv (4) (1 N/A)
80. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c, '18IQR87	40% Yes (4) 50% Many (5) 10% Needs Impv (1)
81. Does the ISP contain information regarding primary health (medical) care? CPRQ74, '18IQR88	80% Yes (8) 20% Many (2)
81a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a, '18IQR88a	90% Yes (9) 10% Many (1)
81b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b, '18IQR88b	90% Yes (9) 10% No (1)
82. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76, '18IQR89	80% Yes (8) 10% Many (1) 10% No (1)
83. Based on the evidence, is adequate transportation available for the person? (Does the ISP reflect how the person will get to work/day activities, shopping, and social activities? CPRQ75, '18IQR90)	80% Yes (8) 20% Many (2)

Question	2020 (sample=10)
84. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a, '18IQR91	44.4% Yes (4) 22.3% Many (2) 33.3% Needs Impv (3) (1 N/A)
85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7, '18IQR92	0% Yes 80% Many (8) 20% Needs Impv (2)
86. Is the ISP being implemented? (If 85 is "3") CPRQ79 '17IQR#12, '18IQR93	(10 N/A)
87a. Is the ISP being implemented? (If 85 is "0", "1", or "2") CPRQ80a '17IQR#12, '18IQR94a	0% Yes 50% Many (5) 50% Needs Impv (5)
87b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11, '18IQR94b	10% Yes (1) 60% Many (6) 30% Needs Impv (3)
88. Was the direct service staff trained on the implementation of this person's ISP? CPRQ81, '18IQR95	10% Yes (1) 90% Many (9)
89. Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82, '18IQR96	10% Yes (1) 80% Many (8) 10% Needs Impv (1)
EXPECTATION OF GROWTH AND QUALITY OF LIFE, SATISFACTION	
90. Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13, '18IQR98	0% Yes 50% Many (5) 50% Needs Impv (5)
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	50% Yes (5) 40% Many (4) 10% No (1)
93. Is the person offered a range of opportunities for participation in each life area? CPRQ87, '18IQR101	60% Yes (6) 40% Many (4)
94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30, '18IQR102	75% Yes (6) 12.5% Many (1)

Question	2020 (sample=10)
	12.5% Needs Impv (1) (2 CND)
94a. About where and with whom to live? CPRQ89; '17IQR#23c, '18IQR102a	100% Yes (8) (2 CND)
94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d, '18IQR102b	85.7% Yes (6) 14.3% Many (1) (3 CND)
94c. About where and with whom to socialize/spend leisure time? CPRQ91, '18IQR102c	75% Yes (6) 12.5% Many (1) 12.5% No (1) (2 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	50% Yes (5) 40% Many (4) 10% Needs Impv (1)
97. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94, '18IQR106	100% Yes (10)
98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h, '18IQR107	70% Yes (7) 30% No (3)
99. If there are restrictions that should be reviewed by HRC, have the restrictions been reviewed (quarterly) and approved (annually) by the HRC? If no, describe why. '17IQR#34i, '18IQR108	28.6% Yes (2) 42.8% Many (3) 14.3% Needs Impv (1) 14.3% No (1) (3 N/A)
100. If there are restrictions that should be reviewed by HRC, is a plan to enable the individual to regain his/her rights and reduce or eliminate these restrictions? '17IQR#34j, '18IQR109	57.1% Yes (4) 14.3% Many (1) 14.3% Needs Impv (1) 14.3% No (1) (3 N/A)
101. Is the person protected from abuse, neglect and exploitation? '17IQR#35, '18IQR110	30% Yes (3) 60% Many (6) 10% Needs Impv (1)
102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b, '18IQR111	100% Yes (7) (3 N/A)

Question	2020 (sample=10)
103. Is the individual safe? '17IQR#24, '18IQR112	60% Yes (6) 20% Many (2) 20% Needs Impv (2)
104. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a, '18IQR113	30% Active (3) 30% Moderate (3) 40% 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	40% Yes (2) 40% Many (2) 20% Needs Impv (1) (5 N/A)
106. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30, '18IQR115	70% Yes (7) 20% Many (2) 10% No (1)
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) 60% Many (6) 10% Needs Impv (1) 10% No (1)
109. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e, '18IQR118	80% Yes (8) 10% Many (1) 10% Needs Impv (1)
110. Does the person have sufficient personal money? CPRQ110 '17IQR#34f, '18IQR119	100% Yes (10)
111. Does the person get along with their day program/employment provider staff? CPRQ111, '18IQR120	100% Yes (8) (2 CND)
112. Does the person get along with their residential provider staff? CPRQ112, '18IQR121	100% Yes (10)
TEAM PROCESS	
113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10, '18IQR122	0% Yes 60% Many (6) 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	100% Yes (1) (9 N/A)

Question	2020 (sample=10)
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	20% Yes (2) 60% Many (6) 20% Needs Impv (2)
116. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117, '18IQR125	20% Yes (2) 70% Many (7) 10% Needs Impv (1)
117. Do you recommend Dispute Resolution for this IDT? CPRQ118, '18IQR126	0% Yes 100% No (10)
118. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#17d, '18IQR127	50% Yes (5) 50% No (5)
119. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c, '18IQR128	40% Yes (4) 60% No (6)
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) (3 N/A)
121. Has the person changed residential/day services in the last year? CPRQ122, '18IQR130	0% Yes 100% No (10)
122. If #121 is Yes, was the change Planned by the IDT? CPRQ122a, '18IQR131	(10 N/A)
123. If #121 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b, '18IQR132	(10 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	80% Yes (8) 20% Many (2)
126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a, '18IQR135	57.1% Yes (4) 14.3% Many (1) 14.3% Needs Impv (1) 14.3% No (1) (3 N/A)

Question	2020 (sample=10)
127. Did the individual participate personally in the Person Centered Assessment? '18IQR136	90% Yes (9) 10% No (1)
128. Did the Guardian participate in the Person Centered Assessment? '18IQR137	80% Yes (8) 20% No (2)
129. Is the individual engaged in the Informed Choice Project? '18IQR138	(10 N/A)
130. Has the individual been offered the opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities? '17IQR#26e, '18IQR139	100% Yes (7) (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	71.4% Yes (5) 14.3% Many (1) 14.3% Needs Impv (1) (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	100% Yes (1) (9 N/A)
133. Has the Guardian had the opportunity to gain information on how the individual responded during job exploration activities such as volunteering and/or trial work experiences? '18IQR142	85.7% Yes (6) 14.3% Needs Impv (1) (3 N/A)
134. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c, '18IQR143	71.4% Yes (5) 14.3% Many (1) 14.3% Needs Impv (1) (3 N/A)
135. Has the Guardian received information regarding the range of employment options available for the individual? '18IQR144	85.7% Yes (6) 14.3% Needs Impv (1) (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	83.3% Yes (5) 16.7% Needs Impv (1) (4 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	83.3% Yes (5) 16.7% Needs Impv (1) (4 N/A)
138. Has the individual participated in work or volunteer activities during the past year? '18IQR147	85.7% Yes (6) 14.3% No (1) (3 N/A)

Question	2020 (sample=10)
139. Has the individual identified what type of work or volunteer activities he/she would like to do? '18IQR148	85.7% Yes (6) 14.3% No (1) (3 N/A)
140. Does the Guardian support him/her working? '18IQR149	85.7% Yes (6) 14.3% No (1) (3 N/A)
142. Is the individual engaged in Supported Employment? CPRQ129, '18IQR151	42.9% Yes (3) 57.1% No (4) (3 N/A)
144. Does the person have a Career Development Plan? CPRQ128 17IQR#26e, '18IQR153	100% Yes (4) (6 N/A)
BEHAVIOR	
145. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d, '18IQR154	90% Yes (9) 10% No (1)
146. Does the person need behavior services now? CPRQ132 '17IQR#11e, '18IQR155	90% Yes (9) 10% No (1)
147. Have behavioral assessments been completed? CPRQ133, '18IQR156	22.2% Yes (2) 66.7% Many (6) 11.1% Needs Impv (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	55.6% Yes (5) 22.2% Many (2) 22.2% Needs Impv (2) (1 N/A)
149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d, '18IQR158	66.7% Yes (6) 22.2% Many (2) 11.1% 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	33.3% Yes (1) 33.3% Many (1) 33.4% No (1) (7 N/A)
151. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i, '18IQR160	33.4% Yes (3) 33.3% Many (3)

Question	2020 (sample=10)
	33.3% Needs Impv (3) (1 N/A)
152. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d, '18IQR161	44.4% Yes (4) 22.3% Many (2) 33.3% Needs Impv (3) (1 N/A)
ADAPTIVE EQUIPMENT / AUGMENTATIVE COMMUNICATION	
153. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b, '18IQR162	77.8% Yes (7) 22.2% Many (2) (1 N/A)
154. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c, '18IQR163	50% Yes (4) 37.5% Many (3) 12.5% Needs Impv (1) (2 N/A)
155. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f, '18IQR164	88.9% Yes (8) 11.1% Many (1) (1 N/A)
156. Is the person's equipment and technology in good repair?'17IQR#25d, '18IQR165	88.9% Yes (8) 11.1% Many (1) (1 N/A)
157. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e, '18IQR166	55.6% Yes (5) 44.4% Many (4) (1 N/A)
158. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b, '18IQR167	44.4% Yes (4) 44.4% Many (4) 11.2% Needs Impv (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)
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	50% Yes (5) 40% Many (4) 10% No (1)

Question	2020 (sample=10)
161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a, '18IQR170	70% Yes (7) 30% Many (3)
162. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f, '18IQR171	90% Yes (9) 10% Many (1)
163. Is the person integrated into the community? CPRQ145; '17IQR#29g, '18IQR172	70% Yes (7) 30% 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 90% Many (9) 10% Needs Impv (1)