A. Jackson Class Member Demographics – Northeast Region

When the NE sample was selected in March 2021, there were 20 Active Jackson Class Members in the Northeast Region. There were ten (10) class members reviewed in the Northeast Region as part of the FY21 IQR. Details regarding all 20 class members currently active in the region are provided below. This information is current as of July 31, 2021.

Chart #1: Demographics of JCMs in the Northeast Region							
AGE			**ETHNICITY**			**GENDER**	
30-39	0		Black/African American	2		Female	9
40-49	2		Caucasian	6		Male	11
50-59	7		Hispanic	10		Other	n/a
60-69	4		Native American	2			
70-79	6		Other	0			
80+	1						
AVERAGE AGE	64.6						

COMMUNITY INCLUSION SERVICE*	
CCS (I or G)	14
CIE	1
ICF/IDD	1
Mi Via	4
N/A	1

| LIVING CARE ARRANGEMENT SERVICE	
Family Living	3
Supported Living	12
CIHS	0
ICF/IDD	1
Mi Via	4
N/A	0

* Please note that one JCM in the NE region has two CI services

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

Case Management/Consultant	DDSD NERO/ El Mirador (1 ICF)	Unidas Case Management (4)	Visions Case Management (11 DDW 2 Mi Via)	Self-Directed Choices (1 Mi Via)	Los Amigos (1 Mi Via)				
Residential *(2 N/A)*	Benchmark (4)	Citizens for Developmental Disabilities (2)	Community Options (3)	Easter Seals El Mirador (1 ICF)	Ensuenos y Los Angelitos (2)	R-Way (1)	Santa Lucia (1)	NNMQC (1 DDW) (2 Mi Via)	Family Options (1)
CCS *(2 N/A)*	Benchmark (4)	Citizens for Developmental Disabilities (3)	Community Options (3)	Easter Seals El Mirador (1 ICF)	Ensuenos y Los Angelitos (2)	Santa Lucia (0)	NNMQC (2 Mi Via)	Family Options (1)	Mi Via (2)

B. Most Frequently Identified Findings by Category

For the 10 people in the review, there were a total of 158 numbered Standard Findings. The table below shows into what categories those findings fall.

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Chart #3: Number of Findings by Category

- Team Process/DSS, 10
- Adaptive Equipment, 7
- Behavior, 7
- Growth/Quality of Life/Rights, 8
- Meaningful Day/Employment, 0
- CM/Guardian, 11
- Planning/Services, 47
- Health/Assessments, 68
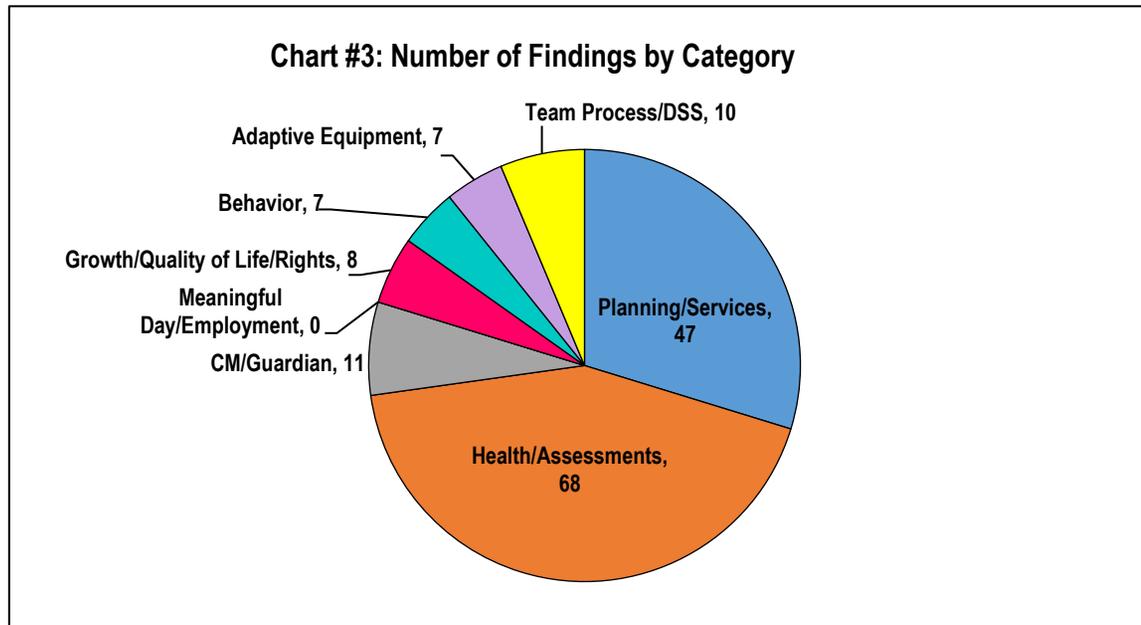
C. Most Frequently Repeated Findings by Category

IQR Findings include the identification of good and exemplary as well as deficient practice. Findings are developed by the Surveyor, reviewed by a Case Judge, the DDSD Regional Office, State DDSD and DHI Management Staff before they become final. The expectation is that the identified issue will be resolved not only for the individual but, if applicable, for everyone in that agency to whom the finding is relevant and resolved in a way that is sustainable so that the identified issue remains "fixed".
Of the 158 Numbered Standard Findings in the Northeast Review, there were 66 (42%) identified as "repeat findings". Repeat findings are those which have been identified by the IQR during previous reviews (within the last ten years). The category where 'repeat findings' are most frequently identified is in the area of Health/Assessments (30 repeat findings - 49% of the Repeats) followed by Planning/ISP and Services (22 repeat findings - 14% of the Repeats). The charts below summarize, by agency, the number of repeat findings which were identified by topic area.

Chart #4: Repeat Findings by Area and Residential Provider										
AREA	ADEQUACY OF PLANNING	ASSESSMENTS	BEHAVIORAL SUPPORTS	CM & GUARDIAN	EQUIPMENT	GROWTH QUALITY OF LIFE RIGHTS/OTHER	HEALTH	SUPPORTED EMPLOYMENT	TEAM PROCESS	TOTAL
PROVIDER										
Benchmark (2)	6	2	1	3	0	1	7	0	0	20
CDD (1)	4	1	0	0	0	0	0	0	0	5
ComOp (2)	5	3	2	1	1	0	8	0	2	22
EnSuenos (1)	3	1	0	1	0	0	2	0	1	8
Mi Via (2)	0	0	0	0	0	0	0	0	0	0
NNMQC (1)	2	0	0	0	0	0	3	0	0	5
Family Options (1)	2	0	0	0	1	0	3	0	0	6
TOTAL	22	7	3	5	2	1	23	0	3	66

Chart #5: Repeat Findings by Area and Case Management Agency										
AREA	ADEQUACY OF PLANNING	ASSESSMENTS	BEHAVIORAL SUPPORTS	CM & GUARDIAN	EQUIPMENT	GROWTH QUALITY OF LIFE RIGHTS/OTHER	HEALTH	SUPPORTED EMPLOYMENT	TEAM PROCESS	TOTAL
PROVIDER										
A Step Above (1)	2	1	0	1	1	0	3	0	2	10
SDC (Mi Via - 1)	0	0	0	0	0	0	0	0	0	0
Unidas (1)	2	0	0	0	1	0	3	0	0	6
Visions (6 DDW, 1 Mi Via)	18	6	3	4	0	1	17	0	1	50
TOTAL	22	7	3	5	2	1	23	0	3	66

D. Immediate and Special Findings

There were 10 Class Members reviewed in the FY21 Northeast Region. Six (6) individuals (60% of the sample) were found to have immediate and/or special findings. One (1) individual (10% of the sample) was found to have an Immediate Finding. Six (6) individuals were found to need special attention. Details of the issues of these findings are identified in the table below

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

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

There was one Immediate Finding and nine Special Findings. It is worth noting that Community Options and A Step Above both had 4 findings with one person in the sample.

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

Residential Provider	# Immediate Findings	# Special Findings	Total both Categories
Benchmark (2)	0	1	1
CDD (1)	0	0	0
ComOp (2)	0	4	4
EnSuenos (1)	1	1	2
Mi Via (2)	0	2	2
NNMQC (1)	0	0	0
Family Options (1)	0	1	1
Case Management Agency	**# Immediate Findings**	**# Special Findings**	**Total both Categories**
A Step Above (1)	0	4	4
Self-Directed Choices (Mi Via - 1)	0	1	1
Unidas (1)	0	1	1
Visions (6 DDW, 1 Mi Via)	1	2 (1)	4

The following table includes the details of the specific findings.

Chart #6b: Immediate/Special Identified Findings – 2020 IQR Northeast Region

| Immediate/Special Identified Findings – FY21 2021 Northeast IQR |
Reg	CM	Res	CCS	Immd	Spec	ANE	Repeat	Issue
NE	Visions	Ensuenos	Ensuenos	x				Based on document review and interviews, JCM's status for Advanced Directives is unclear. The document title is "Do Not Resuscitate (DNR) Orders". However, "Client is a Full Code" is circled. When asked during interview, team members were unsure of the presence of DNR 5/7/09. DNR indicates the following medical treatments accepted: IV fluids, tube feedings, antibiotics. DNR 5/7/09 indicates the following are not accepted: IV hyperalimentation, blood transfusion, nonemergency heart medications, nonemergency cardioversion
NE	Visions	Benchmark	Benchmark		x			Based on documentation in the record and interviews with IDT members, there are concerns regarding JCM's response to pain. It is indicated in documents reviewed and in interviews with his guardians that he has a high threshold for pain. Staff interviewed indicated he tells them if he is in pain. Differing reports revealed concerns that JCM may have unreported pain. There is not a Health Care Plan for dealing with pain in record or for assisting JCM to communicate his pain. JCM has dementia and, according to a bone scan on 5/5/2020 cancer has metastasized to his left pubic bone, however a cancer center report from 6/2021 indicates polymyalgia rheumatica in his hip.

Immediate/Special Identified Findings – FY21 2021 Northeast IQR								
Reg	CM	Res	CCS	Immd	Spec	ANE	Repeat	Issue
NE	A Step Above	Community Options	Community Options		x	x	x	Based on interviews with the CM and Nurse, the following issues came up regarding the guardian and medical appointments: a) DSP were unable to obtain information directly from the attending physician due to the guardian not allowing them to attend appointments with JCM b) Community Options was unable to verify if pertinent health information was conveyed to the attending physician due to the guardian not allowing DSP to attend appointments c) The guardian shows up late to appointments d) The guardian has refused to sign releases allowing the agency to review current medical status to adequately support JCM ** Note – JCM has Supported Living Category 4 for Extraordinary Medical Supports needed Lack of communication between team members is a repeat finding from 2010 #18 and #19.
NE	A Step Above	Community Options	Community Options		x		x	Based on record review and interview there is no evidence that any of JCM s 13 WDSIs from PT, OT and SLP are being implemented. WDSIs include multiple procedures which if not implemented or not implemented correctly present a risk to JCM's health and safety (eg. hoyer lift, positioning, range of motion, application of wrist brace, Wilbarger brushing, bathing plan) a) CCS DSP, during interview (q.7) did not describe any of JCM's current WDSIs. b) Res DSP stated that JCM had no WDSIs from therapists c) Res DSP, during interview (Q58), when asked to explain Wilbarger Brushing procedure stated " I'm not familiar with that one. We don't have the brush or plans for it" d) Res DSP was not able to locate copies of any of JCM's WDSIs during interview or onsite. DSP needing training is a repeat finding from CPR 2010 #7. DSP not being able to locate plans is a repeat finding from CPR 2010 #27 and IQR 2019 #14.
NE	A Step Above	Community Options	Community Options		x			Per Residential (Q 43) and Day interviews (Q34), neither DSP listed or described the HCP Protocol for Abnormalities of Breast and Vaginal areas or described these required checks as part of JCMs daily routine

Immediate/Special Identified Findings – FY21 2021 Northeast IQR								
Reg	CM	Res	CCS	Immd	Spec	ANE	Repeat	Issue
NE	A Step Above	Community Options	Community Options		x	x		Based on record review and interviews PT and BSC services have been discontinued by the guardian and there was no evidence provided of team discussion or plans for alternative means of addressing JCMs needs that were previously addressed by PT and BSC services. No evidence provided of team discussion of whether DSP staff are to continue implementing PT WDSI and PBSP, and if so, who will train and monitor implementation of these.
NE	Visions	Ensuenos	Ensuenos		x			Based on document review, virtual observations, and interviews medications have inconsistencies. Please see the attached Medication Table. (17 inconsistencies)
NE	Visions	Mi Via	Mi Via		x			Based on document review, there is no evidence JCM's consultant had contact with JCM and his guardian by phone or in-person since 1/24/2020. The request for the past year of monthly and quarterly contacts went out 4/5/2021 and were due by 4/23/2021. Mi Via Monthly and Quarterly documents provided for the time requested were blank. Mi Via Monthly and Quarterly documents for 3/1/2020-4/1/2021 were then requested in the form of a Demand Letter, however, no documents were received by the deadline to submit, 6/1/2021. \n\n***Note- Documents were received Friday 6/4/2021 but were not reviewed or considered due to being three days past the deadline for submittal.
NE	Unidas	Family Options	Family Options		x		x	Based on record review and onsite observations, there are 16 instances of MAR May 2021 not matching orders, including Keppra, Lorazepam, Paroxetine, Seroquel (refer to medication table above). \n\nMAR and medication order inconsistencies is a Repeat Finding from IQR 2019 (#6)

| Immediate/Special Identified Findings – FY21 2021 Northeast IQR								
Reg	CM	Res	CCS	Immd	Spec	ANE	Repeat	Issue
NE	Self-Directed Choices (Mi Via)	Mi Via	Mi Via		x		x	Based on document review and interviews, JCM's guardian has been trying to obtain JCM's birth certificate for many years. She reports she has asked for assistance from DDSD, the former DOH secretary, Vital Statistics, as well as from who she referred to as a "Jackson lawyer" to name only a few. JCM's guardian currently has two lawyers with Disability Rights New Mexico and plans to take the issue to court. Given the exhausting list of avenues JCM's guardian has taken over the years to obtain his birth certificate, it is completely plausible that JCM does not have a birth certificate and a "Letter of No Record" may be the next best option if early public or private documents can be obtained. A passport is important as JCM has not been able to travel with his guardian, as they both had hoped and planned. • Letter of No Record • If a U.S. birth certificate is not on file for you in the state you were born, you will receive a Letter of No Record from the registrar instead of a birth certificate. It must meet the following requirements: • Issued by the state • Have applicant's name and date of birth • List the years for which a birth record was searched • Include a statement that no birth certificate was found on file • When submitting a Letter of No Record, you must also submit at least two early public documents or one early public document and one early private document with Form DS-10: Birth Affidavit. Early public or private documents • Early public or private documents are documents that were created and/or issued early in the applicant's life, preferably in the first five years. • Public records should include the applicant's full name, date of birth, and place of birth. Examples include: • Baptism certificate • Hospital birth certificate (often shows baby's footprints) • U.S. Census record • Early school records • Family Bible record • Doctor's records of post-natal care • Form DS-10, Birth Affidavit (this form is for applicants whose birth in the United States was recorded more than one year late or who have a Letter of No Record.) JCM's guardian being unable to obtain JCM's birth certificate is a Repeat Finding from 2020 IQR #5

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 receiving DDW supports. The charts which follow detail the findings based on the specific questions asked, those questions are listed prior to each chart. Please note, the two people receiving Mi Via supports on the sample are asked a different set of questions and are therefore not included in the bar charts throughout this report.

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?

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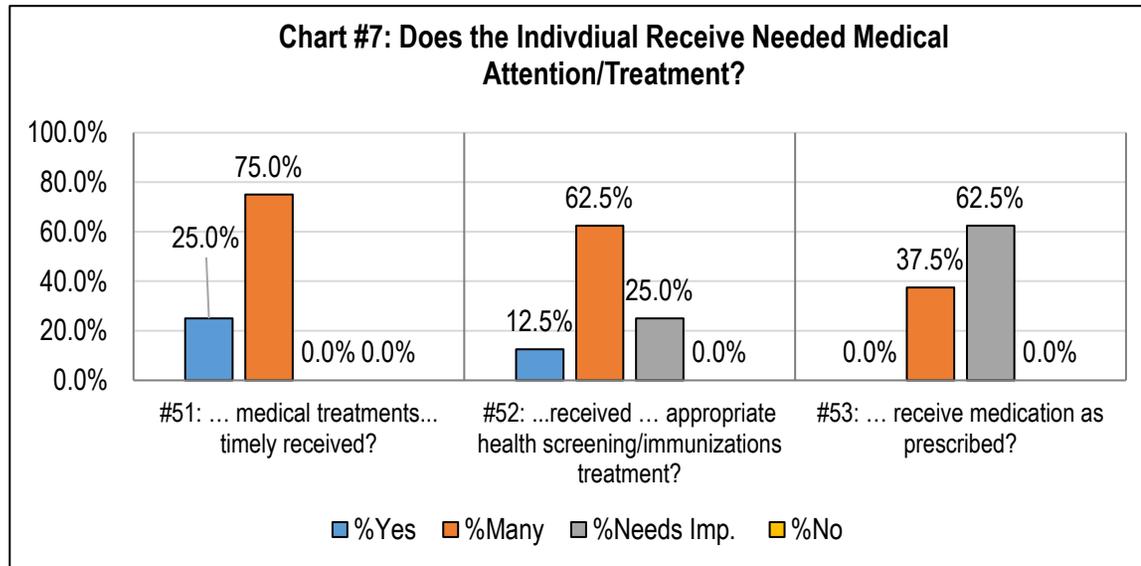
Ensuring individuals have the medical treatment they require includes scheduling and obtaining needed assessments and using information from those assessments to influence treatment and inform future planning. The IQR also evaluates the assessments needed by the individual and whether or not those assessments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

Chart #8: Are Assessments Considered, Obtain, Adequate and Used in Planning?

Chart shows three question groups with percentage bars:

#58: ... team arrange for and obtain the needed, relevant assessments? — %Yes 12.5%, %Many 87.5%, %Needs Imp. 0.0%, %No 0.0%

#59: ... assessments adequate for planning? — %Yes 0.0%, %Many 100.0%, %Needs Imp. 0.0%, %No 0.0%

#60: ... recommendation from assessments used in planning? — %Yes 25.0%, %Many 75.0%, %Needs Imp. 0.0%, %No 0.0%

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

To further illustrate the ways in which assessments were not adequate the next chart includes the responses to the following questions:

Question #59a: Were assessments provided timely?
Question #59b: Did assessments contain accurate information?
Question #59c: Did assessments contain information accurate to guide planning?
Question #59d: Did assessments contain recommendations?

Chart #8A: Are Assessments Considered, Obtain, Adequate and Used in Planning?

Question	%Yes	%Many	%Needs Imp.	%No
#59a: ... provided timely?	25.0%	75.0%	0.0%	0.0%
#59b: ... contain accurate information?	37.5%	62.5%	0.0%	0.0%
#59c: ... information accurate to guide planning?	12.5%	87.5%	0.0%	0.0%
#59d: ... contain recommendations?	50.0%	50.0%	0.0%	0.0%

■ %Yes   ■ %Many   ■ %Needs Imp.   ■ %No
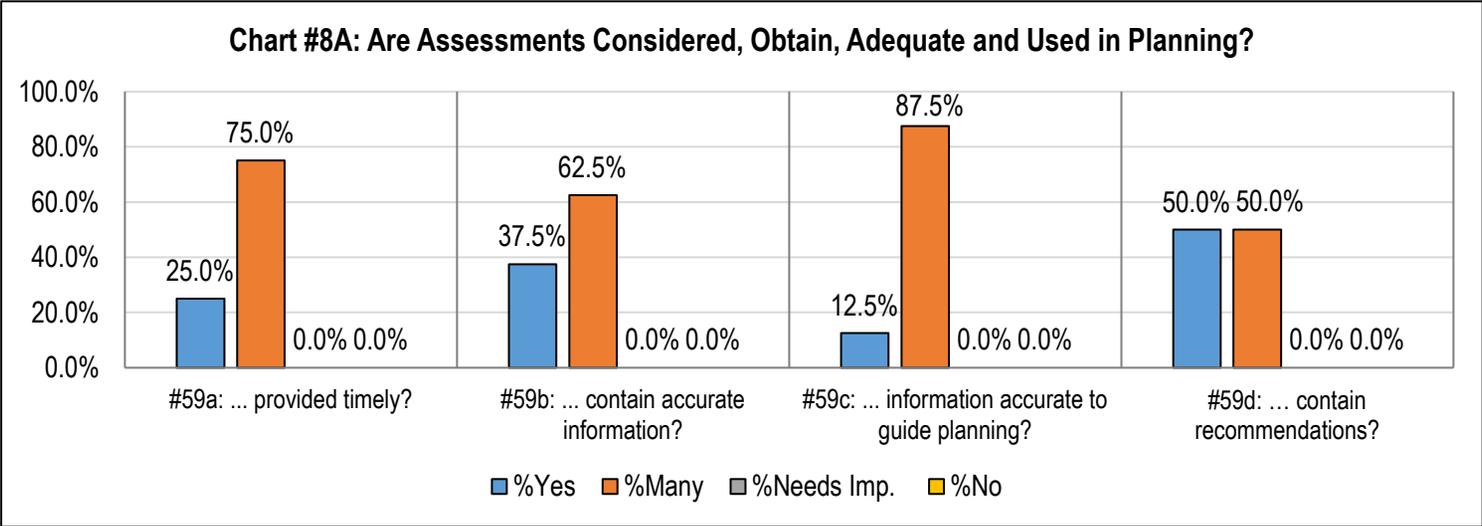
Beyond the protocol questions, a letter of Findings is issued for each class member. This letter is developed by the Surveyor, reviewed by the Case Judge, Regional and State DDSD and DHI Management staff prior to becoming final. The table below summarizes some of the issues which were identified. It is important to note that the information below identifies the <u>number of issues found</u>; not the number of findings. For example, if one individual was found to have a Medication Administration Record (MAR) which called for the administration of a medication for which a doctor's order was not found AND was also found to have been given a medication twice a day when the doctor's order called for one time a day, that might be ONE finding regarding medication but TWO different issues.

As the numbers in the following chart show, the following issues were identified most frequently:
1. Nationally recommended immunizations/screenings not discussed or completed (healthfinder) (28 issues)
2. Medication, MAR, Dr. orders inconsistencies (25 issues)

It is worth noting that Community Options had 32.4% of the total issues with two (2) people (20%) in the sample. Benchmark had 29.6% of the total issues with two (2) people (20%) in the sample.

Chart #9: Type of Issues identified by Residential Agency								
PROVIDER (# IN SAMPLE)	**Benchmark (2)**	**CDD (1)**	**ComOp (2)**	**EnSuenos (1)**	**Mi Via (2)**	**NNMQC (1 Mi Via)**	**Family Options (1)**	**TOTAL**
ISSUE								
APPOINTMENTS								
Audiology: not completed	1	0	0	0	0	0	0	**1**
Dental: follow up not completed / not timely	0	0	1	1	0	0	0	**2**
Labs not found	1	0	0	1	0	0	0	**2**
Neurology: follow up not completed / not timely	0	0	1	0	0	0	0	**1**
PCP: follow up not completed / not timely	0	0	1	0	0	0	0	**1**
Specialists: follow up not completed / not timely	0	0	0	0	0	1	1	**2**
Specialists: report not provided for review	0	0	1	0	0	0	0	**1**

PROVIDER (# IN SAMPLE)	Benchmark (2)	CDD (1)	ComOp (2)	EnSuenos (1)	Mi Via (2)	NNMQC (1 Mi Via)	Family Options (1)	TOTAL
ISSUE								
MAR/MEDICATIONS								
MAR/Medication/Dr. Orders do not match (med strength, delivery method, purpose of med)	14	5	6	0	0	0	0	**25**
Med orders not received	0	0	1	0	0	1	0	**2**
Screenings								
Health.gov/myhealthfinder.com issues by agency:								
a. No evidence of Hep B/HepC screening or team discussion thereof	1	0	2	0	1	1	1	**6**
b. No evidence of shingles vaccine or team discussion thereof	1	0	1	0	0	0	1	**3**
c. No evidence of HIV screening or team discussion thereof	0	0	0	0	1	0	1	**2**
d. No evidence of TD/Tdap immunizations or team discussion thereof	0	0	1	0	1	0	1	**3**
e. No evidence of colorectal screening or team discussion thereof	1	0	1	0	0	0	0	**2**
f. No evidence of flu or pneumonia vaccine or team discussion thereof	0	0	2	1	0	0	0	**3**
g. No evidence of mammogram or team discussion thereof	0	0	1	0	0	0	0	**1**
h. No evidence of cervical cancer screening or team discussion thereof	0	0	1	0	0	1	0	**2**

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

Chart #9: Type of Issues identified by Residential Agency								
PROVIDER (# IN SAMPLE)	Benchmark (2)	CDD (1)	ComOp (2)	EnSuenos (1)	Mi Via (2)	NNMQC (1 Mi Via)	Family Options (1)	TOTAL
ISSUE								
i. No evidence of aspirin regimen/statin	0	0	0	0	0	0	2	**2**
AIMS or other TD screening	1	0	1	0	0	1	1	**4**
No evidence of test / lab screening or alt. option discussed.	0	0	0	0	0	1	0	**1**
No evidence of recommended bone density scan.	1	0	2	0	0	1	0	**4**
Other								
DNR: confusion about status	0	0	0	1	0	0	0	**1**
Totals	**21**	**5**	**23**	**4**	**3**	**7**	**8**	**71**
Average	**10.5**	**5**	**11.5**	**4**	**1.5**	**7**	**8**	**7.1**

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?

Chart #10: Nursing Oversight and Overall Health Supports

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

Question	%Yes	%Many	%Needs Imp.	%No
#50: Was the eChat updated timely?	0.0%	87.5%	12.5%	0.0%
#50b. Is the eChat complete?	50.0%	50.0%	0.0%	0.0%
#50c. Is the eChat accurate?	25.0%	75.0%	0.0%	0.0%
#54: ... nursing services provided as needed ...?	0.0%	75.0%	25.0%	0.0%
#55: Is the CARMP consistent with recommendations...? (1 N/A)	0.0%	100.0%	0.0%	0.0%
#56: Is the CARMP consistently implemented as intended? (1 N/A)	100.0%	0.0%	0.0%	0.0%

Oversight provided by nurses is a critical safeguard for Jackson Class Members, direct support professionals and their supervisors. This includes the adequacy and incorporation of needed (health related) tracking. The table below provides specific details, by Residential provider, of nursing related issues identified during the 2020 Northeast Region IQR. Again, this represents the <u>number of issues found</u>; not the number of findings.

As the numbers in the following chart show, the following nursing activities were identified most frequently as having issues.
1. HCPs/MERPs inaccurate/incomplete (44 issues)
2. CARMP inaccurate/incomplete (22 issues)

It is worth noting that Benchmark had 34.6% of the total issues, but only two (2) people (20%) in the sample. Family Options had 20.5% of the total issues with one (1) person (10%) in the sample.

Chart #11: Type of Nursing Related Issues Identified by Residential Provider								
PROVIDER (# IN SAMPLE)	Benchmark (2)	CDD (1)	ComOp (2)	EnSuenos (1)	Mi Via (2)	NNMQC (1 Mi Via)	Family Options (1)	TOTAL
ISSUE								
Nursing Assessments								
ARST contains conflicting information/not timely/not accurate	1	0	1	0	0	0	0	**2**
Aspiration: documents conflict on risk level	3	0	0	0	0	0	0	**3**
CARMP inaccurate/ incomplete/not current	10	6	1	5	0	0	0	**22**
e-CHAT incorrect/inconsistent /not updated timely	5	3	2	0	0	3	1	**14**
e-CHAT inconsistencies with diagnoses/conditions in other documents	4	0	0	0	0	0	5	**9**
HCPs inaccurate/incomplete	1	0	0	1	0	5	3	**10**
MAAT: incorrect/inconsistent information	0	0	0	0	0	0	1	**1**
MAAT not timely	0	0	1	0	0	0	0	**1**
MERPs inaccurate/incomplete	13	6	6	0	0	0	9	**34**
Nursing Documentation								
Nursing reports not timely completed	1	0	2	0	0	0	0	**3**

Chart #11: Type of Nursing Related Issues Identified by Residential Provider								
PROVIDER (# IN SAMPLE)	**Benchmark (2)**	**CDD (1)**	**ComOp (2)**	**EnSuenos (1)**	**Mi Via (2)**	**NNMQC (1 Mi Via)**	**Family Options (1)**	**TOTAL**
ISSUE								
Nursing reports not provided for review	1	0	0	0	0	0	0	**1**
Nursing reports not accurate/missing information/inadequate	4	3	1	2	0	0	1	**11**
No evidence of nursing face-to-face visits as required	1	3	0	0	0	0	0	**4**
Medical Consultation Forms inconsistent with other documents	0	0	0	0	0	0	1	**1**
Nurse not familiar with health-related needs/recommendations	0	0	0	1	0	0	0	**1**
Staff needs more training on health-related needs	0	0	0	5	0	0	5	**10**
Totals	**44**	**21**	**14**	**14**	**0**	**8**	**26**	**127**
Average	**22**	**21**	**7**	**14**	**0**	**8**	**26**	**12.7**

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

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

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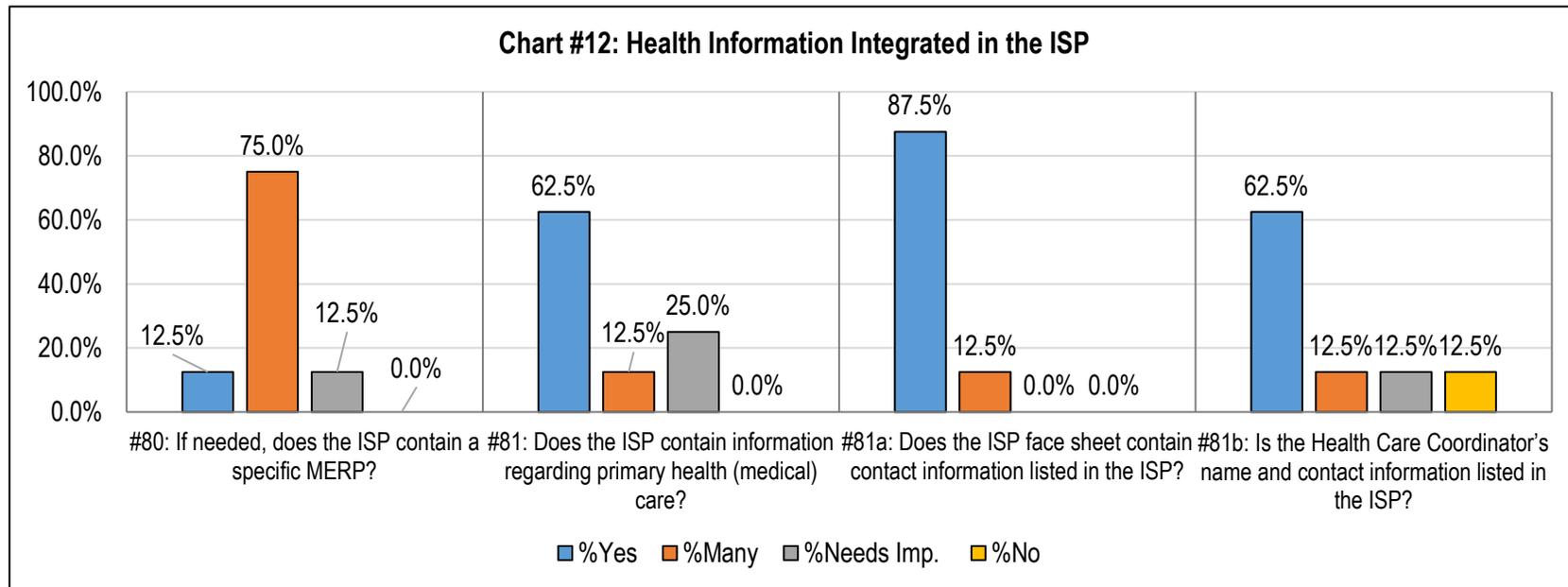
There are many components to ensuring the health and safety of individuals with I/DD. These components vary and are unique to each individual. While the scored protocol cannot encompass each and every identified issue, it does allow for a general score that measures the adequacy of response to the individual's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

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

As noted in the chart below, for the eight (8) people receiving DDW supports reviewed in the Northeast Region, overall, none had their health supports/needs adequately addressed (0% Yes). All eight (8) had many of their needs addressed (100% Many%). Please refer to questions #57a - #57e on page 50 at the end of this report for further detail.

Chart #13: Supports/needs being adequately addressed?

#57: ... person's health supports/needs being adequately addressed?

■ %Yes ■ %Many ■ %Needs Imp. ■ %No
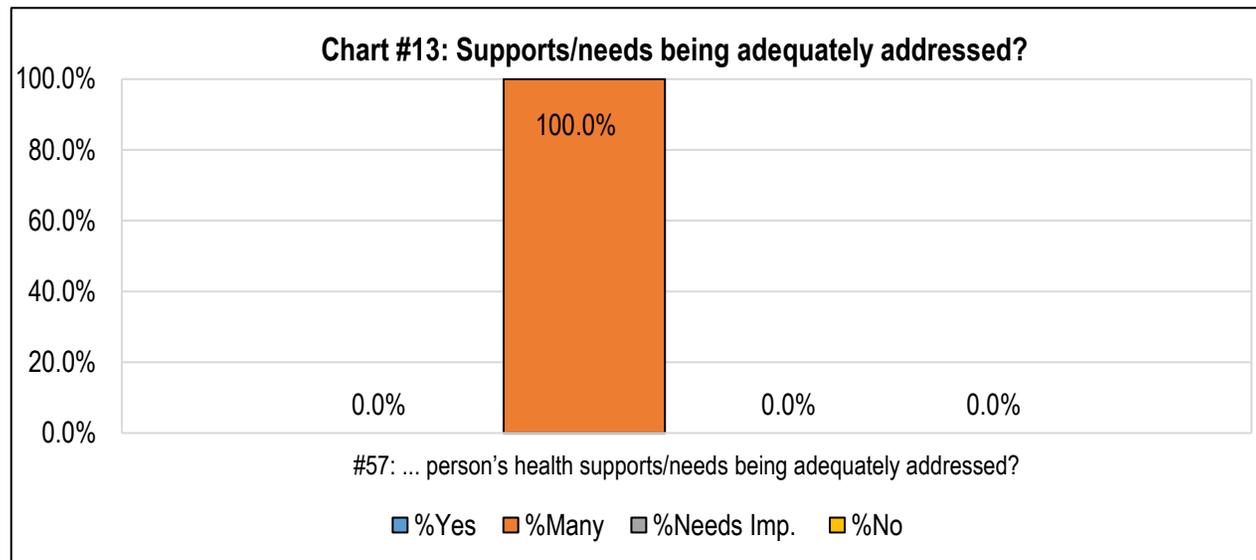
As noted earlier, beyond the scored protocol questions, the Findings Letters issued for each class member in a review provide person-specific detail about the issues which impact the answer to protocol question #57. Again, it is important to note that the indications are number of issues found; not the number of findings in the Findings letters. For example, if one individual had a finding that noted four different inconsistencies in that person's seizure tracking, that would be counted as a "4", for the number of issues, not just a "1" for the individual to whom the findings apply.

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

- Healthcare tracking:
  - Behavior reports inadequate/inaccurate (25 issues)
  - Fluid input/output/BM (17 issues)
  - Nutrition reports inadequate (15)

It is worth noting that ComOp had 45.4% of the total issues, but only two (2) people (20%) in the sample. Benchmark had 23% of the total issues with two (2) people (20%) in the sample.

Chart #14: Issues Found Which Affect the Adequacy of Health Care Provision, by Residential Provider								
PROVIDER (# IN SAMPLE)	Benchmark (2)	CDD (1)	ComOp (2)	EnSuenos (1)	Mi Via (2)	NNMQC (1 Mi Via)	Family Options (1)	TOTAL
ISSUE								
Healthcare Tracking								
Blood Glucose Tracking	9	0	0	0	0	0	0	9
Fluid Input/Urine Output/Bowel Movement Tracking issues	0	0	16	1	0	0	0	17
Skin & Wound Tracking issues	1	0	0	0	0	0	0	1
Tracking requested, not provided for review	0	0	0	0	0	1	0	1
Weight Tracking issues	0	0	9	0	0	1	0	10
Nutrition								
Nutrition: Inadequate/inconsistent	0	0	4	0	0	1	8	13
Nutrition: Not timely	0	0	0	2	0	0	0	2
Physical Therapy								
PT Report/Eval does not adequate	1	0	5	1	0	0	0	7
PT Report/Eval/WDSI not provided for review	0	0	1	0	0	0	0	1

Occupational Therapy								
OT Report/Eval does not adequate	0	0	5	1	0	0	0	6
Speech Language Pathology								
SLP Report/Eval not available/timely for planning/use	0	0	1	1	0	0	0	2
SLP Report/Eval not identifyadequate	0	0	7	2	0	0	0	9
SLP Report/Eval inaccurate	1	0	0	0	0	0	0	1
SLP WDSI not specific/timely	2	0	0	1	0	0	0	3
Behavior Support Consultation								
BSC Report/Eval not available/timely for planning/use	2	0	1	0	0	0	0	3
Behavior Report inaccurate/inadequate	9	10	0	2	0	0	2	23
Totals	**25**	**10**	**49**	**11**	**0**	**3**	**10**	**108**
Average	**12.5**	**10**	**24.5**	**11**	**0**	**3**	**10**	**10.8**

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

Before a plan can be implemented, it must first be created. The ISPs that provide details regarding the individuals' visions and outcomes are supposed to be developed by an Interdisciplinary Team that includes the Individual and those who know and provide supports to that person. This includes the Guardian, Case Manager, the Direct Support Staff, Therapists, Nurse, any additional people invited by the class member and persons who are needed to ensure the implementation of the Plan. The FY21 IQR protocol specifically probes many of the aspects of the planning process, including detail of who participates in plan creation. The chart below lists answers to related questions in the FY21 Northeast Region review.

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

Chart #15: Participation in the ISP planning meeting
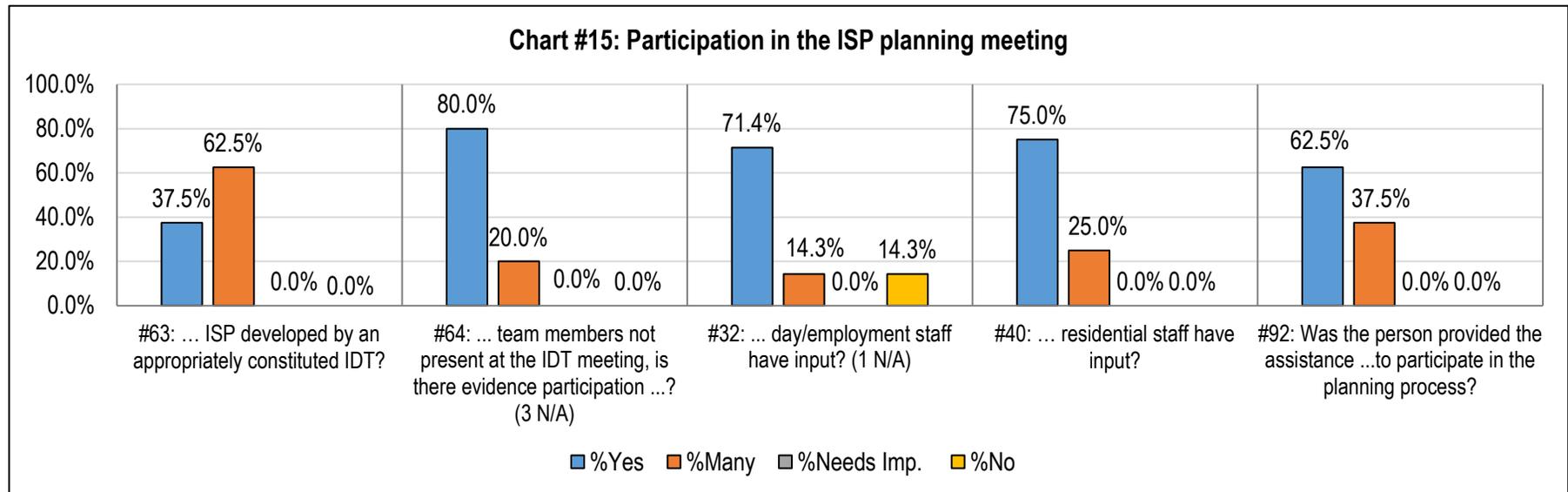
Chart #16: ISP Development Participation, by Residential Provider

Res. Agency (# in sample)	Question				
	#63	#64	#32	#40	#92
Benchmark (2)	50% Yes (1) 50% Many (1)	100% Yes (1) (1 N/A)	100% Yes (2)	100% Yes (2)	100% Yes (2)
CDD (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
ComOp (2)	0% Yes 100% Many (2)	100% Yes (2)	50% Yes (1) 50% No (1)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)
EnSuenos (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Family Options (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	100% Yes (1)
NNMQC (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	100% Yes (1)

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

CM Agency (# in sample)	Question				
	#63	#64	#32	#40	#92
A Step Above (1)	0% Yes 100% Many (1)	100% Yes (1)	(1 N/A)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Unidas Case Management (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Visions Case Management (6)	33.3% Yes (2) 66.7% Many (4)	75% Yes (3) 25% Many (1) (2 N/A)	60% Yes (3) 20% Many (1) 20% No (1) (1 N/A)	83.3% Yes (5) 16.7% Many (1)	66.7% Yes (4) 33.3% Many (2)

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 chart below details the findings related to the following identified questions related to class members ISP in the FY21 Northeast Region review.

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

Chart #18: Long Term Vision and Outcomes Protocol Questions
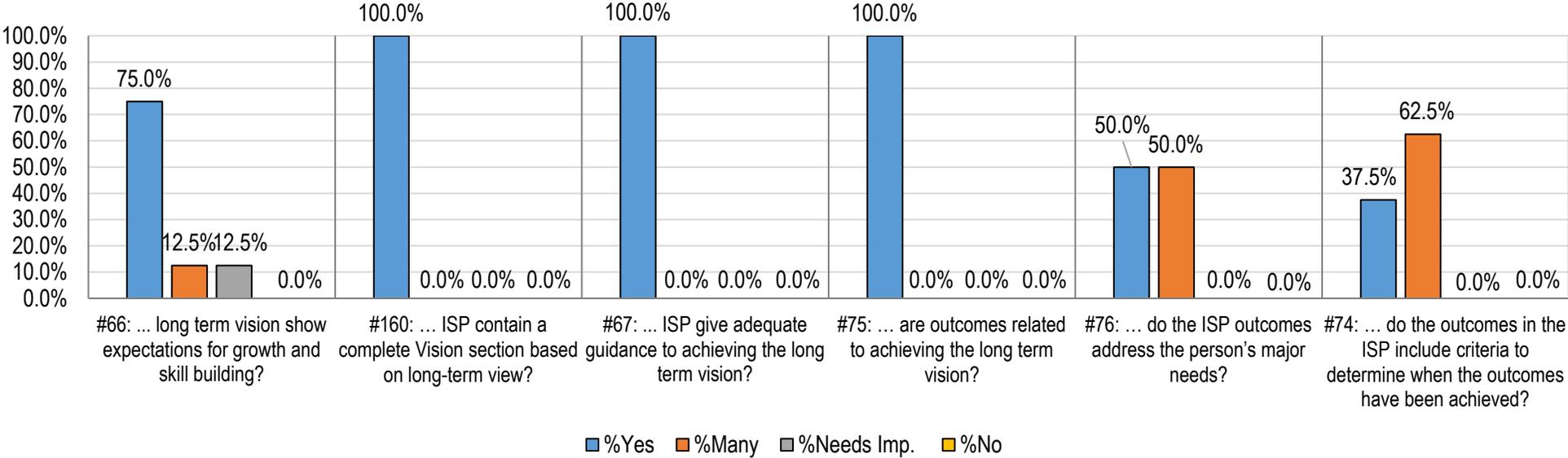
Chart #19: Vision and Outcome Scores, by Residential Agency

Res Agency (# in sample)	Question					
	#66	#160	#67	#75	#76	#74
Benchmark (2)	50% Yes (1) 50% Needs Impv (1)	100% Yes (2)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)
CDD (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
ComOp (2)	100% Yes (2)	100% Yes (2)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% Many (1)	100% Yes (2)
EnSuenos (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Family Options (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)
NNMQC (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)

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

CM Agency (# in sample)	Question					
	#66	#160	#67	#75	#76	#74
A Step Above (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)
Unidas Case Management (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)
Visions Case Management (6)	66.6% Yes (4) 16.7% Many (1) 16.7% Needs Impv (1)	100% Yes (6)	100% Yes (6)	100% Yes (6)	50% Yes (3) 50% Many (3)	33.3% Yes (2) 66.7% Many (4)

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

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

Chart #21 Data Measurability and Action Steps
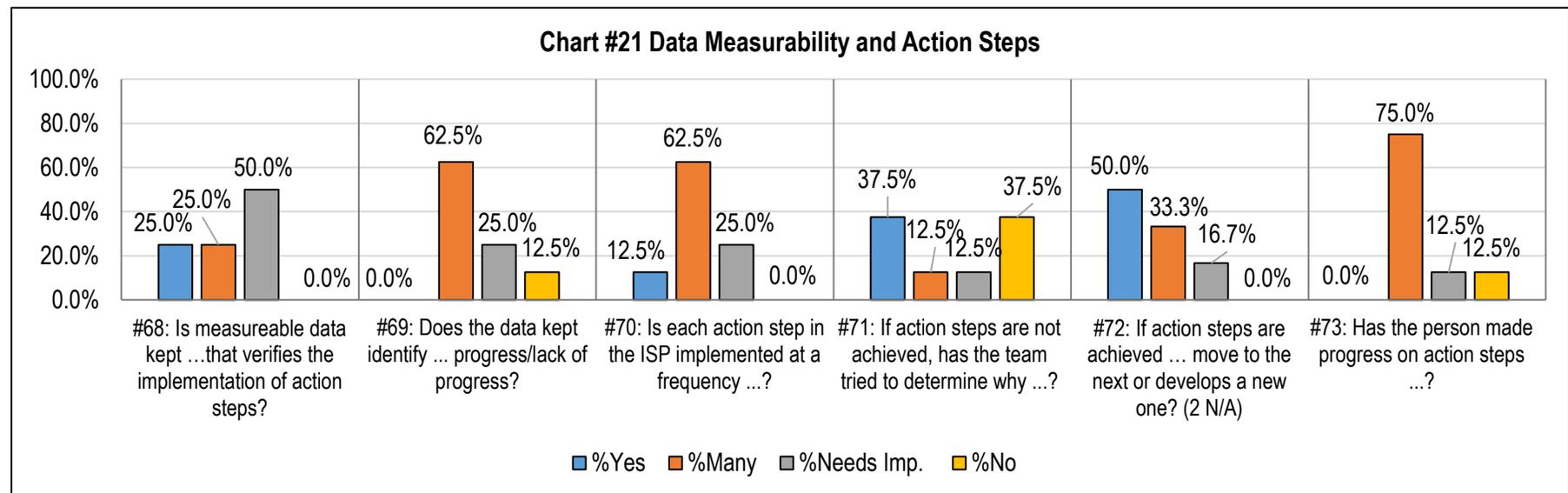
Chart #22: Data and Related ISP Action Step Scores by Residential Agency

Res Agency (# in sample)	Question					
	#68	**#69**	**#70**	**#71**	**#72**	**#73**
Benchmark (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 50% Needs Impv (1) 50% No (1)	100% Yes (2)	0% Yes 100% Many (2)
CDD (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0%Yes 100% Many (1)	0% Yes 100% Many (1)	(1 N/A)	0% Yes 100% Needs Impv (1)
ComOp (2)	0% Yes 100% Needs Impv (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	50% Yes (1) 50% Needs Impv (1)	0% Yes 100% No (2)	0% Yes 100% Many (1) (1 N/A)	0% Yes 50% Many (1) 50% No (1)
EnSuenos (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Family Options (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)
NNMQC (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)

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

CM Agency (# in sample)	Question					
	#68	**#69**	**#70**	**#71**	**#72**	**#73**
A Step Above (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% No (1)	(1 N/A)	0% Yes 100% No (1)
Unidas Case Management (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	100% Yes (1)	0% Yes 100% Many (1)
Visions Case Management (6)	33.3% Yes (2) 33.3% Many (2) 33.3% Needs Impv (2)	0% Yes 83.3% Many (5) 16.7% Needs Impv (1)	16.7% Yes (1) 66.7% Many (4) 16.7% Needs Impv (1)	33.3% Yes (2) 16.7% Many (1) 16.7% Needs Impv (1) 33.3% No (2)	40% Yes (2) 40% Many (2) 20% Needs Impv (1) (1 N/A)	83.3% Many (5) 16.7% Needs Impv (1)

In addition to the components listed above, the Teaching and Support Strategies (T&SS) are also an integral part of the ISP. T&SS should be developed by the residential and/or day provider responsible for implementing the T&SS. Input from others such as therapists should be included as needed. WDSIs are developed by therapists as a complement to the T&SS. All T&SS and WDSIs should provide guidance for those direct support professionals who support the person in achieving his/her Vision/Outcomes. The following protocol questions in the FY21 IQR relate to the T&SS and implementation of the ISP.

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

Chart #24: T&SS and Implementation
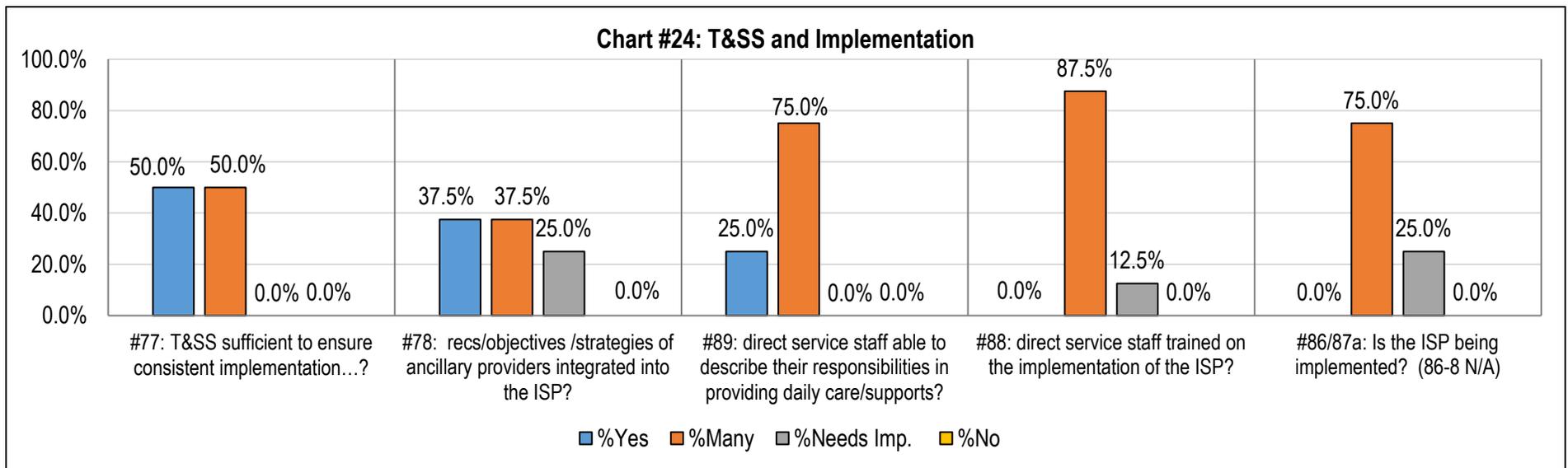
Chart #25: T&SS and ISP Implementation Scores by Residential Agency

Res. Agency (# in sample)	Question				
	#77	**#78**	**#89**	**#88**	**#87a**
Benchmark (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Needs Impv (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
CDD (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv 1)
ComOp (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)
EnSuenos (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Family Options (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
NNMQC (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)

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

CM Agency (# in sample)	Question				
	#77	**#78**	**#89**	**#88**	**#87a**
A Step Above (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)
Unidas Case Management (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Visions Case Management (6)	50% Yes (3) 50% Many (3)	33.3% Yes (2) 33.3% Many (2) 33.3% Needs Impv (2)	33.3% Yes (2) 66.7% Many (4)	0% Yes 100% Many (6)	83.3% Many (5) 16.7% Needs Impv (1)

As evidenced above, the different components of each person's ISP are evaluated. Based on that analysis, an overview of the adequacy of ISP content as well as implementation and effectiveness of the ISP can be determined. There are multiple questions in the 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?

Chart #27: ISP and Services are current and adequate
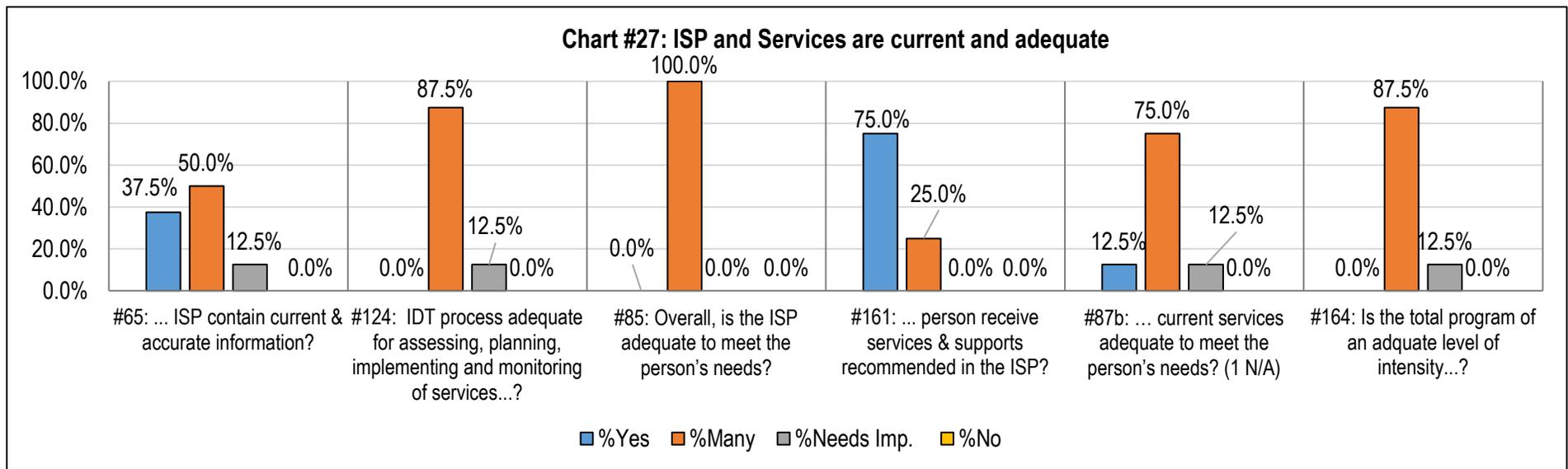
Chart #28: ISP Content and Adequacy Scores, by Residential Agency

Res. Agency (# in sample)	Question					
	#65	#124	#85	#161	#87b	#164
Benchmark (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)	100% Yes (2)	0% Yes 100% Many (2)	0% Yes 100% Many (2)
CDD (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
ComOp (2)	100% Yes (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	0% Yes 50% Many (1) 50% Needs Impv (1)
EnSuenos (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Family Options (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)
NNMQC (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)

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

CM Agency (# in sample)	Question					
	#65	#124	#85	#161	#87b	#164
A Step Above (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)
Unidas Case Management (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)
Visions Case Management (6)	16.7% Yes (1) 66.6% Many (4) 16.7% Needs Impv (1)	0% Yes 100% Many (6)	0% Yes 100% Many (6)	83.3% Yes (5) 16.7% Many (1)	0% Yes 100% Many (6)	0% Yes 100% Many (6)

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.   Overall, case management scores have improved over the last year. The charts below detail the related findings.

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

Chart #30: Case Management Services
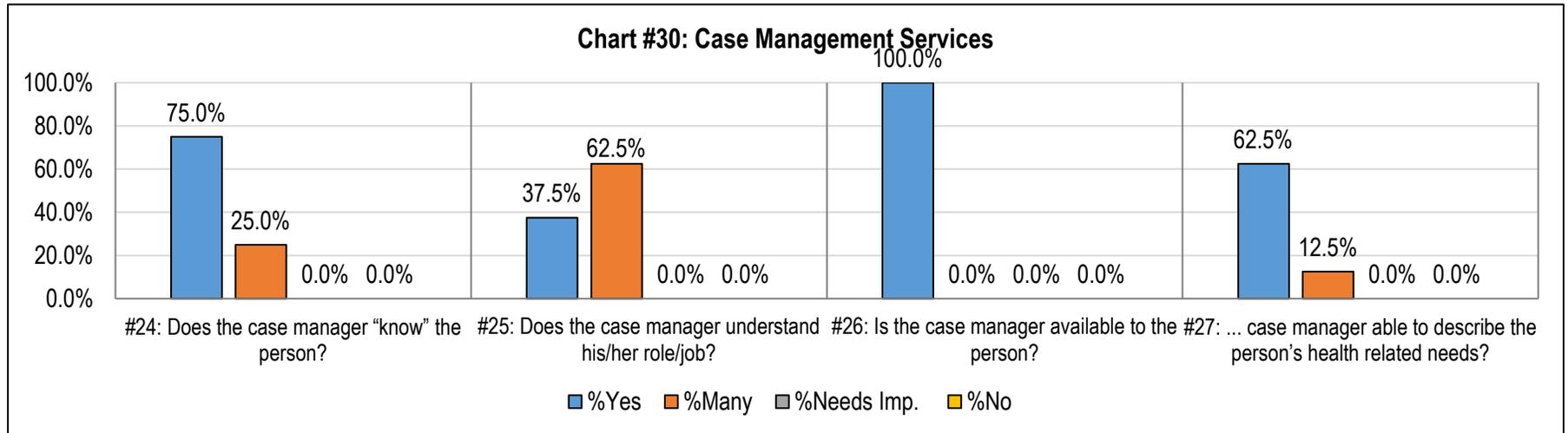
Chart #31: Case Management Scores, by Case Management Agency

CM Agency (# in sample)	Question			
	#24	**#25**	**#26**	**#27**
A Step Above (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)
Unidas Case Management (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Visions Case Management (6)	66.7% Yes (4) 33.3% Many (2)	33.3% Yes (2) 66.7% Many (4)	100% Yes (6)	50% Yes (3) 50% Many (3)

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

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

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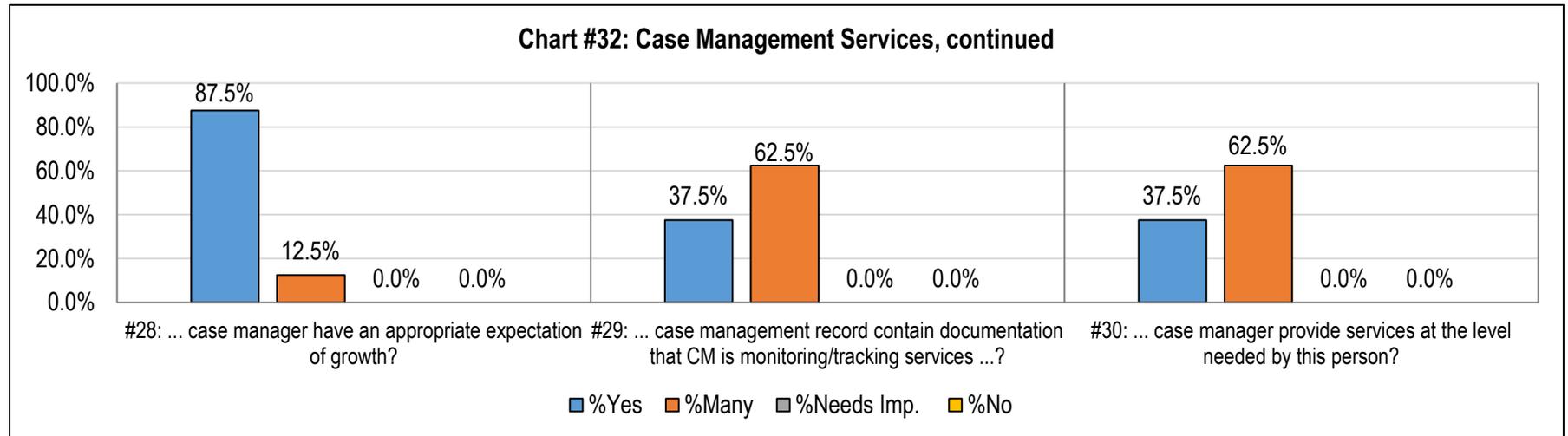
Chart #33: Case Management Scores, by Case Management Agency

CM Agency (# in sample)	Question		
	#28	**#29**	**#30**
A Step Above (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Unidas Case Management (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Visions Case Management (6)	83.3% Yes (5) 16.7% Many (1)	33.3% Yes (2) 66.7% Many (4)	33.3% Yes (2) 66.7% Many (4)

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:** <u>Assessment</u>

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

Chart #34: Supported Employment
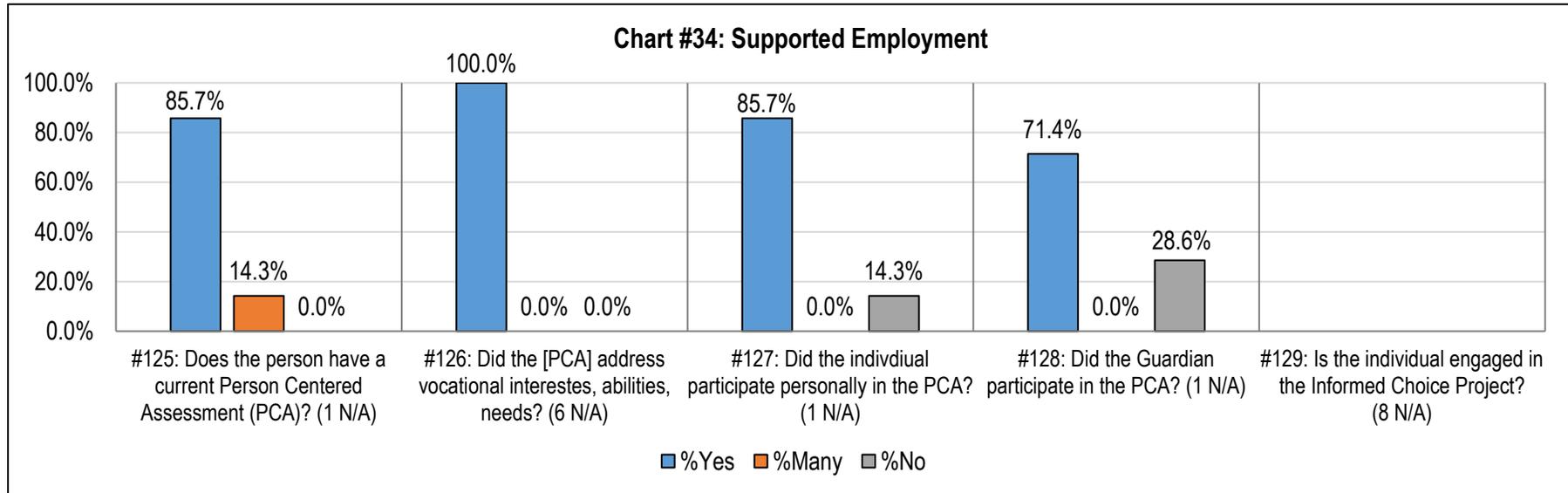
Chart #35: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	Question				
	#125	#126	#127	#128	#129
Benchmark (2)	50% Yes (1) 50% Many (1)	(2 N/A)	100% Yes (2)	100% Yes (2)	(2 N/A)
CDD (1)	100% Yes (1)	(1 N/A)	0% Yes 100% No (1)	0% Yes 100% No (1)	(1 N/A)
ComOp (2)	100% Yes (2)	(2 N/A)	100% Yes (2)	50% Yes (1) 50% No (1)	(2 N/A)
EnSuenos (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	(1 N/A)
Family Options (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	(1 N/A)
NNMQC (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)

Chart #36: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	Question				
	#125	#126	#127	#128	#129
A Step Above (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	0% Yes 100% No (1)	(1 N/A)
Unidas Case Management (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	(1 N/A)
Visions Case Management (6)	80% Yes (4) 20% Many (1) (1 N/A)	100% Yes (1) (5 N/A)	80% Yes (4) 20% No (1) (1 N/A)	80% Yes (4) 20% No (1) (1 N/A)	(6 N/A)

2. Components of Informed Choice: Information and Experience

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

Chart #37: Supported Employment, continued

Legend: ■ %Yes ■ %Many ■ %Needs Imp. ■ %No
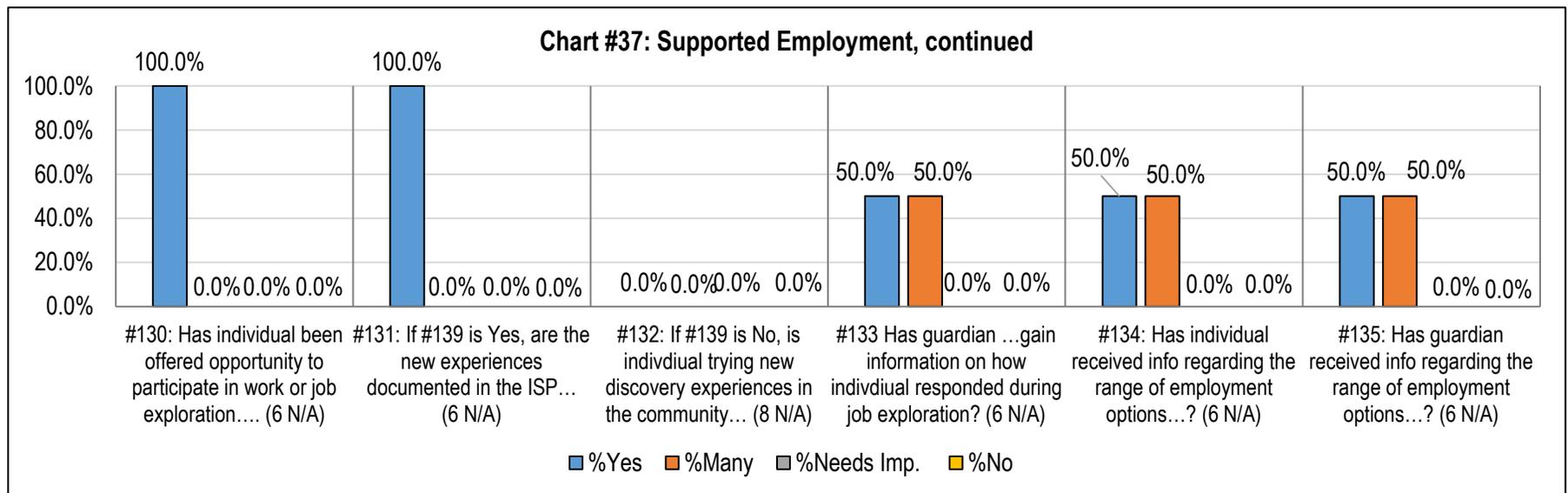
Chart #38: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	Question					
	#130	#131	#132	#133	#134	#135
Benchmark (2)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)
CDD (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
ComOp (2)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)
EnSuenos (1)	100% Yes (1)	100% Yes (1)	(1 N/A)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Family Options (1)	100% Yes (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	100% Yes (1)
NNMQC (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)

Chart #39: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	Question					
	#130	#131	#132	#133	#134	#135
A Step Above (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
Unidas Case Management (1)	100% Yes (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Visions Case Management (6)	100% Yes (1) (5 N/A)	100% Yes (1) (5 N/A)	(6 N/A)	0% Yes 100% Many (1) (5 N/A)	0% Yes 100% Many (1) (5 N/A)	0% Yes 100% Many (1) (5 N/A)

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

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

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

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

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

Chart #40: Supported Employment, continued
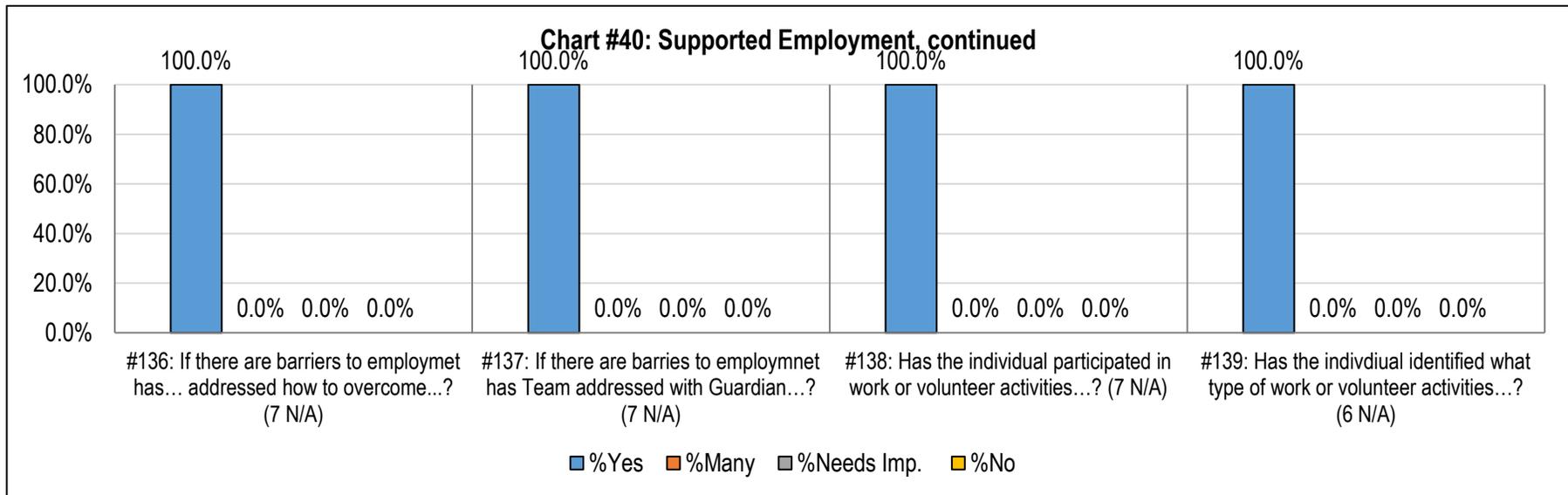
Chart #41: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	Question			
	#136	**#137**	**#138**	**#139**
Benchmark (2)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)
CDD (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
ComOp (2)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)
EnSuenos (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Family Options (1)	(1 N/A)	(1 N/A)	(1 N/A)	100% Yes (1)
NNMQC (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)

Chart #42: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	Question			
	#136	**#137**	**#138**	**#139**
A Step Above (1)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)
Unidas Case Management (1)	(1 N/A)	(1 N/A)	(1 N/A)	100% Yes (1)
Visions Case Management (6)	100% Yes (1) (5 N/A)	100% Yes (1) (5 N/A)	100% Yes (1) (5 N/A)	100% Yes (1) (5 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?

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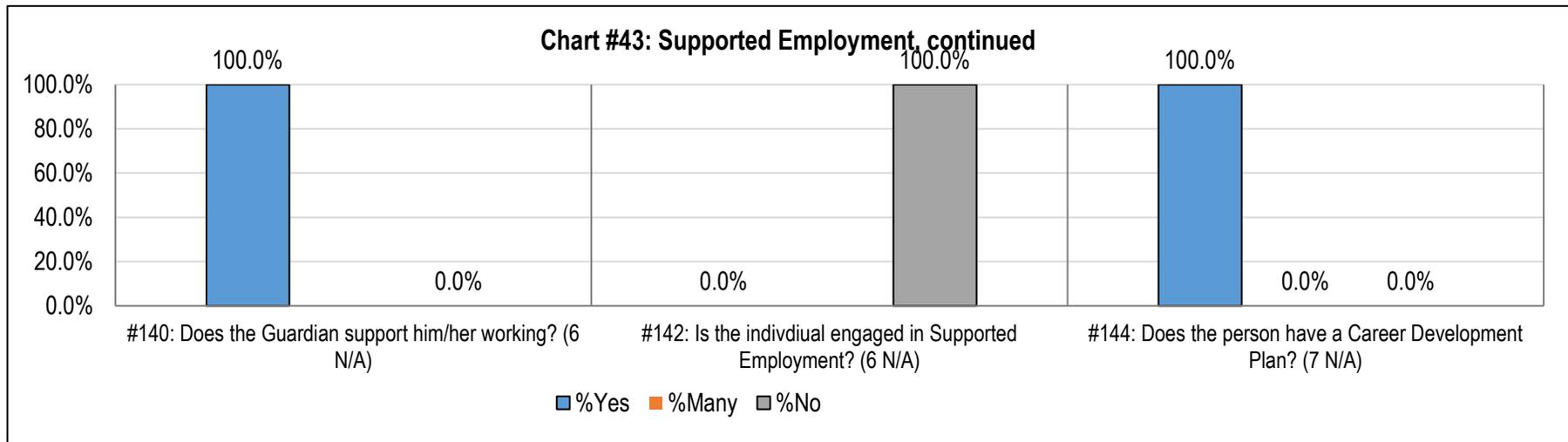
Chart #44: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	Question		
	#140	**#142**	**#144**
Benchmark (2)	(2 N/A)	(2 N/A)	(2 N/A)
CDD (1)	(1 N/A)	(1 N/A)	(1 N/A)
ComOp (2)	(2 N/A)	(2 N/A)	(2 N/A)
EnSuenos (1)	100% Yes (1)	100% No (1)	100% Yes (1)
Family Options (1)	100% Yes (1)	100% No (1)	(1 N/A)
NNMQC (1)	(1 N/A)	(1 N/A)	(1 N/A)

Chart #45: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	Question		
	#140	**#142**	**#144**
A Step Above (1)	(1 N/A)	(1 N/A)	(1 N/A)
Unidas Case Management (1)	100% Yes (1)	0% Yes 100% No (1)	(1 N/A)
Visions Case Management (6)	100% Yes (1) (5 N/A)	0% Yes 100% No (1) (5 N/A)	100% Yes (1) (5 N/A)

I. IQR Scored Protocol Questions

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

Question	FY21 (sample = 8 DDW)
CASE MANAGEMENT	
24. Does the case manager "know" the person? CPRQ26; '17IQR#8c, '18IQR24	57.1% Yes (4) 42.9% Many (3)
25. Does the case manager understand his/her role/job? CPRQ27 '17IQR#16, '18IQR25	0% Yes 100% Many (7)
26. Is the case manager available to the person? CPRQ29; '17IQR#16a, '18IQR27	42.9% Yes (3) 57.1% Many (4)
27. Was the case manager able to describe the person's health related needs? CPRQ30, '18IQR28	14.3% Yes (1) 71.4% Many (5) 14.3% Needs Impv (1)
28. Does the case manager have an appropriate expectation of growth for this person? CPRQ31, '18IQR29	100% Yes (7)
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 100% Many (7)
30. Does the case manager provide case management services at the level needed by this person? CPRQ33; '17IQR#16c, '18IQR31	0 % Yes 71.4% Many (5) 28.6% Needs Impv (2)

Question	FY21 (sample = 8 DDW)
EMPLOYMENT AND DAY	
31. Does the direct services staff "know" the person? CPRQ35; '17IQR#8a, '18IQR33	85.7% Yes (6) 14.3% Many (1)
32. Does the direct service staff have input into the person's ISP? CPRQ36, '18IQR34	57.1% Yes (4) 42.9% Many (3)
33. Did the direct service staff receive training on implementing this person's ISP? CPRQ37, '18IQR35	28.6% Yes (2) 57.1% Many (4) 14.3% Needs Impv (1)
34. Was the direct service staff able to describe this person's health-related needs? CPRQ38, '18IQR36	0% Yes 57.1% Many (4) 42.9% Needs Impv (3)
35. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39, '18IQR37	0% Yes 100% Many (7)
35a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a, '18IQR37a	71.4% Yes (5) 28.6% Many (2)
35b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ39b, '18IQR37b	14.3% Yes (1) 57.1% Many (4) 28.6% Needs Impv (2)
36. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ41, '18IQR39	85.7% Yes (6) 14.3% Needs Impv (1)
37. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42, '18IQR40	100% Yes (7)

Question	FY21 (sample = 8 DDW)
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 (4) (3 CND)
RESIDENTIAL	
39. Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b, '18IQR42	42.9% Yes (3) 57.1% Many (4)
40. Does the direct service staff have input into the person's ISP? CPRQ45, '18IQR43	57.1% Yes (4) 28.6% Many (2) 14.3% No (1)
41. Did the direct service staff receive training on implementing this person's ISP? CPRQ46, '18IQR44	28.6% Yes (2) 71.4% Many (5)
42. Is the residence safe for individuals (void of hazards)? CPRQ45, '18IQR45	71.4% Yes (5) 28.6% Many (2)
43. Was the residential direct service staff able to describe this person's health-related needs? CPRQ48, '18IQR46	28.6% Yes (2) 71.4% Many (5)
44. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49, '18IQR47	28.6% Yes (2) 71.4% Many (5)
44a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ49a, '18IQR47a	28.6% Yes (2) 42.9% Many (3) 28.6% Needs Impv (2)
44b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ49b, '18IQR47b	57.1% Yes (4) 42.9% Many (3)

Question	FY21 (sample = 8 DDW)
45. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ51, '18IQR49	100% Yes (7)
46. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52, '18IQR50	71.4% Yes (5) 14.3% Many (1) 14.3% No (1)
47. Does the person's residential environment offer a minimal level of quality of life? CPRQ53, '18IQR51	57.1% Yes (4) 42.9% Many (3)
HEALTH	
48. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b, '18IQR52	0% Yes 85.7% Many (6) 14.3% Needs Imprv (1)
49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21, '18IQR53	42.9% Yes (3) 42.9% Many (3) 14.3% Needs Imprv (1)
50. Was the eChat updated timely? '17IQR#18g, '18IQR54	0% Yes 71.4% Many (5) 14.3% Needs Impv (1) 14.3% No (1)
50a. Is the eChat updated timely with the ISP and after changes in condition?	57.1% Yes (4) 28.6% Many (2) 14.3% No (1)
50b. Is the eChat complete?	0% Yes 85.7% Many (6) 14.3% No (1)

Question	FY21 (sample = 8 DDW)
50c. Is the eChat accurate?	28.6% Yes (2) 14.3% Many (1) 28.6% Needs Impv (2) 28.6% No (2)
51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received? 17IQR#19, '18IQR55	42.9% Yes (3) 42.9% Many (3) 14.3% Needs Impv (1)
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*)	0% Yes 71.4% Many (5) 28.6% Needs Impv (2)
53. Does the individual receive medication as prescribed? 17IQR#19e, '18IQR57	0% Yes 28.6% Many (2) 71.4% Needs Impv (5)
54. Are nursing services provided as needed by the individual? 17IQR#20, '18IQR59	14.3% Yes (1) 14.3% Many (1) 71.4% Needs Impv (5)
55. Is the CARMP consistent with recommendation in other healthcare documents? *(Is the CARMP is accurate? '17IQR#21f, '18IQR60)*	0% Yes 83.3% Many (5) 16.7% Needs Impv (1) (1 N/A)
56. Is the CARMP consistently implemented as intended? , '18IQR61	50% Yes (3) 16.7% Many (1) 33.3% Needs Impv(2) (1 N/A)
57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19, '18IQR62	14.3% Yes (1) 71.4% Many (5) 14.3% Needs Impv (1)
57a. Are assessment recommendations followed up on in a timely way?	14.3% Yes (1) 85.7% Many (6)
57b. Were needed equipment/communication devices delivered timely?	85.7% Yes (6) 14.3% No (1)

Question	FY21 (sample = 8 DDW)
57c. Were medical specialist appointments attended timely?	42.9% Yes (3) 42.9% Many (3) 14.3% No (1)
57d. Were changes in personal condition, if any, responded to timely?	85.7% Yes (6) 14.3% Many (1)
57e. Were Health Care Plans available, accurate and consistently implemented?	28.6% Yes (2) 28.6% Many (2) 28.6% Needs Impv (2) 14.3% No (1)
ASSESSMENTS	
58. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18, '18IQR65	14.3% Yes (1) 57.1% Many (4) 28.6% Needs Impv (2)
59. Are the assessments adequate for planning? CPRQ59; '17IQR#4f, '18IQR66	0% Yes 57.1% Many (4) 42.9% Needs Impv (3)
59a. Were assessments provided timely?	0% Yes 71.4% Many (5) 28.6% Needs Impv (2)
59b. Did assessments contain accurate information?	0% Yes 71.4% Many (5) 28.6% Needs Impv (2)
59c. Did assessments contain information accurate to guide planning?	0% Yes 57.1% Many (4) 42.9% Needs Impv (3)
59d. Did assessments contain recommendations?	28.6% Yes (2) 71.4% Many (5)
60. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5, '18IQR67	14.3% Yes (1) 71.4% Many (5) 14.3% Needs Impv (1)

Question	FY21 (sample = 8 DDW)
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	50% Yes (2) 50% No (2) (3 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 (7)
63. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3, '18IQR70	28.6% Yes (2) 57.1% Many (4) 14.3% Needs Impv (1)
64. For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP? CPRQ63; '17IQR#3d, '18IQR71	20% Yes (1) 40% Many (2) 40% Needs Impv (2) (2 N/A)
65. Does my ISP contain current and accurate information? '17IQR#6, '18IQR72	14.3% Yes (1) 57.1% Many (4) 14.3% Needs Impv (1) 14.3% No (1)
66. Does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b, '18IQR73	42.9% Yes (3) 28.6% Many (2) 14.3% Needs Impv (1) 14.3% No (1)
67. Does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c, '18IQR74	28.6% Yes (2) 57.1% Many (4) 14.3% Needs Imprv (1)
68. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a, '18IQR75	14.3% Yes (1) 57.1% Many (4) 28.6% Needs Impv (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	14.3% Yes (1) 28.6% Many (2) 42.9% Needs Impv (3) 14.3% No (1)
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

Question	FY21 (sample = 8 DDW)
	57.1% Many (4) 42.9% Needs Imv (3)
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	28.6% Yes (2) 14.3% Many (1) 42.9% Needs Impv (3) 14.3% No (1)
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	50% Yes (3) 33.3% Many (2) 16.7% Needs Impv (1) (1 N/A)
73. Has the person made measurable progress on actions steps during this past year?'17IQR#13b, '18IQR80	0% Yes 42.9% Many (3) 57.1% Needs Impv (4)
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	42.9% Yes (3) 28.6% Many (2) 28.6% Needs Impv (2)
75. Are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d, '18IQR82	57.1% Yes (4) 28.6% Many (2) 14.3% Needs Impv (1)
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	14.3% Yes (1) 85.7% Many (6)
77. Are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i, '18IQR84	14.3% Yes (1) 71.4% Many (5) 14.3% Needs Impv (1)
78. Are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m, '18IQR85	0% Yes 71.4% Many (5) 14.3% Needs Impv (1) 14.3% No (1)
79. Has the person made measurable progress in therapy this year? '17IQR#13a, '18IQR86	0% Yes 57.1% Many (4) 42.9% Needs Impv (3)

Question	FY21 (sample = 8 DDW)
80. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c, '18IQR87	14.3% Yes (1) 42.9% Many (3) 28.6% Needs Impv (2) 14.3% No (1)
81. Does the ISP contain information regarding primary health (medical) care? CPRQ74, '18IQR88	71.4% Yes (5) 28.6% Many (2)
81a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a, '18IQR88a	85.7% Yes (6) 14.3% No (1)
81b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b, '18IQR88b	85.7% Yes (6) 14.3% No (1)
82. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76, '18IQR89	57.1% Yes (4) 28.6% Many (2) 14.3% No (1)
83. Based on the evidence, is adequate transportation available for the person? *(Does the ISP reflect how the person will get to work/day activities, shopping, and social activities? CPRQ75, '18IQR90)*	100% Yes (7)
84. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a, '18IQR91	42.9% Yes (3) 28.6% Many (2) 14.3% Needs Impv (1) 14.3% No (1)
85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7, '18IQR92	0% Yes 85.7% Many (6) 14.3% Needs Impv (1)
86. Is the ISP being implemented? (If 85 is "3") CPRQ79 '17IQR#12, '18IQR93	(7 N/A)
87a. Is the ISP being implemented? (If 85 is "0", "1", or "2") CPRQ80a '17IQR#12, '18IQR94a	0% Yes 71.4% Many (5) 28.6% Needs Impv (2)
87b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11, '18IQR94b	0% Yes 57.1% Many (4) 42.9% Needs Impv(3)
88. Was the direct service staff trained on the implementation of this person's ISP? CPRQ81, '18IQR95	14.3% Yes (1)

Question	FY21 (sample = 8 DDW)
	85.7% Many (6)
89. Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82, '18IQR96	0% Yes 85.7% Many (6) 14.3% Needs Impv (1)
EXPECTATIONS FOR GROWTH, 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 71.4% Many (5) 28.6% Needs Impv (2)
91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d, '18IQR99	71.4% Yes (5) 28.6% Many (2)
92. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b, '18IQR100	42.9% Yes (3) 57.1% Many (4)
93. Is the person offered a range of opportunities for participation in each life area? CPRQ87, '18IQR101	71.4% Yes (5) 28.6% Many (2)
94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30, '18IQR102	100% Yes (5) (2 CND)
94a. About where and with whom to live? CPRQ89; '17IQR#23c, '18IQR102a	60% Yes (3) 40% Many (2) (2 CND)
94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d, '18IQR102b	80% Yes (4) 20% Many (1) (2 CND)
94c. About where and with whom to socialize/spend leisure time? CPRQ91, '18IQR102c	80% Yes (4) 20% Many (1) (2 CND)

Question	FY21 (sample = 8 DDW)
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 (7)
96. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a, '18IQR105	71.4% Yes (5) 28.6% Many (2)
97. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94, '18IQR106	85.7% Yes (6) 14.3% Many (1)
98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h, '18IQR107	71.4% Yes (5) 28.6% No (2)
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	40% Yes (2) 20% Needs Impv (1) 40% No (2) (2 N/A)
100. If there are restrictions that should be reviewed by HRC, is a plan to enable the individual to regain his/her rights and reduce or eliminate these restrictions? '17IQR#34j, '18IQR109	60% Yes (3) 20% Many (1) 20% No (1) (2 N/A)
101. Is the person protected from abuse, neglect and exploitation? '17IQR#35, '18IQR110	57.1% Yes (4) 14.3% Many (1) 14.3% Needs Impv(1) 14.3% No (1)
102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b, '18IQR111	80% Yes (4) 20% Many (1) (2 N/A)
103. Is the individual safe? '17IQR#24, '18IQR112	71.4% Yes (5) 14.3% Many (1) 14.3% Needs Impv(1)
104. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a, '18IQR113	42.9% Active (3) 42.9% Moderate (3) 14.3% Limited (1)

Question	FY21 (sample = 8 DDW)
105. If the person is retired, does he/she have opportunities to engage in activities of interest during the day? CPRQ 100; '17IQR#29b, '18IQR114	100% Yes (2) (5 N/A)
106. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30, '18IQR115	85.7% Yes (6) 14.3% Many (1)
107. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e, '18IQR116	100% Yes (7)
108. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c, '18IQR117	42.9% Yes (3) 57.1% Many (4)
109. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e, '18IQR118	100% Yes (6) (1 CND)
110. Does the person have sufficient personal money? CPRQ110 '17IQR#34f, '18IQR119	85.7% Yes (6) 14.3% Many (1)
111. Does the person get along with their day program/employment provider staff? CPRQ111, '18IQR120	100% Yes (7)
112. Does the person get along with their residential provider staff? CPRQ112, '18IQR121	100% Yes (7)
TEAM PROCESS	
113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10, '18IQR122	0% Yes 85.7% Many (6) 14.3% No (1)
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	50% Yes (1) 50% No (1) (5 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	14.3% Yes (1) 85.7% Many (6)
116. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117, '18IQR125	42.9% Yes (3) 14.3% Many (1) 42.9% Needs Impv (3)

Question	FY21 (sample = 8 DDW)
117. Do you recommend Dispute Resolution for this IDT? CPRQ118, '18IQR126	14.3% Yes (1) 85.7% No (6)
118. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#17d, '18IQR127	28.6% Yes (2) 71.4% No (5)
119. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c, '18IQR128	28.6% Yes (2) 71.4% No (5)
120. If #118 OR #119 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; '18IQR129	66.7% Yes (2) 33.3% No (1) (4 N/A)
121. Has the person changed residential/day services in the last year? CPRQ122, '18IQR130	14.3% Yes (1) 85.7% No (6)
122. If #121 is Yes, was the change Planned by the IDT? CPRQ122a, '18IQR131	0% Yes 100% No (1) (6 N/A)
123. If #121 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b, '18IQR132	100% Yes (1) (6 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 85.7% Many (6) 14.3% Needs Impv (1)
SUPPORTED EMPLOYMENT	
125. Does (Name) have a current Person-Centered Assessment? '18IQR134	66.7% Yes (4) 33.3% Many (2) (1 N/A)
126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a, '18IQR135	40% Yes (2) 40% Many (2) 20% No (1) (2 N/A)

Question	FY21 (sample = 8 DDW)
127. Did the individual participate personally in the Person Centered Assessment? '18IQR136	66.7% Yes (4) 33.3% No (2) (1 N/A)
128. Did the Guardian participate in the Person Centered Assessment? '18IQR137	57.1% Yes (4) 42.9% No (3)
129. Is the individual engaged in the Informed Choice Project? '18IQR138	0% Yes 100% No (7)
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	20% Yes (1) 80% No (4) (2 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 (1) (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	0% Yes 50% Many (2) 50% No (2) (3 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) (2 N/A)
134. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c, '18IQR143	20% Yes (1) 40% Many (2) 20% Needs Impv (1) 20% No (1) (2 N/A)

Question	FY21 (sample = 8 DDW)
135. Has the Guardian received information regarding the range of employment options available for the individual? '18IQR144	60% Yes (3) 20% Many (1) 20% No (1) (2 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	40% Yes (2) 20% Many (1) 40% No (2) (2 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	40% Yes (2) 20% Many (1) 20% Needs Impv(1) 20% No (1) (2 N/A)
138. Has the individual participated in work or volunteer activities during the past year? '18IQR147	20% Yes (1) 20% Many (1) 60% No (3) (2 N/A)
139. Has the individual identified what type of work or volunteer activities he/she would like to do? '18IQR148	40% Yes (2) 20% Many (1) 20% Needs Impv(1) 20% No (1) (2 N/A)
140. Does the Guardian support him/her working? '18IQR149	33.3% Yes (2) 66.7% No (4) (1 N/A)
142. Is the individual engaged in Supported Employment? CPRQ129, '18IQR151	20% Yes (1) 80% No (4) (2 N/A)

Question	FY21 (sample = 8 DDW)
144. Does the person have a Career Development Plan? CPRQ128 17IQR#26e, '18IQR153	50% Yes (1) 50% Many (1) (5 N/A)
BEHAVIOR	
145. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d, '18IQR154	57.1% Yes (4) 42.9% No (3)
146. Does the person need behavior services now? CPRQ132 '17IQR#11e, '18IQR155	57.1% Yes (4) 42.9% No (3)
147. Have behavioral assessments been completed? CPRQ133, '18IQR156	25% Yes (1) 50% Many (2) 25% No (1) (3 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	50% Yes (2) 25% Many (1) 25% Needs Impv (1) (3 N/A)
149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d, '18IQR158	50% Yes (2) 25% Many (1) 25% Needs Impv (1) (3 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	0% Yes 100% Needs Impv (2) (5 N/A)

Question	FY21 (sample = 8 DDW)
151. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i, '18IQR160	25% Yes (1) 25% Many (1) 50% Needs Impv (2) (3 N/A)
152. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d, '18IQR161	25% Yes (1) 50% Many (2) 25% Needs Impv (1) (3 N/A)
ADAPTIVE EQUIPMENT / AUGMENTATIVE COMMUNICATION	
153. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b, '18IQR162	50% Yes (3) 50% Many (3) (1 N/A)
154. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c, '18IQR163	50% Yes (3) 33.3% Many (2) 16.7% Needs Imprv(1) (1 N/A)
155. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f, '18IQR164	71.4% Yes (5) 14.3% Many (1) 14.3% Needs Impv (1)
156. Is the person's equipment and technology in good repair?'17IQR#25d, '18IQR165	71.4% Yes (5) 28.6% Many (2)
157. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e, '18IQR166	85.7% Yes (6) 14.3% Many (1)
158. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b, '18IQR167	28.6% Yes (2) 42.9% Many (3) 14.3% Needs Impv(1) 14.3% No (1)

Question	FY21 (sample = 8 DDW)
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	100% Yes (7)
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	42.9% Yes (3) 42.9% Many (3) 14.3% Needs Impv (1)
161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a, '18IQR170	71.4% Yes (5) 28.6% Many (2)
162. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f, '18IQR171	71.4% Yes (5) 28.6% Many (2)
163. Is the person integrated into the community? CPRQ145; '17IQR#29g, '18IQR172	85.7% Yes (6) 14.3% Many (1)
164. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36, '18IQR174	0% Yes 85.7% Many (6) 14.3% Needs Impv(1)