



# Individual Quality Review 2020 Statewide Report

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**I. EXECUTIVE SUMMARY**

**A. Introduction**

The Division of Health Improvement (DHI) has successfully completed the 2020 Individual Quality Review (IQR) year and has compiled the Statewide Report in accordance with historical practice but more importantly, to highlight strengths of community-based providers and areas in need of improvement. DHI Senior Leadership would like to recognize the IQR Surveyor Team, Case Judges and our technical advisor, Ms. Lyn Rucker for all their tireless efforts throughout this review cycle. DHI will continue to collaborate with our sister agency, the Developmental Disabilities Supports Division (DDSD) to provide this critical, detailed data to ensure the health, safety and quality of services for Jackson Class Members (JCM).

Jackson Class members, in general, have multiple diagnoses, have all been institutionalized at either Los Lunas or Fort Stanton and have significant support needs. Their average age is of 61.1 years.

**B. Summary of Findings**

Several areas of good practice are identified and continue as strengths in 2020. However, most areas of concern are the same as those which have been identified by the previous Community Monitor’s Statewide reports.

The right-hand column below identifies the year each issue was identified by the Community Practice Review/Individual Quality Review.

Years Noted = In CPR and/or IQR Statewide Reports

#	CHART#1: 2020 FINDINGS	Years Noted
<b>A. Health</b>		
#1.	This report, in its entirety, contains historical information, as well as current IQR analysis which continues to note systems issues related to recognizing, reporting, intervening, evaluating and ensuring corrective action which results in improved health and programmatic practice at the individual, provider and systems level. A few examples follow.	
	a. There are current health related issues affecting Jackson Class Members.. Within this report, DHI will highlight both areas needing improvement and progress which has been made.	2004 – present
	b. Per the historical Statewide reports produced over the past decade, the adequacy of Individual Support Plans (ISPs) continues to be an issue. 2019 1.2% and in 2020 0% (Scored as a “Yes”) of ISPs were adequate to meet the person’s needs. (Q#85)	2004 – present
	c. In 2020, 13.2% of the case manager’s records need improvement in regards to documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP. In 2019, 18.1% were scored as a “Yes” (Q#29).	2004 – present

#	CHART#1: 2020 FINDINGS	Years Noted
	d. In 2020, 16.2% (11 JCM) were found to need improvement regarding whether case management services were provided at the level needed (Q#30). This is a slight increase from 2019, where 13.3% (11 JCMs) were found to need improvement.	2004 – present
#3.	19.1% of those reviewed were found to have assessments in all areas needed (Q.#58). And of those, 1.5% of those assessments were found to be adequate for planning. (Q#59) Lack of action to identify, address and/or follow up on individual JCMs health related needs is a frequently identified health issue which puts JCMs at significant risk. 3a. Not following up on recommended medical appointments, evaluations, lab; 3b. Lack of adequate nursing oversight; 3c. MARs not consistent with Physician’s order; 3d. Inconsistency with documentation of HCP, MERPS, CARMP.	2005 - present
#4.	Health Records are at times found to be incorrect or contain conflicting health related information. Information related to specific providers has been summarized with the report. 4a. Plans, Documents Not accurate, or Information is Inconsistent; 4b. Assessments (contradictory information, guidance unclear, incomplete information, missing); 4c. Medication Administration Record/Issues; and 4d. Data Tracking/Monitoring (not done, not done accurately or consistently, e.g., seizures, weight, fluid tracking).	2004 and 2005; 2010 - present
#5.	There were five (5) pneumonia diagnoses identified in 2020 per the JCM Out of Home Placement report. The number of hospitalizations per person during the 15-month reporting period was highest for Dehydration / UTI’s (8 cases), followed by aspiration/pneumonia (10 cases) and Sepsis at (5 cases). *Numbers of hospitalization significantly improved from 2019 to 2020 related to these areas. (Chart #19).	2004 and 2013 - present
#6.	Addressing JCM’s functional and/or behavioral regression has improved from 2016 and improved significantly in 2020. Q#90: 1 (1.5%) of those reviewed achieved progress in the last year. An Additional 42 (61.7%) had some more limited areas of progress. Q#118: 28 JCMs (41.2%) were found to have experienced physical regression in the past year. Q#119: 14 JCMs (20.6%) experienced behavioral regression in the past year. Q#120: Of the JCMs who were found to have regression of either type, 42 of the JCM’s teams (81.2%) addressed this regression.  <i>Through a historic public health emergency (COVID-19) 81.2% of IDT’s were able to address regression.</i>	2009 and 2011 - present
<b>B. Individual Service Plan (ISP)</b>		
#7.	16 (23.5%) of the ISPs were found to contain current and accurate information. (Q# 65) (Scored as “Yes”)	2004 - present
#8.	Issues identified by specific sections of the ISP indicate increased improvements with almost all sections. (Visions show expectations of growth: 50% (Q# 66.); Outcomes address the person’s major needs: 35.3% (Q# 76); Action Steps are implemented at a frequency that enables the person to learn new skills: 5.9% (Q# 70); Teaching and Support Strategies are sufficient to ensure consistent implementation of the services planned: 26.5% (Q# 77.); Integrate recommendations and/or objectives/strategies of ancillary providers (e.g., therapists, behavior consultants): 23.6% (Q# 78.) (Scored as “Yes”)	2004 – present
#9.	3% of those reviewed in 2020 received supports and services adequate to meet the person’s needs (Q#87b). (Scored as “Yes”)	2004 – present

#	CHART#1: 2020 FINDINGS	Years Noted
#10.	Of the 68 people whose ISPs were reviewed and scored, 0% was found to be adequate to meet the individuals' needs. (Q# 85). It should be noted that 82.3% (56) were scored as "many," indicating many indicators met, but not all.	2004 - present
#11.	1.5% (1) of the ISPs reviewed were being fully or consistently implemented. (Q# 87a) It should be noted that 58.8% (40) were scored as "many," indicating many indicators met, but not all.	2004 - present
<b>C. Case Management</b>		
#12.	55 of 68 (80.9%) class members reviewed had case managers who knew them well. (Q#24) (Scored as "Yes")	2010 - present
#13.	(9 JCMs) 13.2% of the case manager's record contained documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP (Q# 29.) (Scored as "Yes")	2009 - present
#14.	6 (8.8%) of JCM had case managers who were providing them with the supports and services they need. (Q# 30) (24.1% in 2019; 29% in 2018, 26% in 2017; 42% in 2016) (Scored as "Yes")	2009 - present
#15.	19 (27.9%) of JCM's teams convened meetings as needed due to changed circumstances and/or needs (Q# 115). 33 (42.8%) in 2019; 37 (46%) in 2018; 36 (73%) in 2017. (Scored as "Yes")	2016 - present
<b>D. Residential Services and Day Services</b>		
#16.	64 (94.1%) residential staff and 53 (81.5%) day staff know the JCM well. (Q#39; 31) (Scored as "Yes")	2004 - present
#17.	61 (100%) of the JCMs reviewed were seen to get along with their residential staff (7 CND) (Q#112) (Scored as "Yes") 55 (98.2%) were seen to get along with their day/employment staff. (2 N/A; 10 CND) (Q#111) (Scored as "Yes")	2019 - present
#18.	51 (75%) of JCMs were integrated into the community. (Q#163) (Scored as "Yes")	2004 - present
#19.	47 (69.1%) of JCMs were viewed as "safe". (Q#103) (Scored as "Yes")	2019 - present
#20.	51 (85%) (8 CND) have the opportunity to make informed choices. (Q#94) (Scored as "Yes") 58 (85.3%) of JCMs reviewed have daily choices/appropriate autonomy over his/her life. (Q#106) (Scored as "Yes")	2004 - present
<b>E. Employment Services</b>		
#21.	22 (47.8%) of JCMs were found to have teams who assessed their vocational interests, abilities and needs. (Q#126) (Scored as "Yes")	2004 - present
#22.	34 (84.9%) of JCMs were found to have been provided with information about the range of employment opportunities and how to access those options. (Q#134) (Scored as "Yes")	2019 - present
#23.	25 (64.1%) of JCMs reviewed had teams who addressed how to overcome barriers, if any, to employment. (Q#136) (Scored as "Yes")	2017 - present
#24.	36 (85.7%) of JCMs reviewed Guardians received information regarding the range of employment options available to the individual. (Q#135) (Scored as "Yes")	2019 - present
#25.	9 (22%) of JCMs reviewed were engaged in Supported Employment (27 NA). (Q#142) (Scored as "Yes")	2004 to present
#26.	30 (71.4%) of the JCMs reviewed have been offered an opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities (26 NA). (Q#130) (Scored as "Yes")	2004 to present
<b>F. Equipment and Technology</b>		
#27.	42 (65.6%) of the JCMs reviewed have all of the equipment needed. (Q#153) (4 NA) (Scored as "Yes")	2004 - present
#28.	40 (67.8%) of the JCMs reviewed have received all of the technology needed. (Q.#154) (9 NA) (Scored as "Yes")	2004 - present
#29.	50 (75.8%) of the JCMs reviewed have equipment and technology in good repair. (Q#156) (2 NA) (Scored as "Yes")	2004 - present
#30.	45 (68.2%) of the JCMs reviewed have equipment/technology available in all appropriate environments. (Q#157) (2 NA) (Scored as "Yes")	2004 - present
#31.	30 (48.4%) of the JCMs reviewed received all communication assessments and services. (Q#158) (6 NA) (Scored as "Yes")	2004 to present

<b>CHART#1: 2020 FINDINGS</b>		<b>Years Noted</b>
<b>#</b>		
<b>#32.</b>	50 (75.8%) of the JCMs reviewed have staff who know how to help them use their equipment appropriately. (Q#155) (2 NA) (Scored as "Yes")	2004 – present
<b>G. Rights</b>		
<b>#33.</b>	65 (95.6%) of JCMs have their cultural preferences accommodated. (Q#107) (Scored as "Yes")	2019 - present
<b>#34.</b>	40 (58.9%) of JCMs are protected from abuse, neglect and exploitation. (Q#101) (Scored as "Yes")	2004 – present
<b>#35.</b>	38 (84.4%) of JCMs have all incidents of suspected abuse, neglect and exploitation reported and investigated. (Q#102) (Scored as "Yes")	2019 - present
<b>#36.</b>	14 (20.6%) of JCMs are treated with dignity and respect. (Q# 108) (Scored as "Yes")	2004 – present
<b>#37.</b>	38 (55.9%) of JCMs team members interviewed were trained or knowledgeable on how to report abuse, neglect and exploitation. (Q#96) (Scored as "Yes")	2004 – present

### C. 2020 Systemic Recommendations

After DHI review and analysis of the 2020 IQR data and in consultation with DDSD, DHI purposes the following systemic recommendations for DDSD's consideration:

#	2020 RECOMMENDATIONS
<b>A. Health</b>	
#1.	DDSD Clinical Services Bureau, in consultation with the appropriate regional offices should conduct a thorough review of all 2020 Health and Wellness findings to determine a need for contract management action or other systemic changes, such as provider focused training, revision of standards.
<b>B. Individual Services Plan (ISP)</b>	
#2.	ISP adequacy and implementation continues to be problematic and non-compliant and all available QMB data highlights this area in need of improvement. DDSD should re-establish the ISP Strategic Plan Task Force to understand the root causes of the on-going non-compliance and develop a plan for remediation.
<b>C. Use of DHI Data (QMB Compliance; QMB IQR; IMB)</b>	
#3.	On receipt of IQR Individual Findings Letters, Regional PowerPoints and Data reports, QMB Reports of Findings and IMB Substantiated Cases, DDSD should review the data collectively during the regional monthly meeting to obtain knowledge of individual and provider issues and to analyze whether systemic interventions, targeted provider technical assistance / contract management or other interventions are necessary and appropriate.

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## II. INDIVIDUAL JACKSON CLASS MEMBER DEMOGRAPHICS

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### A. There are people and stories behind these numbers

The Individual Quality Review, evaluates the services and supports provided to individual Jackson Class Members (JCMs). The individual, regional and statewide reports provide information regarding the findings from each of those reviews. Behind every number, trend, analysis there is a story about a Jackson Class Member. A person who, like all of us, has a history, preferences, strengths interests, good days and bad.

Every class member is supported by their Interdisciplinary Team (IDT) which includes the individual's guardian, case manager, residential and day service staff and, based on their individual needs the team may include, nurses, therapists (Physical, Occupational and Speech/Language) and Behavioral Support Consultants.

When Team members are asked what they attribute a given story of success to, they inevitably say consistency and persistence. Consistency in staff, in general or consistency and persistence of a particular staff person with whom the class member has a trusting relationship. They may also mention consistency in routine or persistence in offering new and expanded opportunities in spite of initial reluctance on the part of the class member. All of these stories are to be recognized and applauded.

With the positive and successful stories, there are also stories and examples of lack of follow through, lack of awareness and lack of timely and effective action which puts class members quality of life and health and safety at risk. These stories are told through the individual findings letters and during the summation meetings between the DHI-IQR Team and DDSD.

### B. A Profile of JCMs Demographics and Services Received

As of June 30, 2020, there were 233 Jackson Class Members receiving supports and services throughout New Mexico. Understanding the diagnostic and age profile of class members is important to understanding the urgency required to provide diligent and effective healthcare management.

The age range of Jackson Class Members is from 36 to 97 with the average age being 61.1. The following chart profiles age and service distribution of class members across the state.

**Chart #2: Profile of Current JCM Demographics and Services** *(Current as of the start survey cycle)*

Gender		
Females	89	40%
Males	142	60%

Ethnicity		
Hispanic	105	45%
Caucasian	86	37%
Native American	29	12.4%
Black / African American	12	5.2%
Asian	1	.4%

Type of Residential Program		
Supported Living	186	80.2%
Family Living	31	13.4%
Independent Living	3	1.3%
Customized In-Home Supports	0	0%
Mi Via – In Home Supports	9	4%
ICF/IDD	3	1.3%

Class Members per Region		
Metro	141	61%
Northeast	21	9%
Northwest	15	6%
Southeast	25	11%
Southwest	31	13%

Age		
30-39	3	1%
40-49	27	12%
50-59	92	40%
60-69	72	31%
70-79	32	14%
80+	5	2%
Average Age:	61.1	

Type of Day Program		
Adult Habilitation	142	61%
Community Access	6	3%
Supported Employment	4	2%
Adult Habilitation and Supported Employment	26	11%
Adult Habilitation and Community Access	8	3%
Community Access and Supported Employment	2	1%
Customized Community Supports	27	12%
Community Integrated Employment Services	1	.4%
Direct Services (Mi Via)	9	4%
ICF / IDD	3	1.3%
None	3	1.3%



### III. INTRODUCTION TO THE 2020 INDIVIDUAL QUALITY REVIEW STATEWIDE REPORT

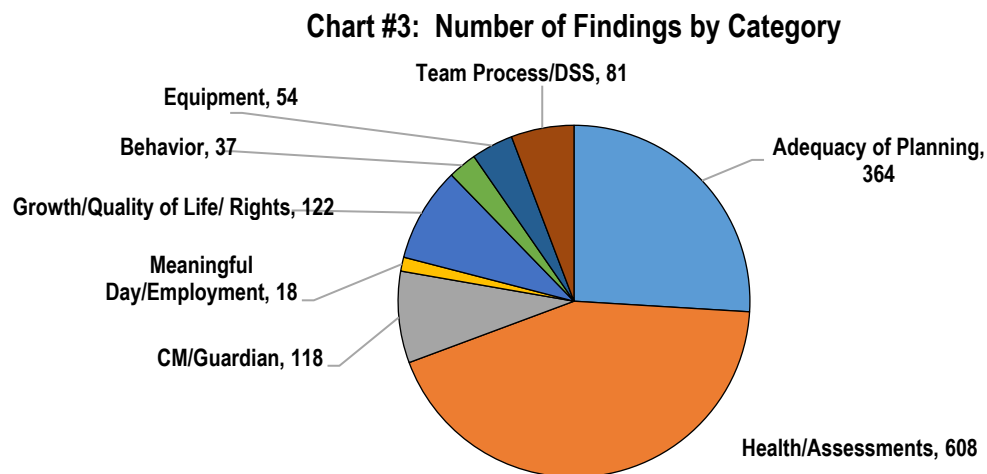
#### A. Background for the 2020 Report

During the 2020 Individual Quality Review (IQR), services and supports were reviewed for seventy-two (72) individual Jackson Class Members (JCMs) and the findings from those individual JCMs will be reviewed in this report. During the course of the 2020 IQR, surveyors conducted hundreds of interviews and observations and reviewed thousands of documents. Throughout the year, DHI successfully completed the IQR independently and enlisted the assistance of Ms. Lyn Rucker for technical assistance as needed. The IQR Supervisor, Surveyors and Case Judges held summation meetings with representatives of each regional office to review each finding for clarity, accuracy and finalizing of the findings. The individual data has been aggregated, analyzed, which results in the formation of this report.

For the purposes of understanding the details of this report, it is important to note the difference between findings and issues. Findings relate directly to the number of findings identified for each individual being reviewed. A summary of findings is issued after every review for each person in the review. Within a given finding there can be more than one issue addressed. For example, Question #52 asks, “Has the individual received all age and gender appropriate health screenings and immunizations in accordance with National Best Practice and/or as recommended by his/her PCP or other healthcare professionals?” The finding might be: “There was no evidence that Person A has been tested for colorectal cancer, received his flu shot or been tested for Hep C.”<sup>1</sup> While there is ONE finding there are THREE issues in this finding that Person A and his team and his physician are asked to consider to determine if they are appropriate for him.

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

In the 2020 Individual Quality Review, statewide, there were a total of 1402 Findings made. The chart below shows what categories they fall into.



<sup>1</sup> Issues are identified through use of the healthfinder.gov website which indicate required screenings and immunizations based on age and gender.

For the past eight years, the areas which have the most identified deficiencies/findings are in Health/Assessments and Adequacy of Planning. It should be noted that findings related to planning have decreased each of the last three years. Health and Assessments findings in 2020 are down to 608 from 731 in 2019, however average Health findings per person are similar 8.4 in 2020 and 8.8 in 2019. Both health and planning related areas will be explored in greater detail in this report.

The following chart identifies the categories used in the IQR process. This enables a quick review of trends over the course of an eight-year period, which can be used as a means to identify areas of improvement, areas of inconsistent results and areas of continued increases.

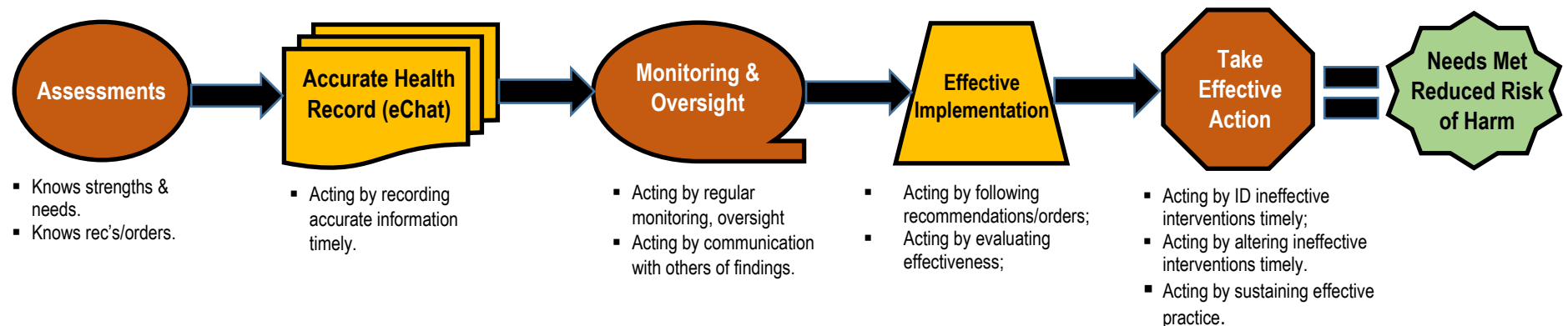
<b>Chart #4: Number of Findings by Topic Category, 6-Year Totals With Average Number of Findings per Class Member Reviewed</b>								
<b>Category area</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>Number in sample</b>	103	101	99	93	65	87	83	72
Adequacy of Planning	411 Avg: 3.99	439 Avg: 4.25	461 Avg: 4.66	576 Avg: 6.19	607 Avg: 9.34	420 Avg: 4.82	411 Avg: 4.95	364 Avg: 5.1
Health/Assessments	321 Avg: 3.15	437 Avg: 4.33	414 Avg: 4.18	313 Avg: 3.66	356 Avg: 5.48	664 Avg: 7.63	731 Avg: 8.8	608 Avg: 8.4
Case Management and Guardianship	188 Avg: 1.83	198 Avg: 1.96	166 Avg: 1.68	149 Avg: 1.60	85 Avg: 1.31	127 Avg: 1.46	125 Avg: 1.5	118 Avg: 1.6
Team Process	151 Avg: 1.47	137 Avg: 1.36	152 Avg: 1.54	131 Avg: 1.41	38 Avg: .58	93 Avg: 1.07	62 Avg: .75	81 Avg: 1.1
Expectation of Growth/Quality of Life/Meaningful Day	84 Avg: .82	107 Avg: 1.06	106 Avg: 1.07	95 Avg: 1.02	146 Avg: 2.25	176 Avg: 2.02		
Meaningful Day / Employment							32 Avg: .39	18 Avg: .25
Growth/Quality of Life/ Rights							115 Avg: 1.4	122 Avg: 1.7
Behavior	Not Aggregated	Not Aggregated	63 Avg: .64	43 Avg: .46	24 Avg: .37	35 Avg: .40	35 Avg: .42	37 Avg: .51
Equipment	62 Avg: .60	70 Avg: .69	50 Avg: .51	46 Avg: .49	60 Avg: .92	80 Avg: .92	61 Avg: .74	54 Avg: .75
Right / Other (SERO)							5 Avg: .06	

## IV. HEALTH CARE MANAGEMENT

### A. Basic Components of Health Care Management

The previous Community Monitor provided the following narrative regarding Healthcare Management and DHI has included it in this report as it serves as a helpful explanation of the system.

Healthcare management involves deliberately organizing individual care activities and communicating information with all involved. This means that the person's needs are known and communicated, to all of the right people, and that this information is used to provide safe, appropriate, and effective care.<sup>2</sup> Basic components of health care management needed to safely and effectively manage the individual's healthcare include:



Healthcare management is everyone's responsibility. At a high level, what is being probed as part of the Individual Quality Review is whether the providers/team knew and whether the providers/team acted based on that knowledge. In basic terms, Team members have a duty to thoroughly know the person and his/her changing circumstances and then to act with reasonable care to prevent harm. It is through this lens of did we know and did we act that the reader is encouraged to examine the implications of the findings throughout this report but most urgently with respect to health-related findings.

This section focuses, primarily, on information gathered through the IQR at the individual and provider (day and residential) levels. Case Management, individual planning, therapy, employment and other important contributors to overall wellness are addressed later in this report.

The IQR explores multiple aspects with respect to the class member's health and resulting health care management which begins with what providers, teams and the system know about the individual. As with all of us, a fact-based understanding of how the person is doing and what his/her needs are begins with **assessments**. Assessment results

<sup>2</sup> Modified from the United States Department of Health and Human Services, Agency for Healthcare Research and Quality, Care Coordination, Quality Improvement project, <http://www.ahrq.gov/research/findings/evidence-based-reports/caregapt.html>

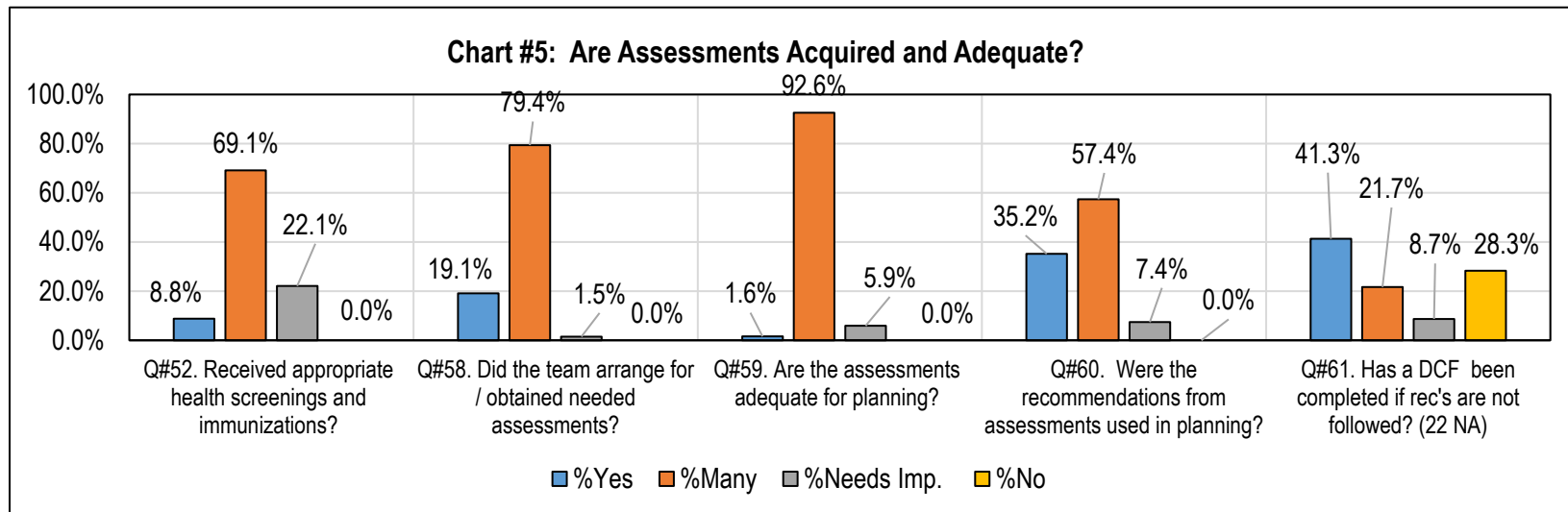
and recommendations need to be **documented accurately and timely** in the person's **health record** so that others have the same information. In turn, **monitoring and oversight** needs to occur to ensure timely, consistent and **effective implementation of recommendations/orders** and to ensure that any **change in condition is identified quickly**. Briefly, people should **take informed action**, as needed, in a **timely, effective way to prevent harm**.

## B. Do Class Members Have Needed Assessments/Screenings?



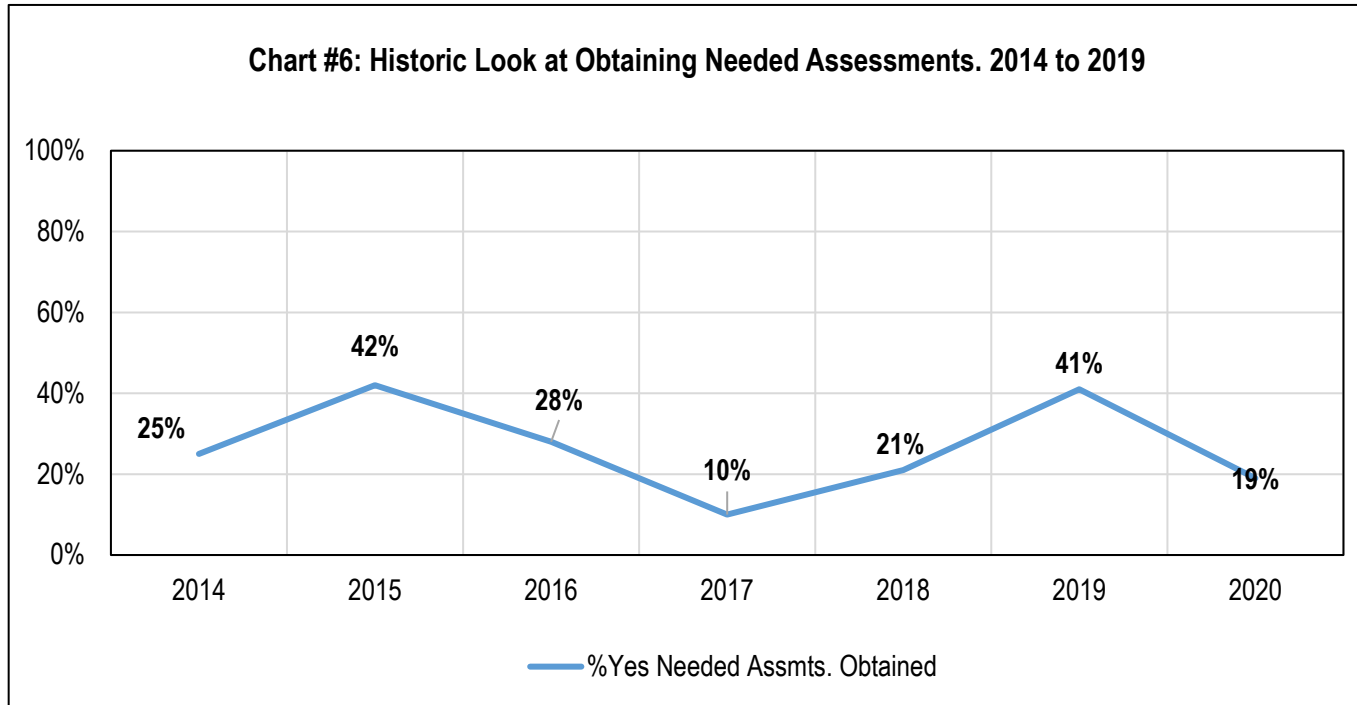
In order to meet the individual's needs and reduce risk of harm, one must know what the individual's health-related needs are as identified by assessments/screenings. Assessments, in this case, refer to both DD Waiver required assessments as well as assessments, tests or screenings that are recommended by the individual's Primary Care Physician (PCP), clinical specialists and other non-clinical specialists. The second consideration is whether the assessments provide information that can be used by the Team for planning purposes. Assessments need to provide information that will guide the Team as they work to support the individual and as they develop a comprehensive plan to help the person learn, develop a skill, achieve an outcome, address a medical or behavioral issue. For some individuals, maintaining current skills and level of health may be appropriate depending on the individual's personal circumstances (e.g., having been diagnosed with a degenerative disease or in hospice). Finally, the IQR asks whether or not recommendations made as a part of an assessment were used/acted upon by the team. See below for IQR questions related to this area:

- Question #52: Has the individual received all age and gender appropriate health screenings and immunizations in accordance with National Best Practice and/or as recommended by his/her PCP or other healthcare professionals? '17IQR#18a; '18IQR#64
- Question #58: Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18; '18IQR#65
- Question #59: Are the assessments adequate for planning? CPRQ59; '17IQR#4f; '18IQR#66
- Question #60: Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5; '18IQR#67
- Question #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; '19IQR#68



The IQR process asks questions seeking information related to assessments. *Note: When there are comparable questions from the CPR and the IQR ‘yes’ scores, they have been identified for comparison throughout this report.*

The following chart relates to IQR Q# 58: Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; ‘17IQR#18; ‘18IQR#65. Although there was steady improvement from 2017-2019, in 2020, scores dropped to 19% for answers of “yes” to whether the team acquired needed assessments or their alternatives for the individual as the following chart illustrates. This is an area which needs continued monitoring and improvement by the Department.

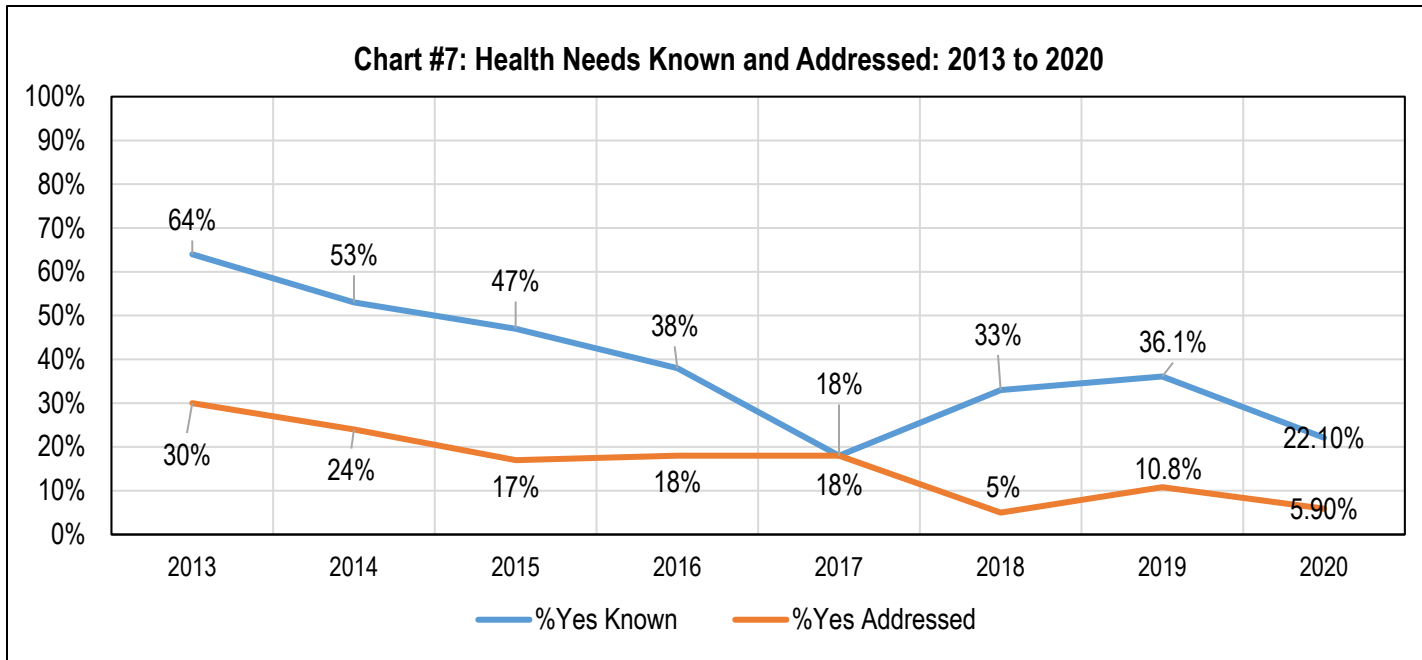


### C. Are Class Members' Health Needs Known and Addressed?

The IQR asks questions that specifically relate to whether the team (knew) discussed the person's health-related issues and whether those needs were adequately addressed. As Chart #7 below shows, from 2013 to 2017 there was a decline in evidence verifying that team members know the person's health related needs, however in 2018 and 2019 this area showed a steady increase. In 2020, the scores decreased to 22% for questions answered as "yes" to whether the team members knew the person's health related issues and 5.9% answered "yes" as to whether those health needs have been adequately addressed.

Question #49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21; '18IQR#53

Question #57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19; '18IQR#62



## D. Are Health Records Accurate and Completed as Needed?



Accurate Health  
Record (eChat)

*The previous Community Monitor provided the following narrative regarding Health records and DHI has included it in this report as it serves as a helpful explanation of the system. DHI has also included additional information from the 2018 DDW Standards.*

One important way for teams and physicians / specialists to protect the individual's health, ensure quality of care and the accuracy of treatment is to have accurate and comprehensive health records. Health records provide a means of communication about preventative health services, history of examinations, diagnoses, planning and treatment of the individual. The information contained in the person's health record is critical for all providers involved including any subsequent new providers/specialists who assume responsibility for identified health needs of the person.

As mentioned above, one of the first steps in knowing the person and having an accurate picture of his/her health status begins with assessments. Based on the outcome of those assessments/screens individual Health Care Plans (HCPs) and Medical Emergency Response Plans (MERPS) may then be developed. Health Care Plans which are required versus those which should be considered are to be noted in the record as are medication administration records and tracking documents to verify that implementation is occurring as intended and/or body functions are occurring safely (e.g., bowel movements, weight stabilization, blood pressure). These health-related records are intended to give guidance to direct support personnel in the day-to-day care of the individual. Team members have a duty to know these documents and to act with reasonable care in a way which results in early identification, prevention and/or effective and timely treatment. As important as these plans and documents are to the health and safety of the individual, wide spread conflicting and inconsistent information continues to exist within and between them. Such inaccuracies or omissions can put the individual in serious jeopardy and can leave agency personnel confused and conflicted as to what actually should be or has been done.

When considering 'health records' there are a number of documents that make up that record. A few of the most frequently relied upon are listed below along with findings regarding their accuracy, timely availability and use.

The **Health Care Plan (HCP)** is a document required to be developed by a licensed nurse that address all the areas identified as required in the most current e-CHAT summary report which is indicated by "R" in the HCP column. At the nurse's sole discretion, based on prudent nursing practice, HCPs may be combined where clinically appropriate. The nurse should use nursing judgment to determine whether to also include HCPs for any of the areas indicated by "C" on the e-CHAT summary report. The nurse may also create other HCPs plans that the nurse determines are warranted. The HCP identifies the individual's health care needs, measurable health related goals, and specific activities to be implemented by licensed nurses, direct support personnel, caregivers or other members of the Interdisciplinary Team (IDT) to address identified health care needs and goals. Health Care Plans addressing constipation/bladder and risk of falls are two examples of common HCP.

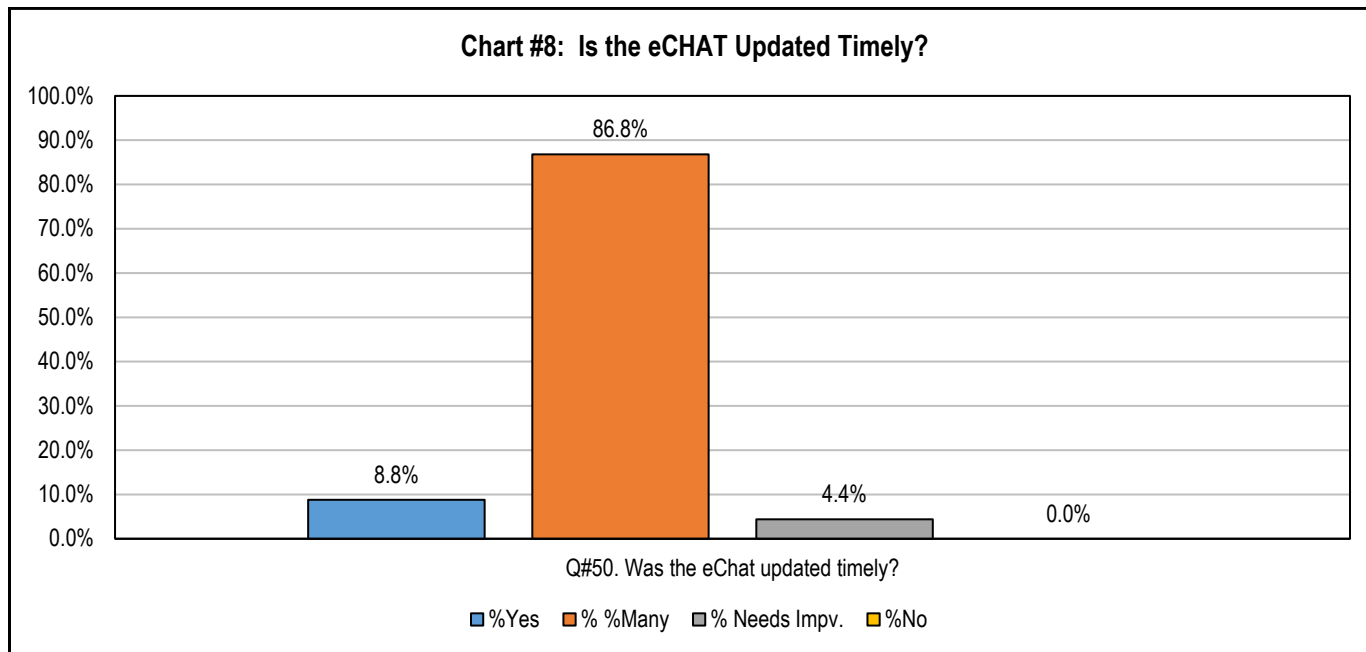
A **Medical Emergency Response Plan (MERP)** is a required document developed by the agency nurse) for all conditions marked with an "R" in the e-CHAT summary report. The agency nurse should use her/his clinical judgment and input from the Interdisciplinary Team (IDT) to determine whether shown as "C" in the e-CHAT summary report or other conditions also warrant a MERP. This document provides guidance to direct support personnel when an individual has one or more conditions or illnesses that present a likely potential to become a life-threatening situation. Each Medical Emergency Response Plan (MERP) addresses a single condition/illness.

The **Electronic Comprehensive Health Assessment Tool (eCHAT)** is an in-depth health evaluation of an individual completed by a licensed nurse. The nurse must see the person face-to-face to complete the nursing assessment.<sup>3</sup> When completing the e-CHAT, the nurse is required to review and update the electronic record and consider

<sup>3</sup> NM DD Waiver Standards, Chapter 13. Nursing Services

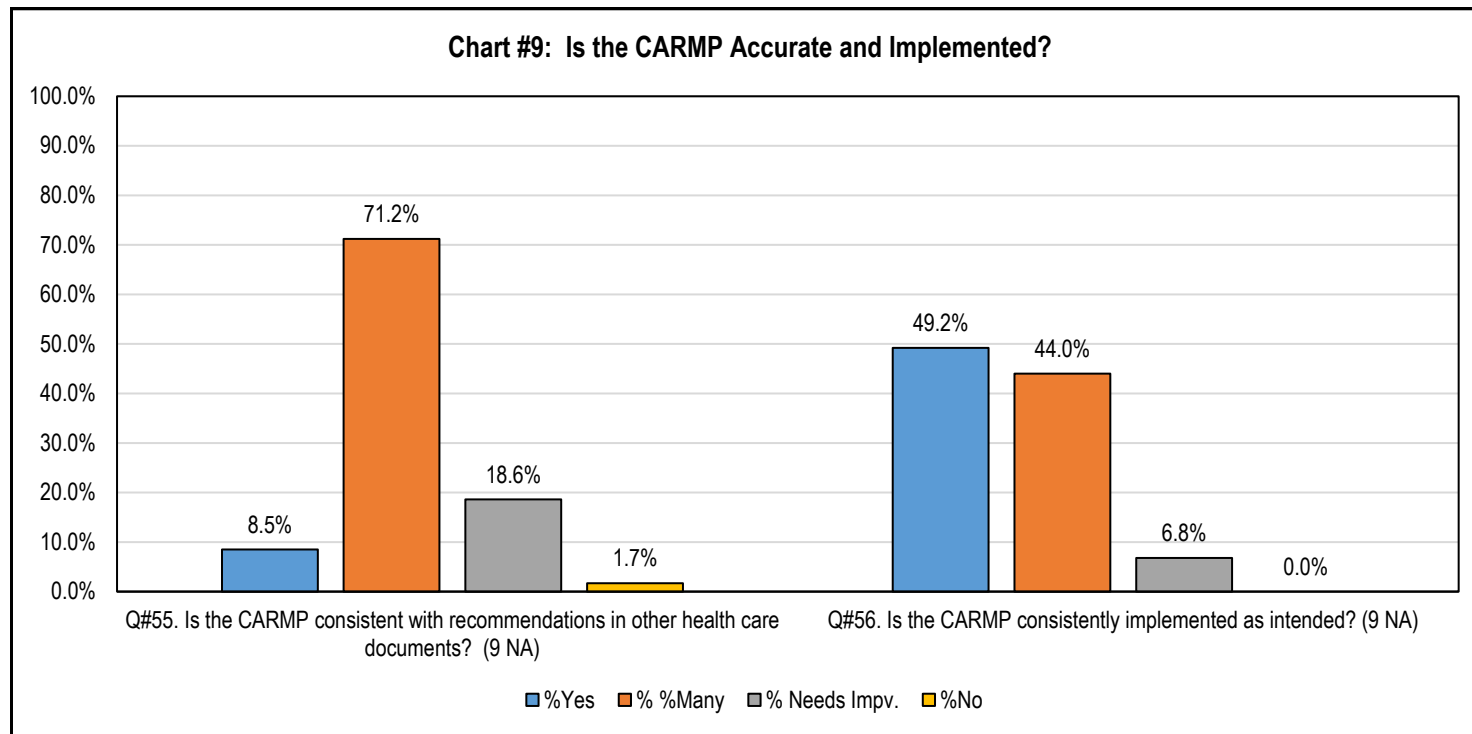
the diagnoses, medications, treatments, and overall status of the person. The e-CHAT must be completed within the required timeline: a) at least 14 calendar days but no more than 45 calendar days prior to the annual ISP meeting; b) within three business days of a significant change of health status (change of condition); and c) upon return from any out of home placement (OOHP) including hospitalization, long term care, rehab/sub-acute admission or incarceration. The e-CHAT also calculates the overall acuity level and publishes a summary with healthcare plans and / or medical emergency response plans may be required or considered for the Individual. These plans must be reviewed and revised annually at minimum and whenever needed to reflect changes in condition and treatment. An eCHAT is required for people receiving Family Living, Supported Living, Intensive Medical Living Services (IMLS) or Customized Community Supports Group (CCS-Group). All other DD Waiver recipients may obtain an e-CHAT if needed or desired by adding ANS hours for assessment and consultation to their budget. The acuity level influences how often the individual is to be seen by a nurse and how often nursing assessments/reports are to be done.

As indicated by Chart #8 for the 72 DDW JCMs reviewed, 8.8% had an eCHAT which was updated timely and 86.8% scored as having many indicators met regarding eChat timely updating.





**A Comprehensive Aspiration Risk Management Plan (CARMP)** is required for people with high or moderate aspiration risk. This risk is assessed by nurses using the DDSD Aspiration Risk Screening Tool (ARST). After the ARST is completed, the CARMP is developed and presented to the person and guardian. At that time, the CARMP may be accepted; all or part may be edited; or the CARMP may be entirely deferred by using the Decision Consultation Process (DCP). Individuals identified with high aspiration risk may have symptoms such as: been hospitalized during the past 2 years for aspiration pneumonia; received outpatient treatment for aspiration pneumonia during the past 12 months; rumination more than 1 x a week; moderate to severe dysphagia coupled with one or more issues such as chronic lung disease, immunosuppression, uncontrolled GERD, rumination or vomiting (weekly). Individuals at moderate aspiration risk have symptoms such as moderate to severe dysphagia without chronic lung disease, immunosuppression, uncontrolled GERD, rumination or vomiting along and other identified issues. Aspiration is one of the leading causes of death in individuals with intellectual and developmental disabilities (I/DD). As a result, this plan must be current, accurate and implemented. The Department has spent a great deal of time developing the Aspiration Risk Screening Tool, the Comprehensive Aspiration Risk Management Plan, Nursing Collaborative Aspiration Risk Assessment Tool and Standards addressing Aspiration.



## E. Is Health Care Monitoring and Oversight Taking Place as Needed?

Health Care oversight and monitoring is a critical function of agency nurses. Others also carry responsibility for implementing, detecting, reporting and acting as well. This section specifically focuses on nurse responsibilities and adequacy of nursing services.

Nurses play a pivotal role in supporting individuals receiving services, their guardians, Direct Support Personnel (DSPs), case managers, supervisors and many others within the DD Waiver system and also serve as a key link with the larger Health Care system. DD Waiver Nurses identify and support the person's preferences regarding health decisions; support health awareness, management of medications and health conditions; assess, plan, monitor and manage health related issues; provide education, and share information among the IDT including DSP in a variety of settings.<sup>4</sup>

Nurses are to respond proactively to chronic and acute health changes and concerns, facilitating access to appropriate healthcare services. This involves communication and coordination both within and beyond the DD Waiver system and typically includes contact and collaboration with the person, guardian and IDT members, which include: Primary Care Practitioners (physicians, nurse practitioners or physician assistants), specialty practitioners, Dentists and the Medicaid Managed Care Organization (MCO) Care Coordinators.<sup>5</sup>

It is the expectation that healthcare services and support to class members improves beyond current experience, some of which is highlighted next.

Answers to the following questions asked by the IQR help understanding the nursing oversight and coordination areas for class members.

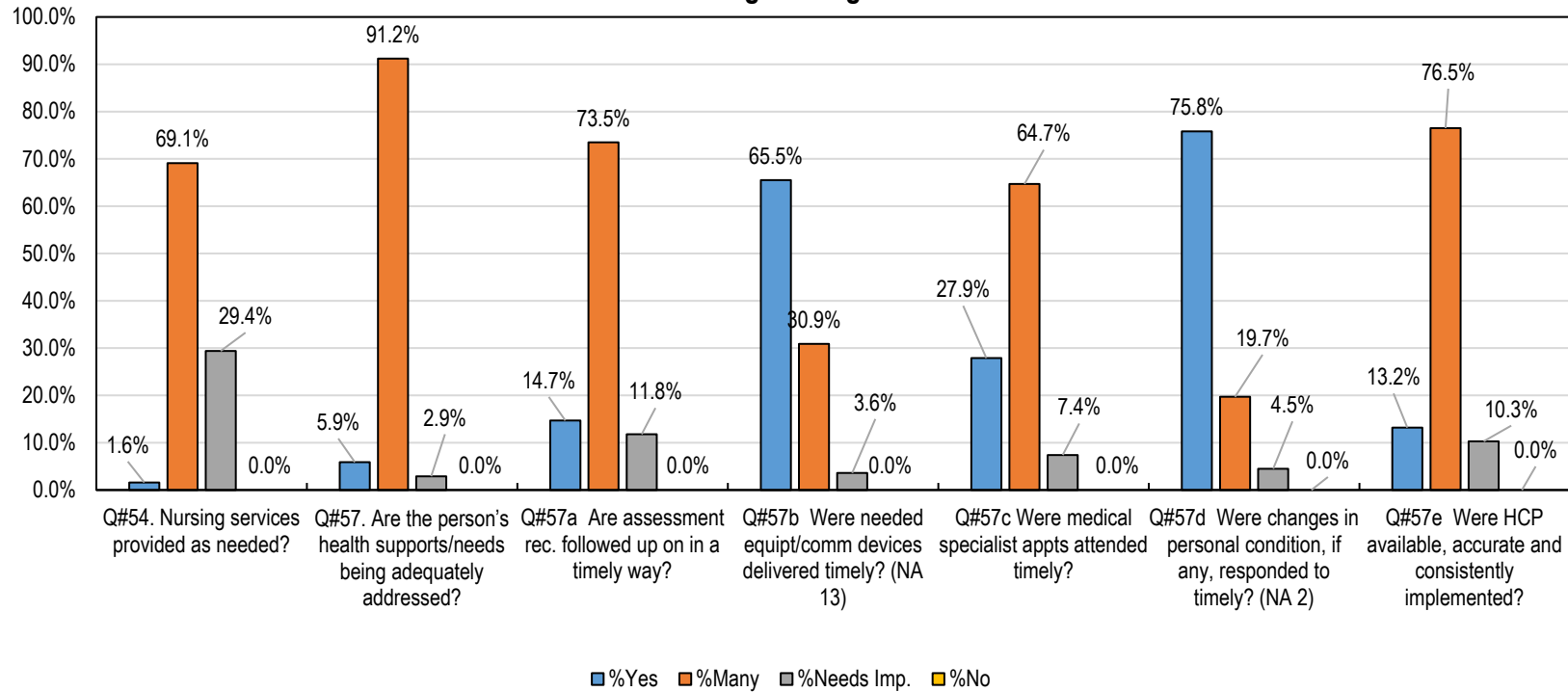
- Question #54. Are nursing services provided as needed by the individual? 17IQR#20; '18IQR#59
- Question #57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19; '18IQR#62
- Question #57a. Are assessment recommendations followed up on in a timely way?
- Question #57b. 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?

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<sup>4</sup> Taken from Chapter 13. Nursing Services, page 157.

<sup>5</sup> Ibid.

**Chart #10: Nursing Oversight and Services**



## F. Are Individuals' Health Needs Addressed as Needed?

One of the most critical role of providers and individual team members is taking informed, timely and effective action. Knowing is the essential first step and acting on that information timely is a must. Recommendations and orders from clinical specialists – or anyone they are to be implemented unless there is an informed reason why not which is discussed and documented timely, using the Decision Consultation Process. The DCP is used when a person or his/her guardian/healthcare decision maker has concerns, needs more information about health-related issues, or has decided not to follow all or part of an order, recommendation, or suggestion. It should be noted, per DDW standards, “Health decisions are the sole domain of waiver participants, their guardians or healthcare decision makers. Participants and their healthcare decision makers can confidently make decisions that are compatible with their personal and cultural values. Provider Agencies are required to support the informed decision making of waiver participants by supporting access to medical consultation, information, and other available resources.” In order to assess this, the IQR asks this question as well as others listed throughout this report:



else –

Question #51: Are all of the individual's needed medical treatments, including routine, scheduled, and chronic needs, timely received? 17IQR#19; '18IQR#55 & 56

Another area explored as a part of the IQR review is receipt of medication as ordered or prescribed by a physician. The IQR team review the individual class members medication storage and administration, to ensure medications are assisted with and / or administered as ordered. While there are multiple sources that can be used to guide expectations regarding the assistance and / or administration of medication, the DDW requirements indicate that a current Medication Administration Record (MAR) must be maintained in all settings where medications or treatments are delivered and they must include:

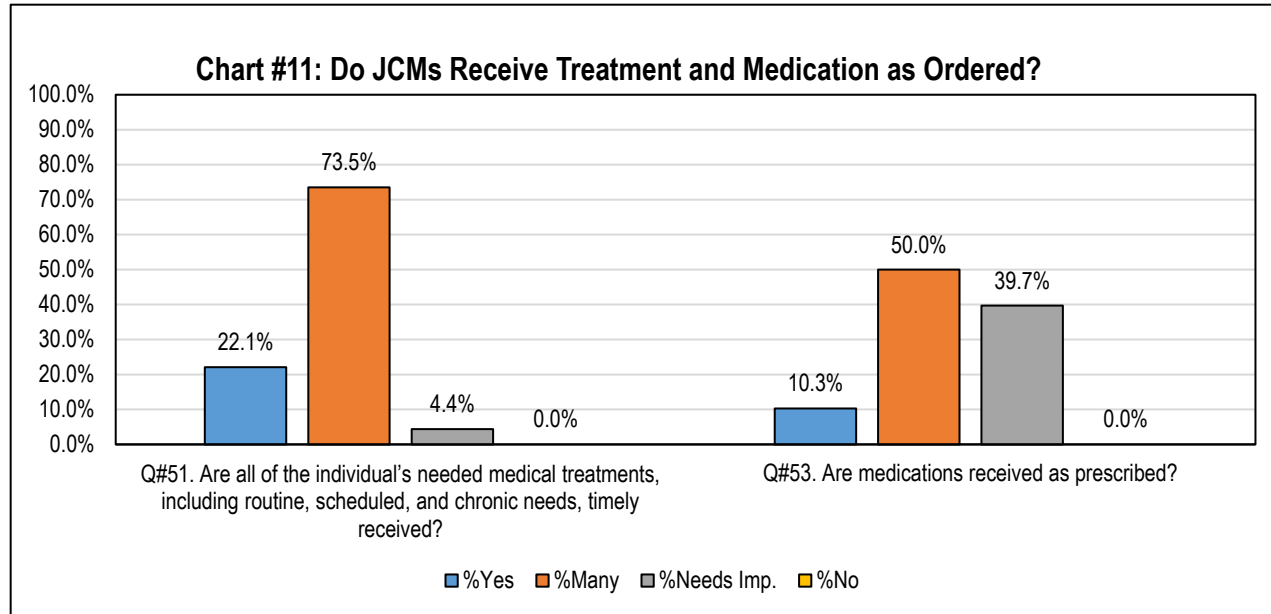
- a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed;
- b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or “comfort” medications or treatments and all self-selected herbal or vitamin therapy;
- c. Documentation of all time limited or discontinued medications or treatments;
- d. The initials of the individual administering or assisting with the medication delivery and a signature page or electronic record that designates the full name corresponding to the initials;
- e. Documentation of refused, missed, or held medications or treatments;
- f. Documentation of any allergic reaction that occurred due to medication or treatments; and
- g. For PRN medications or treatments:
  - i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period;
  - ii. clear documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment, unless the DSP is a Family Living Provider related by affinity of consanguinity; and
  - iii. documentation of the effectiveness of the PRN medication or treatment.

As stated above, all medications ordered and received by an individual are reviewed. That includes a review of:

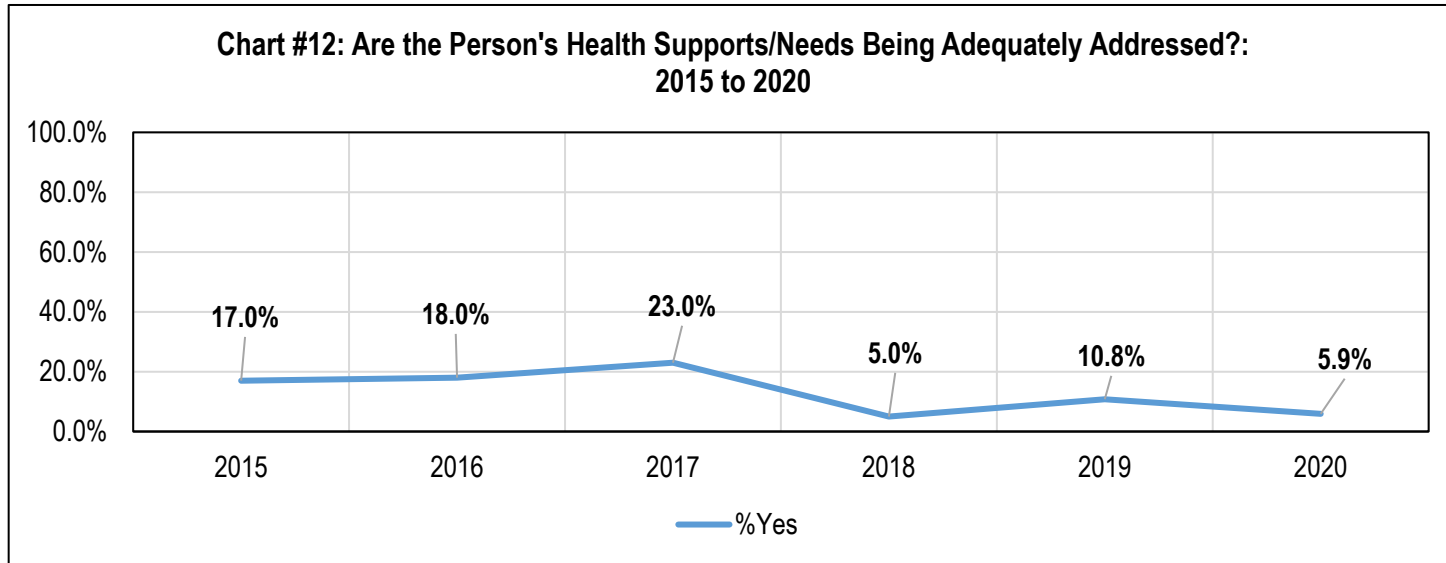
- ✓ medications identified for each person in Therap/eCHAT;
- ✓ medications listed on the Medication Administration Record in both day and residential environments;
- ✓ the actual medication on-site in day and residential;

- ✓ the instructions on the medication container / bubble pack as compared to the physician's order; and
- ✓ instructions and delivery identified on the MAR.

In order to determine if medications are given as ordered the IQR asks: Question #53. Does the individual receive medication as prescribed? 17IQR#19e; '18IQR#57. Although there was improvement regarding Q#51 in 2019, these numbers continue to reflect practices that need to be improved as they have a potential for harm to the class members. Please see the chart below for specifics:



IQR Question #57 asks, “Are the person’s health supports/needs being adequately addressed?”<sup>6</sup> As the following chart illustrates, in 2020 the number decreased to 5.9% of individuals scored “yes” as to whether their health supports/needs are being adequately addressed.



<sup>6</sup> Related CPR Question #53.

In an effort to assist the DDSD in focusing their improvement efforts, IQR information is available and provided to DDSD by issue, by provider, by region and Statewide. This information should be reviewed and used to make improvements to protect individuals from potential harm. Taking medication administration as an example, the following summarizes the most frequently identified issues and providers with the highest number of identified issues. Chart #13 enables an even closer examination of medication issues by provider. It also enables DDSD to identify and recognize providers that did not have issues related to the medication administration issues. All of this information has been and continues to be available via regional reports and findings letters. Using this and other available data, DDSD could provide technical assistance and cooperatively craft effective and sustainable solutions.

**Most Frequently Identified Issues (353 total):**

- #1. MAR/ Medication/ Dr. Order do not match (239 issues identified)
- #2. Meds not administered as required (60 issues identified)
- #3. Expired Orders (20 issues identified)

This type of examination and prioritization should happen for all of the health-related issues identified in this report with ensuing timely and effective interventions which result in improved practice on the part of providers and outcomes for class members.

**Chart #13: Number Issues with Medication Records and Administration, by Residential Agency**

Agency	MAR Needs Updating	MAR not provided for review	Meds not administered as required	MAR/Medication/Dr . Orders do not match (med strength, delivery method, purpose of med)	Expired orders	Med review needed	Orders not received	Expired meds found in med box/home	Totals
Adelante (7)	0	0	10	30	1	0	0	0	41
ARCA (2)	0	0	2	3	1	0	0	0	6
Aspire (2)	0	0	0	9	10	0	0	0	19
At Home Advocacy (1)	0	0	0	1	0	0	0	0	1
Benchmark (2)	0	0	0	14	0	0	0	0	14
Bright Horizons (3)	2	0	0	12	4	0	7	0	25
CDD (1)	0	0	0	5	0	0	0	0	5
Community Options NE (1)	0	0	0	6	0	0	1	0	7
Community Options SW (1)	0	0	0	5	0	0	0	0	5
Cornucopia (1)	0	0	0	3	0	0	1	0	4

Agency	MAR Needs Updating	MAR not provided for review	Meds not administered as required	MAR/Medication/Dr . Orders do not match (med strength, delivery method, purpose of med)	Expired orders	Med review needed	Orders not received	Expired meds found in med box/home	Totals
Dungarvin METRO (3)	0	0	3	11	1	2	0	0	17
Dungarvin NW (4)	0	0	0	39	0	0	0	0	39
ENMRSH (2)	0	0	21	3	0	0	0	0	24
Ensuenos (1)	0	0	0	0	0	0	0	0	0
Exp. Unlimited (1)	0	0	0	3	0	0	0	0	3
Family Options (1)	0	0	0	0	0	0	0	0	0
LEADERS (1)	0	0	0	0	0	0	0	0	0
Lessons of Life (3)	0	0	0	2	0	0	1	1	4
LLCP (10)	0	0	10	27	3	10	0	1	51
Mi Via (Metro 1)	0	0	0	0	0	0	0	0	0
Mi Via (NE 2)	0	0	0	0	0	0	1	0	1
Nezzy Care (1)	0	0	0	0	0	0	0	0	0
NNMQC (1)	0	0	0	0	0	0	1	0	1
Onyx (2)	0	0	1	1	0	1	0	0	3
PRS (2)	0	1	0	15	0	0	0	0	16
The New Beginnings (3)	0	0	3	0	0	1	0	0	4
Tobosa (4)	0	0	10	17	0	0	2	0	29
Tresco (5)	0	0	0	14	0	0	0	0	14



Agency	MAR Needs Updating	MAR not provided for review	Meds not administered as required	MAR/Medication/Dr . Orders do not match (med strength, delivery method, purpose of med)	Expired orders	Med review needed	Orders not received	Expired meds found in med box/home	Totals
Tungland (3)	0	1	0	19	0	0	0	0	20
<b>Totals</b>	<b>2</b>	<b>2</b>	<b>60</b>	<b>239</b>	<b>20</b>	<b>14</b>	<b>14</b>	<b>2</b>	<b>353</b>

## G. Is Effective Action Being Taken to Protect Class Members?



**Repeat Findings** are another way to evaluate the effectiveness of a remediation intervention. Reviewing findings over time enables the Department to see if an intervention resulted in the desired outcome and if the problem or issue was and remained “fixed”. The IQR not only identifies individual issues in a given review year, in this case 2020, but also notes if the finding has been identified for that same class member in previous years. For example, if an individual had a recommendation for a Dexa scan since 2017 but no action had been taken to obtain the exam, it would be considered a repeat finding. When a given issue is identified as a finding, the intent is that the agency will remediate the issue for both the class member reviewed and for anyone else with a similar issue within their agency. Based on continued data this is frequently not the case as evidenced by the number of “repeat findings” identified each year in the IQR review.

With the intent of shifting the responsibility of remediation for identified findings, DDSD and DHI agreed that DHI would only create findings and leave the crafting of recommendations up to the individual providers. This fosters more personal ownership on the part of the provider to detail how they plan to remediate findings. It is the hopes of the DHI/QMB/IQR that with more provider involvement, the provider would take the initiative to create changes that are long standing and creates a difference in the life of the class members reducing the number of repeat findings,

This report has a summary of the number of repeat findings by agency from 2014 to 2020 in Appendix E. In addition, each of the individual 2020 Regional Data Reports contains more detail, by residential and case management agency. The following charts identifies the areas which were found to have the most repeat findings by Residential agency and Case Management agency.

**Chart #14: Repeat Findings by Topic and Residential Provider** *(Please review individual findings letters for specifics on Case Management)*

TOPIC	ADEQUACY OF PLANNING	ASSESSMENTS	BEHAVIORAL SUPPORTS	CM & GUARDIAN	EMPLOYMENT	EQUIPMENT	GROWTH QUALITY OF LIFE RIGHTS/OTHER	HEALTH	TEAM PROCESS	TOTAL
<b>PROVIDER</b>										
Adelante (7)	12	3	0	7	0	1	1	10	3	37
ARCA (2)	5	2	0	1	0	1	1	6	0	16
Aspire (2)	3	3	2	2	0	0	0	2	0	12
At Home Advocacy (1)	3	1	0	2	0	0	0	4	0	10
Benchmark (2)	6	2	1	3	0	0	1	7	0	20
Bright Horizons (3)	8	2	0	4	0	1	1	3	2	21
CDD (1)	4	1	0	0	0	0	0	0	0	5
ComOp NE (2)	5	3	2	1	0	1	0	8	2	22
ComOp SW (1)	2	0	0	1	1	0	0	1	1	6

TOPIC	ADEQUACY OF PLANNING	ASSESSMENTS	BEHAVIORAL SUPPORTS	CM & GUARDIAN	EMPLOYMENT	EQUIPMENT	GROWTH QUALITY OF LIFE RIGHTS/OTHER	HEALTH	TEAM PROCESS	TOTAL
Cornucopia (1)	2	0	0	0	0	0	0	1	0	3
Dungarvin Metro (3)	5	2	2	0	0	1	1	5	1	17
Dungarvin NW (4)	14	4	0	7	1	4	0	8	0	38
ENMRSH (2)	5	1	1	1	0	0	0	3	0	11
EnSuenos (1)	3	1	0	1	0	0	0	2	1	8
Expressions Unlimited (1)	2	0	0	1	0	0	0	1	1	5
Family Options (1)	2	0	0	0	0	1	0	3	0	6
Leaders (1)	3	2	0	1	0	0	2	0	0	8
LLCP (10)	14	4	0	9	0	2	0	7	4	40
LOL (1)	3	3	0	2	0	1	0	1	0	10
Mi Via Metro (2)	2	0	0	2	0	0	0	0	0	4
Mi Via NE (2)	0	0	0	0	0	0	0	0	0	0
NNMQC (1)	2	0	0	0	0	0	0	3	0	5
Nezzy Care (1)	2	2	0	1	0	0	0	3	0	8
Onyx (2)	8	0	0	2	0	1	1	7	1	20
PRS (3)	6	3	1	1	0	0	0	6	0	17
The New Beginnings (3)	7	0	0	2	0	0	1	2	2	14
Tobosa (4)	10	4	0	6	0	4	2	10	2	38
Tresco (5)	12	8	0	5	1	1	2	9	1	39
Tungland (3)	0	4	0	0	0	0	5	8	0	17
<b>TOTAL</b>	<b>150</b>	<b>55</b>	<b>9</b>	<b>62</b>	<b>3</b>	<b>19</b>	<b>18</b>	<b>120</b>	<b>21</b>	<b>457</b>

**H. Results of Ineffective Health Care Coordination/Management: JCMs Found with Immediate and Special Needs Issues Identified for with Immediate and/or Special Needs**

Those



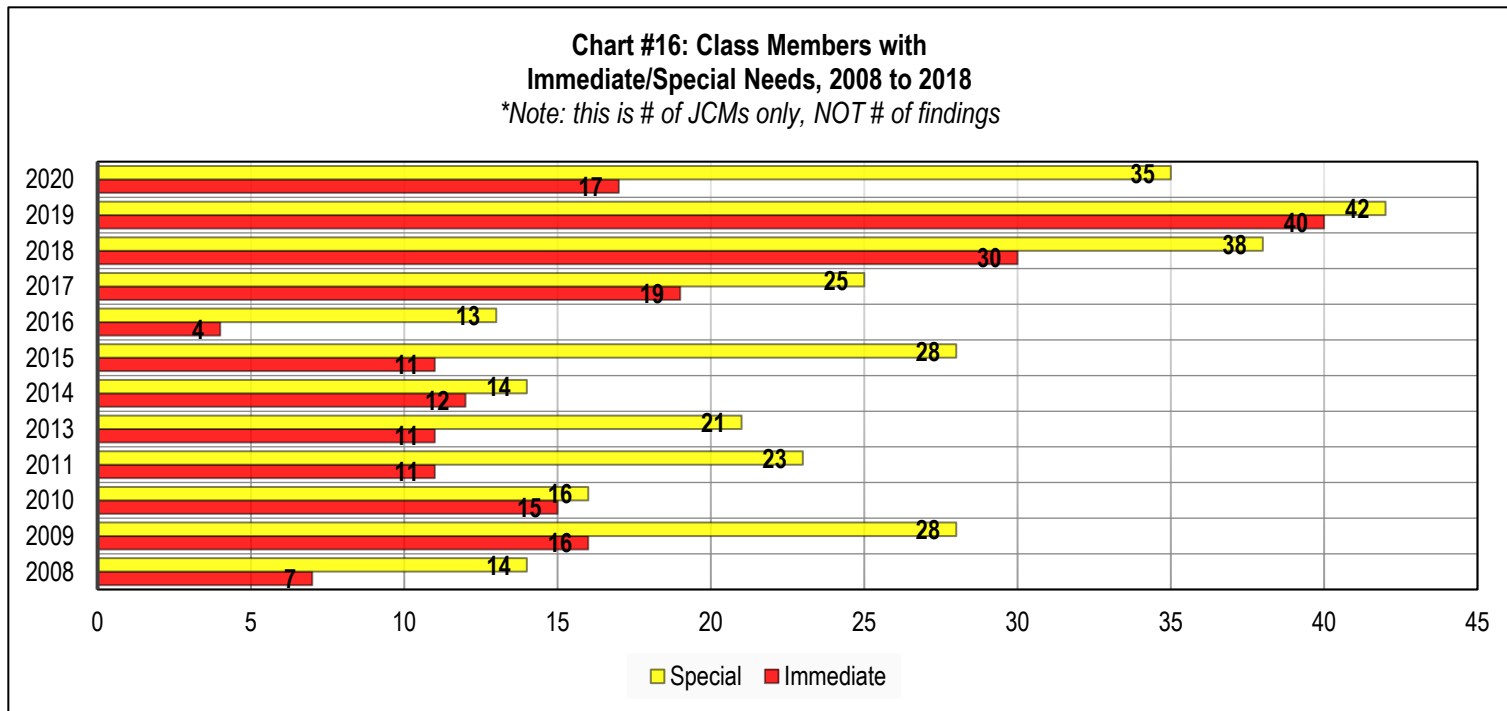
**Definition of those with Immediate Needs:** Class Members identified as “*needing immediate attention*” are persons for whom urgent health, safety, environment and/or abuse/neglect/exploitation issues were identified which the team is not successfully addressing in a timely fashion.

**Definition of those with Special Attention Needs:** Class Members identified as “*needing special attention*” are individuals for whom issues have been identified that, if not effectively addressed, are likely to become an urgent health and safety concern, in the near future.

The following Chart shows the number of active JCMs at the start of the review, the number of individuals included in the sample by year and of those reviewed, the number who were identified with Immediate and/or Special Findings. As the following Chart illustrates, there was a 4.4% increase in the number of JCM’s with an immediate or special finding. *This upward trend has continued since 2017 which may be attributed to the aging class.*

Chart #15: Unduplicated Count of JCMs with Immediate and/or Special Findings			
Year	Active JCMs	Sample Size	# JCM (% of Sample)
2020	231	72	52 (72%)
2019	233	87	59 (67.8%)
2018	256	87	55 (63%)
2017	262	65	40 (62%)
2016	269	93	18 (19%)
2015	283	99	33 (33%)
2014	295	97	24 (25%)
2013	309	103	29 (28%)
2011	317	110	32 (29%)

A comparison of the numbers of individuals identified with Immediate and/or Special Needs since 2008 follows. The trend line for the number of Immediate and Special Needs findings has decreased in 2020.



In order for the regions to have a better understanding of Immediate and Special findings, the following breakout may be helpful. As these numbers illustrate, the number of Immediate and Special Findings has gone down substantially compared to the previous two years.

**Chart #17: JCMs with Immediate and Special Findings 2015 to 2020 YTD by Region**

Region	2015			2016			2017			2018			2019			2020		
	Immd	SP	Sample Size	Immd	SP	Sample Size	Immd	SP	Sample Size	Immd	SP	Sample Size	Immd	SP	Sample Size	Immd	SP	Sample Size
Metro	10 (20%)	16 (32%)	50	2 (4%)	9 (18%)	49	9 (35%)	9 (35%)	26	17 (35%)	20 (42%)	48	22 (46%)	23 (48%)	48	11 (31%)	18 (51%)	35
SW	0	3 20%	14	1 (7%)	2 (14%)	13	3 (30%)	7 (70%)	10	3 (30%)	3 (30%)	10	3 (30%)	5 (50%)	10	2 (2%)	3 (3%)	10
SE	1 (9%)	2 (20%)	11	0	1 (10%)	10	1 (10%)	5 (50%)	10	5 50%	3 (30%)	10	5 (50%)	3 (30%)	10	2 (2%)	2 (2%)	10
NW	0	3 (30%)	10	0	0	9	0	3 (30%)	9	0	4 (40%)	9	5 (56%)	3 (33%)	9	1 (14%)	4 (57%)	7
NE	0	3 (23%)	13	1 (9%)	1 (9%)	11	4 (44%)	3 (30%)	9	5 (50%)	5 (50%)	10	5 (50%)	8 (80%)	10	1 (1%)	6 (60%)	10
Total	11 (11%)	27 (27%)	98	4 (5%)	13 (16%)	82	17 (27%)	27 (42%)	64	30 (34%)	35 (40%)	87	40 (48.2%)	42 (51%)	87	17 (24%)	33 (46%)	72

In addition to looking at data by region, information can also be identified by provider and by topic area. This information was provided in more detail to the regions following each of their reviews. This information should be used to help the regions prioritize agencies who need technical assistance/remediation and also identify specific priority issues upon which to focus, such as Health Related Oversight, in an effort to use resources wisely.

**Chart #18: Immediate and Special Identified Issues by Person, Topic Area and Region**

*(Details regarding each finding have been provided in previous regional reports)*

Yellow highlighting identifies the topic area along with the number of findings in that area (e.g., Health / Wellness / Oversight Issues) and of that number, how many were Immediate and Special issues

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR						
Reg	CM	Res	Day	Immd	Spec	ANE
<b>Case Management/Guardianship (3 findings; 0 Immediate; 3 Special)</b>						
M1	Cariño	Adelante	Adelante		X	
M1	Cariño	Adelante	Adelante		X	
NE	Visions	Mi Via	Mi Via		X	
<b>Communication and Adaptive Equipment (3 findings; 2 Immediate; 1 Special)</b>						
M1	Cariño	ARCA	Adelante	X		
M1	Cariño	ARCA	Adelante	X		
M2	Cariño	Bright Horizons, Inc.	Bright Horizons, Inc.		X	
<b>Health/Wellness/Oversight Issues (53 findings; 12 Immediate; 41 Special; 2 ANE)</b>						
M1	Unidas	Adelante	Adelante	X		
M1	NMQCM	Adelante	Adelante		X	
M1	A Step Above	At Home Advocacy	Mandy's Farm		X	
M1	A Step Above	Adelante	CFC		X	
M1	Cariño	ARCA	Adelante		X	
M1	Cariño	ARCA	Adelante		X	
M1	Unidas	ARCA	ARCA; Share Your Care		X	
M1	Cariño	Adelante	Adelante		X	

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR						
Reg	CM	Res	Day	Immd	Spec	ANE
M1	Cariño	Adelante	Adelante		X	
M1	Cariño	Adelante	Adelante	X		
M1	Cariño	Adelante	Adelante		X	
M2	Peak	Bright Horizons, Inc.	Bright Horizons, Inc.		X	
M2	Cariño	Cornucopia	Cornucopia	X		X
M2	Cariño	LLCP	LLCP	X		
M2	Unidas	LLCP	LLCP	X		
M2	Cariño	Bright Horizons, Inc.	Bright Horizons, Inc.		X	
M2	Peak	Dungarvin	Dungarvin		X	
M2	Unidas	Dungarvin	Dungarvin		X	
M2	Unidas	LLCP	LLCP		X	
M2	Amigo	LLCP	Adelante		X	
M3	Unidas	Onyx	Onyx		X	
M3	Unidas	Onyx	Onyx		X	
M3	Unidas	Onyx	Onyx		X	
M3	Unidas	Onyx	Onyx		X	
M3	Carino	TNB	Su Vida		X	
M3	Carino	TNB	Su Vida		X	
M3	Consumer Direct	Advantage Comm.	Advantage Comm	X		
NE	Visions	Benchmark	Benchmark		X	



Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR						
Reg	CM	Res	Day	Immd	Spec	ANE
NE	A Step Above	Community Options	Community Options		X	X
NE	A Step Above	Community Options	Community Options		X	
NE	A Step Above	Community Options	Community Options		X	
NE	Visions	Ensuenos	Ensuenos		X	
NE	Unidas	Family Options	Family Options		X	
NW	Excel	Dungarvin	Dungarvin	X		
NW	Excel	Dungarvin	Dungarvin		X	
NW	Excel	Dungarvin	Dungarvin		X	
NW	Excel	Tungland	Tungland		X	
NW	PEAK	Dungarvin	Dungarvin		X	
NW	PCCS	Tungland	Tungland		X	
NW	Excel	Tungland	Tungland		X	
SE	J&J	Nezzy Care	Nezzy Care	X		
SE	J&J	Aspire	Aspire		X	
SE	J&J	Nezzy Care	Nezzy Care		X	
SE	J&J	Tobosa	Tobosa		X	
SE	J&J	Tobosa	Tobosa		X	
SE	J&J	Nezzy Care	Nezzy Care		X	
SW	SCCM	Tresco	Tresco	X		
SW	SCCM	Tresco	Tresco	X		

Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR						
Reg	CM	Res	Day	Immd	Spec	ANE
SW	SCCM	Tresco	Tresco	X		
SW	SCCM	Tresco	Tresco	X		
SW	SCCM	LOL	LOL		X	
SW	SCCM	Tresco	Tresco		X	
SW	SCCM	LOL	LOL		X	
<b>Rights/Other Issues (9 findings; 7 Immediate; 2 Special; 1 ANE)</b>						
M1	Unidas	Adelante	Adelante	X		
M1	Unidas	Adelante	Adelante	X		
M2	Peak	Bright Horizons, Inc.	Bright Horizons, Inc.	X		
M2	Unidas	LLCP	LLCP	X		
M2	Amigo	LLCP	Adelante	X		X
M2	Cariño	LLCP	LLCP		X	
NE	Visions	Ensuenos	Ensuenos	X		
SE	J&J	Aspire	Aspire	X		
SE	J&J	Aspire	Aspire		X	
<b>Team Process (5 findings; 0 Immediate; 5 Special)</b>						
M1	A Step Above	Adelante	CFC		X	
M1	A Step Above	Adelante	CFC		X	
M1	Cariño	Adelante	Adelante		X	
M2	Unidas	Expressions Unlimited, Co.	Expressions Unlimited, Co.		X	

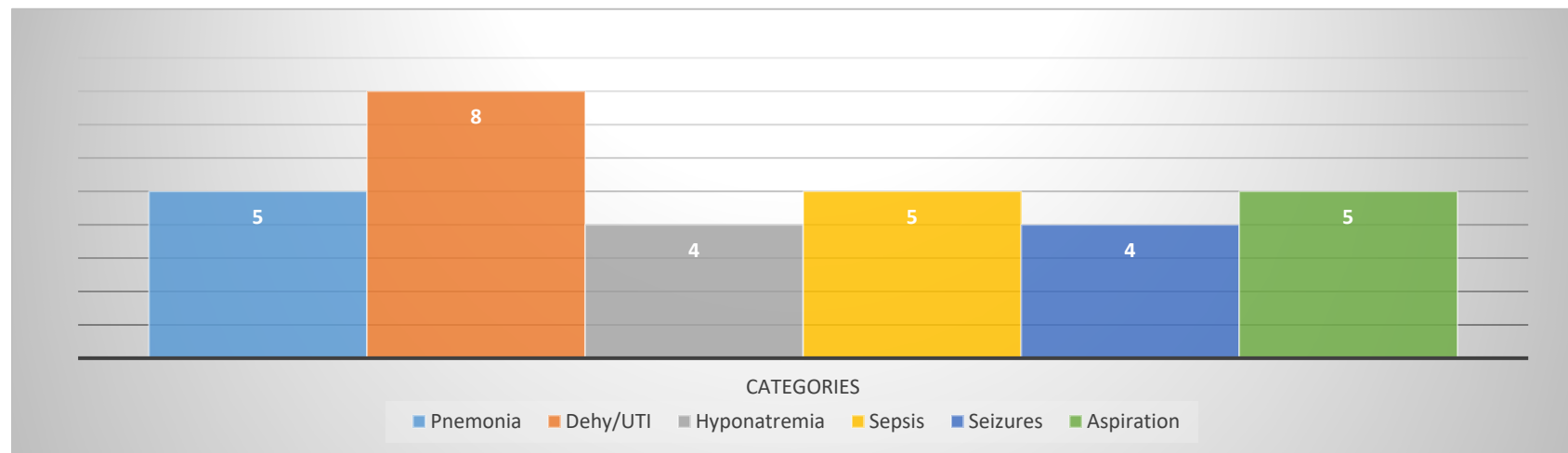
Immediate/Special Identified Individual Issues – FY2021 Metro #1 IQR						
Reg	CM	Res	Day	Immd	Spec	ANE
NE	A Step Above	Community Options	Community Options		X	

## I. Prevalent Causes of Hospitalization

In addition to looking at what people know, what information is contained in the record, what action has been taken and health related outcomes, other facts inform our understanding of overall class member health status and receipt of prompt care. This section examines the most frequently identified health issues based on the Out of Home Placement Report. *Please note: This information is taken from the Out of Home Placement Report issued by the Jackson Compliance Officer.*

For 2020, numbers listed below reflect those Out of Home Placement Reports received June 2020 through June 15, 2021. Primary causes of hospitalization are described in the chart that follows. Dehydration and urinary tract infections once again accounted for the highest number of hospitalizations, followed by Aspiration, Pneumonia and Sepsis. Bowel-related issues as a contributing cause of hospitalizations (obstructions, impactions, constipation, ileus and volvulus) continue to be drastically reduced since 2017.

**Chart #19: Primary Causes of Hospitalization by Reporting Period**



### **Explanation of the conditions tracked in the chart above:**

**Aspiration and Pneumonia:** individuals hospitalized with upper respiratory issues that were diagnosed as aspiration or aspiration pneumonia.

#### **Dehydration / Urinary**

**Tract Infection (UTI):** individuals hospitalized with diagnoses related to dehydration and/or UTIs.

**Hypernatremia:** individuals hospitalized with a condition that occurs when the level of the sodium is too low.

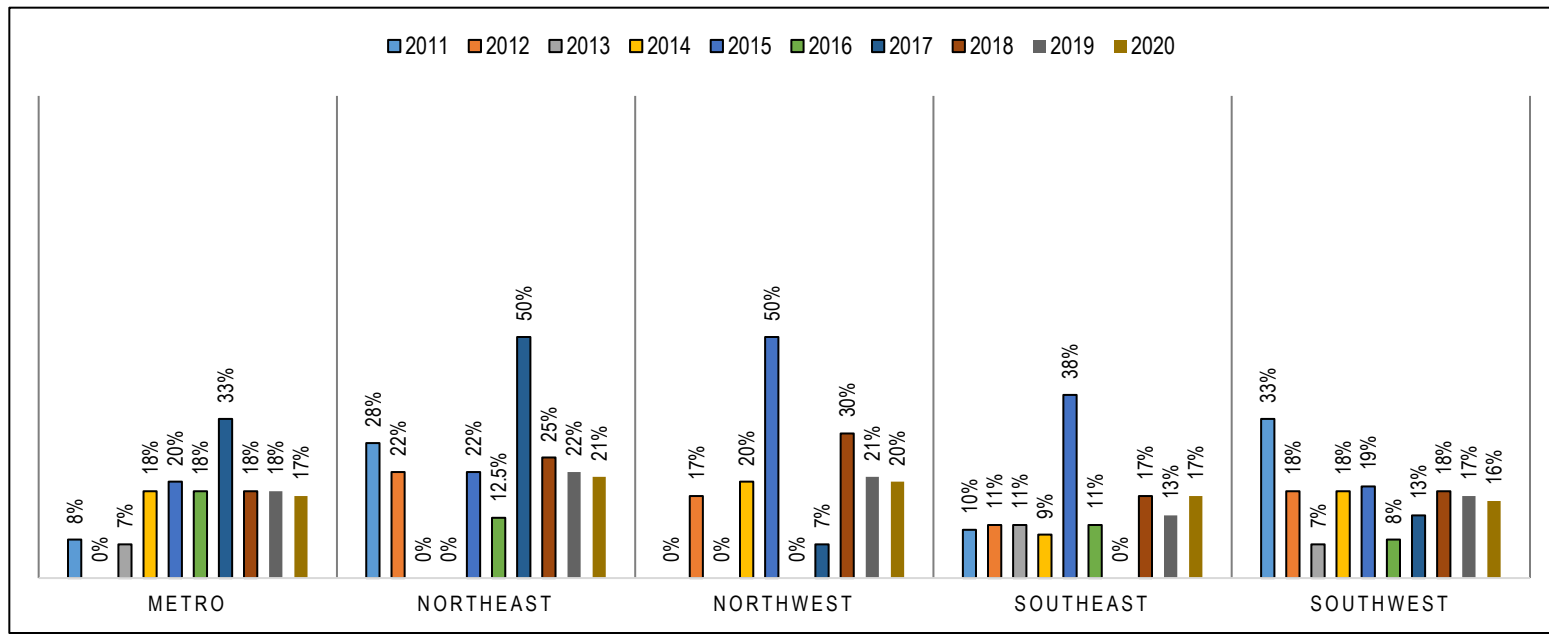
- Sepsis:** individuals hospitalized and diagnosed with a life-threatening condition that occurs when an infecting agent such as bacteria, virus or fungus gets into a person’s blood stream. The infection activates the entire immune system, which then sets off a chain reaction of events that can lead to uncontrolled inflammation in the body. This whole-body response to infection produces changes in temperature, blood pressure, heart rate, white blood cell count, and breathing.
- Seizures:** individuals hospitalized for seizures experience a burst of uncontrolled electrical activity between brain cells.

**J. Readmissions**

When a person is discharged from the hospital, and then readmitted within 30 days for the same problem or a related problem, this is identified as a readmission. Readmissions are measured nationwide as an indication of quality of care, based upon the presumption that rates of readmission are related to discharges which occur too early, incorrect diagnosis, and/or provision of treatment that is not effective. The risk of hospital readmission is heightened among persons with intellectual disability who have compromised communication skills due to their inability to report symptoms, which designation applies to a large majority of Jackson Class Members. A total of 186 of the 1052 (17.6%) Out of Home Placement records received since 2010 are readmissions. This is the sixth-year readmissions have been examined. During 2015 and 2016, the overall percentage of readmissions held steady at 15%. It increased to 17% in 2017 and has held steady for the last three years.

<b>Chart #20: Nine Year Readmission Rate by Region (2010 to June 2021)</b>		
<b>Region</b>	<b>Readmissions/Total Admissions</b>	<b>Eight Year % of Total by Region</b>
Metro	99/574	17%
Northeast	22/105	21%
Northwest	19/96	20%
Southeast	19/113	17%
Southwest	27/164	16%
<b>TOTAL</b>	<b>186//1052</b>	<b>17.6%</b>

**Chart #21: Percentage of Hospital Readmissions per Reporting Period by Region**



For the 2020 reporting period, a class member who was hospitalized had about an 18% chance of returning to the hospital within 30 days of his or her discharge. It is not always clear why a class member is sent back to the hospital so soon after discharge, but in most instances, Out of Home Records currently contain notes that directly or indirectly identify the cause.

- Most commonly, the class member has not sufficiently recovered from the illness that led to the first hospital stay.
- Occasionally, the underlying condition for the class member’s illness is not identified during the first hospitalization.
- At times, individuals who experienced hospital admissions or readmissions are suffering ongoing issues such as bowel impaction and constipation related to their underlying conditions.

### K. Hospice

Information regarding hospice is taken from Out of Home Placement Reports, to the extent that information is provided. In a few instances, information on hospice admission came from other sources, such as Comprehensive Health Assessments.

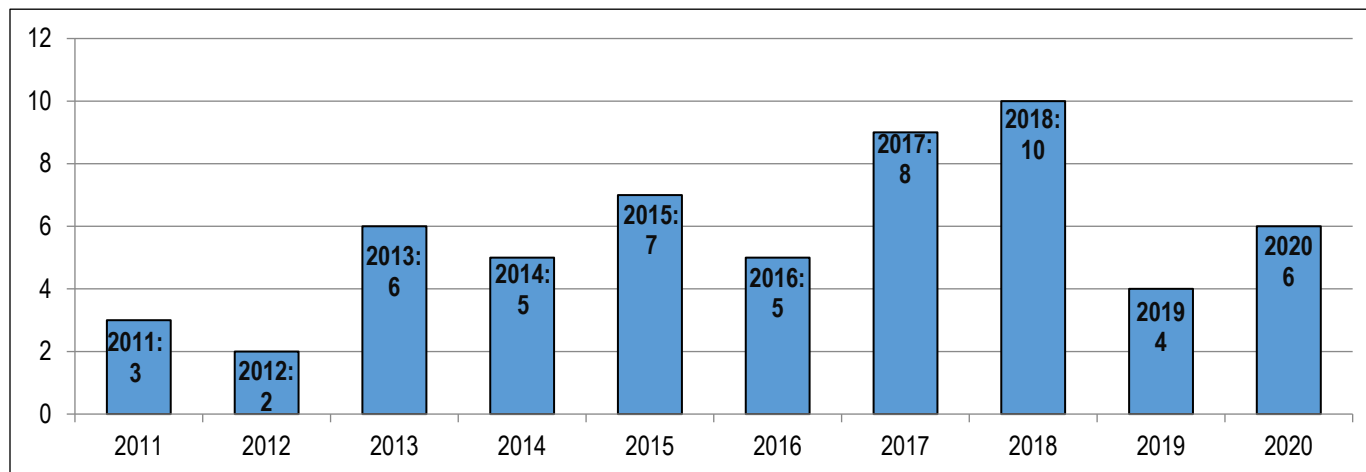
Out of 1052 Out of Home Placement Reports which have been filed since 2010, there were reports of 56 class members being referred for hospice. Several of these class members have been referred for hospice services more than once. The availability of Hospice services to Class Members provides an avenue for them to receive comfort care in their final days, and to spend their last hours at home or in a facility dedicated to Hospice care rather than in an acute care hospital setting. The benefit goes beyond members of the Jackson Class to also provide comfort to their family and loved ones.

The decision to turn the treatment focus from diagnosis, treatment, and cure to comfort and quality at the end of life is not one to take lightly, and there is substantial documentation that guardians faced with this difficult choice approach it with due gravity and deliberation. It is never an easy decision. The nature of the illness of each individual for whom this is considered is unique, and the variables involved cannot be predicted with any precision. When we are considering treatment decisions for Jackson Class Members, this topic is greatly complicated by compromised communication skills. The individual often cannot express his or her own wishes regarding end-of-life decisions, and in most cases has only a limited ability to communicate their own experience of illness (e.g., I'm feeling better, or I'm feeling worse).

Individuals, family members and teams would benefit from training related to End of Life Decision making which in part, is currently offered by the UNM Continuum of Care.

- Criteria for Hospice Care vs. Palliative Care;
- What is the role of the individual's team in effectively coordinating care with hospice;
- Expectations of these services . . . what can and can't happen in each in terms of treatment;
- What are the expectations for coordination of care between the hospice and provider nurse;
- Reporting expectations from Hospice and from Palliative Care providers to the DD Waiver provider and vice versa.
- What options exist for Teams to examine a recommendation for Hospice/Palliative Care; and
- What options Teams have if they disagree with a recommendation for Hospice/Palliative Care.

**Chart #22 Statewide Hospice Referral from Hospitals by Reporting Period**



## L. Class Member Deaths

Fourteen (14) class members have died during the 2020-2021 reporting period. In 2017 twelve (12) class members died, in 2018 twelve additional individuals passed away, in 2019 fifteen (15) class members died. The chart below was produced by the Mortality Review Coordinator and outlines the death of these class members:

**Chart #23: Demographic Information for People Who July 2020-June 2021**

	2017	2018 – March 2019	April 2019 – June 2020	July 2020-June 2021
<b>Men</b>	10	9	8	10
<b>Women</b>	2	3	7	4
<b>Age Range</b>	37-77	47-72	52-84	53-81
<b>Average Age</b>	59 years, 9 months	58 years	64 years, 2 months	66 years, 4 months
<b># Receiving Hospice</b>	3	5	10	6
<b>Hospice Diagnosis</b>	1. Aspiration, then? 2. Renal Failure; 3. Failure to Thrive?	1. Renal failure, bilateral airspace disease 2. Mass in stomach, likely cancerous 3. Pneumonia 4. Aspiration pneumonia 5. Breast cancer	1- Abdomen Pain 1- Bowel obstruction 1- Bronchitis, UTI, aspiration pneumonia 4- Pneumonia 1- Upper Gastrointestinal Bleeding (UGB), Nausea, Vomiting, Decrease oral intake, Ascites (abdomen fluid), Status post paracentesis (Greater than 2 liters fluid removal) 2- Unknown <sup>6</sup>	1- Cerebral Palsy, Unspecified Epilepsy, Unspecified, Intractable, Without Status Epilepticus 1- Bacteremia, acute respiratory failure, UTI, and acute kidney infection 1- Sepsis and Kidney failure 1- Unspecified severe protein-calorie malnutrition 1- Respiratory Failure 1- COVID-19, pneumonia, and sepsis
<b>Average # of days in Hospice</b>	514.33 days	34.4 days	96.1 Days	109.667 Days
<b>Total Days in Hospice</b>	1 @ 1477 days [1]	1@ 10 days; 1@ 3 days; 1@ 4 days; 1@ 26 days; 1@ 119 days	1@ 702 days; 3@ 2 days; 1@ 4 days; 1@ 10 days; 1@ 12 days; 1@ 39 days; 1@ 92 days; 1 died in transit	3@ 1 Day; 1@ 12 Days; 1@ 128 Days; 1@ 515 Days
<b>Guardians</b>	2 Arc; 1 Agave; 1 Quality of Life; 1 Father; 2 Mother; 1 Aunt; 2 Brother; 1 Niece; 1 Cousin	4: Arc, 1: Brother, 3: parents, 4: sisters	3: ARC, 1 Quality of Life, 1: Cousin, 2: Mother, 1: Non-Family, 5: Sister, 1: Sister-in-law, 1: Family (nonspecific)	2: Agave; 1: CNRAG 5: Brother; 5: Sister; 1: Mother and Father
<b>Regions</b>	7: Metro, 2: NE, 1: NW, 2: SE	9: Metro, 2: SE, 1: SW	7: Metro, 3: NE, 3: NW, 2: SW	8: Metro, 3: SE, 3: SW



	2017	2018 – March 2019	April 2019 – June 2020	July 2020-June 2021
<b>Providers</b>	1: A Better Way 1: Adelante 1: Advantage Communications 2: Arca 1: AWS 1: Bright Horizons 1: CDD 2: Dungarvin 2: Mi Via 1: Tresco	2: Adelante 2: Arca 3: Bright Horizons 1: Expressions of Life 1: HDFS 1: Private Pay 1: Tobosa 1: Tresco	1: ARCA 1: AWS/Benchmark 2: Bright Horizons 2: Dungarvin New Mexico, Inc. 1: Expressions of Life 1: Lessons of Life, LLC 1: Los Lunas Community Programs 1: Mis Amigos 1: Ramah Care Services 1: Silver Lining Services, LLC 1: The New Beginnings 1: Tresco, Inc. 1: Unknown	1: Adelante Developmental Center, Inc. 1: Community Options, Inc. 1: Dungarvin New Mexico, Inc. 4: Los Lunas Community Programs 1: Nezzy Care of Las Cruces 1: The New Beginnings 3: Tobosa Developmental Services 1: Transitional Lifestyles Community, Inc 1: Tresco
<b>Case Management</b>	2: Carino 1: Excel 1: Mi Via 1: NMBHI 1: NMQCM 2: Peak 3: Unidas 1: Visions	1: A New Vision 2: A Step Above 2: J&J 3: Peak 1: Private Pay 1: SCCM 2: Unidas	4: A Step Above Case Management 2: Carino Case Management 1: Los Amigos Bilingual Services, LLC 2: Peak Developmental Services, Inc. 1: Rio Puerco Case Management, LLC 1: Self-Directed Choices, LLC 1: Sun Country Case Management 1: Unidas Case Management 2: Visions Case Management	1: A New Vision Case Management 1: A Step Above Case Management 1: Carino Case Management, Inc. 3: J and J Homecare, Inc. 1: NM Quality CM 3: Peak Development Services, Inc. 3: Sun County Care Management Services, LLC 2: Unidas Case Management

## V. INDIVIDUAL SERVICE PLAN (ISP)<sup>7</sup>

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### A. Individual Planning Context

The Center for Medicaid and Medicare Services requires a person-centered service plan for every person receiving Home and Community Based Services, therefore each individual has an Individual Service Plan (ISP) which is a person-centered plan which outlines the services and supports the class member shall be provided by providers the individual has selected through the freedom of choice process. This document shall identify what the person's background/experiences have been as well as to identify strengths, needs, challenges and interests. Based on this information, the person, with support from his/her team, details in the ISP what the individual wants to do/accomplish (Vision / Desired Outcomes), Once this is established, then each Desired Outcome requires an Action Plan. The Action Plan addresses individual strengths and capabilities in reaching Desired Outcomes. After the ISP meeting, IDT members conduct a task analysis and assessments necessary to create effective Teaching and Support Strategies (TSS) and WDSI to support those Action Plans that require this extra detail. All TSS and WDSI should support the person in achieving his/her Vision. During the Individual Quality Review several areas related to the class member's Individual Service Plan (ISP) are examined and include:

An examination of the **process of developing** the ISP including ...

Confirming that the individual was offered the **assistance needed** to participate in the development of his/her plan.

Verifying that the **individual's interests and preferences** were **respected and incorporated** into the Plan.

Seeking evidence that **those who know the person best help develop his/her Plan**.

Noting if the team **obtained adequate and timely assessments** in areas most likely to lead to the person's greater independence.

An examination of the **Plan content** including...

Ensuring that recommendations from **assessments are incorporated** or explaining why not.

Verifying that the ISP contains **current** and **accurate** information.

Confirming that the ISP contains **sufficient guidance** to achieving the person's vision, outcomes and action steps.

Examining the overall **adequacy** of the ISP to ensure it **addresses** and **meets the person's needs**.

An examination **of Plan implementation** which includes...

Asking team member's knowledge of the person and his/her plan.

Gathering evidence that the plan has been **implemented** as intended and **at a frequency** that enables the person to **gain new or maintain existing skills**;

Verifying that the **person is making progress** and, if not, that the **team addresses identified barriers**.

**The number of findings related to the inadequacy of the ISPs steadily increased until 2018 when the number of findings significantly decreased. There was a slight increase in 2019 and again in 2020.**

In 2015, 99 people had 461 findings; the average number of findings per person was 4.66;

In 2016, 93 people had 576 findings; the average number of findings per person was 6.19;

In 2017, 65 people had 607 findings; the average number of findings per person was 9.34;

In 2018, 87 people had 420 findings; the average number of findings per person was 4.83.

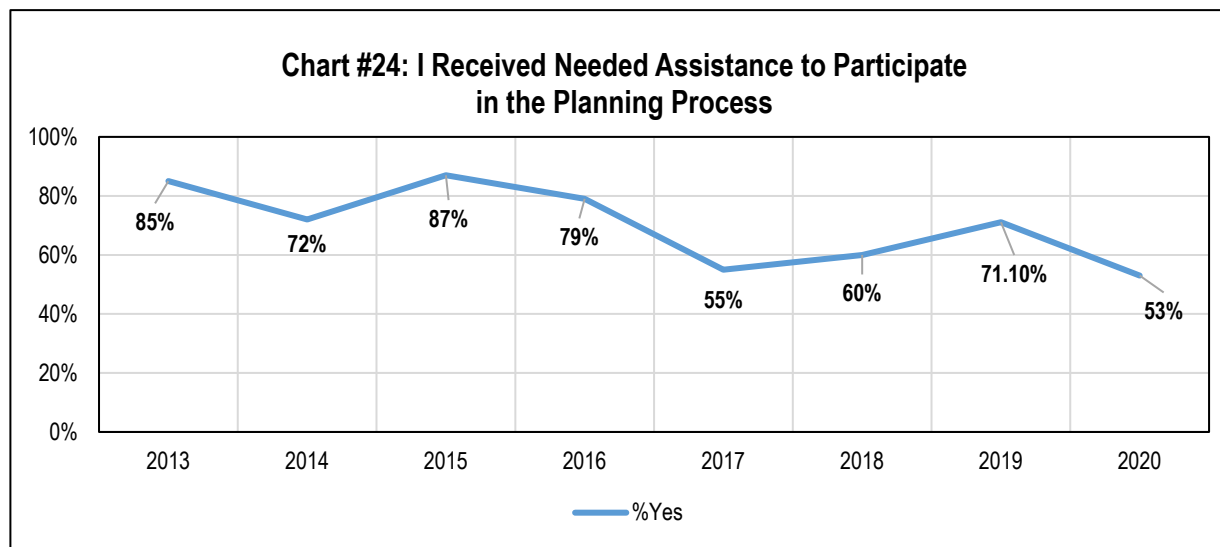
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<sup>7</sup> Class Members receiving services through an Intermediate Care Facility for people with Intellectual and Developmental Disabilities (ICF/IDD) have a plan called an Individual Habilitation Plan (IHP). People receiving services through Mi Via call their plans Service and Support Plans (SSP). For the purposes of this report, all individual plans will be referred to as ISPs.

In 2019, 83 people had 411 findings; the average number of findings per person was 4.95.  
In 2020, 68 people had 364 findings, the average number of findings per person was 5.35

### B. Was the Person Provided with Assistance to Participate in the Planning Process?

The 2018 DD Waiver Standards<sup>8</sup> and New Mexico Administrative code (§ 7.26.5), outlines expectations regarding the development and content of the ISP. With respect to process and preparation for the development of the ISP, DDS continues to require Case Managers to meet with the person and guardian prior to the ISP meeting. The CM reviews current assessment information, prepares for the meeting, creates a plan with the person to facilitate or co-facilitate the meeting if desired, discusses the budget, reviews the current SFOC forms, and facilitates greater informed participation in ISP development by the person. The intended outcome is to ensure that the individual's thoughts and ideas are known and drive the development and ultimate content of the plan.



In 2017 the speculation was that the drop in the score might be explained, in part, because the questions in the 2017 IQR was more specific about what “assistance and support” is expected and provided in an effort to enable the person to be meaningfully involved in his/her Plan development. However, the 2020 protocol, in question #92, returns to the original question asked by the CPR, specifically, “Was the person provided the assistance and support needed to participate meaningfully in the planning process?” As noted above, scores in 2020 dropped from 71% down to 53%.

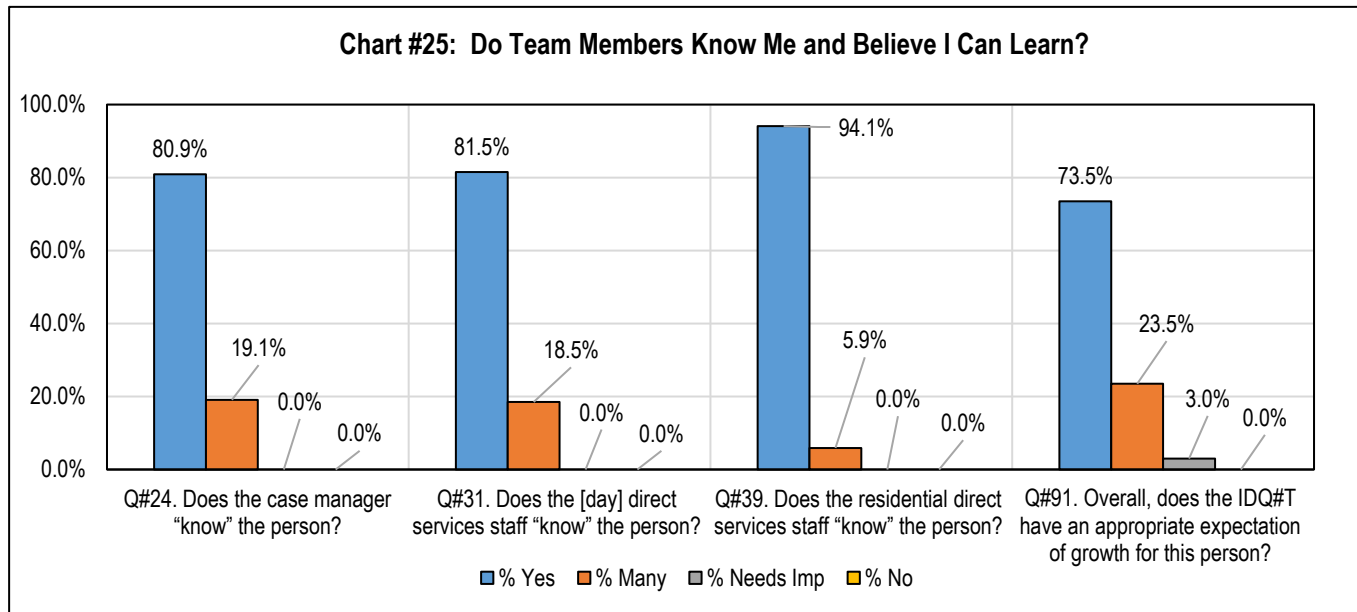
<sup>8</sup> Which went into effect March 1, 2018.

### C. Do Team Members Know Me Well and Believe I Can Learn and Gain Skills?

In order for adequate and informed planning to occur, team members need to know the strengths, preferences and challenges which face those whom they support. As the information below shows, many of those who work with the person know him/her well. IQR has also identified areas in need of slight improvement.

Answers to the following related questions were probed and the answers reflected in the following chart.

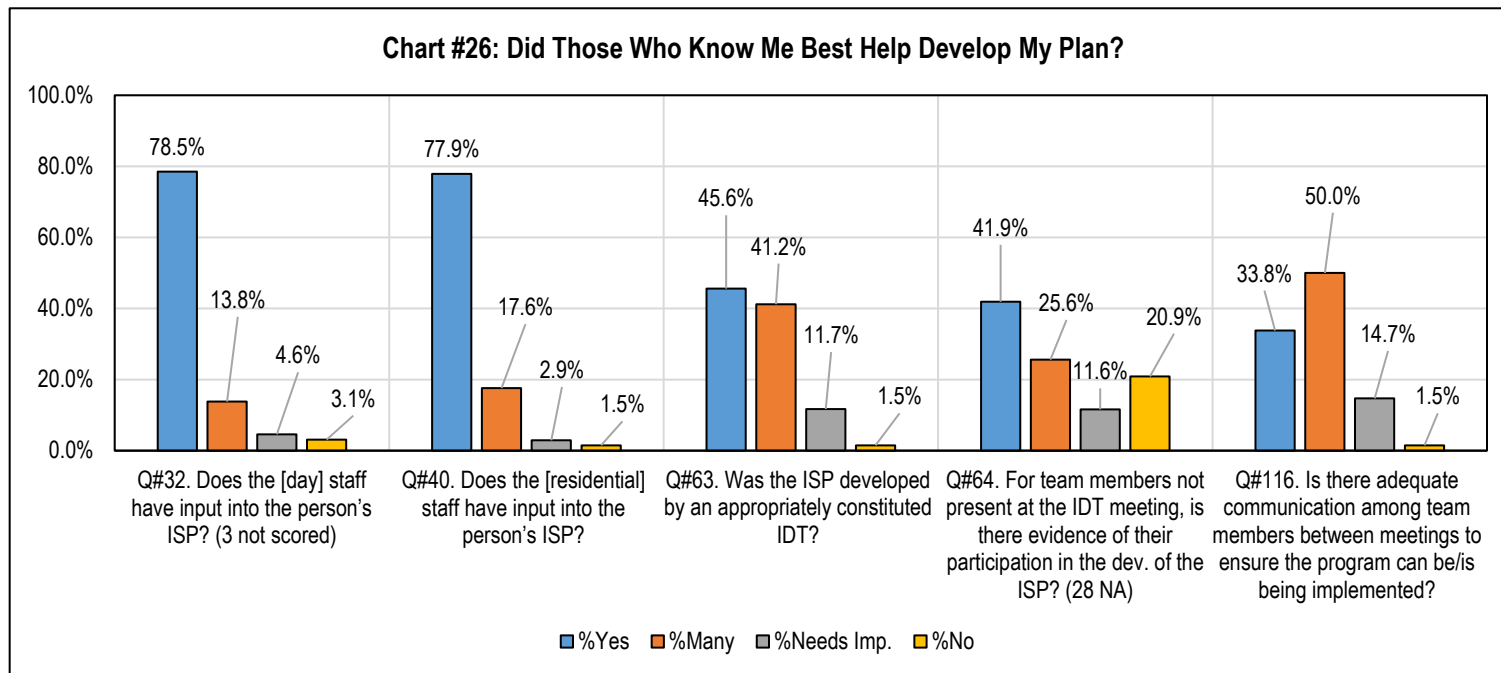
- Question #24. Does the case manager “know” the person?
- Question #31. Does the [day] direct staff “know” the person?
- Question #39. Does the residential direct services staff “know” the person?
- Question #91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d; '18IQR#99



## D. Do Those Who Know the Person Best Have Input Into the Plan?

Another challenge is the engagement of Direct Support Personnel, who know the person best, in developing the plan. A key component of that includes enabling Direct Support Personnel to attend the annual ISP meeting. Some providers have developed a 'pre-ISP form' intended to gather Direct Support Personnel feedback in advance of the ISP development meeting in the event the DSP may not be able to attend physically and to ensure input from all DSP working with the individual. In the 2018 DDW Standard revisions DDS incorporated that the CM documents how remote participation occurs when IDT members are not present at the annual ISP meeting. Questions asked to determine this include:

- Question #32: Does the [day] direct service staff have input into the person's ISP? CPRQ36; '18IQR#34
- Question #63: Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3; '18IQR#70
- Question #40: Does the [residential] direct service staff have input into the person's ISP? CPRQ45; '18IQR#43
- 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? CPRQ63; '17IQR#3d; '18IQR#71
- Question #116: Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117; '18IQR#125



## E. Developing the ISP Based on Timely and Adequate Assessments.

**Assessments** are important tools to help identify a person's strengths, interests, possible desired Outcomes and to direct providers toward implementing strategies which assist the individual in meeting their desired Outcomes. The 2018 DD Waiver Standards continue to require provider agencies contributing to annual ISP development by providing **assessment updates** at least 14 days prior to the ISP development meeting to ensure that the ISP addresses the person's assessed needs and personal goals, either through DD Waiver services or other means.<sup>9</sup> **Assessments** are to be completed at least 14 days in advance of the annual ISP Development Meeting so that teams have current, measurable information to guide them in the development of the individual's plan. Assessments completed by day and residential providers as well as needed specialists such as nurses, physical therapists (PT), speech and language pathologists (SLP), occupational therapists (OT), behavior support consultants (BSC), registered dietitians (RD) can provide invaluable information to assure adequate and informed planning which, in turn, enables individuals to be safe and grow their interests and abilities in a way that best assists them in attaining desired outcomes identified in the ISP.

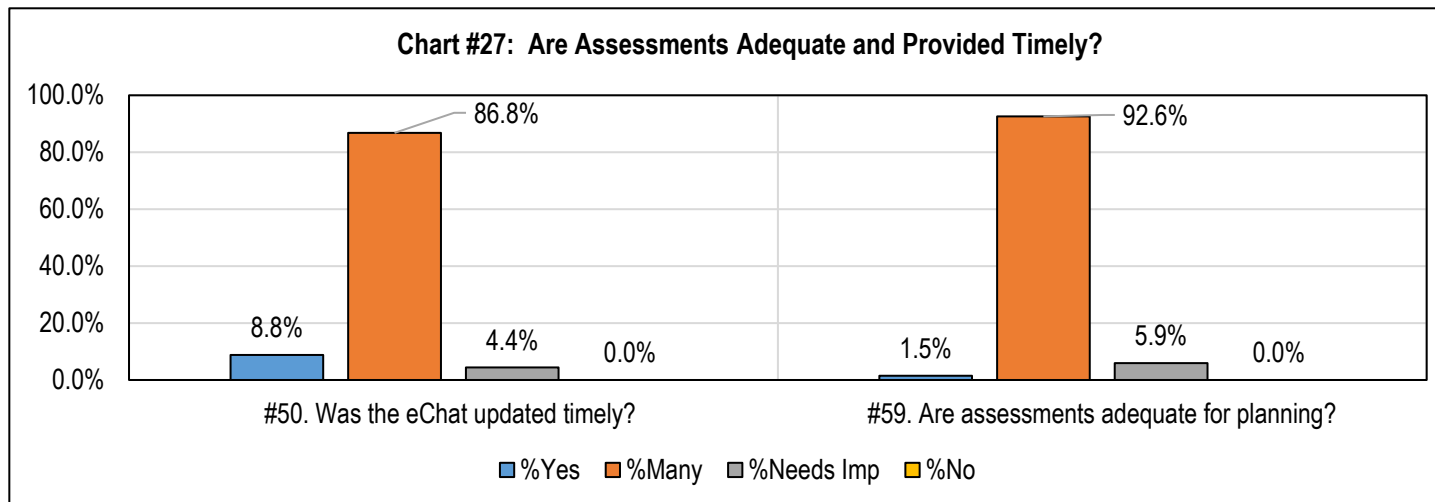
Acquiring assessments timely is, obviously, essential if teams are to engage in informed planning. Equally important is the content or adequacy of the assessment. When exploring the 'adequacy' of programmatic/therapeutic assessments surveyors are guided to look for things such as:

- ✓ Does the assessment describe how the person is doing in each area?
- ✓ Does the assessment describe the person's strengths in each area?
- ✓ Does the assessment outline recommendations on what new skills the person might learn and how the Team can help consistent with my preferences? It would be most beneficial if those conducting assessments need to give specific recommendations which directly relate to the identified goals and objectives.)

While what is looked for remains the same, the specific questions related to timeliness and adequacy in the 2019 protocol include:

Question #50: Was the eCHAT updated timely? '17IQR#18g; '18IQR#54

Question #59: Are the assessments adequate for planning? CPRQ59;'17IQR#4f; '18IQR#66



<sup>9</sup> 2018 NM DD Waiver Standards, Chapter 6. Individual Service Plan

In order to know the effectiveness of an intervention, it is critical to know where the individual started, or their 'baseline'. For example, if the Outcome dress themselves one day without assistance one needs to know what their current abilities are at the time of the initial assessment (e.g., the baseline) so there is a point from which to measure progress.

As is demonstrated above, only 5.9% of the class members were found to need improvement regarding the adequacy of their assessments for ISP planning.

#### **F. Use of Assessment Recommendation, Decision Justification and Decision Consultation Forms**

With 5.9% of class members needing improvement regarding the adequacy of assessments for ISP planning, the examination of the use of assessments to guide formation of ISP recommendations begins here.

It is important to note that the Individual and their Team may choose not to implement or follow some recommendations. It might be that specific recommendation has been tried before and found to be ineffective. A Guardian may find the recommendation too intrusive and reject the approach. Teams may reject recommendations. If they do, they are to fill out one of two forms.

**The Decision Consultation Form<sup>10</sup>:** If orders from licensed healthcare providers are not going to be followed, a Decision Consultation Form is to be filled out. The agency nurse is to contact the ordering practitioner within three business days if the order cannot be implemented due to the person or guardian refusal or if there are other issues delaying implementation of the order. The DCF should contain documentation of the circumstances and rational for this decision and notice should be given to the ordering practitioner no later than the next business day.

**The Team Justification Form<sup>11</sup>:** If an individual receives a recommendation from a professional or clinician (non-health related) with which they, their guardian and/or the Team disagree, they can use the Decision Justification Form to document their justification for not implementing the recommendation. The Team Justification form documents the discussion and subsequent decision to implement, modify or not implement.

The two questions regarding use of recommendations in planning include:

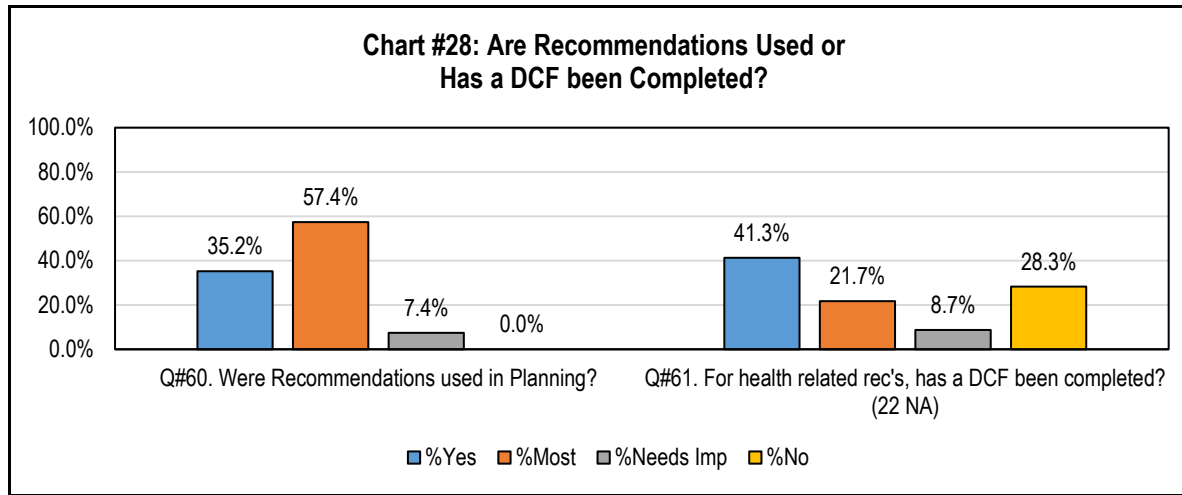
Question #60: Were recommendations from assessments used in Planning? CPRQ60; '17IQR#5; '18IQR#67

Question #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; '19IQR#68

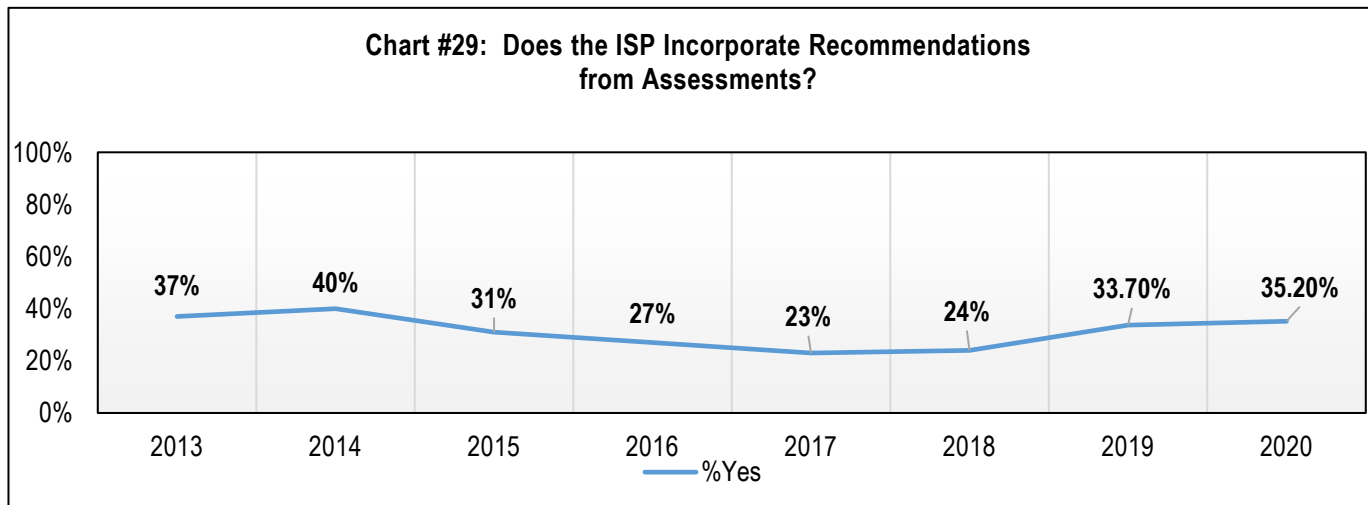
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<sup>10</sup> 2018 DD Waiver Standards, Chapter 3 and Chapter 13.

<sup>11</sup> Ibid



The following Chart illustrates the 2018, 2019 and 2020 upward trend of incorporating recommendations from assessments into the person's ISP.

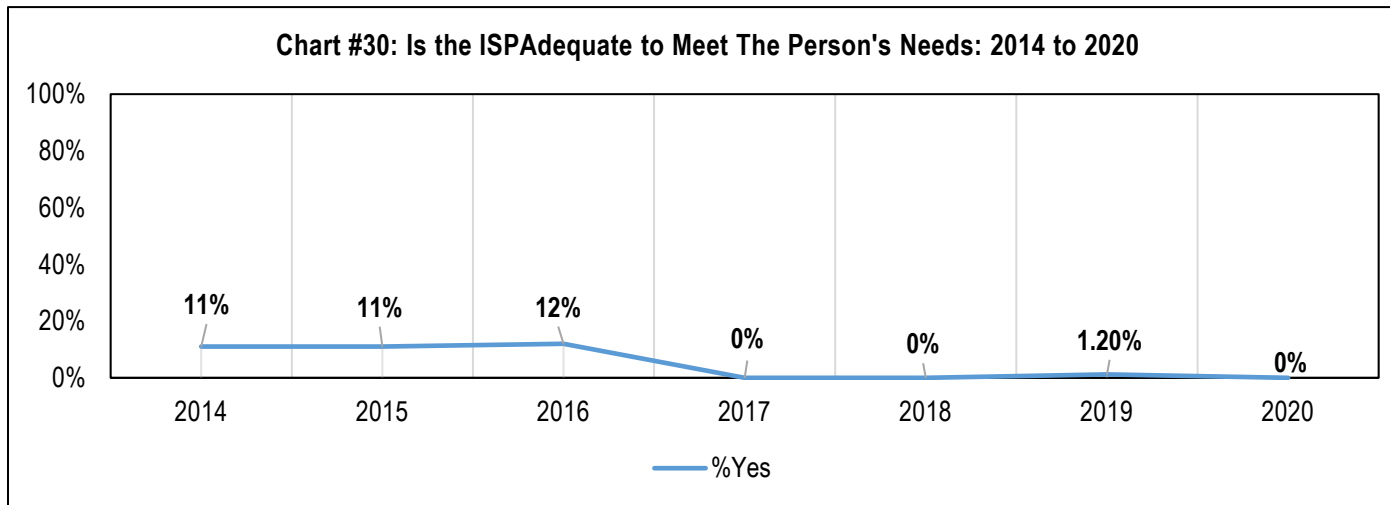




### G. Is the ISP Adequate to Meet the Person's Needs?

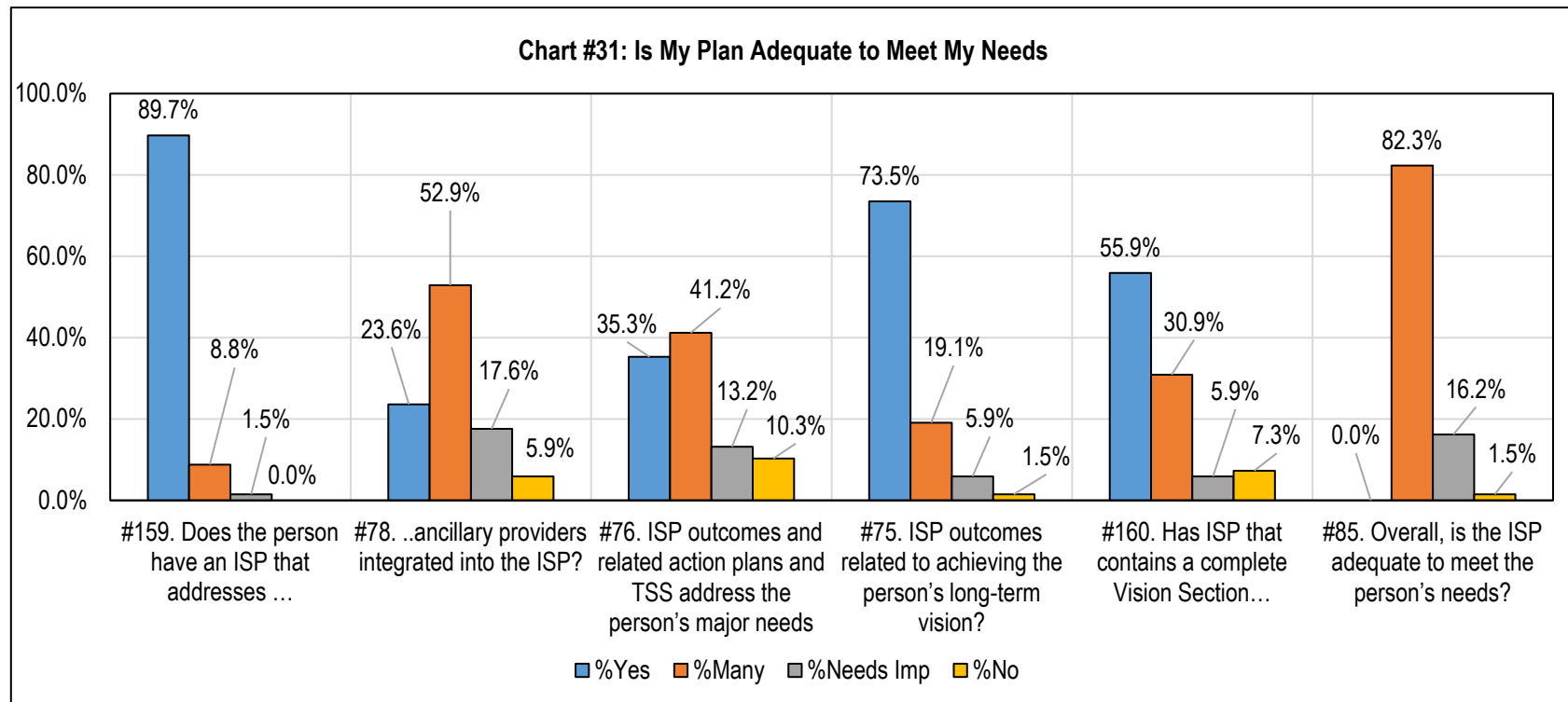
The adequacy of the person's ISP is reviewed through multiple perspectives which were identified. The following Chart summarizes, the issues with the adequacy of the ISP, please note this is utilizing a perfect score of "Yes" (0%). In 2020, 82.3% of class members had many components present for an adequate ISP.

Question #85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7; '18IQR#92



Some of the IQR Questions which explore areas of the ISP which influence the findings of adequacy include:

- Question #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; '18IQR#168
- Question #78. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m; '18IQR#85
- Question #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; '18IQR#83; '19IQR wording changed
- Question #75. Overall, are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d; '18IQR#82
- Question #160. Does the person have an ISP that contains a complete Vision Section that is based on a long-term view? CPRQ142 '17IQR#7a; '18IQR#169
- Question #85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7; '18IQR#92

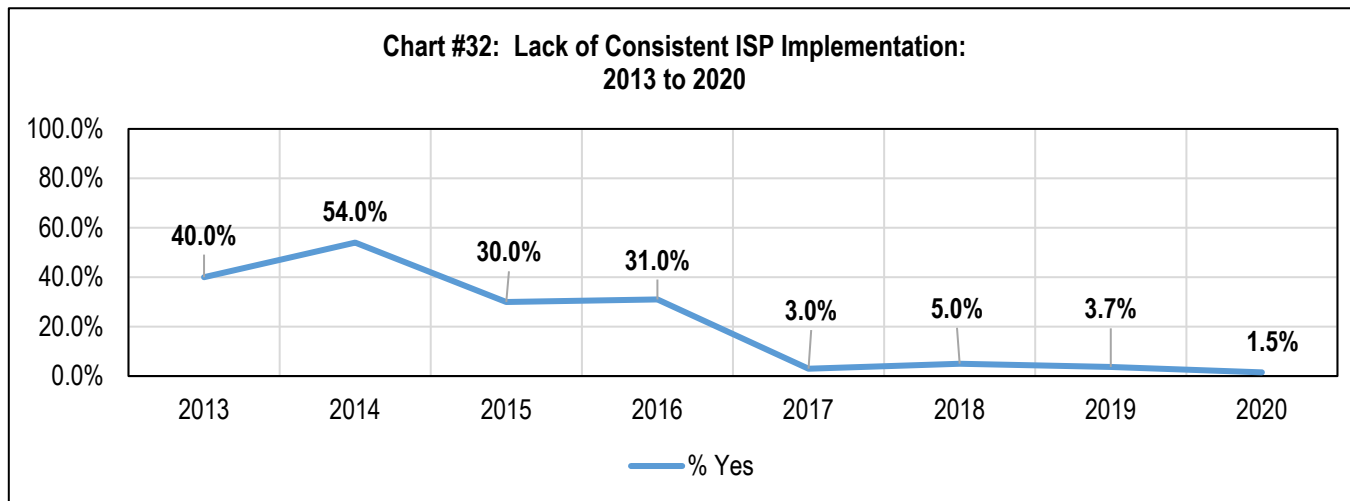


## H. Is the ISP Consistently Implemented?

Inconsistent implementation of the ISP is an issue that has been identified by the IQR and QMB compliance side. This has been reported to the DDSQI and actions items were developed and underway prior to the COVID-19 PHE.

Additionally, it is assumed that when a JCM funded by the Waiver has a required Outcome, its accomplishment will represent an improvement or positive experience from what currently exists. Otherwise, the purpose of the Outcome becomes unclear. If the person is already doing or has accomplished the identified Outcome there may be obvious value in continuing the activity (e.g. continued reinforcement for a recently learned skill/activity). This issue is understood by the DDSD DDW Program Manager and ISP strategic plan and task force has been initiated.

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



An often cited and long-standing reason given for not being able to verify that the ISP is being consistently implemented is the lack of measurable data being kept by the residential and/or day provider. Another frequently identified issue is either not implementing the ISP Action Steps at all, or when the person repeatedly refuses to participate or repeatedly shows no progress, the team does not take timely action to modify the interventions or to change the Action Step or Outcome. There are other cases where the Outcome from previous years continues to be implemented in spite of new ones having been agreed to by the team. All of these examples speak to lack of monitoring on the part of the provider to ensure that staff are implementing and recording implementation consistent with directions in the ISP. It also speaks to the Case Manager not identifying that the ISP isn't being implemented and not 'acting' to report the lack of implementation in an effort to remediate the issue timely.

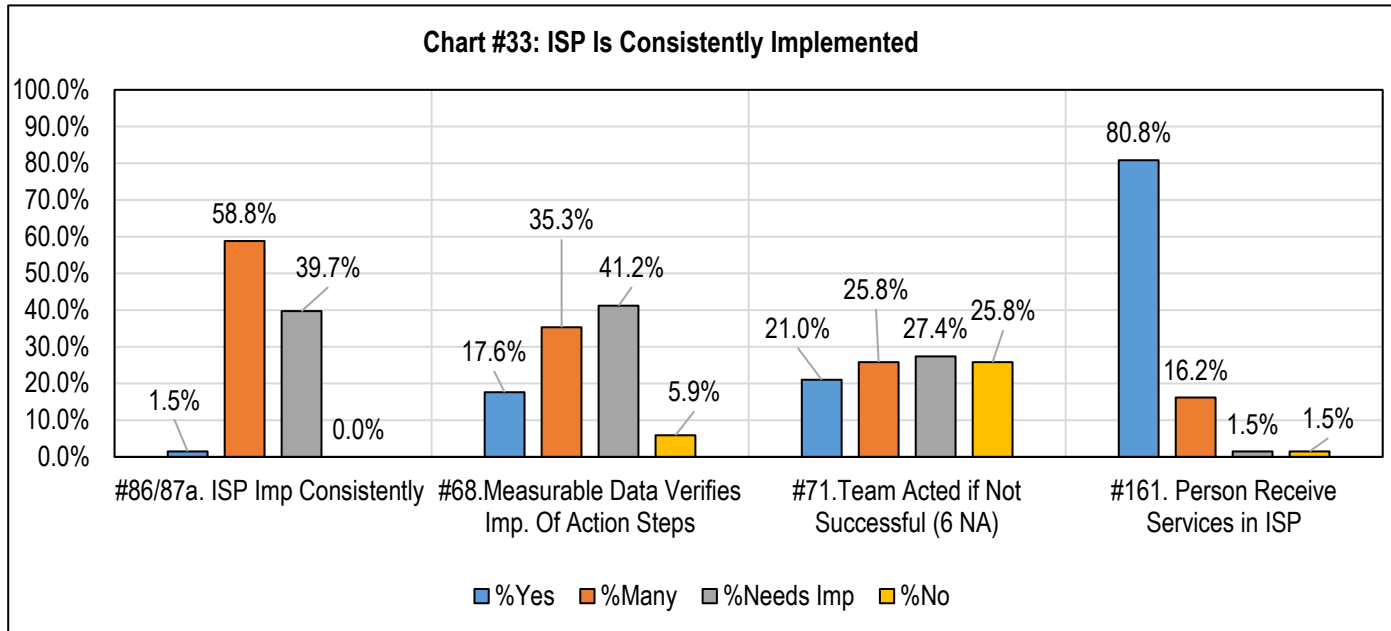
Surveyors read and gather information from hundreds of documents and data sources. They ask many questions of the individual, guardian, therapists, nurses, consultants, residential and day staff along with the case manager in an effort to comprehensively gather information which relates to all aspects of the individual's life including knowledge and implementation of the ISP. Some of the contributing factors to being unable to verify the consistent implementation of the ISP follow.

Question #86/87a. Is measurable data kept which verifies the consistent implementation of each of my action steps?

Question #68 Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a; '18IQR75

Question #71. If the person is not successful in achieving actions steps, has the team tried to determine why, and change their approach if needed? '17IQR#12d; '18IQR#78

Question #161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a; '18IQR#170



## I. Has the Person Made Progress?

Providers are expected to measure progress individuals are making toward desired outcomes specified in the ISP. ISP activities may include adaptive skill development, adult educational supports, citizenship skills, communication, social skills, self-advocacy, informed choice, community integration and relationship building. Outcomes from a service such as Customized Community Supports might include an enhanced capacity for self-determination, development of social networks that allow the individual to experience valued social roles while contributing to his or her community and establishing lasting community connections.

Therapists are required to monitor the progress of an individual toward the achievement of therapeutic goals and objectives including those that relate to specific visions and desired outcomes in the ISP. Therapists are also required to monitor the implementation of Written Direct Support Instructions (WDSI)<sup>12</sup> to determine the need for additional training, effectiveness and readiness for fading down or out. Therapists are required to monitor the effectiveness of their skilled therapy interventions and any Assistive Technology (AT) or Personal Support Technology (PST) devices related to that therapist's scope of practice to ensure devices are available, functioning properly and are effective in the settings of intended use.<sup>13</sup>

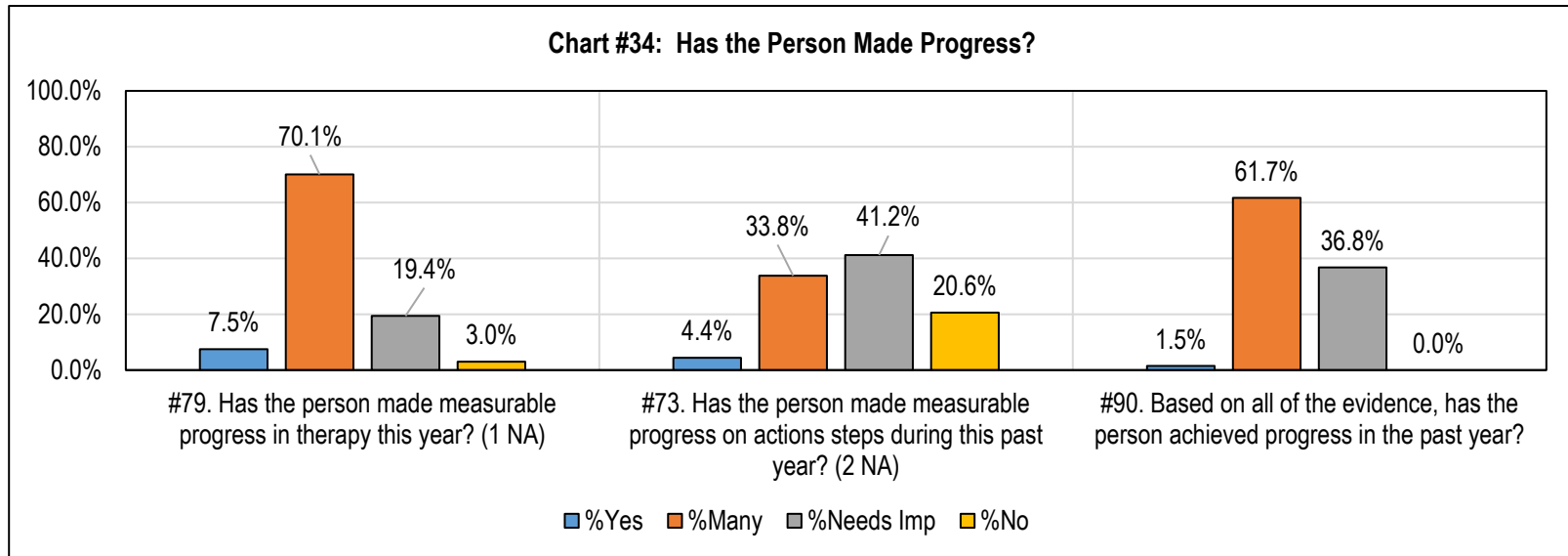
In order to determine the level of progress an individual is making, the following questions are probed.

- Question #79. Has the person made measurable progress in therapy this year? '17IQR#13a; '18IQR#86
- Question #73. Has the person made measurable progress on actions steps during this past year?'17IQR#13b; '18IQR#80
- Question #90. Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13; '18IQR#98 (This question relates to more than just progress on the ISP Outcomes, it enables the reviewer to highlight progress that has occurred as a result of any support formal or informal.)

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<sup>12</sup> 2018 NM DD Waiver Standards, Chapter 6..

<sup>13</sup> 2018 NM DD Waiver Standards, Chapter 12. Professional and Clinical Services



Team members are asked by surveyors about any progress they have noted outside the ISP and many can identify examples of progress.

**J. Has the Person Experienced Functional and/or Behavioral Regressed, if so, Has the Regression Been Addressed?**

When addressing functional regression, the IQR investigates whether or not an individual has lost an acquired function. For example, if an individual used to be able to walk unassisted but now requires a walker or wheelchair, that person has lost function. Loss of function could be due to a number of physical issues which, if addressed, can stop the regression and/or return the person to their original functional ability. What is critical to know is what is causing the regression and when it started.

Addressing behavioral regression requires the same level of awareness and urgency to act and regression of any type should serve as an alert and result in a close examination to determine the cause. For example, if I have suddenly starting hitting myself or engaging in other self-injurious behaviors, the IDT should examine the root cause of this new behavior.

Some of the IQR Questions which ask this area include:

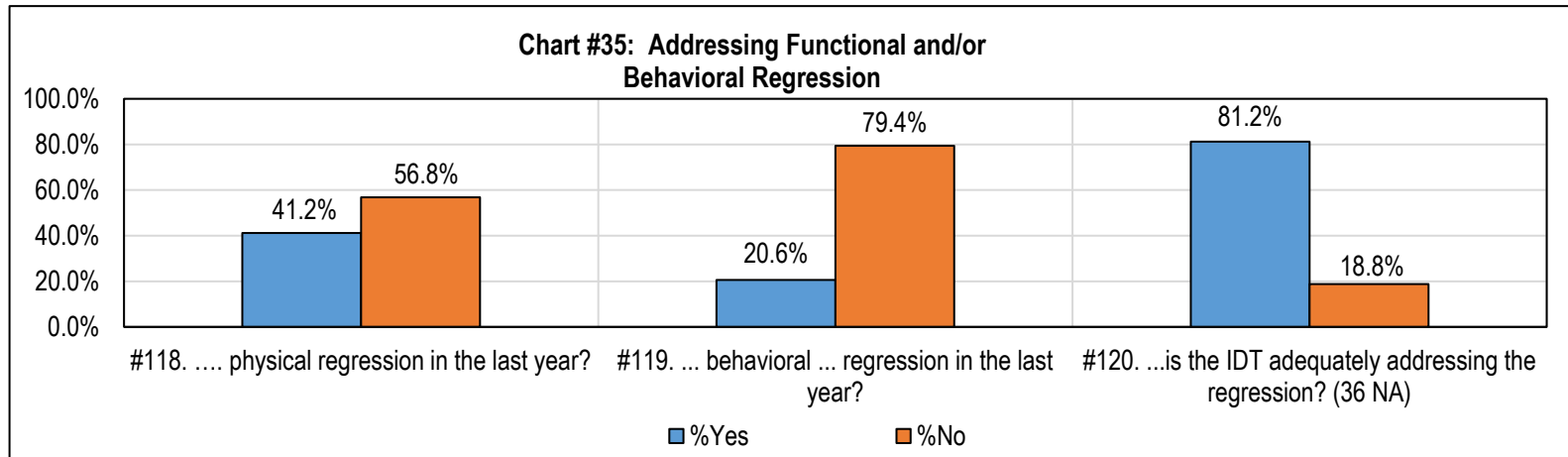
- Question #118. Is there evidence or documentation of **physical regression** in the last year? CPRQ119 ‘17IQR#14a; ‘18IQR#127
- Question #119. Is there evidence or documentation of **behavioral or functional regression** in the last year? CPRQ120; ‘17IQR14c; ‘18IQR#128
- Question #120. If #118 OR #119 is scored “Yes”, is the IDT adequately addressing the regression? CPRQ121; ‘18IQR#129

In terms of numbers of class members affected:

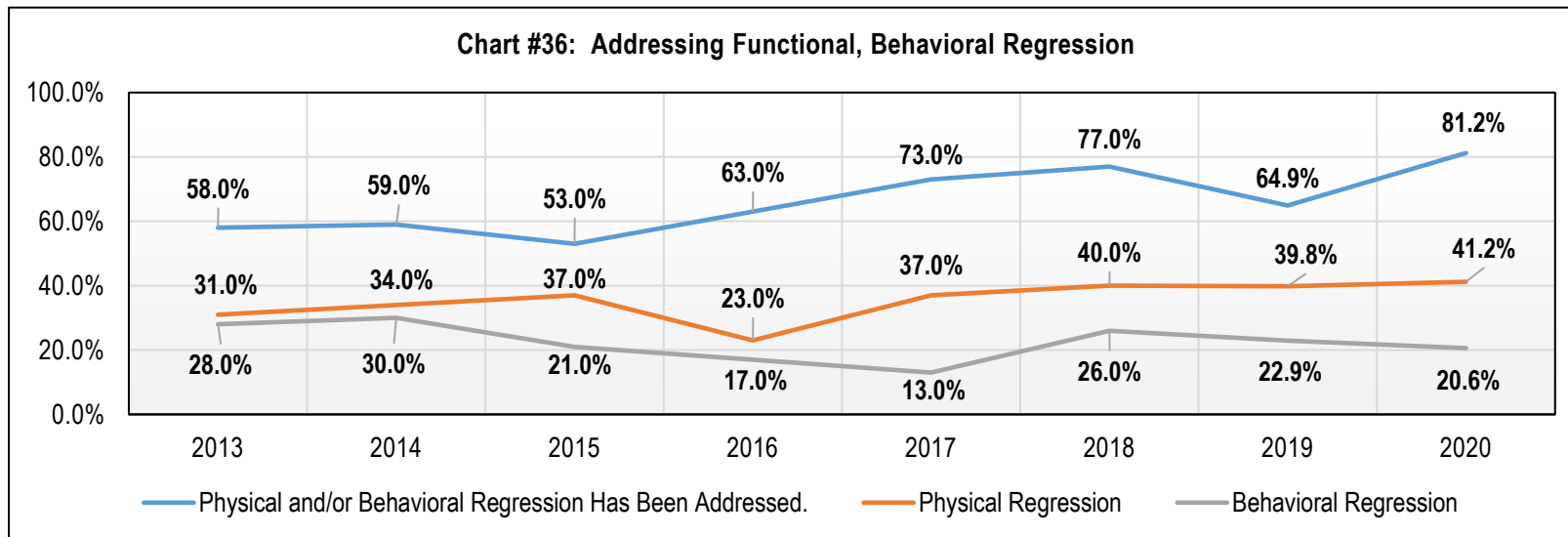
- 33 individuals were identified as having physical regression in the last year;
- 50 did not experience regression. (Q# 118).
- 19 individuals had evidence of behavioral regression in the last year;
- 64 individuals did not experience behavioral regression. (Q# 119)

Of those individuals experiencing physical and/or behavioral regression 81.2% of those had teams who were addressing the regression.

It is noteworthy and to be celebrated that the majority of class members experiencing functional and/or behavioral regression have had their teams take action to slow or reduce the regression. However, for the 62% (42 JCMs) who experienced functional and/or behavioral regression whose Teams have not addressed the regression (18.2%) this is an area needing improvement.



When put into historical context, you can see that when individuals are experiencing functional and/or behavioral regression, in 2020 we saw a significant increase in teams who addressed regression (81.2% of the time the regression is being addressed).



### K. Are Communication and Behavioral Expression and Needs Known?

The ability to communicate and be understood is an essential life skill which impacts on our wellbeing emotionally, economically and socially. Almost all Jackson Class Members have both receptive as well as expressive communication challenges. In addition to challenges in translating messages from others, many JCM's have compounding disabilities which directly affect communication including lack of oral speech, hearing limitations, body positioning which results in being overlooked and visual impairments. Many JCM's use communication devices instead of or as a complement to verbal communication. For others English is not their first language, consequently, it is essential that care givers use the person's primary form of communication.

When an individual's verbal communication skills are limited, all of us must rely on the person's non-verbal communication. The good news is that the majority of communication which takes place by all of us is non-verbal. This is true of Class Members as well so being 'tuned into' their facial expressions, voice patterns, gestures, body language, breathing, eye contact, blood pressure, changes in behavioral patterns and habits...is essential.

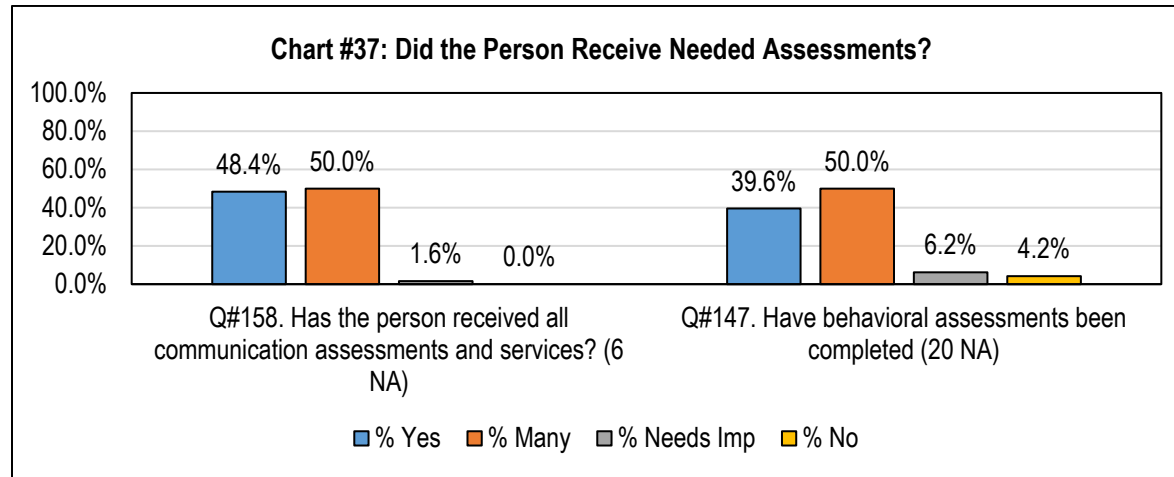
In order to understand the best way to communicate with an individual, communication assessments are essential. New Mexico has speech and language pathologists (SLPs) in many areas of the state so acquiring assessments and needed equipment and services is frequently possible.

Knowing the person's Behavioral Support Plan and being adequately trained to carry out that Support Plan involves a great deal of "reading" the person's behavior as a form of communication and responding accordingly.



The IQR looks at communication and behavioral issues from multiple perspectives. First, are the individual’s needs known? In order for someone to be able to socially participate and communicate, their strengths and challenges need to be known (assessments). The IQR asks:

- Question #158. Has the person received all communication assessments and services? CPRQ140 ; ‘17IQR#10b; ‘18IQR#167
- Question #147. Have behavioral assessments been completed? CPRQ133; ‘18IQR#156

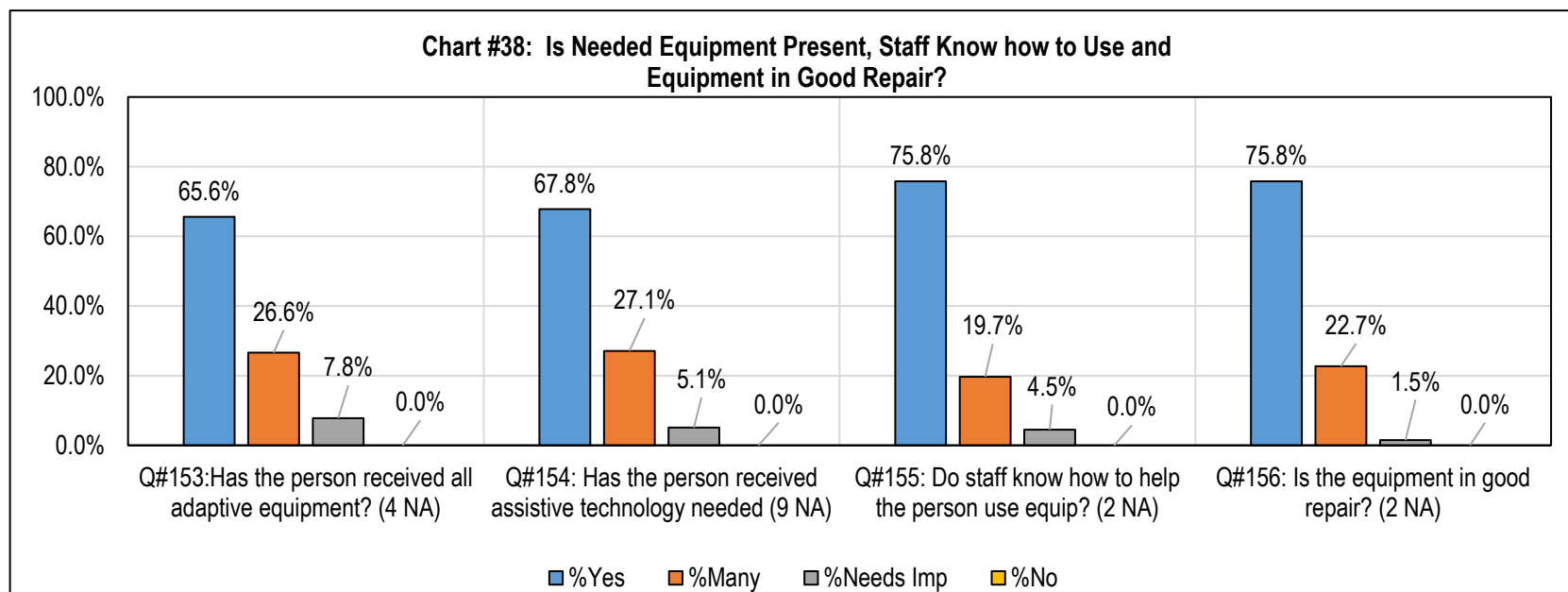


Once the person’s strengths and needs are known it is important for them to receive the equipment/devices they need timely, that those who support them know how to use that equipment/device and that the device is functionally appropriate to that person and operates as intended.

For people with structural/physical challenges that means being positioned properly. In order to foster respect and social equality, many people with I/DD must have behavioral supports and/or the equipment and other devices to enable them to ‘be present’ and ‘communicate’ and ‘be engaged with’.

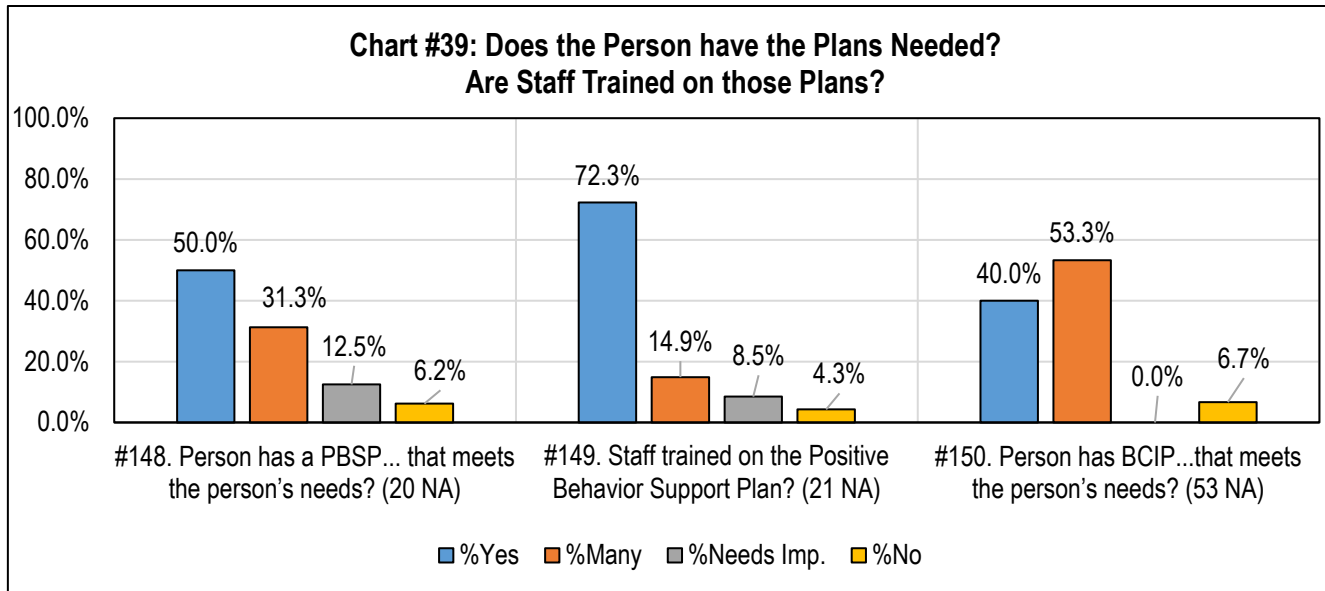
The IQR asks these issues from multiple perspectives. Second, does the person have the equipment/devices needed? Do staff knowhow to use the equipment/device and is the equipment/device functional. As seen below, the adaptive equipment, usage and maintenance scores, scored very well in 2019. The following questions are used to determine this need.

- Question #153: Has the person received all adaptive equipment needed? CPRQ138; ‘17IQR#25b; ‘18IQR#162
- Question #154: Has the person received all assistive technology needed? CPRQ139; ‘17IQR#25c; ‘18IQR#163
- Question #155: Do direct care staff know how to appropriately help the person use his/her equipment? ‘17IQR#25f; ‘18IQR#164
- Question #156: Is the person’s equipment and technology in good repair? ‘17IQR#25d; ‘18IQR#165



For people with mental health and/or behavioral challenges, it is critical that needed Positive Behavioral Support Plans (PBSPs) which identify the person’s strengths, challenges and his/her engagement with their environment which enables as well as prevents their integration and socialization be well known by those who support them. As the following chart shows, many class members who need PBSPs have them and have staff who have been trained on those plans. Please refer to the chart below for specifics:

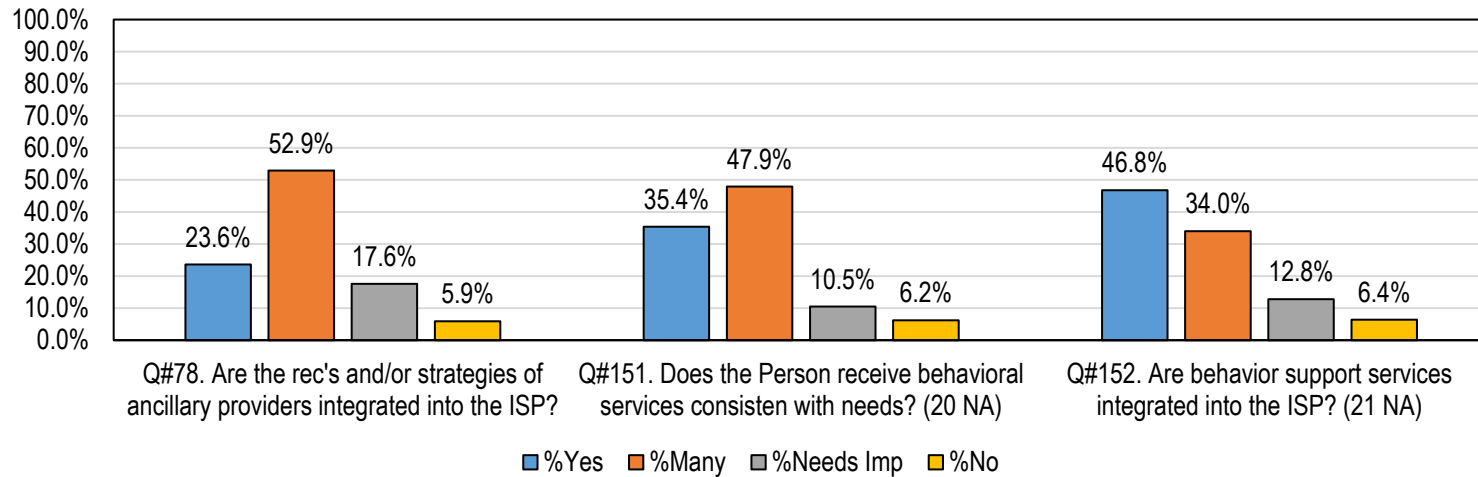
- Question #148. Does the person have a positive behavior support plan developed out of the behavior assessments that meets the person’s needs? CPRQ134 ‘17IQR#5g; ‘18IQR#157
- Question #149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; ‘17IQR#10d; ‘18IQR#158
- Question #150. If needed, does the person have a Behavior Crisis Intervention Plan that meets the person’s needs? CPRQ 73a; ‘17IQR#5h; ‘18IQR#159



The next set of questions looks at whether or not the person actually receives services consistent with his/her needs and if those services are integrated into the ISP. The IQR asks:

- Question #78: Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m; '18IQR#85 (This focuses on therapies and Behavior Support Consultants recommendations.)
- Question #151: Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5j; '18IQR#160
- Question #152: Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d; '18IQR#161

**Chart #40: Does the Person Receive Needed Services?  
Are Recommendations Integrated into the ISP?**



## VI. CASE MANAGEMENT

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### A. Case Management Essential Elements

Case Management services are person-centered and intended to support people to pursue their desired life outcomes while gaining independence and access to needed services and supports. The essential elements of Case Management include activities related to advocacy, assessment, planning, linking, and monitoring. DD Waiver CMs also play an important role in allocation, annual medical and financial recertification, record keeping, and budget approvals. CMs must maintain a current and thorough working knowledge of the DD Service Standards and community resources. In addition to paid supports, Case Management services also emphasize and promote the use of natural and generic supports to address a person's assessed needs. The accomplishment of these essential elements depends on case managers taking informed and timely action with and on behalf of the individual.

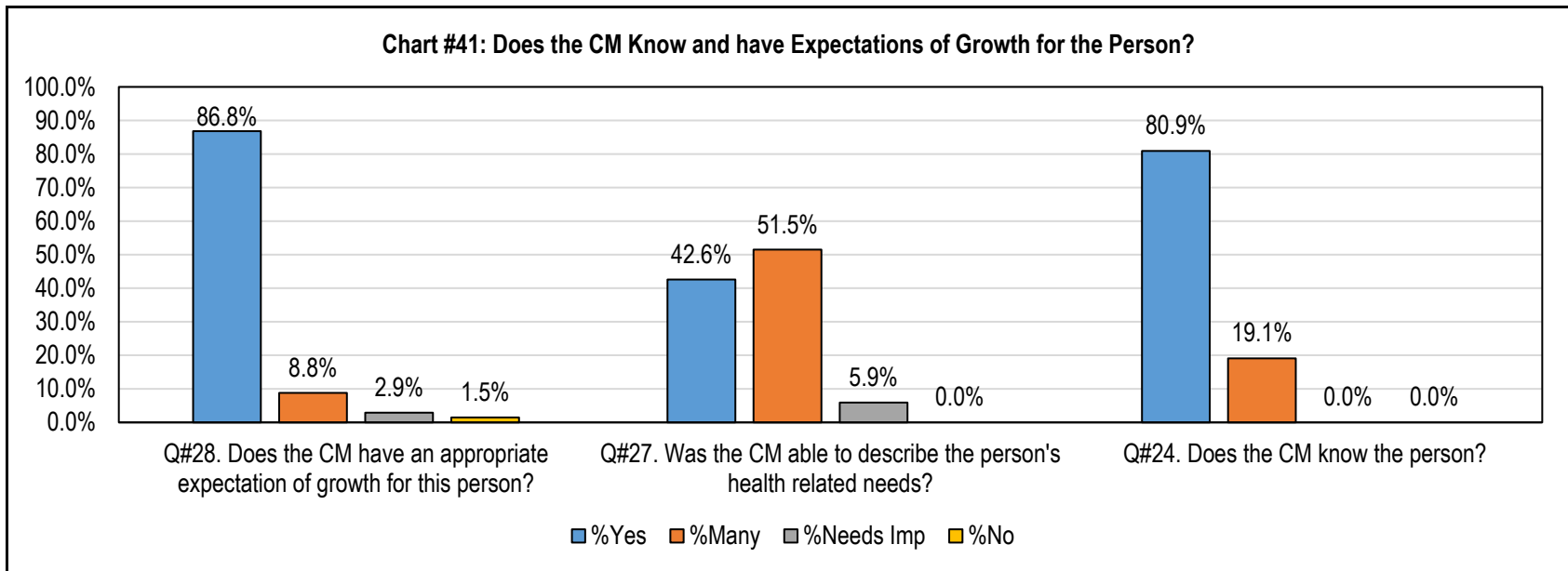
The need for advocacy on behalf of class members is woven through each of the case manager's essential elements including, in part: maintaining eligibility; the facilitation and development of the ISP; coordination of and communication with team members; monitoring to ensure that services and supports needed by the individual are received timely and as intended; reporting when there are issues which need attention; and, following up to ensure continuity and effectiveness of services.

In order to understand the challenges facing case management the findings throughout this entire report need to be considered.

### B. Case Managers: Knowing the Individual

A requirement of DDS is that the Case manager ***knows the individual and is trained at an awareness, knowledge and skilled level, dependent on each specific need of the individual they serve***. The IQR Question #24 asks, "Does the case manager know the person? In 2020, 80.9% scored a perfect score of yes, and 19.1% scored "many indicators met". When answering this question, surveyors look to see if the Case Manager knows and has described the person's preferences, needs and circumstances; including information describing the individual's personality, likes, dislikes; the individual's general routine; activities; things in the individual's life; significant events that occurred or are occurring which have an impact on the individual; and, what s/he is doing or would like to do. Surveyors also look for a description of strengths, positive attributes, things to build on, such as communication method; work ethic; skills the JCM possesses; willingness to try things; willingness to participate in activities; etc.

In Q# 27, CMs scored 42.6% which is considered a perfect score for knowing the person's health related needs and 51.5% were aware of many of the person's health related needs. This score may be reflective of missing one or more diagnoses, HCPs, MERPs, etc. Please refer the chart below for specifics.

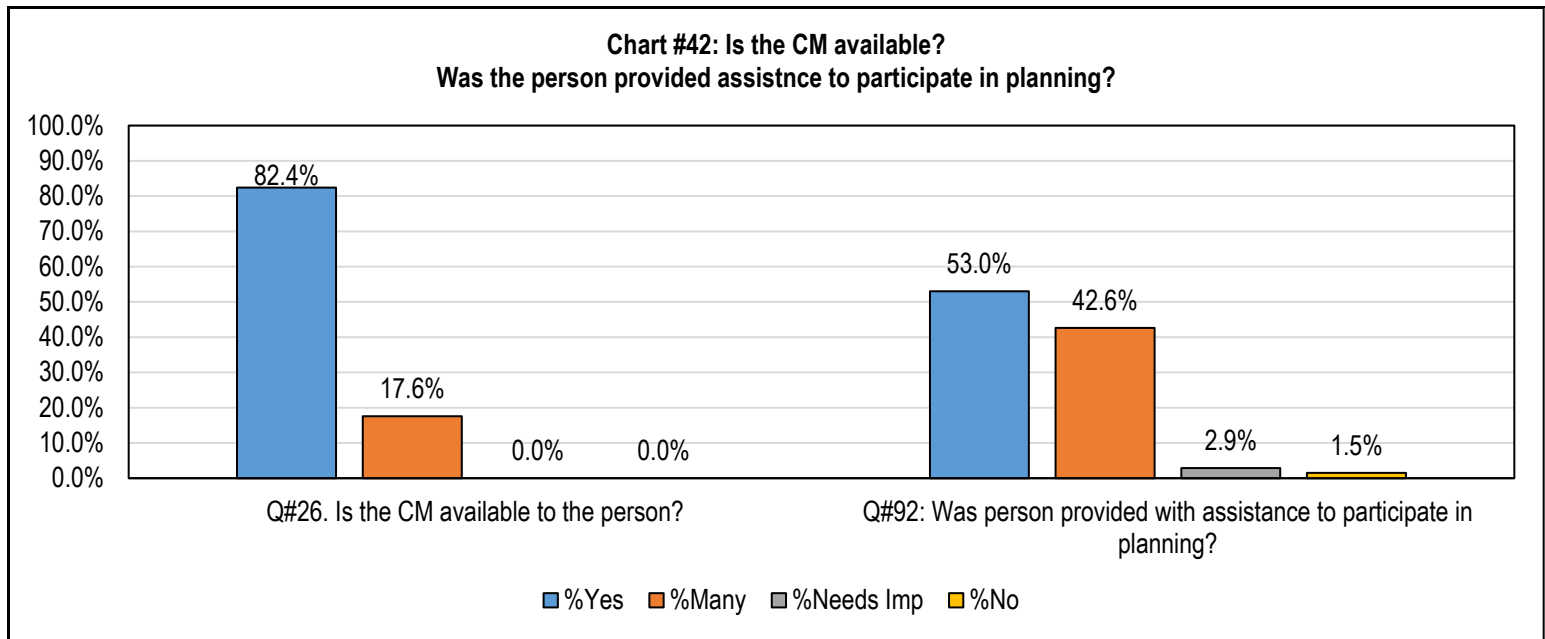


The Case Manager (CM) is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the person as specified in the ISP. The CM is also responsible for monitoring the health and safety of the person. The CM is required to conduct two face-to-face contacts per month for JCMs, one of which must occur at a location in which the person spends the majority of the day (i.e., place of employment, habilitation program), and the other contact must occur at the person's residence. No more than one IDT Meeting per quarter may count as a face-to-face contact living in the community.

When surveyor make a note regarding visits it is typically because either the case manager conducted both site visits on the same day and/or the case manager is noted to be frequently visiting the home or day program at close to the same time of day each month.

### C. Case Management: Specific Areas

The IQR asks many related to case management **access and ISP Development**. The CM is required to meet with the person receiving services and their guardian prior to the ISP development meeting to review current assessment information, prepare for the meeting, create a plan with the person to facilitate or co-facilitate the meeting if desired, discuss the budget, review the current Freedom of Choice (SFOC) forms and facilitate greater informed participation in ISP development by the person.



The IQR also focuses on ISP implementation which requires, routine monitoring by the provider and the Case Manager.

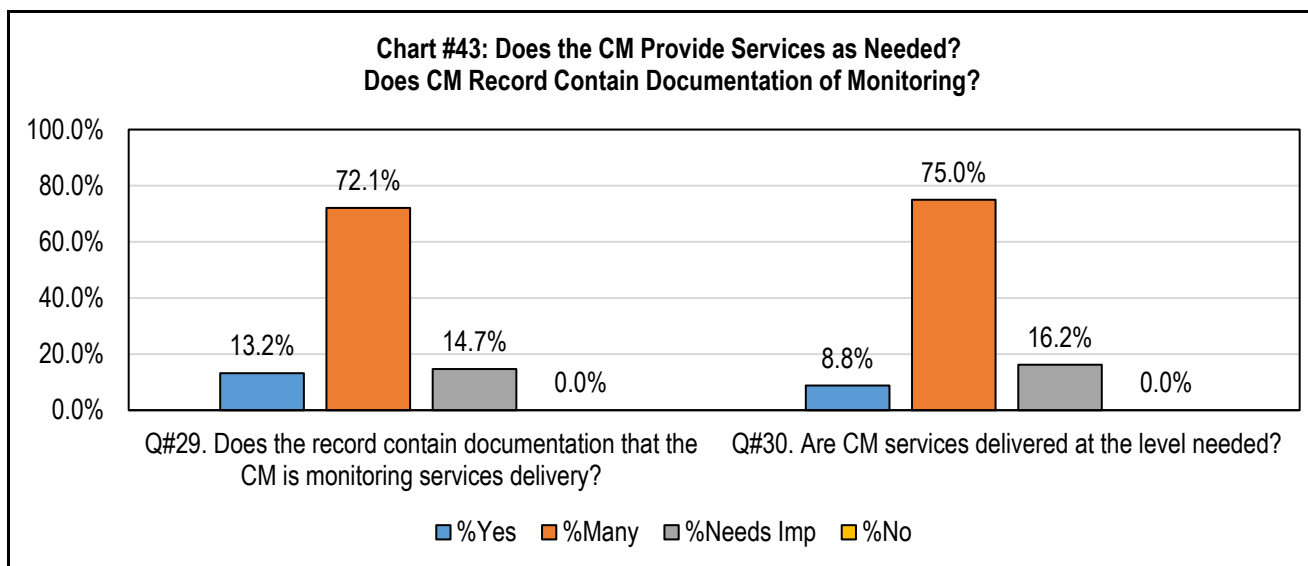
The ISP focuses on the supports and services individuals receive. Case managers play a key role in monitoring and documenting evidence of the implementation of the ISP to ensure services are provided as required. Knowing whether or not the person is making progress towards desired outcomes is a requirement of Case Managers and is to be evaluated as part of their twice monthly visits.

As noted earlier in this report, challenges related to the ISP is lack of consistent ISP implementation. While one of the case manager’s primary responsibilities is monitoring to ensure that the ISP is initially implemented as agreed, the case manager also carries responsibility to routinely verify and document that the ISP continues to be implemented as intended and if not, to take action by notifying the provider. If that is not successful, then seeking assistance from the Regional Office through the Regional Office Request for Assistance (RORA) is expected to be initiated. Related IQR Questions include:

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 I SP? CPRQ32; ‘17IQR#16b; ‘18IQR#30

Question #30. Does the case manager provide case management services at the level needed by this person? CPRQ33; ‘17IQR#16c; ‘18IQR#31

The findings show that 85.3% (scored yes and many) are monitoring services and documenting as needed which is an improvement from 2019.



The site visit form that the case manager was required to fill out during the 2019 IQR asks the case manager, at each visit, to verify whether outcomes are being implemented per the ISP based on a review of: outcomes and data collection sheets; Teaching and Support Strategies; and talk with the individual and staff. On January 1, 2019, DDSD initiated the use of the site visit form being required in to be completed in Therap which contains an extensive monitoring review of the person’s needs and supports.

Advocacy and protection from harm are the responsibility of everyone. Case Managers function, as another level of safeguard for the individual in addition to the individuals entire IDT. If case managers do not monitor (see) and act (report) timely, the systems’ protections and effective provision of supports and services begins to break down. Scores to these questions, by Case Management Agency, follow.

- Question #92. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; ‘17IQR#1b; ‘18IQR#100
- Question #24. Does the case manager “know” the person? CPRQ26; ‘17IQR#8c
- Question #26. Is the case manager available to the person? CPRQ29; ‘17IQR#16a; ‘18IQR#27
- 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? CPRQ32; ‘17IQR#16b; ‘18IQR#30
- Question #30. Does the case manager provide case management services at the level needed by this person? CPRQ33; ‘17IQR#16c; ‘18IQR#31



**Chart #44: Scores by Case Management Agency**

CM Agency	# in sample	Q# 92	Q# 24	Q#26	Q# 29	Q# 30
<b>A New Vision</b>	2	100% Many (2)	100% Yes (2)	100% Yes (2)	100% Many (2)	100% Many (2)
<b>A Step Above</b>	7	28.6% Yes (2) 57.1% Many (4) 14.3% Needs Impv (1)	71.4% Yes (5) 28.6% Many (2)	71.4% Yes (5) 28.6% Many (2)	85.7% Many (6) 14.3% Needs Impv (1)	85.7% Many (6) 14.3% Needs Impv (1)
<b>Amigo</b>	1	0% Yes 100% Needs Impv (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)
<b>Carino</b>	7	57.1% Yes (4) 42.9% Many (3)	85.7% Yes (6) 14.3% Many (1)	85.7% Yes (6) 14.3% Many (1)	42.9% Yes (3) 57.1% Many (4)	14.3% Yes (1) 71.4% Many (5) 14.3% Needs Impv (1)
<b>Excel</b>	4	50% Yes (2) 50% Many (2)	75% Yes (3) 25% Many (1)	75% Yes (3) 25% Many (1)	25% Yes (1) 75% Many (3)	25% Yes (1) 75% Many (3)
<b>J&amp;J</b>	10	50% Yes (5) 40% Many (4) 10% No (1)	90% Yes (9) 10% Many (1)	70% Yes (7) 30% Many (3)	0% Yes 80% Many (8) 20% Needs Impv (2)	0% Yes 70% Many (7) 30% Needs Impv (3)
<b>NMQCM</b>	3	66.7% Yes (2) 33.3% Many (1)	66.7% Yes (2) 33.3% Many (1)	100% Yes (3)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)
<b>PCCS</b>	1	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)
<b>Peak</b>	4	50% Yes (2) 50% Many (2)	75% Yes (3) 25% Many (1)	100% Yes (4)	75% Many (3) 25% Needs Impv(1)	75% Many (3) 25% Needs Impv(1)
<b>Rio Puerco</b>	1	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
<b>SCCM</b>	8	75% Yes (6) 25% Many (2)	87.5% Yes (7) 12.5% Many (1)	100% Yes (8)	12.5% Yes (1) 75% Many (6) 12.5% Needs Impv (1)	0% Yes 87.5% Many (7) 12.5% Needs Impv(1)
<b>Unidas</b>	14	57.1% Yes (8) 42.9% Many (6)	78.6% Yes (11) 21.4% Many (3)	64.3% Yes (9) 35.7% Many (5)	14.3% Yes (2) 71.4% Many (10) 14.3% Needs Impv (2)	14.3% Yes (2) 71.4% Many (10) 14.3% Needs Impv (2)
<b>Visions</b>	6	66.7% Yes (4) 33.3% Many (2)	66.7% Yes (4) 33.3% Many (2)	100% Yes (6)	33.3% Yes (2) 66.7% Many (4)	33.3% Yes (2) 66.7% Many (4)

## VII. RESIDENTIAL AND DAY SERVICES

### A. Jackson Class Members Receiving Residential and Community Inclusion Services

Living Care Arrangements (LCA) are available to adults aged 18 and older on the DD Waiver and are based on individual preferences, needs, and clinical justification for the requested service. All people have the right to choose where they live. Provider Agencies must facilitate individual choice and ensure that any LCA is chosen by the person and is integrated in and supports full access to the community. Provider Agencies must assure that each residence is clean, safe, and comfortable, and each residence accommodates individual daily living, social and leisure activities. There are four models of service:

1. Supported Living,
2. Family Living,
3. Customized In-Home Supports

Additionally, there are Class Members who are in ICF/IDD homes and on the Mi Via Waiver.

As the following chart shows, 187, or 81%, of the 231 active Jackson Class Members<sup>14</sup> are receiving **Supported Living** supports. Supported Living is designed to address assessed needs and lead to the accomplishment of individually identified outcomes.<sup>15</sup>

There are 29 JCMs (13%) receiving **Family Living** supports. Family Living is intended for people who are assessed to need residential support to ensure health and safety while providing the opportunity to live in a typical family setting. Family Living is intended to increase and promote independence and to provide the skills necessary to prepare people to live on their own in a non-residential setting. Family Living is designed to address assessed needs and individually identified outcomes. Services and supports are furnished by a natural or host family member, or companion, who meets requirements and is approved to provide Family Living. Family Living is provided in the person's home or the home of the Family Living provider. The Provider Agency is responsible for substitute care coverage for the primary caregiver when he/she is sick or taking time off as needed. People receiving Family Living are required to live in the same residence as the paid DSP.

Likewise, 210 JCMs (91%) receive **Customized Community Supports (CCS)** and 31 (13.4%) receive **Community Integrated Employment**.

**Chart #45: Type of Residential and Day Services Received by JCMs**

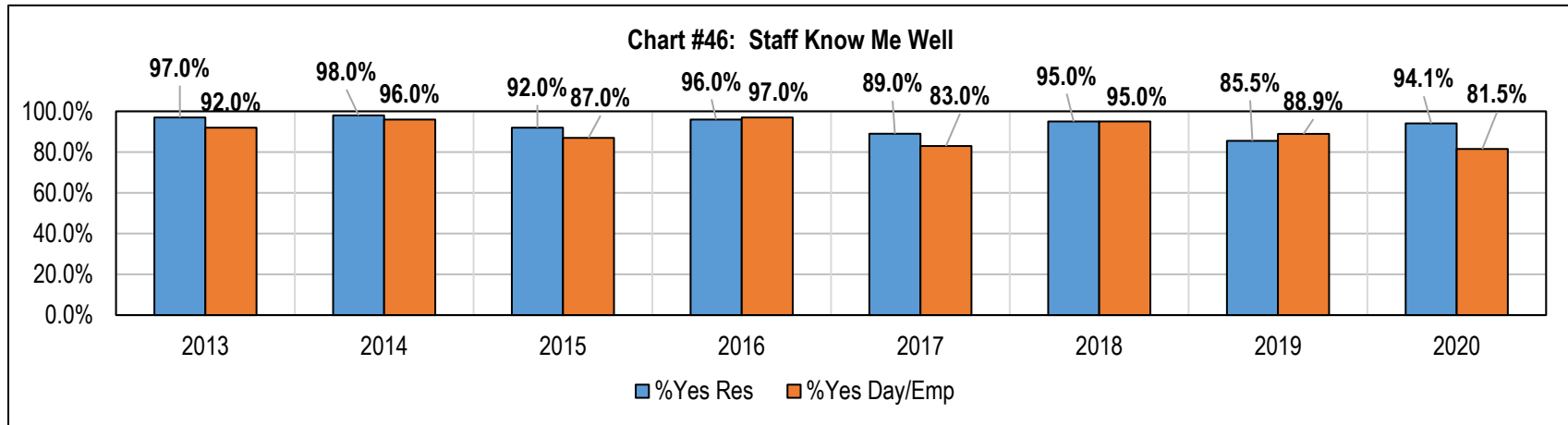
LIVING CARE ARRANGEMENT SERVICE	COMMUNITY INCLUSION SERVICE
<p><b>Family Living 29</b>  <b>Supported Living 187</b>  <b>CIHS 2</b>  <b>ICF/IDD 3</b>  <b>Mi Via 9</b>  <b>N/A 1</b></p>	<p><b>CCS (Individual or Group) 210</b>  <b>CIE 31</b>  <b>ICF/IDD 3</b>  <b>Mi Via 9</b>  <b>N/A 5</b></p>

## B. Do Direct Support Personnel Know the Person Well?

As the historical chart which follows points out, both residential and day staff have a history of demonstrating that they know the persons whom they support well. Please see chart below:

Question #39. Does the residential direct services staff “know” the person? CPRQ44; ‘17IQR#8b; ‘18IQR#42 (left bar for each year)

Question #31: Does the Day/Employment staff “know” the person? CPRQ35; ‘17IQR#8a; ‘18IQR#33 (right bar for each year)



## C. Do Those who Know the JCM Best Have Input into the Person’s Plan? (See ISP Section)

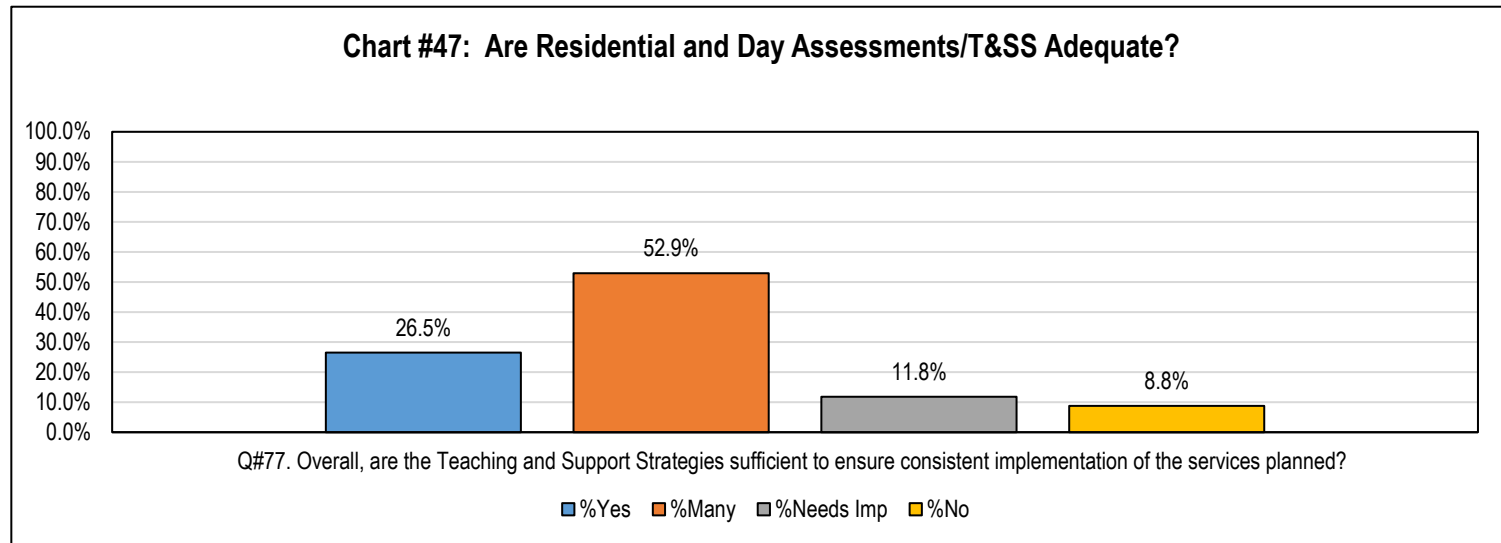
## D. Are Residential and Day Assessments and Teaching and Support Strategies Adequate?

**As discussed in the ISP Assessments Section,** assessments are important tools to help identify a person’s strengths, interests, desires and to identify ways to assist the individual in meeting their desired Outcomes. However, assessments and evaluations are not a substitute for input from the individual concerning what is meaningful to them and how they perceive their own strengths and weaknesses. For provider agencies contributing to annual ISP development, assessment updates must be provided at least 14 days prior to the ISP development meeting to ensure that the ISP addresses the person’s assessed needs and personal goals, either through DD Waiver services or other means.<sup>16</sup>

<sup>16</sup> 2018 NM DD Waiver Standards, Chapter 6.

After the ISP development meeting, each agency providing services for the individual is responsible for developing **Teaching and Supports Strategies (T&SS)** and **Written Direct Support Instructions (WDSI)**<sup>17</sup> to support Action Plans developed as part of the ISP. WDSIs are developed by therapists as a complement to the T&SS.<sup>18</sup> Please refer to the question below asked by the IQR and the chart for a visual representation of the scores:

Question #77. Overall, are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i; '18IQR#84



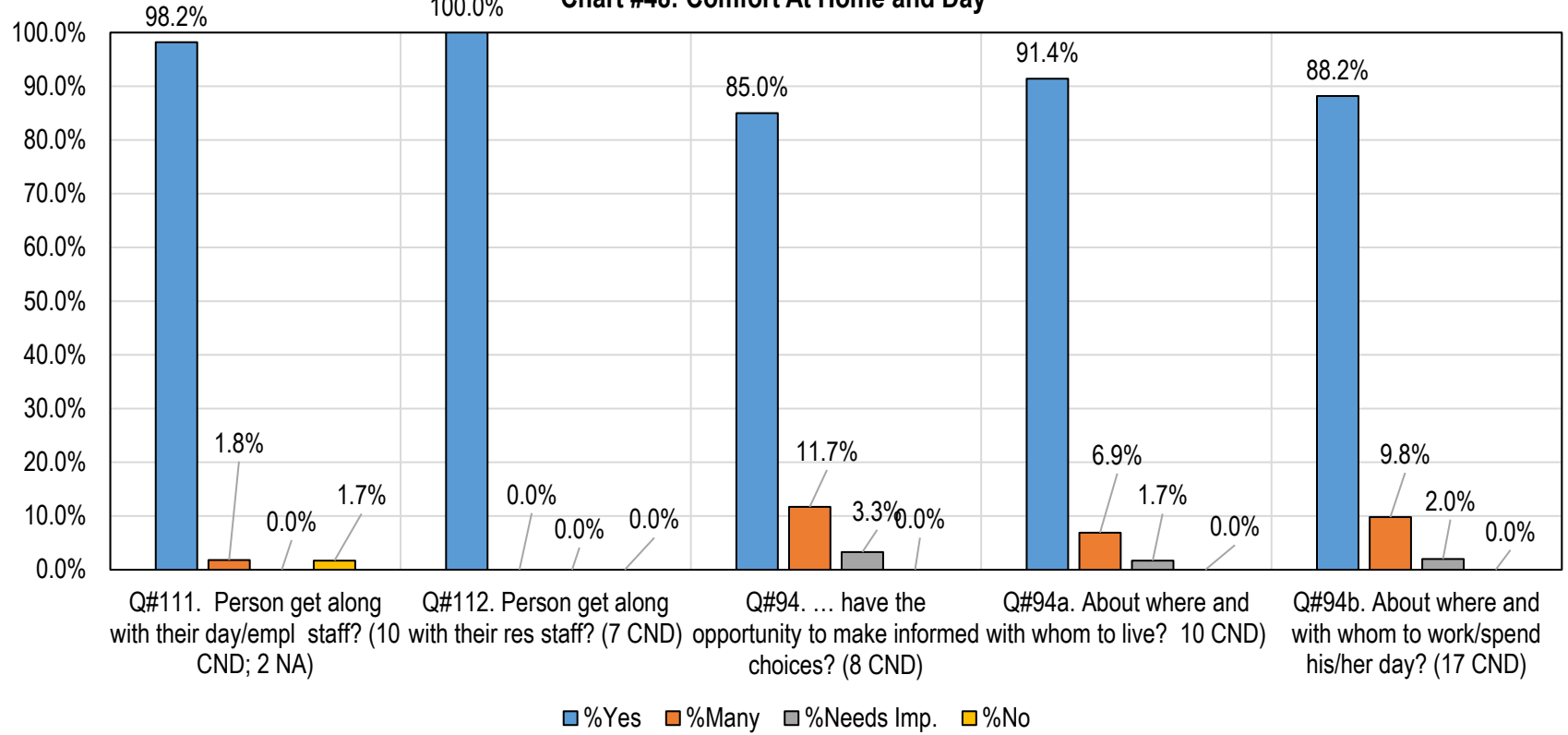
<sup>17</sup> Therapists develop strategies to support activities of daily life through development of WDSIs addressing a variety of topics including health and safety needs. The WDSIs are utilized by Direct Support Personnel during routine activities, and by IDT-members to create T&SS that further integrate therapy strategies into implementation of the ISP. 2018 NM DD Waiver Standards, Chapter 12. Professional and Clinical Services

## E. Do JCMs Feel Comfortable Where They Live and Work?

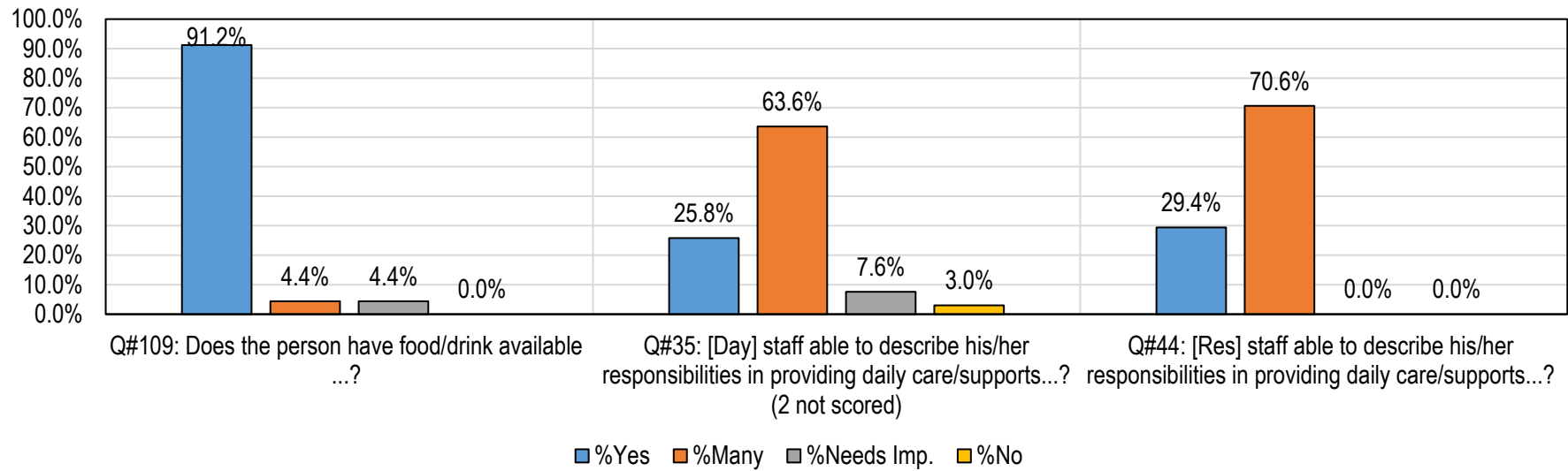
In addition to learning new skills, maintaining/expanding relationships and experiences through the ISP, the IQR asks regarding the individual's level of choice and comfort as it relates to home and day services. In 2020, scores were high in this area. Please refer to the question below asked by the IQR and the chart for a visual representation of the scores:

- Question #111. Does the person get along with their day program/employment provider staff? CPRQ111; '18IQR#120
- Question #112. Does the person get along with their residential provider staff? CPRQ112; '18IQR#121
- Question #94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30; '18IQR#102
- Question #94a. About where and with whom to live? CPRQ89; '17IQR#23c; '18IQR#102a
- Question #94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d; '18IQR#102b
- Question #109. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e; '18IQR#118
- Question #35. Was the [day] direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?
- Question #44. Did the direct service staff have training on how to report abuse, neglect and exploitation? CPRQ51; '18IQR#49; '19IQR question modified

**Chart #48: Comfort At Home and Day**

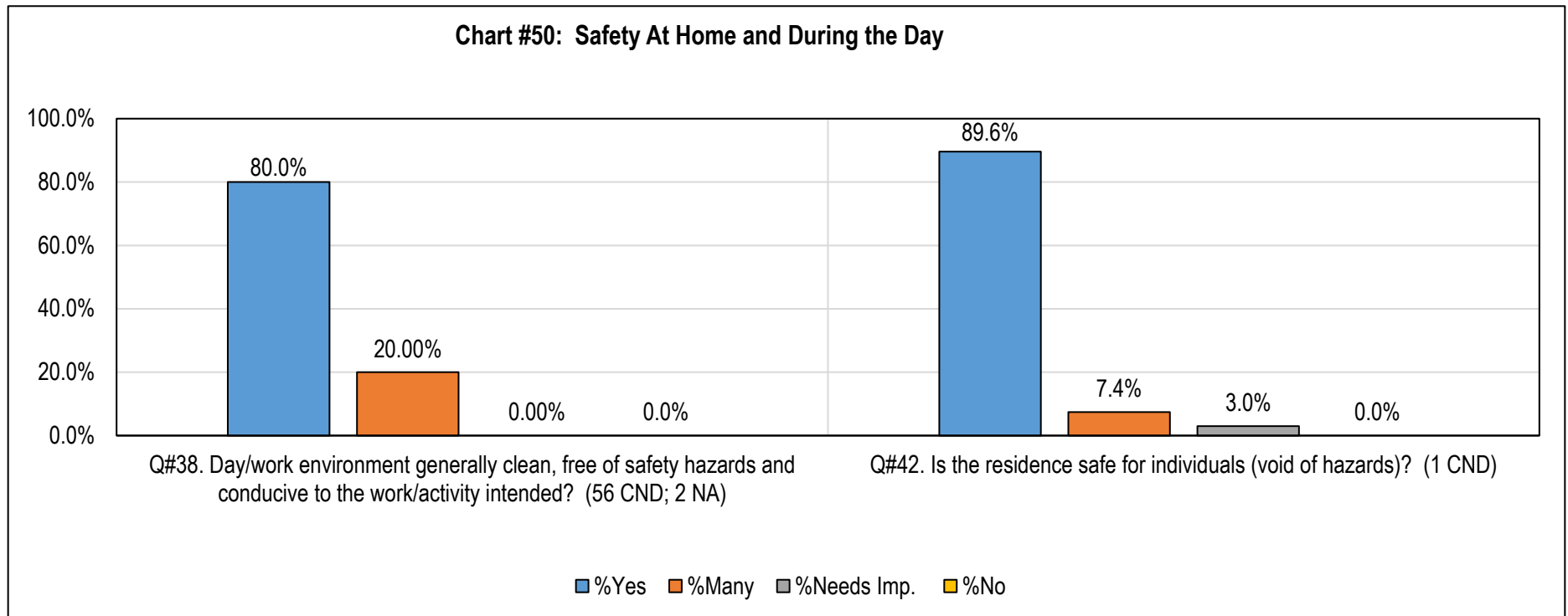


**Chart #49: Comfort At Home and Day (cont'd)**



**F. Are Residential and Day Sites Safe? In 2020, the scores were high in this area as illustrated in the graphs below.**

- Question #38. Does the person’s day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43; ‘18IQR#41
- Question #42. Is the residence safe for individuals (void of hazards)? CPRQ47; ‘18IQR#45



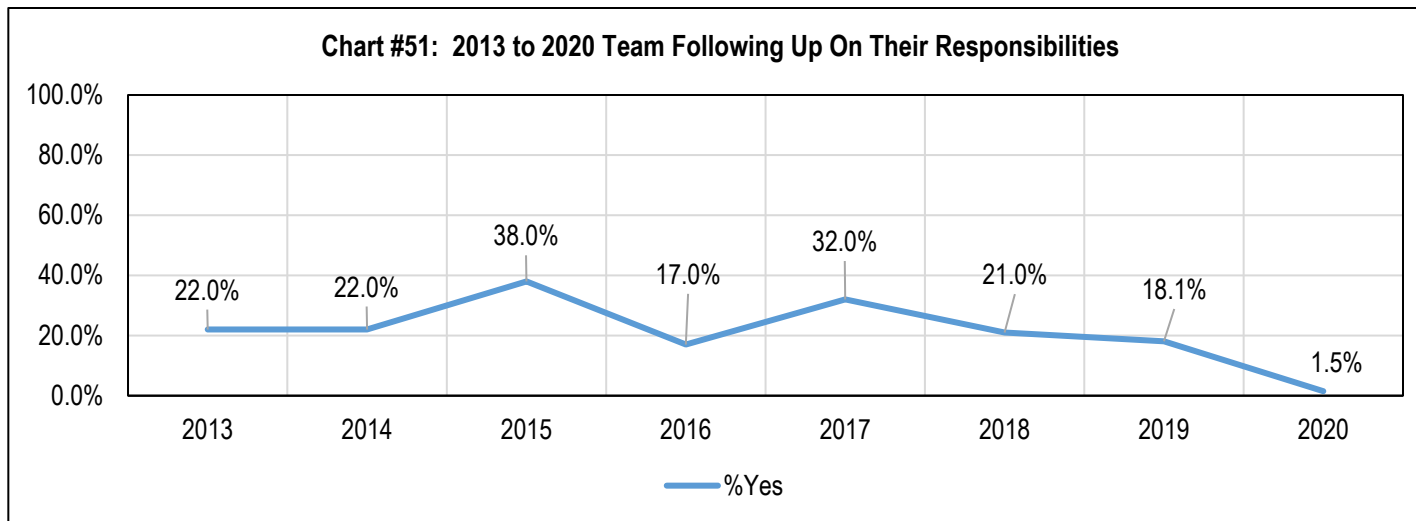
**G. Are Team Members Consistently Following Up on Their Responsibilities?**



Question #113 inquiries about whether team members are following up on their responsibilities which includes: implementing the ISP, identifying and acting on changes in personal circumstances, ensuring appointments are kept, enabling individuals to use recommended equipment and assistive technology, getting them to work timely, etc. As seen below in 2020, only 1.5% scored a perfect score of “yes”, however, 75% scored “many” indicating that many indicators were met however this is a significant decrease from previous years as illustrated in the below line graph.

The relevant IQR question is:

Question #113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10; '18IQR#122



## H. Are JCMs Integrated and Experiencing Meaningful Community Engagement?

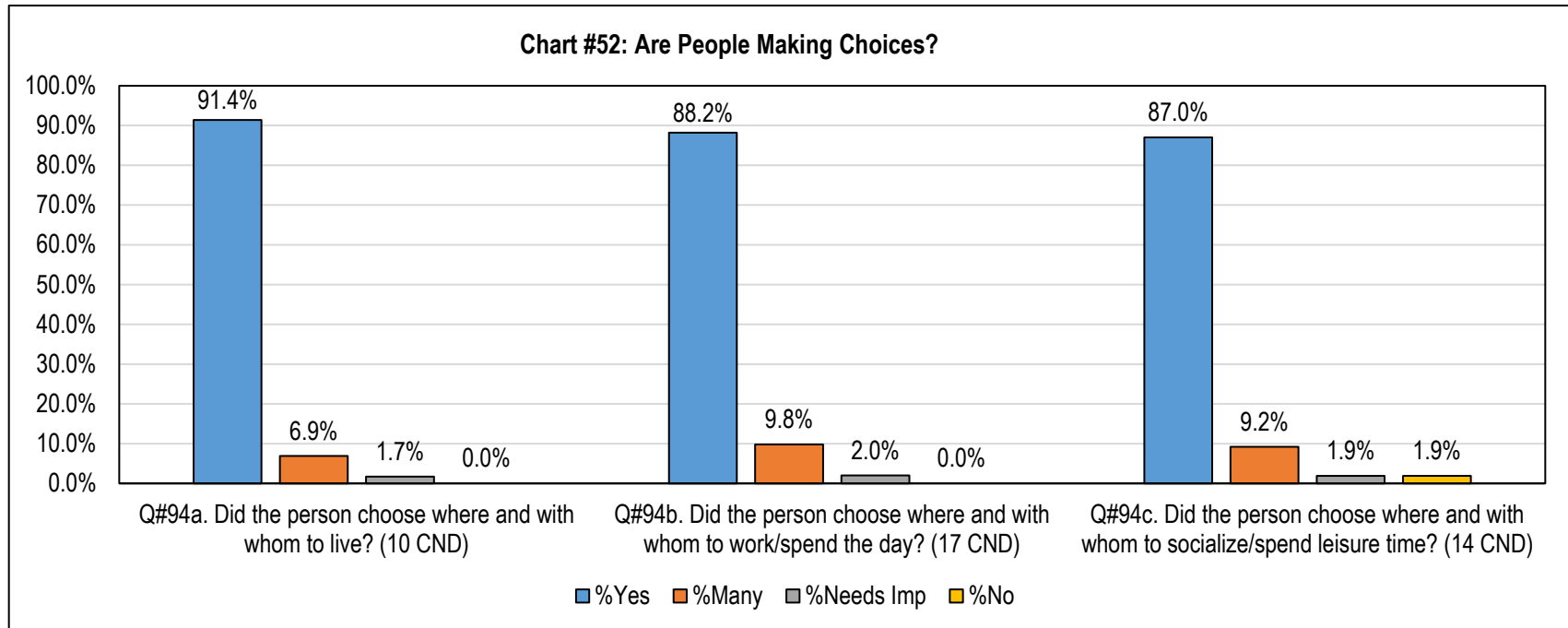
Looking at class members experiences in the community include questions such as:

**Routinely making choices** about:

Question #94a. About where and with whom to live? CPRQ89; '17IQR#23c; '18IQR#102a

Question #94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d; '18IQR#102b

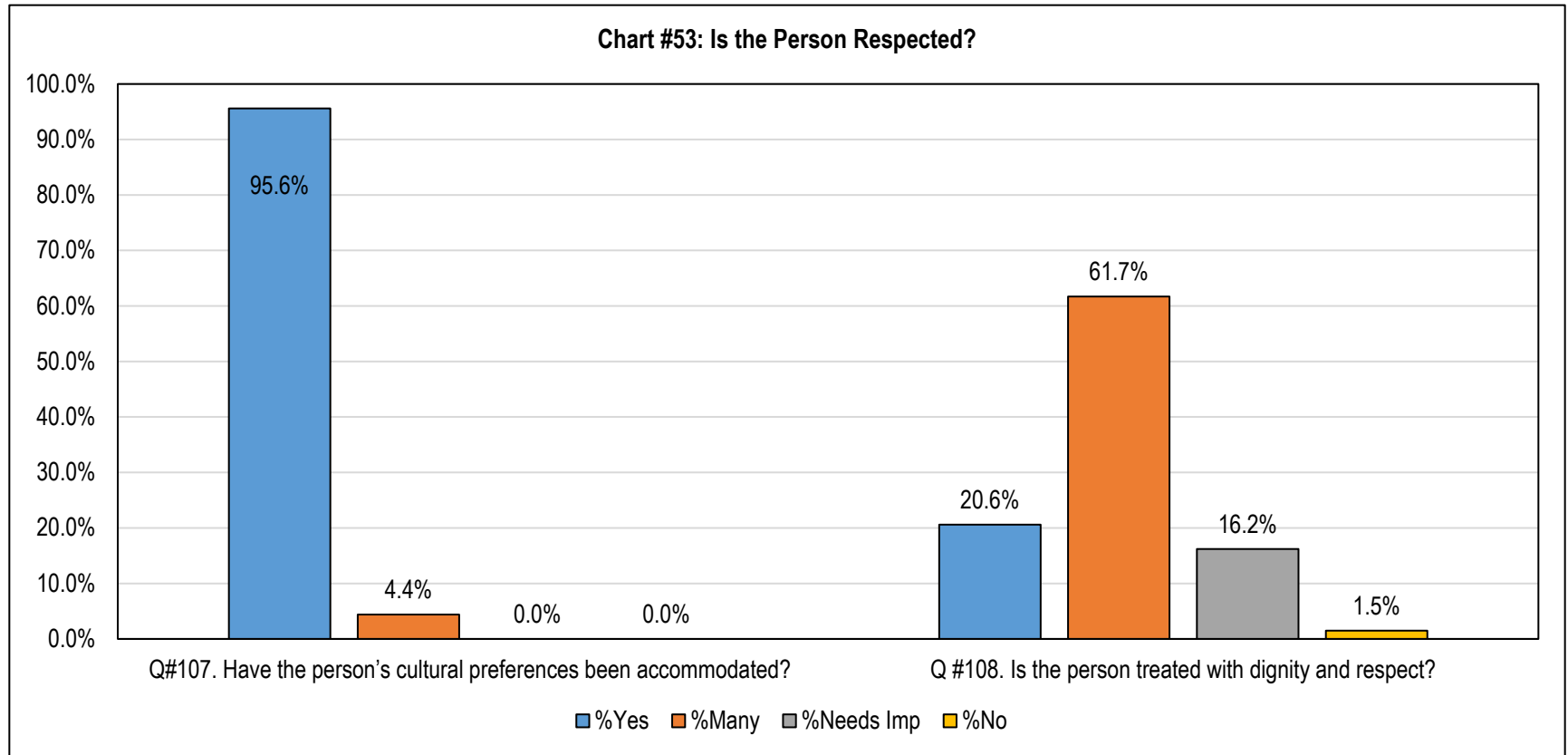
Question #94c. About where and with whom to socialize/spend leisure time? CPRQ91; '18IQR#102c



**Having abilities, needs and preferences known and respected.**

Question #107. Have the person’s cultural preferences been accommodated? CPRQ102; ‘17IQR#31e; ‘18IQR#116

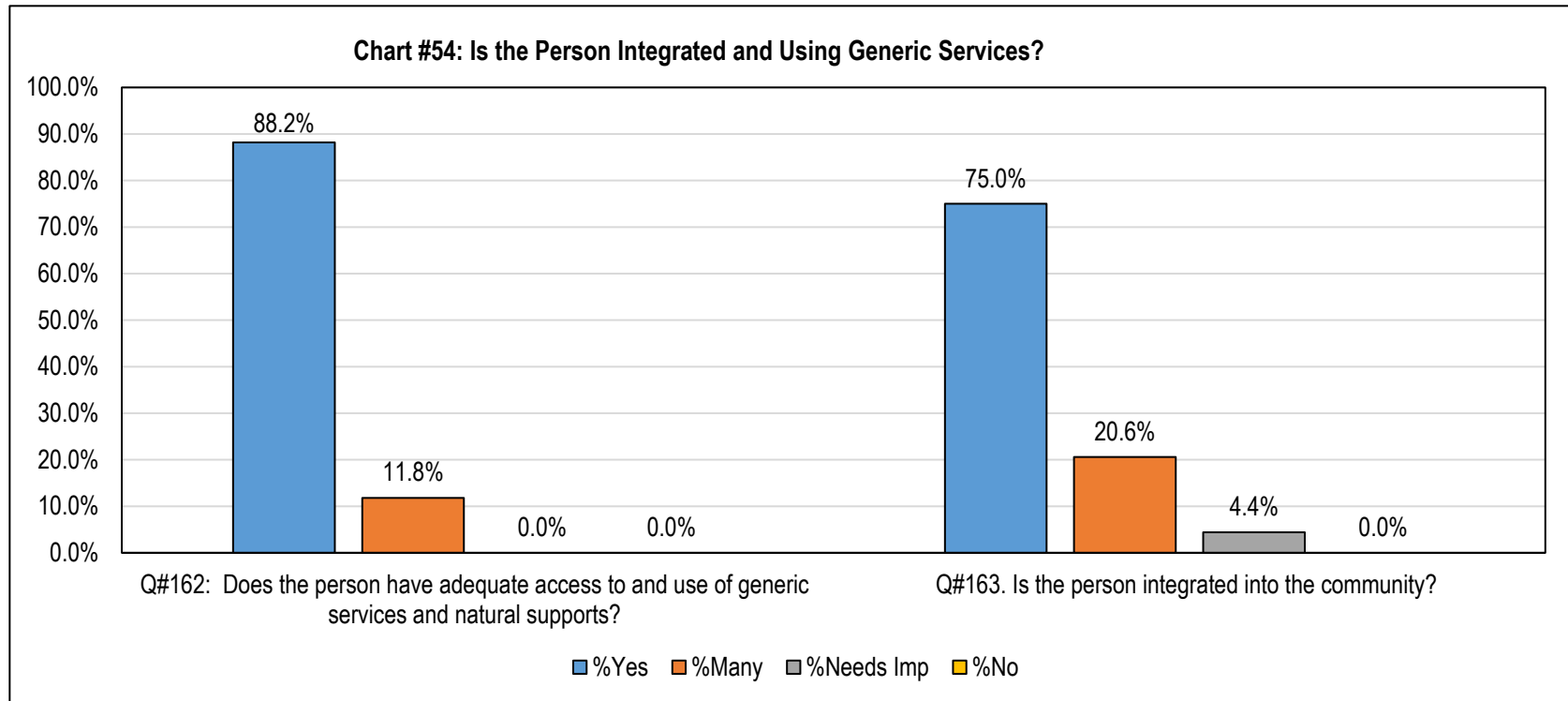
Question #108. Is the person treated with dignity and respect? CPRQ103; ‘17IQR#34c; ‘18IQR#117



**Being integrated into their community**

Question #162: Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f; '18IQR#171

Question #163: Is the person integrated into the community? CPRQ145; '17IQR#29g; '18IQR#172



## VIII. SUPPORTED EMPLOYMENT

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

Making an informed choice about employment is an individualized process. All people have unique histories and backgrounds, which means that some people may have limited experiences and will require more information to make an informed decision about employment while others may have a rich and varied employment history and can make an informed choice based on that history.<sup>19</sup>

### A. Components of Informed Choice: Assessment

The expectation is that the Team will work together to determine and provide opportunities for activities that support making an informed choice about employment and clearly document the person's decision-making process in the ISP.<sup>20</sup>

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

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

Considering vocational interests, abilities and skills is optional for those who are not working and have not expressed a wish to work. If you are working or wish to work then conditions for job success can and should be explored. In recent years, DDS embarked on a "Informed Choice Project" to foster trail work opportunities and training providers on how to engage in informed choice discussions. As we consider the aging status of the class members and note many IQR questions scored as not applicable (NA) there may be further analysis needed regarding employment services for class members.

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

- Question #125. Does (Name) have a current Person Centered Assessment? '18IQR#134
- Question #126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a; '18IQR#135
- Question #127. Did the individual participate personally in the Person Centered Assessment? '18IQR#136
- Question #128. Did the Guardian participate in the Person Centered Assessment? '18IQR#137

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<sup>19</sup> 2018 NM DD Waiver, Chapter 11

**B. Components of Informed Choice: Experience**

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 IDT members and nonpaid supports who empower the person to make informed choices.

Informed choice generally includes the following activities:

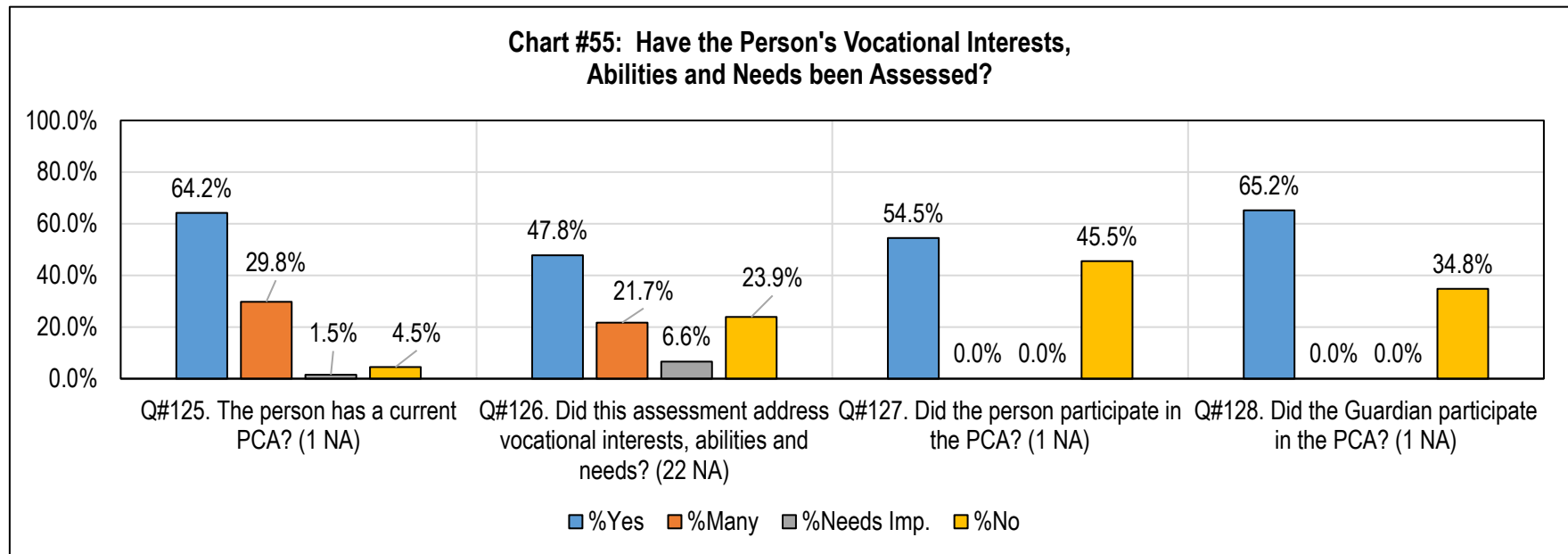
- a. assessing the person’s interests, abilities and needs;
- b. discussing with the person/guardian what was learned through assessment;
- c. providing information about different options and resources available to the person in a way that is understandable by the person;
- d. providing opportunities for trial and error; and
- e. considering potential impact on the person’s life, health and safety and creating strategies to address any related issues that may arise.

Individuals, family members, guardians, natural supports, and paid Provider Agencies have a responsibility to support people with I/DD to make informed choices and to encourage them to speak up about their lives without feeling intimidated.

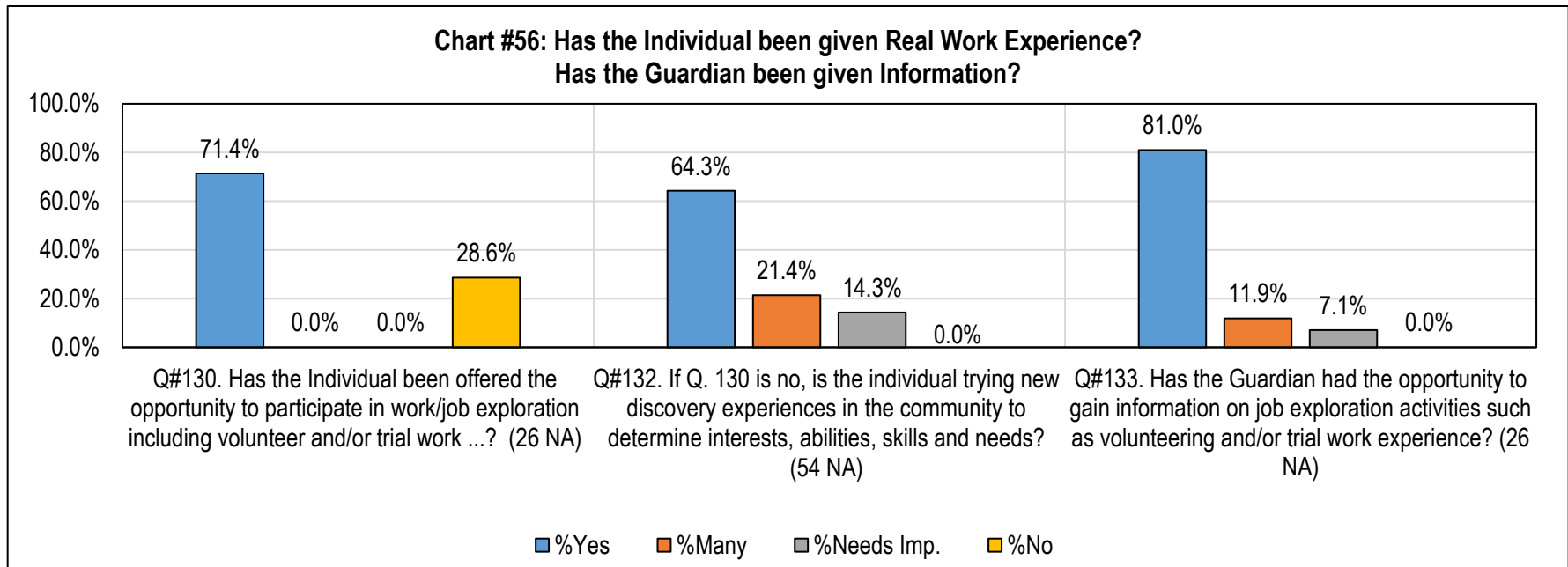
IQR questions which help inform us with respect to information and experience offered to class members include:

Question #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; '18IQR#139

Question #132. If #130 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs? '18IQR#141



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? '18IQR#142

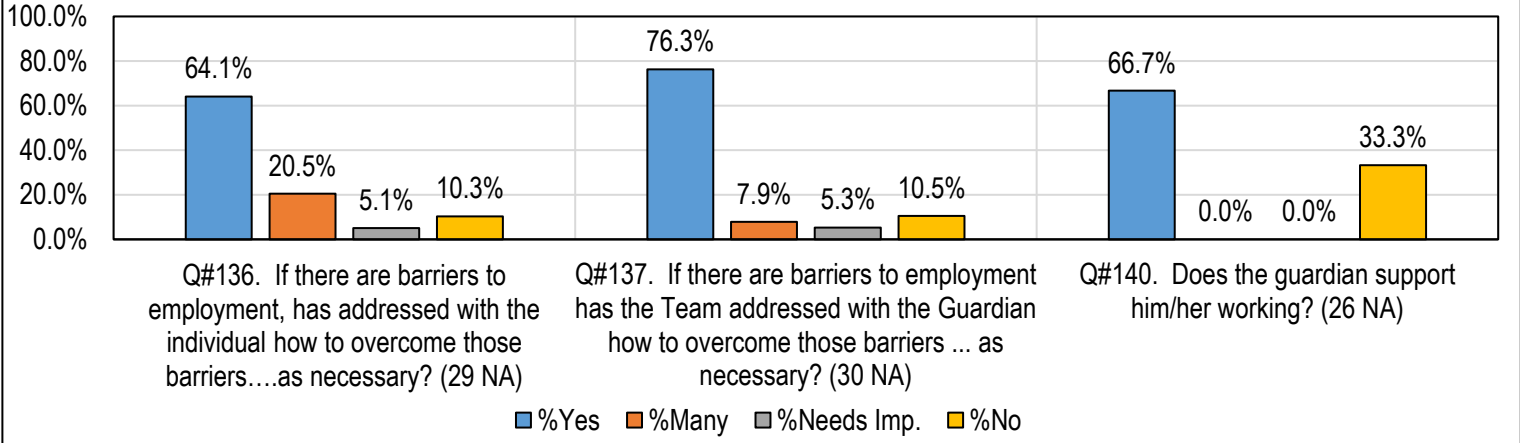


**C. Components of Informed Choice: Employment Barriers**

The 2019 IQR the following questions were asked to assess barriers for :

- 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 ... '17IQR#27b; '18IQR#145
- 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 ...? '18IQR#146
- Question #140. Does the Guardian support him/her working? '18IQR#149

**Chart #57: Barriers to Employment**





## IX. RIGHTS AND PROTECTIONS

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The previous Community Monitor provided the following narrative regarding Rights and Protection and DHI has included it in this report as it serves as an important reminder of individuals rights.

The 2018 NM DD Waiver Standards, The Medicaid Home and Community-Based Services (HCBS) Consumer Rights and Freedoms offers a good introduction to this section. The HCBS Consumer Rights and Freedoms are summarized below in total and applicable portions are reproduced in relevant sections which follow.

*“As a person with an intellectual and/or developmental disability (I/DD), and a person receiving services, I have the same basic legal, civil, and human rights and responsibilities as everyone else. My rights should never be limited or restricted unnecessarily; without due process and the ability to challenge the decision, even if I have a guardian. All my rights should be honored through any assistance, support, and services I receive.*

### **Some Examples of My Rights Include:**

- Get paid competitive wages to work in an inclusive setting
- Contribute to my community
- Access services in the community the same way people who don't receive services do
- Full inclusion in community and cultural life
- Have access to education and information in a way I can understand
- Choose where I live based on what I can afford
- Choose who I live with
- Lock my doors and home, and choose those who may come in
- Access common places in my home
- Exercise tenant rights in accordance with state law
- Accessibility wherever I go
- Choose to be alone and my privacy respected
- Privacy and confidentiality
- Access to all my personal information (financial, medical, programmatic, behavioral, legal)
- Receive information to make informed decisions regarding my health care-
- Choose supports that I need and want
- Choose from all available service Provider Agencies
- Independence
- Choose/develop my own schedule
- Go out at any time
- Develop my own person-centered plan of support
- Be treated with dignity and respect
- Control my money
- Be free from coercion, restraint, seclusion and retaliation
- Have visitors at my home at any time
- Choose when/what to eat, and have access to food at any time
- Choose my clothing
- Be part of a family or start one
- Live with my partner or get married
- Form loving relationships, either platonic or sexual, with whomever I choose
- Be free from abuse, neglect, exploitation
- Have access to advocacy supports and resources
- Participate in any discussion about restricting my right
- Vote
- Exercise religion or belief of my choice

### **Any restriction or modification to these rights:**

- Must demonstrate informed consent by me.
- Must have an assurance that interventions and supports will cause no harm to me.
- Must be the result of a documented health and safety issue.
- Must be reflected in the person-centered plan.

- *Must have documented less intrusive supports that were attempted prior to the modification/restriction.*
- *Will be communicated to me, in a way I can understand.*
- *Requires regular review to measure and assess effectiveness of restriction/modification.*
- *Requires a fade-out plan for the restriction/modification.*

**A. Class Members Are Addressed with Respectful Language and Have Opportunity for Privacy**

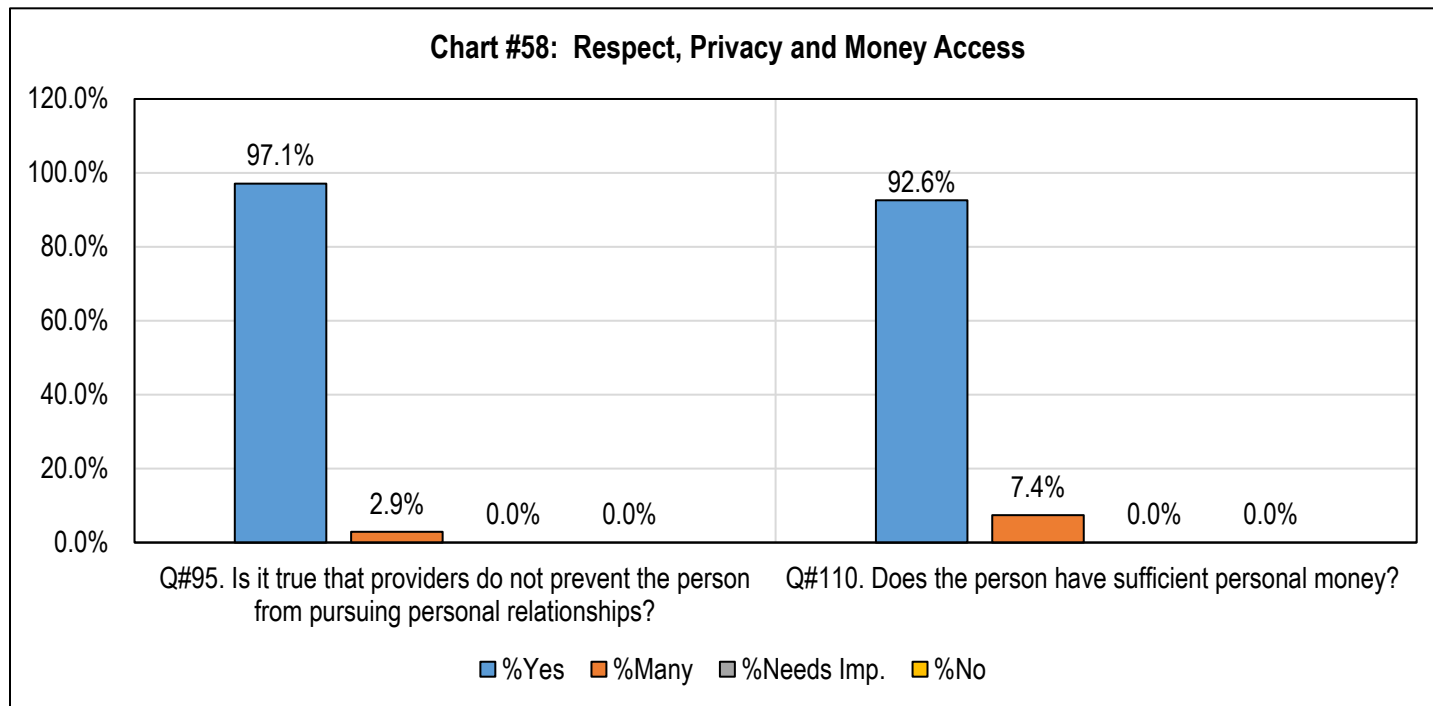
IQR Questions which address these rights include:

Question #94 a-c. Does the person have the opportunity to make informed choices? **(See Chart #52)**

- a. About where and with whom to live?
- b. About where and with whom to work/spend his/her day?
- c. About where and with whom to socialize/spend leisure time?

Question #110. Does the person have sufficient personal money?

Question #95: Does the evidence support that providers do not prevent the person from pursuing relationships? CPRQ92; '17IQR#31f; '18IQR#103; '19IQR wording changed

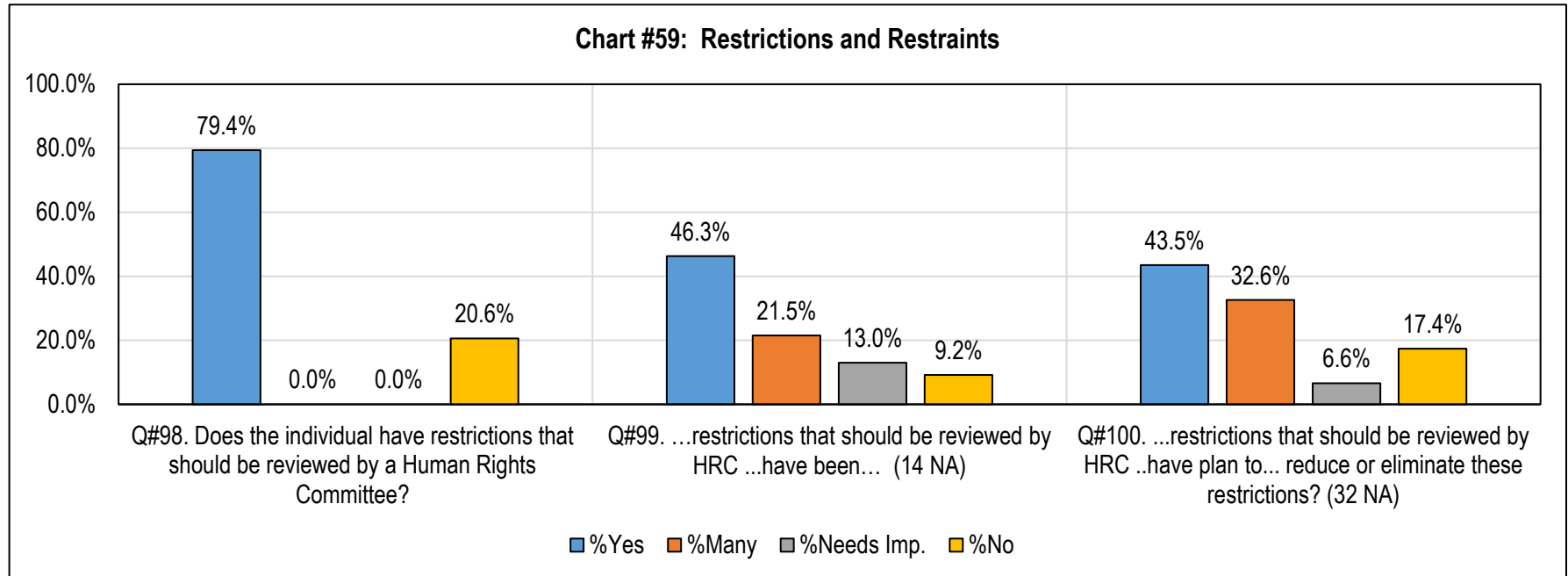


## B. Restrictions, Restraints and Reviews

Question #98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h; '18IQR#107

Question #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; '18IQR#108

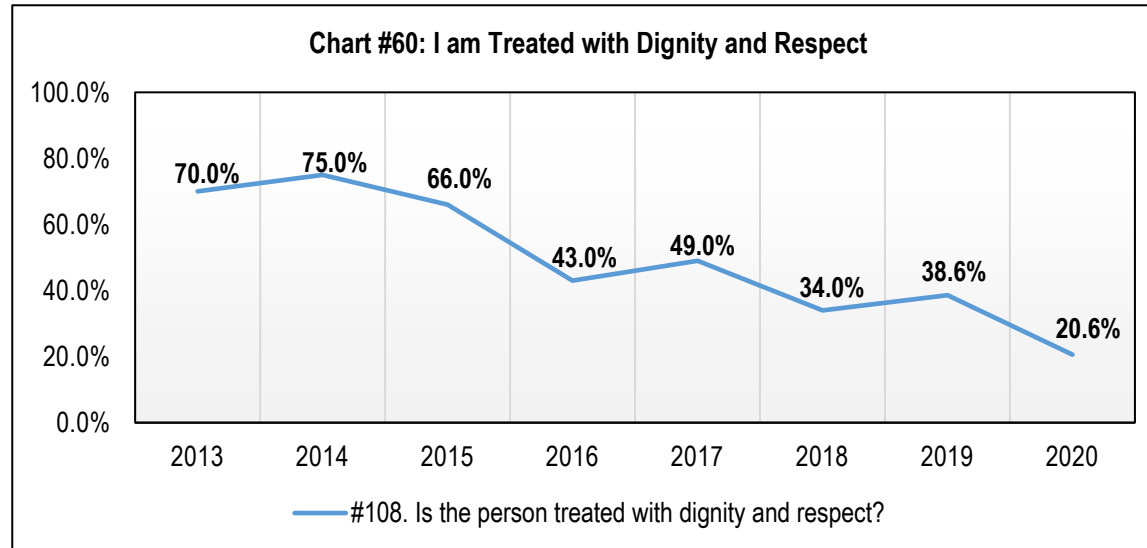
Question #100. If there are restrictions that should be reviewed by HRC, is a plan to enable the individual to regain his/her rights and reduce or eliminate these restrictions? '17IQR#34j; '18IQR#109



### C. Being Treated with Dignity and Respect.

Question #108. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c; '18IQR#117

Being treated with dignity and respect is a question that has been part of the CPR Protocol since 1993. In 2020, 20.6% of the sample scored “yes” and additional 61.7% scored as having many indicators met however this number continues to show a longitudinal decline and would benefit from further review by DDSD.



## D. Abuse, Neglect and Exploitation (ANE).

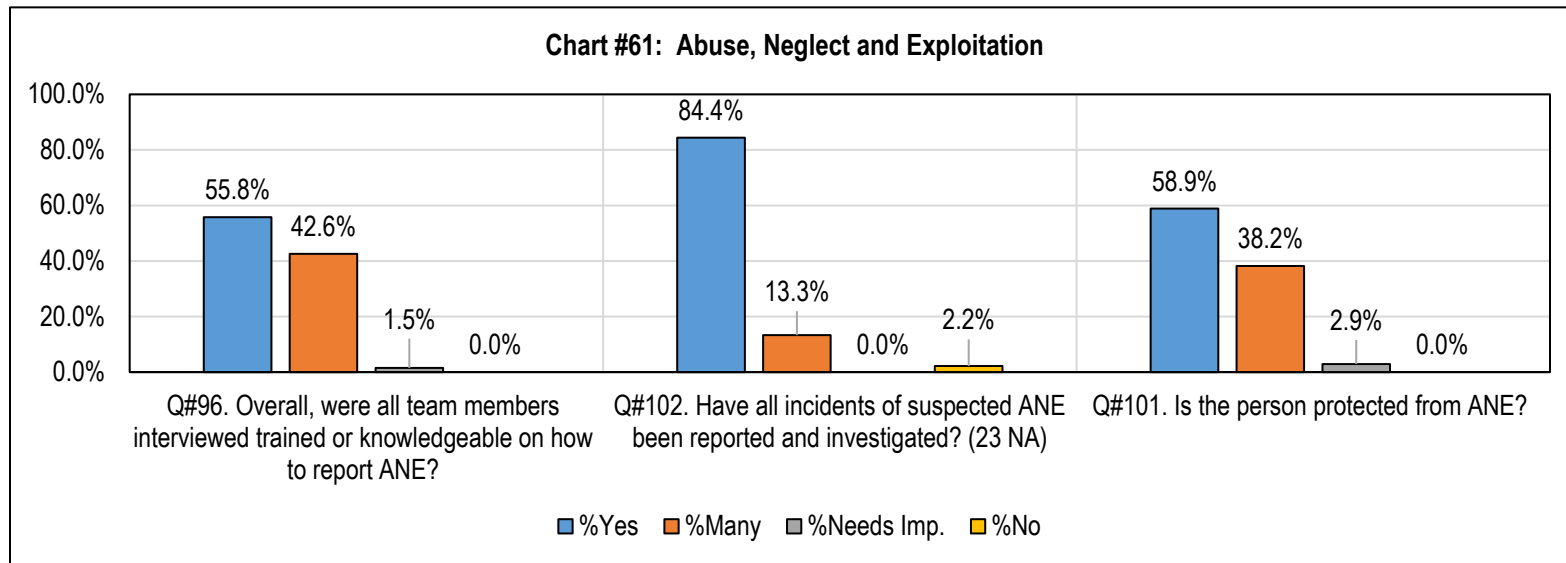
An Incident Management System (IMS) is a critical part of an agency's practice to ensure swift and appropriate response to any allegations or substantiated findings related to abuse, neglect, and exploitation (ANE), suspicious injury, environmental hazard, or death. All DD Waiver Provider Agencies shall establish and maintain an IMS, which emphasizes the principles of prevention and staff involvement. A comprehensive IMS for DD Waiver Provider Agencies involves training, monitoring, cooperation with DOH-DHI, reporting and continuous risk management activities.

### Some of My Rights Include:

- ✓ Being free from abuse, neglect, and exploitation.

The IQR asks the following questions related to ANE: :

- Question #96. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93\*; '17IQR#35a; '18IQR#105
- Question #102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b; '18IQR#111
- Question #101. Is the person protected from abuse, neglect and exploitation? '17IQR#35; '18IQR#110



**X. GOOD NEWS: OVERALL CONSISTENT AND IMPROVING AREAS**

In 2020 after each regional review the IQR team distributes a PowerPoint and aggregate data report (see DHI website for reports), which outlines regional specific data both positive results and areas in need of improvement. Below are examples of positive and encouraging news found overall, Statewide during review cycle:

**A. Statewide**

<b>Health</b>
<p>There were five (5) pneumonia diagnoses identified in 2020 per the JCM Out of Home Placement report.                  The number of hospitalizations per person during the 15-month reporting period was highest for Dehydration / UTI's (8 cases), followed by aspiration/pneumonia (10 cases) and Sepsis at (5 cases). *Numbers of hospitalization significantly improved from 2019 to 2020 related to these areas. (Chart #19).</p>
<p>Addressing JCM's functional and/or behavioral regression has improved from 2016 and improved significantly in 2020.                  Q#90: 1 (1.5%) of those reviewed achieved progress in the last year. An Additional 42 (61.7%) had some more limited areas of progress.                  Q#118: 28 JCMs (41.2%) were found to have experienced physical regression in the past year.                  Q#119: 14 JCMs (20.6%) experienced behavioral regression in the past year.                  Q#120: Of the JCMs who were found to have regression of either type, 42 of the JCM's teams (81.2%) addressed this regression.  <i>Through a historic public health emergency (COVID-19) 81.2% of IDT's were able to address regression.</i></p>
<b>Individual Service Plan (ISP)</b>
<p>16 (23.5%) of the ISPs were found to contain current and accurate information. (Q# 65) (Scored as "Yes")</p>
<b>Case Management</b>
<p>55 of 68 (80.9%) class members reviewed had case managers who knew them well. (Q#24) (Scored as "Yes")</p>
<b>Residential Services and Day Services</b>
<p>64 (94.1%) residential staff and 53 (81.5%) day staff know the JCM well. (Q#39; 31) (Scored as "Yes")</p>
<p>61 (100%) of the JCMs reviewed were seen to get along with their residential staff (7 CND) (Q#112) (Scored as "Yes")                  55 (98.2%) were seen to get along with their day/employment staff. (2 N/A; 10 CND) (Q#111) (Scored as "Yes")</p>
<p>51 (75%) of JCMs were integrated into the community. (Q#163) (Scored as "Yes")</p>
<p>47 (69.1%) of JCMs were viewed as "safe". (Q#103) (Scored as "Yes")</p>
<p>51 (85%) (8 CND) have the opportunity to make informed choices. (Q#94) (Scored as "Yes")                  58 (85.3%) of JCMs reviewed have daily choices/appropriate autonomy over his/her life. (Q#106) (Scored as "Yes")</p>

<b>Employment Services</b>
22 (47.8%) of JCMs were found to have teams who assessed their vocational interests, abilities and needs. (Q#126) (Scored as "Yes")
34 (84.9%) of JCMs were found to have been provided with information about the range of employment opportunities and how to access those options. (Q#134) (Scored as "Yes")
25 (64.1%) of JCMs reviewed had teams who addressed how to overcome barriers, if any, to employment. (Q#136) (Scored as "Yes")
36 (85.7%) of JCMs reviewed Guardians received information regarding the range of employment options available to the individual. (Q#135) (Scored as "Yes")
30 (71.4%) of the JCMs reviewed have been offered an opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities (26 NA). (Q#130) (Scored as "Yes")
<b>Rights</b>
65 (95.6%) of JCMs have their cultural preferences accommodated. (Q#107) (Scored as "Yes")
38 (84.4%) of JCMs have all incidents of suspected abuse, neglect and exploitation reported and investigated. (Q#102) (Scored as "Yes")

## APPENDIX A: HEALTH RELATED FINDINGS BY AGENCY

The Individual Quality Review identified 608 health related findings for the 68 DD Waiver individuals reviewed. Please refer to Charts #13, 62, 63, 64, 65, 66 for detailed health data by provider.

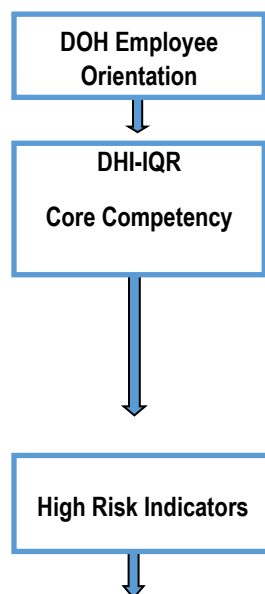
## APPENDIX B: TRANSITION OF THE IQR TO DOH/DHI

### DOH/DHI IQR Surveyors Have Been Hired, Trained and Approved by the Community Monitor

In April 2019, the Jackson Parties entered into the Jackson Settlement Agreement which outlined the process for the Community Monitor to fully transition the IQR to DHI by June 30, 2020. DHI and the Community Monitor worked diligently to ensure DHI had the internal capacity and knowledge to be able to conduct the review in a substantially similar manner as the Community Monitor has for the last 15 years. Five (5) DHI-IQR Surveyors completed the training process as outlined in the 2018 Statewide Report and were jointly approved by the Community Monitor and IQR Supervisor as IQR Surveyors by June 30, 2020, thus making DHI compliant with their obligations in the Jackson Settlement Agreement and ensuring the IQR process continues to ensure a quality review of services is conducted on a sample of Jackson Class Members every year.

The previous Community Monitor, Lyn Rucker, remained contracted with the Department from July 2020 through June 30, 2021 in the role of technical advisor to ensure a successful, first independent review cycle. DHI was successful in their first, independent review cycle and Ms. Rucker is no longer contracted with the Department as a technical advisor. Additionally, as a result of the hard work, diligence and success, DHI successfully disengaged Paragraph 15 of the Jackson Settlement Agreement!

The process below outlines the training structure that remains intact as DHI brings on additional or new Surveyors:



**Phase #1: DHI/DDSD New Employee Orientation:** This includes internal DOH and DHI orientation, as well, State Personnel Office (SPO) and Developmental Disabilities Supports Division (DDSD) required trainings on, for example, the DD Waiver Standards, program and service provision, and visits to the field, etc.

**Phase #2: DHI-IQR Team Core Competency:** 3-day Training-Overview of IQR Process, Surveyor's Guide, demonstrated competency in using WebEx, SCOMMs, navigation of protocol sections, knowing when to send what and to whom, including deadlines. Review of all 7 protocol sections, where to record information, learning how and why information is relevant to the review, relevance and analysis of documents. This multi-day training includes a detailed walk through each section of the protocol so Surveyors understand what is being sought, where information is to be recorded, how the process works, timelines which are to be met and other specific deliverables. Tips from experienced Surveyors are shared. Practice time is integrated throughout and demonstrated competency is expected in finding information in the files and entering detailed information in the protocol. Pre- and Post-Tests are administered to demonstrated applied learning.

**Phase #3: DHI-IQR Team High Risk Indicators:** In addition to taking the DS Required Indications of Illness and Injury training, Surveyors must pass the High-Risk Indicators test. This test provides information and then a test to determine the level of understanding of the Surveyor on the following 'high risk' topics: Aspiration/ Choking; Constipation/Bowel Obstruction; Dehydration; GERD; Seizures and Something's Not Right/Change in Condition.



Mentoring



Mentoring during Independent Reviews



Surveyor and Supervisor Evaluations

**Phase #4: DHI-IQR Supervisor and Mentors:** The Trainee/Surveyor begins by being mentored by an approved and experienced Surveyor. Experienced Surveyors serve as mentor(s) throughout the entire review process. During the initial stages of this process, the Mentor functions as the Surveyor so the Trainee/Surveyor can ‘shadow’/observe initially and later complete identified sections of the protocol. As the Trainee/Surveyor gains experience, protocol sections are exchanged with the Mentor who provides guidance and feedback on the content to ensure accuracy and inter-rater reliability.

**Phase #5: DHI-IQR Surveyor Independent Reviews:** The Trainee/Surveyor conducts Review(s) as lead. The experienced mentor ‘shadows’ the Trainee/Surveyor at every stage of a full review. The training of the Trainee/Surveyor may be stopped at any point.

**Phase #6: DHI-IQR Surveyor and Supervisor Evaluations:** The Trainee/Surveyor completes a self-evaluation and the IQR Supervisor also completes an evaluation with input from the mentor and Case Judge. After at least two reviews where the Surveyor serves as lead, the Surveyor may become “approved” or further mentoring in specified areas may be identified or the training may be stopped.

Throughout the process identified above, additional mentoring/training may be required and provided through additional reviews until such time as the Surveyor is approved or training and further reviews by that specific Trainee/Surveyor is halted.

#### **Review Process:**

The review process remained substantially similar this year, however due to the COVID-19 Pandemic, the “on-site” in person visits were not allowed for a large part of the year per the New Mexico Public Health Orders. The IQR team understood the importance of “getting our eyes on” individual Jackson Class Members, therefore, the IQR Team conducted Zoom or video “on-site” visits when providers had the capacity to do so. Beginning on June 1, 2021 on-site visits resumed. Surveyors were fitted with PPE and training was provided by the NM DOH Epidemiology Department on Infection Control

The steps below outline the review process as it currently stands:

**Public Availability of the IQR Protocol and Guidance:** The IQR Protocol is published on the DOH-DHI-IQR website and available to anyone, including those providers and others who will be reviewed, to read or take guidance from as they prepare for the IQR. The protocol includes the bulk of the questions to be asked and notes which identify what the Surveyor is looking for. Thus, the live review can be identified as “an open book” where there should be no surprises.

**Setting the Yearly Calendar:** DHI and DDSD collaborate on establishing the calendar that it is published at the beginning of the review year. The calendar is published on the DOH-DHI-IQR website so individuals, families, providers, case managers, and other stakeholders are able to have easy access to the information.

**Selecting the Sample:** The names of individuals to be reviewed are provided to the appropriate region at least 45 days in advance of the review start date by the DHI-IQR Supervisor.

## Review Weeks

- Week #1: File is reviewed by Surveyor.
- Week #2: Phone interviews are conducted by the Surveyor with those working with the individual including the Case Manager, Guardian, related therapists, nurse and Behavior Support Consultant. For individuals receiving supports through Mi Via, phone interviews are conducted with the Consultant, Guardian and any other ancillary supports he/she may receive (e.g., therapists, nurses).
- Week #3: On-site Review is conducted and includes interview/observation of supports and services offered to the individual being reviewed during the day and in their home. While visiting the home and day locations, the environment is observed, medications reviewed, and recommended equipment sought out. The onsite review also includes interviews with direct support personnel who know the person best including employment, if appropriate, day and residential staff. As indicated above during the COVID-19 PHE the IQR Team is conducting Zoom or video "on-site" visits.

**Recording Evidence and Findings:** The individual's IQR protocol serves as the container for accumulated evidence. Based on the evidence collected through file review, interviews and observations, individual findings are developed first by the Surveyor.

**Reviews to Ensure Accuracy:** The evidence and findings go through multiple reviews to ensure clarity and accuracy.

- Review #1: Based on documented evidence accumulated by the Surveyor, findings are developed and written down;
- Review #2: The Case Judge reads the entire file, reviews the summary of evidence accumulated and summarized in the protocol which includes summary of all interviews and on-site observations. The Case Judge then reviews the protocol content and the findings with the Surveyor. Discrepancies, errors, omissions are reconciled, and questions answered between the Surveyor and Case Judge.
- Review #3: The Surveyor summarizes his/her findings with the IQR Supervisor. Discrepancies and omissions are reconciled, and questions answered.
- Review #4: Regional Status Summary. The IQR Supervisor reviews all of the findings with representatives of the Regional Office, DHI and DDSD. Discrepancies, errors and omissions are reconciled, and questions answered. After summation, the IQR Supervisor makes appropriate changes to the findings and protocol scores.
- Review #5: DDSD representatives review all the findings with each individual's Team which consists of the individual and Guardian, if available, the Case Manager, Day, Employment and Residential provider representatives and related therapists, nurses and behavioral support consultants. Teams are invited to identify discrepancies, errors and questions.
- Review #6: Once the accumulated regional findings are summarized in the Regional Power Point completed by DHI-IQR, that summary is sent to the Region for Final review and comment. After this review, the final regional report is issued to all of the parties.
- Review #7: A detailed report is then developed by DHI-IQR and sent to the Region/State which identifies information by provider and by case management agency to enable the region/state to prioritize issues and providers who may need technical assistance/remediation. This report is shared with all of the parties with an invitation to forward further questions.

## Follow Up:

Ten calendar days following the Regional Status Summary, DDSD assumes responsibility for following up with individual Teams and providers on the Findings. Based on that information, 30-60-90 Day Reports on the recommended corrective action(s) are compiled by DDSD. These reports continue at 30-day intervals up to a maximum of 180 days after the Regional Status Summary or until the action plan has been fully implemented. This Finding follow-up is typically the responsibility of the local provider where a practice deficit had been observed. The DDSD reports the collective follow up of providers.

Corrective action timeline requirements for class members who have been identified as having immediate and/or special needs that put them at risk for significant harm begins immediately upon notification to the Regional Office.

**APPENDIX C: IMMEDIATE AND SPECIAL NEEDS BY ISSUE AND REGION**

Available by Request: Contains individually identifiable information

Those authorized to receive a copy and who would like one should contact the IQR Supervisor 505-231-9047 or [lundy.tvedt@state.nm.us](mailto:lundy.tvedt@state.nm.us)

**APPENDIX D: NUMBER OF ISSUES IDENTIFIED FOR PEOPLE WITH IMMEDIATE AND/OR SPECIAL NEEDS  
BY REGION, RESIDENTIAL PROVIDER AND CASE MANAGEMENT AGENCY**

*(Refer to Chart #15, 16, 17 & 18)*

**APPENDIX E: ADDITIONAL CHARTS DETAILING JCM ISSUES**

**Chart #62: Number of Issues with Individual Medical Assessments/Follow-up by Residential Agency**

<b>Agency</b>	<b>AIMS/TD</b>	<b>Audiology</b>	<b>Bone Density</b>	<b>Dental</b>	<b>Labs</b>	<b>Neurology</b>	<b>PCP</b>	<b>Psych</b>	<b>Specialist</b>	<b>Vision</b>	<b>Totals</b>
<b>Adelante (7)</b>	0	0	1	2	5	0	1	0	3	0	<b>12</b>
<b>ARCA (2)</b>	0	0	0	1	1	1	1	0	3	0	<b>7</b>
<b>Aspire (2)</b>	0	0	0	0	4	0	0	0	0	0	<b>4</b>
<b>At Home Advocacy (1)</b>	0	0	0	0	0	0	1	0	0	0	<b>1</b>
<b>Benchmark (2)</b>	1	1	1	0	1	0	0	0	0	0	<b>4</b>
<b>Bright Horizons (3)</b>	3	0	0	1	0	0	4	3	5	0	<b>16</b>
<b>CDD (1)</b>	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Community Options NE (1)</b>	1	0	2	1	0	1	1	0	1	0	<b>7</b>
<b>Community Options SW (1)</b>	1	0	0	0	0	0	0	1	0	1	<b>3</b>
<b>Cornucopia (1)</b>	0	1	0	0	0	0	1	0	0	0	<b>2</b>
<b>Dungarvin METRO (3)</b>	4	2	1	1	5	0	0	0	1	2	<b>16</b>
<b>Dungarvin NW (4)</b>	2	2	2	1	0	0	0	0	5	0	<b>12</b>
<b>ENMRSH (2)</b>	0	0	0	0	10	0	3	0	0	0	<b>13</b>

Agency	AIMS/TD	Audiology	Bone Density	Dental	Labs	Neurology	PCP	Psych	Specialist	Vision	Totals
Ensuenos (1)	0	0	0	1	1	0	0	0	0	0	2
Exp. Unlimited (1)	0	0	0	0	0	0	0	0	0	0	0
Family Options (1)	1	0	0	0	0	0	0	0	1	0	2
LEADERS (1)	0	0	0	0	5	0	0	0	3	0	8
Lessons of Life (3)	1	0	1	0	0	0	0	0	6	0	8
LLCP (10)	1	2	1	0	1	0	0	0	4	2	11
Mi Via (Metro 1)	0	0	0	0	0	0	0	0	0	0	0
Mi Via (NE 2)	0	0	0	0	0	0	0	0	1	0	1
Nezzy Care (1)	0	0	0	0	0	0	0	0	0	0	0
NNMQC (1)	1	0	1	0	1	0	0	0	1	0	4
Onyx (2)	1	1	1	0	0	0	6	1	6	2	18
PRS (2)	0	0	1	1	0	0	3	0	6	2	13
The New Beginnings (3)	0	1	0	0	1	0	5	1	3	0	11
Tobosa (4)	0	0	0	1	3	0	3	0	0	1	8
Tresco (5)	2	0	0	2	0	1	2	0	5	1	13
Tungland (3)	0	0	1	0	1	0	5	0	5	0	12
<b>Totals</b>	<b>19</b>	<b>10</b>	<b>13</b>	<b>12</b>	<b>39</b>	<b>3</b>	<b>36</b>	<b>6</b>	<b>59</b>	<b>11</b>	<b>208</b>

**Chart #63: Number of Issues with Standard Assessment/Screen/Vaccination  
Recommended by health.org/myhealthfinder, by Residential Agency**

Agency	Hep B/ Hep C testing	Shingles vaccine	Pneumonia/ Flu vaccine	Colon cancer screen	TD/Tdap vaccine	HIV Testing	Cervical cancer screen	Mammogram/ Breast exam	Totals
Adelante (7)	3	3	2	1	3	0	0	0	12
ARCA (2)	2	2	1	0	1	0	0	0	6
Aspire (2)	1	1	0	0	0	1	0	0	3
At Home Advocacy (1)	1	0	1	0	0	1	0	0	3
Benchmark (2)	1	1	0	1	0	0	0	0	3
Bright Horizons (3)	3	3	0	2	2	2	0	1	13
CDD (1)	0	0	0	0	0	0	0	0	0
Community Options NE (1)	2	1	2	1	1	0	1	1	9
Community Options SW (1)	1	0	0	0	0	1	0	0	2
Cornucopia (1)	2	0	0	0	0	1	1	0	4
Dungarvin METRO (3)	3	3	2	0	2	2	0	0	12
Dungarvin NW (4)	3	1	3	0	0	2	0	0	9
ENMRSH (2)	1	0	0	0	0	1	0	0	2
Ensuenos (1)	0	0	1	0	0	0	0	0	1
Exp. Unlimited (1)	1	1	1	0	1	0	0	0	4

Agency	Hep B/ Hep C testing	Shingles vaccine	Pneumonia/ Flu vaccine	Colon cancer screen	TD/Tdap vaccine	HIV Testing	Cervical cancer screen	Mammogram/ Breast exam	Totals
Family Options (1)	1	1	0	0	1	1	0	0	4
LEADERS (1)	1	1	1	1	0	0	0	0	4
Lessons of Life (3)	3	0	0	0	0	1	0	0	4
LLCP (10)	6	1	2	1	1	3	0	0	14
Mi Via (Metro 1)	0	0	0	0	0	0	0	0	0
Mi Via (NE 2)	1	0	0	0	1	1	0	0	3
Nezzy Care (1)	0	0	0	1	0	0	0	0	1
NNMQC (1)	1	0	0	0	0	0	1	0	2
Onyx (2)	2	2	2	1	2	2	0	0	11
PRS (2)	1	1	1	1	1	0	1	0	6
The New Beginnings (3)	2	1	0	2	1	1	0	0	7
Tobosa (4)	2	1	4	1	2	2	0	0	12
Tresco (5)	5	4	3	2	1	1	0	0	16
Tungland (3)	4	3	0	1	1	3	0	1	13
<b>TOTAL</b>	53	31	26	16	21	26	4	3	180

**Chart #64: Issues Identified in Relation to Individuals' Tracking needs, by Residential Agency**

<b>Agency</b>	<b>Blood Pressure / Blood Glucose</b>	<b>Fluid Input/Urine Output/BM</b>	<b>Repositioning</b>	<b>Seizure</b>	<b>Skin &amp; Wound</b>	<b>Weight</b>	<b>Totals</b>
<b>Adelante (7)</b>	0	17	0	0	0	1	<b>18</b>
<b>ARCA (2)</b>	12	3	0	0	0	0	<b>15</b>
<b>Aspire (2)</b>	0	1	0	0	0	0	<b>1</b>
<b>At Home Advocacy (1)</b>	0	0	0	0	0	0	<b>0</b>
<b>Benchmark (2)</b>	9	0	0	0	1	0	<b>10</b>
<b>Bright Horizons (3)</b>	0	9	2	0	1	5	<b>17</b>
<b>CDD (1)</b>	0	0	0	0	0	0	<b>0</b>
<b>Community Options NE (1)</b>	0	16	0	0	0	9	<b>25</b>
<b>Community Options SW (1)</b>	1	0	0	0	0	0	<b>1</b>
<b>Cornucopia (1)</b>	0	0	0	0	0	0	<b>0</b>
<b>Dungarvin METRO (3)</b>	0	2	0	1	0	1	<b>4</b>
<b>Dungarvin NW (4)</b>	0	30	0	0	0	14	<b>44</b>
<b>ENMRSH (2)</b>	0	0	0	0	0	0	<b>0</b>



<b>Agency</b>	<b>Blood Pressure / Blood Glucose</b>	<b>Fluid Input/Urine Output/BM</b>	<b>Repositioning</b>	<b>Seizure</b>	<b>Skin &amp; Wound</b>	<b>Weight</b>	<b>Totals</b>
<b>Ensuenos (1)</b>	0	1	0	0	0	0	<b>1</b>
<b>Exp. Unlimited (1)</b>	0	0	0	0	0	0	<b>0</b>
<b>Family Options (1)</b>	0	0	0	0	0	0	<b>0</b>
<b>LEADERS (1)</b>	1	0	0	0	0	0	<b>1</b>
<b>Lessons of Life (3)</b>	0	2	0	0	0	0	<b>2</b>
<b>LLCP (10)</b>	1	15	0	0	0	2	<b>18</b>
<b>Mi Via (Metro 1)</b>	0	0	0	0	0	0	<b>0</b>
<b>Mi Via (NE 2)</b>	0	0	0	0	0	0	<b>0</b>
<b>Nezzy Care (1)</b>	0	0	0	0	0	0	<b>0</b>
<b>NNMQC (1)</b>	0	0	0	0	0	1	<b>1</b>
<b>Onyx (2)</b>	2	1	0	0	0	1	<b>4</b>
<b>PRS (2)</b>	1	5	0	0	0	7	<b>13</b>
<b>The New Beginnings (3)</b>	0	1	0	0	0	0	<b>1</b>
<b>Tobosa (4)</b>	0	3	0	0	2	4	<b>9</b>

Agency	Blood Pressure / Blood Glucose	Fluid Input/Urine Output/BM	Repositioning	Seizure	Skin & Wound	Weight	Totals
Tresco (5)	4	21	1	0	1	22	49
Tungland (3)	0	20	0	0	0	7	27
<b>TOTAL</b>	<b>31</b>	<b>147</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>74</b>	<b>261</b>

**Chart #65: Issues Identified in Relation to eCHAT, HCPs, MERPs, ARST and CARMPs, by Residential Agency**

Agency	ARST contains conflicting information/not timely/not accurate	Aspiration documents conflict on risk level/fluid consistency/diet texture	CARMP inaccurate/ incomplete/not current/not reviewed timely	CARMP not implemented properly	e-CHAT incorrect/inconsistent /not updated timely	e-CHAT does not have HCP/MERPs linked	e-CHAT inconsistencies with diagnoses/conditions in other documents	HCPs inaccurate/incomplete	HCPs not found	HCP in house not current	HCP for Aspiration and CARMP	HCP/MERP not implemented	MAAT: incorrect/inconsistent information	MAAT not timely	MERPs inaccurate/incomplete	MERPs need review, updating, more detail	MERP in house not current	MERP not found	Inconsistency between HCP/ CARMP/MERP/e-CHAT/MARS/Plans	TOTAL
Adelante (7)	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0	2	0	0	6	11
ARCA (2)	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	8	0	0	3	13
Aspire (2)	0	1	5	0	0	0	0	1	1	0	0	0	0	0	2	0	0	0	3	13
At Home Advocacy (1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	3	7
Benchmark (2)	1	3	10	0	5	0	4	1	0	0	0	0	0	0	13	0	0	0	0	37
Bright Horizons (3)	0	0	0	0	0	0	0	0	1	0	0	0	0	2	4	0	0	0	9	16
CDD (1)	0	0	6	0	3	0	0	0	0	0	0	0	0	0	6	0	0	0	0	15

Agency	ARST contains conflicting information/not timely/not accurate	Aspiration documents conflict on risk level/fluid consistency/diet texture	CARMP inaccurate/ incomplete/not current/not reviewed timely	CARMP not implemented properly	e-CHAT incorrect/inconsistent /not updated timely	e-CHAT does not have HCP/MERPs linked	e-CHAT inconsistencies with diagnoses/conditions in other documents	HCPs inaccurate/incomplete	HCPs not found	HCP in house not current	HCP for Aspiration and CARMP	HCP/MERP not implemented	MAAT: incorrect/inconsistent information	MAAT not timely	MERPs inaccurate/incomplete	MERPs need review, updating, more detail	MERP in house not current	MERP not found	Inconsistency between HCP/ CARMP/MERP/e-CHAT/MARS/Plans	TOTAL
Community Options NE (1)	1	0	1	0	2	0	0	0	0	0	0	0	0	1	6	0	0	0	0	11
Community Options SW (1)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	3
Cornucopia (1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2	4
Dungarvin METRO (3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	3	9
Dungarvin NW (4)	0	1	5	0	2	0	1	12	1	0	0	0	0	0	4	0	0	0	7	33
ENMRSH (2)	0	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	5
Ensuenos (1)	0	0	5	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	6
Exp. Unlimited (1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	1	0	0	0	6
Family Options (1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LEADERS (1)	1	0	3	0	1	0	0	1	0	0	1	0	0	1	0	1	0	0	1	10
Lessons of Life (3)	0	0	0	0	3	0	1	0	0	0	1	0	1	1	4	0	0	0	6	17
LLCP (10)	0	0	0	0	0	0	0	0	1	0	0	0	2	0	3	5	0	0	17	28
Mi Via (Metro 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Agency	ARST contains conflicting information/not timely/not accurate	Aspiration documents conflict on risk level/fluid consistency/diet texture	CARMP inaccurate/ incomplete/not current/not reviewed timely	CARMP not implemented properly	e-CHAT incorrect/inconsistent /not updated timely	e-CHAT does not have HCP/MERPs linked	e-CHAT inconsistencies with diagnoses/conditions in other documents	HCPs inaccurate/incomplete	HCPs not found	HCP in house not current	HCP for Aspiration and CARMP	HCP/MERP not implemented	MAAT: incorrect/inconsistent information	MAAT not timely	MERPs inaccurate/incomplete	MERPs need review, updating, more detail	MERP in house not current	MERP not found	Inconsistency between HCP/ CARMP/MERP/e-CHAT/MARS/Plans	TOTAL
Mi Via (NE 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nezzy Care (1)	1	0	0	0	1	0	0	2	1	0	0	0	0	1	0	0	0	0	0	6
NNMQC (1)	0	0	0	0	3	0	0	5	0	0	0	0	0	0	0	0	0	0	0	8
Onyx (2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PRS (2)	0	0	3	0	0	0	2	0	0	0	0	0	0	0	3	0	0	0	3	11
The New Beginnings (3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tobosa (4)	3	1	7	0	7	0	0	3	0	0	0	0	3	2	2	2	0	0	16	46
Tresco (5)	2	0	4	1	1	1	2	4	0	1	0	1	0	1	10	1	1	2	7	39
Tungland (3)	0	1	0	0	1		10	7	0	0	0	0	0	0	0	2	0	0	4	25
<b>TOTAL</b>	9	8	50	1	31	1	20	37	8	1	3	1	7	9	70	26	1	2	94	379

**Chart #66: Type of Nursing Related Issues Identified by Residential Agency**

Agency	Nursing reports not timely	Nursing reports not provided	Nursing reports inaccurate / incomplete	No evidence of nursing face-to-face	Nurse not attending IDT meetings	Nurse not familiar with health-related needs	DSP need more training on health-related needs	Nurse monitoring (tracking, plans, meds, appts, etc.)	TOTAL
Adelante (7)	3	0	5	12	5	2	0	8	35
ARCA (2)	1	2	13	1	1	3	0	2	23
Aspire (2)	1	0	0	0	0	0	0	0	1
At Home Advocacy (1)	4	0	4	0	1	0	0	0	9
Benchmark (2)	1	1	4	1	0	0	0	0	7
Bright Horizons (3)	4	5	9	0	0	0	6	0	24
CDD (1)	0	0	3	3	0	0	0	0	6
Community Options NE (2)	2	0	1	0	0	0	0	0	3
Community Options SW (1)	2	0	0	0	0	0	0	0	2
Cornucopia (1)	0	2	0	0	0	0	8	0	10
Dungarvin METRO (3)	4	0	7	2	0	0	0	0	13
Dungarvin NW (4)	4	1	7	3	1	0	0	0	16
ENMRSH (2)	0	0	0	0	0	0	0	0	0
Ensuenos (1)	0	0	2	0	0	1	0	0	3

Agency	Nursing reports not timely	Nursing reports not provided	Nursing reports inaccurate / incomplete	No evidence of nursing face-to-face	Nurse not attending IDT meetings	Nurse not familiar with health-related needs	DSP need more training on health-related needs	Nurse monitoring (tracking, plans, meds, appts, etc.)	TOTAL
Exp. Unlimited (1)	0	0	0	0	0	0	0	0	0
Family Options (1)	0	0	1	0	0	0	5	0	6
LEADERS (1)	1	0	1	0	0	0	0	0	2
Lessons of Life (3)	1	2	5	0	0	1	2	0	11
LLCP (10)	3	0	6	3	0	1	17	1	31
Mi Via (Metro 1)	0	0	0	0	0	0	0	0	0
Mi Via (NE 2)	0	0	0	0	0	0	0	0	0
Nezzy Care (1)	3	2	0	1	0	0	0	0	6
NNMQC (1)	0	0	0	0	0	0	0	0	0
Onyx (2)	0	1	0	1	0	0	0	0	2
PRS (2)	2	0	8	1	0	0	4	0	15
The New Beginnings (3)	5	0	1	1	0	1	0	0	8
Tobosa (4)	7	2	9	5	0	0	0	6	29
Tresco (5)	1	0	9	10	0	1	3	0	24
Tungland (3)	0	2	2	0	2	0	0	0	6
<b>TOTAL</b>	<b>49</b>	<b>20</b>	<b>97</b>	<b>44</b>	<b>10</b>	<b>10</b>	<b>45</b>	<b>17</b>	<b>292</b>

**APPENDIX F: CPR & IQR DATA TABLES**

<b>Question</b>	<b>2015 (sample=96)</b>	<b>2016 (sample=90)</b>	<b>2017 (sample=62)</b>	<b>2018 (sample=82)</b>	<b>2019 (sample=83)</b>	<b>2020 (sample=68)</b>
24. Does the case manager “know” the person? CPRQ26; ‘17IQR#8c	95% Yes (91) 5% Partial (5)	88% Yes (79) 11% Partial (10) 1% No (1)	79% Yes (49) 19% Many (12) 2% Need Impv (1)	88% Yes (72) 9% Many (7) 4% Needs Impv (3)	82% Yes (68) 17% Many (14) 1% Needs Impv (1)	80.9% Yes (55) 19.1% Many (13)
25. Does the case manager understand his/her role/job? CPRQ27 ‘17IQR#16	56% Yes (54) 44% Partial (42)	56% Yes (50) 44% Partial (40)	3% Yes (2) 55% Many (34) 42% Need Impv (26)	33% Yes (27) 45% Many (37) 22% Needs Impv (18)	25% Yes (21) 57% Many (47) 18% Needs Impv (15)	11.7% Yes (8) 72.1% Many (49) 16.2% Needs Impv (11)
Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person? CPRQ28; ‘18IQR#26; ‘19IQR question removed	86% Yes (83) 14% Partial (13)	82% Yes (74) 18% Partial (16)		76% Yes (62) 17% Many (14) 7% Needs Impv (6)		
26. Is the case manager available to the person? CPRQ29;‘17IQR#16a; ‘18IQR#27	82% Yes (79) 18% Partial (17)	78% Yes (70) 22% Partial (20)	74% Yes (45) 13% Many (8) 13% Need Impv (8) (1 N/A)	72% Yes (59) 26% Many (21) 2% Needs Impv (2)	86.7% Yes (72) 13.3% Many (11)	82.4% Yes (56) 17.6% Many (12)
27. Was the case manager able to describe the person’s health related needs? CPRQ30; ‘18IQR#28	66% Yes (63) 34% Partial (33)	78% Yes (70) 22% Partial (20)		63% Yes (52) 27% Many (22) 10% Needs Impv (8)	43.4% Yes (36) 47% Many (39) 9.6% Needs Impv (8)	42.6% Yes (29) 51.5% Many (35) 5.9% Needs Impv (4)
28. Does the case manager have an appropriate expectation of growth for this person? CPRQ31; ‘18IQR29	57% Yes (55) 39% Partial (37) 4% No (4)	67% Yes (60) 31% Partial (28) 2% No (2)		76% Yes (62) 20% Many (16) 4% Needs Impv (3) 1% No (1)	89.2% Yes (74) 10.8% Many (9)	86.8% Yes (59) 8.8% Many (6) 2.9% Needs Impv (2) 1.5% No (1)
29. Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP? CPRQ32; ‘17IQR#16b; ‘18IQR#30	33% Yes (32) 65% Partial (62) 2% No (2)	21% Yes (19) 79% Partial (71)	5% Yes (3) 29% Man (18) 48% Need Impv (30) 18% No (11)	23% Yes (19) 38% Many (31) 39% Needs Impv (32)	20.5% Yes (17) 61.4% Many (51) 18.1% Needs Impv (15)	86.8% Yes (59) 8.8% Many (6) 2.9% Needs Impv (2) 1.5% No (1)
30. Does the case manager provide case management services at the level needed by this person? CPRQ33; ‘17IQR#16c; ‘18IQR#31	44% Yes (42) 55% Partial (53) 1% No (1)	42% Yes (38) 57% Partial (51) 1% No (1)	26% Yes (16) 34% Many (21) 40% Need Impv (25)	29% Yes (24) 48% Many (39) 23% Needs Impv (19)	24.1% Yes (20) 62.7% Many (52) 13.3% Needs Impv (11)	86.8% Yes (59) 8.8% Many (6) 2.9% Needs Impv (2) 1.5% No (1)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
Does the case manager receive the type and level of support needed to do his/her job? CPRQ34; '18IQR#32; '19IQR question removed	88% Yes (84) 13% Partial (12)	86% Yes (77) 14% Partial (13)		76% Yes (62) 21% Many (17) 4% Needs Impv (3)		
31. Does the direct services staff "know" the person? CPRQ35; '17IQR#8a; '18IQR#33	87% Yes (82) 13% Partial (12) (2 not scored)	97% Yes (84) 3% Partial (3) (3 not scored)	83% Yes (50) 10% Many (6) 7% Need Impv (4) (2 N/A)	95% Yes (75) 4% Many (3) 1% Needs Impv (1) (3 not scored)	88.9% Yes (72) 9.9% Many (8) 1.2% Needs Impv (1)	86.8% Yes (59) 8.8% Many (6) 2.9% Needs Impv (2) 1.5% No (1)
32. Does the direct service staff have input into the person's ISP? CPRQ36; '18IQR#34	84% Yes (79) 14% Partial (13) 2% No (2) (2 not scored)	80% Yes (70) 18% Partial (16) 1% No (1) (3 not scored)		72% Yes (57) 16% Many (13) 8% Needs Impv (6) 4% No (3) (3 not scored)	67.9% Yes (55) 28.4% Many (23) 1.2% Needs Impv (1) 2.5% No (2) (2 not scored)	86.8% Yes (59) 8.8% Many (6) 2.9% Needs Impv (2) 1.5% No (1)
33. Did the direct service staff receive training on implementing this person's ISP? CPRQ37; '18IR#35	83% Yes (78) 16% Partial (15) 1% No (1) (2 not scored)	90% Yes (78) 10% Partial (9) (3 not scored)		75% Yes (59) 18% Many (14) 8% Needs Impv (6) (3 not scored)	54.3% Yes (44) 35.8% Many (29) 9.9% Needs Impv (8) (2 not scored)	86.8% Yes (59) 8.8% Many (6) 2.9% Needs Impv (2) 1.5% No (1)
34. Was the direct service staff able to describe this person's health-related needs? CPRQ38; '18IQR#36	48% Yes (45) 51% Partial (48) 1% No (1) (2 not scored)	76% Yes (66) 24% Partial (21) (3 not scored)		54% Yes (43) 30% Many (24) 14% Needs Impv (11) 1% No (1) (3 not scored)	45.6% Yes (37) 34.6% Many (28) 19.8% Needs Impv (16) (2 not scored)	86.8% Yes (59) 8.8% Many (6) 2.9% Needs Impv (2) 1.5% No (1)
35. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39; '18IQR#37	72% Yes (68) 28% Partial (26) (2 not scored)	90% Yes (78) 10% Partial (9) (3 not scored)		66% Yes (52) 28% Many (22) 6% Needs Impv (5) (3 not scored)	54.3% Yes (44) 42% Many (34) 3.7% Needs Impv (3) (2 not scored)	86.8% Yes (59) 8.8% Many (6) 2.9% Needs Impv (2) 1.5% No (1)
35a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a; '18IQR#37a	95% Yes (89) 5% Partial (5) (2 not scored)	95% Yes (83) 5% Partial (4) (3 not scored)		89% Yes (70) 10% Many (8) 1% No (1) (3 not scored)	87.7% Yes (71) 8.6% Many (7) 3.7% Needs Impv (3) (2 not scored)	83.1% Yes (54) 13.8% Many (9) 3.1% Needs Impv (2) Not Scored (3)
35b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ39b; '18IQR#37b	76% Yes (71) 23% Partial (22) 1% No (1) (2 not scored)	91% Yes (79) 9% Partial (8) (3 not scored)		68% Yes (54) 18% Many (14) 14% Needs Impv (11) (3 not scored)	56.8% Yes (46) 34.6% Many (28) 8.6% Needs Impv (7) (2 not scored)	30.8% Yes (20) 53.8% Many (35) 13.9% Needs Impv (9) 1.5% No (1) Not Scored (3)
Did the direct service staff have training in the ISP process? CPRQ40; '18IQR#38; '19IQR question removed	74% Yes (70) 22% Partial (21)	79% Yes (69) 21% Partial (18)		65% Yes (51) 16% Many (13)		



Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
	3% No (3) (2 not scored)	(3 not scored)		13% Needs Impv (10) 6% No (5) (3 not scored)		
36. Did the direct service staff have training on how to report abuse, neglect and exploitation? CPRQ41; '18IQR#39; '19 question modified	79% Yes (74) 20% Partial (19) 1% No (1) (2 not scored)	76% Yes (66) 24% Partial (21) (3 not scored)		87% Yes (69) 11% Many (9) 1% No (1) (3 not scored)	93.8% Yes (76) 2.5% Many (2) 1.2% Needs Impv (1) 2.5% No (2) (2 not scored)	95.4% Yes (62) 1.5% Many (1) 1.5% Needs Impv (1) 1.6% No (1) Not Scored (3)
37. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42; '18IQR#40	74% Yes (70) 21% Partial (20) 4% No (4) (2 not scored)	71% Yes (62) 26% Partial (23) 2% No (2) (3 not scored)		76% Yes (60) 16% Many (13) 5% Needs Impv (4) 3% No (2) (3 not scored)	73.8% Yes (59) 16.2% Many (13) 6.2% Needs Impv (5) 3.8% No (3) (1 CND) (2 not scored)	87.7% Yes (57) 10.8% Many (7) 1.5% No (1) N/A (1) Not Scored (2)
38. Does the person's day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43; '18IQR#41	95% Yes (89) 5% Partial (5) (2 not scored)	94% Yes (78) 6% Partial (5) (4 CND) (3 not scored)		92% Yes (73) 8% Many (6) (3 not scored)	87.5% Yes (56) 6.25% Many (4) 6.25% Needs Impv (4) (17 CND) (2 not scored)	80% Yes (8) 20% Many (2) CND 56 N/A (2)
39. Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b; '18IQR#42	92% Yes (88) 8% Partial (8)	96% Yes (86) 4% Partial (4)	89% Yes (54) 3% Many (2) 8% Need Impv (5) (1 CND)	95% Yes (78) 2% Many (2) 2% Needs Impv (2)	85.5% Yes (71) 13.3% Many (11) 1.2% Needs Impv (1)	94.1% Yes (64) 5.9% Many (4)
40. Does the direct service staff have input into the person's ISP? CPRQ45; '18IQR#43	89% Yes (85) 10% Partial (10) 1% No (1)	84% Yes (76) 16% Partial (14)		79% Yes (65) 11% Many (9) 5% Needs Impv (4) 5% No (4)	78.4% Yes (65) 9.6% Many (8) 1.2% Needs Impv (1) 10.8% No (9)	77.9% Yes (53) 17.6% Many (12) 2.9% Needs Impv (2) 1.5% No (1)
41. Did the direct service staff receive training on implementing this person's ISP? CPRQ46; '18IQR#44	89% Yes (85) 11% Partial (11)	91% Yes (82) 8% Partial (7) 1% No (1)		79% Yes (65) 16% Many (13) 5% Needs Impv (4)	57.8% Yes (48) 32.5% Many (27) 9.7% Needs Impv (8)	33.9% Yes (23) 63.2% Many (43) 2.9% Needs Impv (2)
42. Is the residence safe for individuals (void of hazards)? CPRQ47; '18IQR#45	99% Yes (95) 1% No (1)	89% Yes (80) 11% No (10)		87% Yes (71) 10% Many (8) 4% Needs Impv (3)	86.5% Yes (64) 10.8% Many (8) 2.7% Needs Impv (2) (9 CND)	89.6% Yes (60) 7.4% Many (5) 3% No (2) CND (1)
43. Was the residential direct service staff able to describe this person's health-related needs? CPRQ48; '18IQR#46	60% Yes (58) 39% Partial (37) 1% No (1)	79% Yes (71) 21% Partial (19)		59% Yes (48) 35% Many (29) 6% Needs Impv (5)	44.6% Yes (37) 44.6% Many (37) 10.8% Needs Impv (9)	25% Yes (17) 64.7% Many (44) 10.3% Needs Impv (7)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
44. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49; '18IQR#47	84% Yes (81) 16% Partial (15)	88% Yes (79) 12% Partial (11)		73% Yes (60) 26% Many (21) 1% Needs Impv (1)	56.6% Yes (47) 37.4% Many (31) 6% Needs Improv (5)	29.4% Yes (20) 70.6% Many (48)
44a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ49a; '18IQR#47a	96% Yes (92) 4% Partial (4)	99% Yes (89) 1% Partial (1)		94% Yes (77) 6% Many (5)	81.9% Yes (68) 14.5% Many (12) 2.4% Needs Impv (2) 1.2% No (1)	95.6% Yes (65) 4.4% Many (3)
44b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ49b; '18IQR#47b	86% Yes (83) 14% Partial (13)	87% Yes (78) 12% Partial (11) 1% No (1)		72% Yes (59) 26% Many (21) 1% Needs Impv (1) 1% No (1)	59% Yes (49) 32.5% Many (27) 7.3% Needs Impv (6) 1.2% No (1)	29.4% Yes (20) 63.2% Many (43) 7.4% Needs Impv (5)
Did the residential direct service staff have training in the ISP process? CPRQ50; '19IQR question removed	79% Yes (76) 17% Partial (16) 4% No (4)	79% Yes (71) 19% Partial (17) 2% No (2)		63% Yes (52) 21% Many (17) 9% Needs Impv (7) 7% No (6)		
45. Did the direct service staff have training on how to report abuse, neglect and exploitation? CPRQ51; '18IQR#49; '19IQR question modified	78% Yes (75) 21% Partial (20) 1% No (1)	80% Yes (72) 20% Partial (18)		96% Yes (79) 1% Many (1) 1% Needs Impv (1) 1% No (1)	92.8% Yes (77) 3.6% Many (3) 3.6% No (3)	88.2% Yes (60) 5.9% Many (4) 3% Needs Impv (2) 2.9% No (2)
46. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52; '18IQR#50	66% Yes (63) 31% Partial (30) 3% No (3)	80% Yes (72) 18% Partial (16) 2% No (2)		77% Yes (63) 16% Many (13) 4% Needs Impv (3) 4% No (3)	81.7% Yes (67) 9.8% Many (8) 6.1% Needs Impv (5) 2.4% No (2) (1 CND)	88.2% Yes (60) 5.9% Many (4) 3% Needs Impv (2) 2.9% No (2)
47. Does the person's residential environment offer a minimal level of quality of life? CPRQ53; '18IQR#51	88% Yes (84) 13% Partial (12)	88% Yes (79) 12% Partial (11)		82% Yes (67) 15% Many (12) 4% Needs Impv (3)	80.6% Yes (58) 15.3% Many (11) 4.1% Needs Impv (3) (11 CND)	83.6% Yes (56) 13.4% Many (9) 1.5% Needs Impv (1) 1.5% No (1) CND (1)
48. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b; '18IQR#52	33% Yes (31) 67% Partial (64) (1 not scored)	59% Yes (53) 41% Partial (37)	66% Yes (41) 24% Many (15) 8% Need Impv (5) 2% No (1)	33% Yes (27) 60% Many (49) 7% Needs Impv (6)	24.1% Yes (20) 63.9% Many (53) 12% Needs Impv (10)	11.8% Yes (8) 83.8% Many (57) 4.4% Needs Impv (3)
49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21; '18IQR#53	47% Yes (45) 53% Partial (50) (1 not scored)	38% Yes (34) 62% Partial (56)	18% Yes (11) 66% Many (41) 16% Need Impv (10)	33% Yes (27) 44% Many (36) 23% Needs Impv (19)	36.1% Yes (30) 45.8% Many (38) 18.1% Needs Impv (15)	22.1% Yes (15) 67.6% Many (46) 10.3% Needs Impv (7)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
50. Was the eChat updated timely? '17IQR#18g; '18IQR#54			40% Yes (25) 27% Many (17) 29% Need Impv (18) 3% No (2)	48% Yes (39) 20% Many (16) 23% Needs Impv (19) 10% No (8)	15.7% Yes (13) 71.1% Many (59) 10.8% Needs Impv (9) 2.4% No (2)	22.1% Yes (15) 67.6% Many (46) 10.3% Needs Impv (7)
50a. Is the eCHAT updated timely with the ISP and after changes in condition? '19IQR question expanded					63.9% Yes (53) 16.9% Many (14) 13.2% Needs Impv (11) 6% No (5)	72.1% Yes (49) 17.6% Many (12) 5.9% Needs Impv (4) 4.4% No (3)
50b. Is the eCHAT complete? '19IQR question expanded					33.8% Yes (28) 55.4% Many (46) 9.6% Needs Impv (8) 1.2% No (1)	38.3% Yes (26) 58.8% Many (40) 2.9% Needs Impv (2)
50c. Is the eCHAT accurate? '19IQR question expanded					34.9% Yes (29) 42.2% Many (35) 19.3% Needs Impv (16) 3.6% No (3)	30.9% Yes (21) 44.1% Many (30) 25% Needs Impv (17)
51. Are all of the individual's needed medical treatments, including routine, scheduled, and chronic needs, timely received? 17IQR#19; '18IQR#55 & 56			23% Yes (14) 48% Many (30) 29% Need Impv (18)	30% Yes (25) 50% Many (41) 17% Needs Impv (14) 2% No (2)	35% Yes (29) 56.6% Many (47) 8.4% Needs Impv (7)	22.1% Yes (15) 73.5% Many (50) 4.4% Needs Impv (3)
Does the individual receive routine/scheduled medical treatment? 17IQR#19a; '18IQR#55 & 56; '19IQR#51			61% Yes (37) 20% Many (12) 18% Need Impv (11) 2% No (1) (1 CND)	51% Yes (42) 34% Many (28) 15% Needs Impv (12)		
52: Has the individual received all age and gender appropriate health screenings and immunizations in accordance with National Best Practice and/or as recommended by his/her PCP or other healthcare professionals? '17IQR#18a; '18IQR#64			29% Yes (18) 42% Many (26) 23% Need Impv (14) 6% No (4)	24% Yes (20) 56% Many (46) 16% Many (13) 4% No (3)	22.9% Yes (19) 56.6% Many (47) 18.1% Needs Impv (15) 2.4% No (2)	8.8% Yes (6) 69.1% Many (47) 22.1% Needs Impv (15)
53. Does the individual receive medication as prescribed? 17IQR#19e; '18IQR#57			70% Yes (42) 8% Many (5) 20% Need Impv (12) 2% No (1)	48% Yes (39) 30% Many (25) 21% Needs Impv (17) 1% No (1)	33.8% Yes (28) 30.1% Many (25) 36.1% Needs Impv (30)	10.3% Yes (7) 50% Many (34) 39.7% Needs Impv (27)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
54. Are nursing services provided as needed by the individual? '17IQR#20; '18IQR#59			8% Yes (5) 47% Many (29) 45% Need Impv (28)	29% Yes (24) 35% Many (29) 33% Needs Impv (27) 2% No (2)	12% Yes (10) 49.4% Many (41) 38.6% Needs Impv (32)	1.5% Yes (1) 69.1% Many (47) 29.4% Needs Impv (20)
55. Is the CARMP consistent with recommendations in other health care documents? '17IQR#21f; '18IQR#60; '19IQR question modified			71% Yes (37) 6% Many (3) 21% Needs Imp (11) 2% No (1) (7 N/A, 3 CND)	38% Yes (27) 43% Many (31) 14% Need Impv (10) 6% No (4) (10 N/A)	28.4% Yes (21) 41.8% Many (31) 28.4% Needs Impv (21) 1.4% No (1) (9 N/A)	8.5% Yes (5) 71.2% Many (42) 18.6% Needs Impv (11) 1.7% No (1) N/A (9)
56. Is the CARMP consistently implemented as intended? '18IQR#61				61% Yes (43) 26% Many (18) 11% Needs Impv (8) 1% No (1) (10 N/A, 2 CND)	57.5% Yes (42) 32.9% Many (24) 8.2% Needs Impv (6) 1.4% No (1) (9 N/A) (1 CND)	49.2% Yes (29) 44% Many (26) 6.8% Needs Impv (4) N/A (9)
57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19; '18IQR#62	17% Yes (16) 80% Partial (76) 3% No (3) (1 not scored)	18% Yes (16) 82% Partial (74)		61% Yes (43) 26% Many (18) 11% Needs Impv (8) 1% No (1) (10 N/A, 2 CND)	10.8% Yes (9) 83.2% Many (69) 6% Needs Impv (5)	5.9% Yes (4) 91.2% Many (62) 2.9% Needs Impv (2)
57a: Are assessment recommendations followed up on in a timely way?					37.4% Yes (31) 53% Many (44) 9.6% Needs Imprv (8)	14.7% Yes (10) 73.5% Many (50) 11.8% Needs Imprv (8)
57b: Were needed equipment/communication devices delivered timely?					67.6% Yes (50) 24.3% Many (18) 6.8% Needs Imprv (5) 1.4% No (1) (9 N/A)	65.5% Yes (36) 30.9% Many (17) 3.6% Needs Impv (2) N/A (13)
57c: Were medical specialist appointments attended timely?					57.8% Yes (48) 32.5% Many (27) 6% Needs Impv (5) 3.6% No (3)	65.5% Yes (36) 30.9% Many (17) 3.6% Needs Impv (2) N/A (13)
57d: Were changes in personal condition, if any, responded to timely?					73.8% Yes (56) 22.4% Many (17) 3.9% Needs Impv (3) (7 N/A)	75.8% Yes (50) 19.7% Many (13) 4.5% Needs Impv (3) N/A (2)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
57e: Were Health Care Plans available, accurate and consistently implemented?					26.2% Yes (21) 43.8% Many (35) 28.7% Needs Impv (23) 1.2% No (1) (3 N/A)	13.2% Yes (9) 76.5% Many (52) 10.3% Needs Impv (7)
Does my nurse provide oversight of health needs (i.e. weight records, vitals, lab reports, PRN medication use, seizure records) in order to ensure accuracy, identify and respond to new issues? '17IQR#20b; '18IQR#58; '19IQR question removed			31% Yes (19) 18% Many (11) 50% Need Impv (31) 2% No (1)	17% Yes (14) 35% Many (29) 45% Needs Impv (37) 2% No (2)		
58. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18; '19IQR#65	42% Yes(40) 57% Partial (54) 1% No (1) (1 not scored)	28% Yes (25) 72% Partial (65)	10% Yes (6) 56% Many (35) 34% Need Impv (21)	21% Yes (17) 66% Many (54) 12% Needs Impv (10) 1% No (1)	41% Yes (34) 51.8% Many (43) 7.2% Needs Impv (6)	19.1% Yes (13) 79.4% Many (54) 1.5% Needs Impv (1)
59. Are the assessments adequate for planning? CPRQ59; '17IQR#4f; '18IQR#66	29% Yes(28) 68% Partial (65) 2% No (2) (1 not scored)	14% Yes (13) 84% Partial (76) 1% No (1)	13% Yes (8) 58% Many (36) 29% Need Impv (18)	12% Yes (10) 49% Many (40) 38% Needs Impv (31) 1% No (1)	8.4% Yes (7) 78.3% Many (65) 13.3% Needs Impv (11)	1.5% Yes (1) 92.6% Many (63) 5.9% Needs Impv (4)
59a: Were assessments provided timely?					10.8% Yes (9) 71.1% Many (59) 18.1% Needs Impv (15)	11.8% Yes (8) 82.4% Many (56) 5.8% Needs Impv (4)
59b: Did assessments contain accurate information? '19IQR question					21.7% Yes (18) 66.3% Many (55) 12% Needs Impv (10)	19.1% Yes (13) 77.9% Many (53) 3% Needs Impv (2)
59c: Did assessments contain information adequate to guide planning?					9.6% Yes (8) 63.9% Many (53) 25.3% Needs Impv (21) 1.2% No (1)	4.4% Yes (3) 79.4% Many (54) 16.2% Needs Impv (11)
59d: Did assessments contain recommendations?					47% Yes (39) 42.2% Many (35) 9.6% Needs Impv (8) 1.2% No (1)	39.7% Yes (27) 55.9% Many (38) 4.4% Needs Impv (3)
60. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5; '18IQR#67	31% Yes (29) 61% Partial (58) 8% No (8)	27% Yes (24) 69% Partial (62) 4% No (4)	23% Yes (14) 44% Many (27) 34% Need Impv (21)	24% Yes (20) 41% Many (34) 23% Needs Impv (19)	33.7% Yes (28) 51.8% Many (43) 13.3% Needs Impv (11) 1.2% No (1)	35.2% Yes (24) 57.4% Many (39) 7.4% Needs Impv (5)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
	(1 not scored)			11% No (9)		
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; '19IQR#68			31% Yes (11) 11% Many (4) 23% Need Impv (8) 34% No (12) (27 N/A)	38% Yes (19) 16% Many (8) 12% Needs Impv (6) 34% No (17) (32 N/A)	45.3% Yes (24) 18.8% Many (10) 17% Needs Impv (9) 18.9% No (10) (30 N/A)	41.3% Yes (19) 21.7% Many (10) 8.7% Needs Impv (4) 28.3% No (13) N/A (22)
62. Is there a document called an Individual Service Plan (ISP) that was developed within the past year? CPRQ61; '17IQR#9; '18IQR#69	100% Yes (95) (1 not scored)	100% Yes (90)	87% Yes (53) 8% Many (5) 5% Need Impv (3) (1 N/A)	100% Yes (82)	100% Yes (83)	98.5% Yes (67) 1.5% No (1)
63. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3; '18IQR#70	56% Yes (53) 44% Partial (42) (1 not scored)	54% Yes (48) 45% Partial (40) 1% No (1) (1 N/A)	39% Yes (24) 37% Many (23) 24% Need Impv (15)	40% Yes (33) 50% Many (41) 9% Needs Impv (7) 1% No (1)	53% Yes (44) 43.4% Many (36) 2.4% Needs Impv (2) 1.2% No (1)	45.6% Yes (31) 41.2% Many (28) 11.7% Needs Impv (8) 1.5% No (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; '18IQR#71	45% Yes (34) 32% Partial (30) 12% No (11) (20 N/A) (1 not scored)	41% Yes (28) 47% Partial (32) 12% No (8) (22 N/A)	52% Yes (25) 10% Many (5) 19% Need Impv (9) 19% No (9) (14 N/A)	45% Yes (29) 30% Many (19) 13% Needs Impv (8) 13% No (8) (18 N/A)	41.8% Yes (23) 36.4% Many (20) 14.5% Needs Impv (8) 7.3% No (4) (N/A 28)	41.9% Yes (18) 25.6% Many (11) 11.6% Needs Impv (5) 20.9% No (9) N/A (25)
65. Does my ISP contain current and accurate information? '17IQR#6; '18IQR#72			18% Yes (11) 35% Many (22) 47% Need Impv (29)	22% Yes (18) 49% Many (40) 29% Needs Impv (24)	16.9% Yes (14) 56.6% Many (47) 24.1% Needs Impv (20) 2.4% No (2)	23.5% Yes (16) 50% Many (34) 25% Needs Impv (17) 1.5% No (1)
66. Overall, does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b; '18IQR#73	45% Yes (43) 49% Partial (47) 5% No (5) (1 not scored)	56% Yes (50) 44% Partial (40)	53% Yes (33) 15% Many (9) 31% Needs Impv (19) 2% No (1)	48% Yes (39) 27% Many (22) 21% Needs Impv (17) 5% No (4)	63.9% Yes (53) 22.9% Many (19) 9.6% Needs Impv (8) 3.6% No (3)	50% Yes (34) 29.4% Many (20) 14.7% Needs Impv (10) 5.9% No (4)
67. Overall, does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c; '18IQR#74	46% Yes (44) 52% Partial (49) 2% No (2) (1 not scored)	52% Yes (47) 46% Partial (41) 2% No (2)	45% Yes (28) 21% Many (13) 29% Need Impv (18) 5% No (3)	57% Yes (47) 17% Many (14) 18% Needs Impv (15) 7% No (6)	67.5% Yes (56) 24.1% Many (20) 8.4% Needs Impv (7)	52.9% Yes (36) 19.1% Many (13) 11.8% Needs Impv (8) 16.2% No (11)
68. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a; '18IQR75			18% Yes (11) 21% Many (13) 47% Need Impv (29) 15% No (9)	15% Yes (12) 27% Many (22) 39% Needs Impv (32) 20% No (16)	18.1% Yes (15) 34.9% Many (29) 37.4% Needs Impv (31) 9.6% No (8)	17.6% Yes (12) 35.3% Many (24) 41.2% Needs Impv (28) 5.9% No (4)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
69. Does the data kept identify what the person does so a determination regarding progress/lack of progress? '17IQR#12b; '18IQR#76			7% Yes (4) 10% Many (6) 49% Need Impv (30) 34% No (21) (1 N/A)	12% Yes (10) 17% Many (14) 28% Needs Impv (23) 43% No (35)	19.3% Yes (16) 28.9% Many (24) 33.7% Needs Impv (28) 18.1% No (15)	10.3% Yes (7) 29.4% Many (20) 39.7% Needs Impv (27) 20.6% No (14)
70. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c; '18IQR#77			13% Yes (8) 16% Many (10) 45% Need Impv (28) 26% No (16)	9% Yes (7) 26% Many (21) 38% Needs Impv (31) 28% No (23)	22.9% Yes (19) 22.9% Many (19) 34.9% Needs Impv (29) 19.3% No (16)	5.9% Yes (4) 39.7% Many (27) 44.1% Needs Impv (30) 10.3% No (7)
71. If the person is not successful in achieving actions steps, has the team tried to determine why, and change their approach if needed? '17IQR#12d; '18IQR#78			15% Yes (8) 6% Many (3) 57% Need Impv (30) 23% No (12) (8 N/A, 1 CND)	39% Yes (27) 11% Many (8) 20% Needs Impv (14) 30% No (21) (12 N/A)	27.3% Yes (18) 25.8% Many (17) 21.2% Needs Impv (14) 25.7% No (17) (17 N/A)	21% Yes (13) 25.8% Many (16) 27.4% Needs Impv (17) 25.8% No (16) N/A (6)
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#12e; '18IQR#79			17% Yes (7) 7% Many (3) 48% Need Impv (20) 29% No (12) (18 N/A, 2 CND)	15% Yes (10) 10% Many (7) 22% Needs Impv (15) 53% No (36) (14 N/A)	29% Yes (18) 27.4% Many (17) 21% Needs Impv (13) 22.6% No (14) (21 N/A)	26.1% Yes (12) 37% Many (17) 23.9% Needs Impv (11) 13% No (6) N/A (22)
73. Has the person made measurable progress on actions steps during this past year? '17IQR#13b; '18IQR#80			2% Yes (1) 16% Many (10) 60% Need Impv (37) 23% No (14)	6% Yes (5) 23% Many (19) 37% Needs Impv (30) 34% No (28)	12% Yes (10) 28.9% Many (24) 33.7% Needs Impv (28) 25.4% No (21)	4.4% Yes (3) 33.8% Many (23) 41.2% Needs Impv (28) 20.6% No (14)
74. Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcome(s) have been achieved? CPRQ67; '17IQR#7e; '18IQR#81	38% Yes (36) 58% Partial (55) 4% No (4) (1 not scored)	29% Yes (26) 57% Partial (51) 14% No (13)	31% Yes (19) 8% Many (5) 47% Need Impv (29) 15% No (9)	26% Yes (21) 21% Many (17) 34% Needs Impv (28) 20% No (16)	48.2% Yes (40) 21.7% Many (18) 18.2% Needs Impv (15) 12% No (10)	26.5% Yes (18) 48.5% Many (33) 16.2% Needs Impv (11) 8.8% No (6)
75. Overall, are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d; '18IQR#82	69% Yes (66) 28% Partial (27) 2% No (2) (1 not scored)	66% Yes (59) 33% Partial (30) 1% No (1)	45% Yes (28) 11% Many (7) 42% Needs Impv (26) 2% No (1)	77% Yes (63) 12% Many (10) 9% Needs Impv (7) 2% No (2)	74.7% Yes (62) 15.7% Many (13) 6% Needs Impv (5) 3.6% No (3)	73.5% Yes (50) 19.1% Many (13) 5.9% Needs Impv (4) 1.5% No (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	39% Yes (37) 57% Partial (54) 4% No (4) (1 not scored)	53% Yes (48) 42% Partial (38) 4% No (4)	32% Yes (20) 27% Many (17) 39% Need Impv (24) 2% No (1)	55% Yes (45) 26% Many (21) 16% Needs Impv (13) 4% No (3)	53% Yes (44) 36.1% Many (30) 6% Needs Impv (5) 4.9% No (4)	35.3% Yes (24) 41.2% Many (28) 13.2% Needs Impv (9) 10.3% No (7)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
Outcomes section of the ISP/Action plans. CPRQ69; '17IQR#7g; '18IQR#83; '19IQR wording changed:						
77. Overall, are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i; '18IQR#84	36% Yes (34) 55% Partial (52) 9% No (8) (1 N/A) (1 not scored)	23% Yes (21) 73% Partial (66) 3% No (3)	15% Yes (9) 25% Many (15) 52% Need Impv (32) 8% No (5) (1 N/A)	22% Yes (18) 26% Many (21) 39% Needs Impv (32) 13% No (11)	28.9% Yes (24) 39.8% Many (33) 25.3% Needs Impv (21) 6% No (5)	26.5% Yes (18) 52.9% Many (36) 11.8% Needs Impv (8) 8.8% No (6)
78. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m; '18IQR#85	31% Yes (29) 59% Partial (55) 10% No (9) (2 N/A) (1 not scored)	28% Yes (25) 57% Partial (51) 16% No (14)	16% Yes (10) 25% Many (15) 46% Need Impv (28) 13% No (8) (1 N/A)	24% Yes (20) 22% Many (18) 34% Needs Impv (28) 20% No (16)	28.9% Yes (24) 33.7% Many (28) 21.7% Needs Impv (18) 15.7% No (13)	23.6% Yes (16) 52.9% Many (36) 17.6% Needs Impv (12) 5.9% No (4)
79. Has the person made measurable progress in therapy this year? '17IQR#13a; '18IQR#86			11% Yes (7) 28% Many (17) 54% Need Impv (33) 7% No (4) (1 N/A)	22% Yes (18) 21% Many (17) 41% Needs Impv (34) 16% No (13)	8.6% Yes (7) 43.2% Many (35) 42% Needs Impv (34) 6.2% No (5) (2 N/A)	7.5% Yes (5) 70.1% Many (47) 19.4% Needs Impv (13) 3% No (2) N/A (1)
80. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c; '18IQR#87	80% Yes (75) 18% Partial (17) 2% No (2) (1 N/A) (1 not scored)	66% Yes (57) 33% Partial (29) 1% No (1) (3 N/A)	47% Yes (29) 24% Many (15) 27% Need Imp (17) 2% No (1)	54% Yes (44) 27% Many (22) 17% Needs Impv (14) 2% No (2)	39.8% Yes (33) 41% Many (34) 15.7% Needs Impv (13) 3.5% No (3)	25% Yes (17) 60.3% Many (41) 13.2% Needs Impv (9) 1.5% No (1)
81. Does the ISP contain information regarding primary health (medical) care? CPRQ74; '18IQR#88	85% Yes (81) 15% Partial (14) (1 not scored)	89% Yes (80) 11% Partial (10)		84% Yes (69) 12% Many (10) 2% Needs Impv (2) 1% No (1)	79.5% Yes (66) 14.5% Many (12) 6% Needs Impv (5)	25% Yes (17) 60.3% Many (41) 13.2% Needs Impv (9) 1.5% No (1)
81a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a; '18IQR#88a	96% Yes (91) 3% Partial (3) 1% No (1) (1 not scored)	94% Yes (85) 4% Partial (4) 1% No (1)		91% Yes (75) 4% Many (3) 5% No (4)	90.4% Yes (75) 6% Many (5) 1.2% Needs Impv(1) 2.4% No (2)	82.4% Yes (56) 10.2% Many (7) 1.5% Needs Impv (1) 5.9% No (4)
81b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b; '18IQR#88b	88% Yes (84) 6% Partial (6) 5% No (5) (1 not scored)	90% Yes (81) 9% Partial (8) 1% No (1)		94% Yes (77) 4% Many (3) 1% Needs Impv (1) 1% No (1)	88% Yes (73) 4.8% Many (4) 1.2% Needs Impv (1) 6% No (5)	89.7% Yes (61) 2.9% Many (2) 1.5% Needs Impv (1) 5.9% No (4)
82. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76; '18IQR#89	88% Yes (84%) 11% Partial (10)	91% Yes (82) 8% Partial (7)		91% Yes (75) 6% Many (5)	74.7% Yes (62) 13.3% Many (11) 6% Needs Impv (5)	73.5% Yes (50) 17.6% Many (12)



Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
	1% No (1) (1 not scored)	1% No (1)		2% No (2)	6% No (5)	3% Needs Impv (2) 5.9% No (4)
83. Based on the evidence, is adequate transportation available for the person? CPRQ75; '18IQR#90; '19IQR wording changed:	91% Yes (29) 6% Partial (2) 3% No (1) (63 N/A) (1 not scored)	64% Yes (16) 32% Partial (8) 4% No (1) (65 N/A)		71% Yes (58) 17% Many (14) 5% Needs Impv (4) 7% No (6)	92.8% Yes (77) 6% Many (5) 1.2% Needs Impv (1)	97.1% Yes (66) 2.9% Many (2)
84. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a; '18IQR#91	53% Yes (46) 43% Partial (37) 5% No (4) (8 N/A) (1 not scored)	61% Yes (49) 34% Partial (27) 5% No (4) (10 N/A)	38% Yes (23) 26% Many (16) 30% Need Impv (18) 7% No (4) (1 N/A)	37% Yes (30) 39% Many (32) 16% Needs Impv (13) 5% No (4)	40.8% Yes (31) 46.1% Many (35) 9.2% Needs Impv (7) 3.9% No (3) (7 N/A)	33.3% Yes (22) 40.9% Many (27) 21.2% Needs Impv (14) 4.6% No (3) N/A (2)
85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7; '18IQR#92	11% Yes (10) 89% Partial (85) (1 not scored)	12% Yes (11) 88% Partial (79)	0% Yes 27% Many (17) 73% Need Impv (45)	0% Yes 55% Many (45) 44% Needs Impv (36) 1% No (1)	1.2% Yes (1) 73.5% Many (61) 25.3% Needs Impv (21)	0% Yes 82.3% Many (56) 16.2% Needs Impv (11) 1.5% No (1)
86. Is the ISP being implemented? (If 85 is "3") CPRQ79 '17IQR#12; '18IQR#93	20% Yes (2) 80% Partial (8) (85 N/A) (1 not scored)	36% Yes (4) 64% Partial (7) (79 N/A)	3% Yes (2) 19% Many (12) 68% Need Impv (42) 10% No (6)	(82 N/A)	100% Yes (1) (82 N/A)	(68 NA)
87a. Is the ISP being implemented? (If 85 is "0", "1", or "2") CPRQ80a '17IQR#12; '18IQR#94a	32% Yes (27) 67% Partial (57) 1% No (1) (10 N/A) (1 not scored)	30% Yes (24) 70% Partial (55) (11 N/A)	3% Yes (2) 19% Many (12) 68% Need Impv (42) 10% No (6)	5% Yes (4) 52% Many (43) 37% Needs Impv (30) 6% No (5)	3.7% Yes (3) 62.2% Many (51) 30.5% Needs Impv (25) 3.6% No (3) (1 N/A)	1.5% Yes (1) 58.8% Many (40) 39.7% Needs Impv (27)
87b. Are current services adequate to meet the person's needs? (If #85 is "0", "1", or "2") CPRQ80b '17IQR#11; '18IQR#94b	29% Yes (25) 69% Partial (59) 1% No (1) (10 N/A) (1 not scored)	14% Yes (11) 86% Partial (68) (11 N/A)	3% Yes (2) 53% Many (33) 44% Need Impv (27)	30% Yes (25) 41% Many (34) 27% Needs Impv (22) 1% No (1)	39% Yes (32) 37.8% Many (31) 23.2% Needs Impv (19) (1 N/A)	3% Yes (2) 69.1% Many (47) 27.9% Needs Impv (19)
88. Overall, was the direct service staff trained on the implementation of this person's ISP? CPRQ81; '18IQR#95	74% Yes (70) 26% Partial (25) (1 not scored)	81% Yes (73) 19% Partial (17)		74% Yes (61) 18% Many (15) 7% Needs Impv (6)	47% Yes (39) 43.4% Many (36) 8.4% Needs Impv (7) 1.2% No (1)	16.2% Yes (11) 75% Many (51) 7.4% Needs Impv (5) 1.5% No (1)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
89. Overall, were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82; '18IQR#96	66% Yes (63) 34% Partial (32) (1 not scored)	84% Yes (76) 16% Partial (14)		66% Yes (54) 32% Many (26) 2% Needs Impv (2)	48.2% Yes (40) 49.4% Many (41) 2.4% Needs Impv (2)	19.1% Yes (13) 76.5% Many (52) 4.4% Needs Impv (3)
Overall, do the progress notes or other documentation in the record reflect the status of the outcomes and services of the key life areas stated in the ISP? CPRQ83; '19IQR question removed	12% Yes (11) 83% Partial (79) 5% No (5) (1 not scored)	8% Yes (7) 88% Partial (79) 4% No (4)		4% Yes (3) 41% Many (34) 39% Needs Impv (32) 16% No (13)		
90. Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13; '18IQR#98	46% Yes (44) 48% Partial (46) 5% No (5) (1 not scored)	42% Yes (38) 57% Partial (51) 1% No (1)	0% Yes 37% Many (23) 61% Need Impv (38) 2% No (1)	11% Yes (9) 57% Many (47) 28% Needs Impv (23) 4% No (3)	13.3% Yes (11) 45.8% Many (38) 38.6% Needs Impv (32) 2.3% No (2)	1.5% Yes (1) 61.7% Many (42) 36.8% Needs Impv (25)
91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d; '18IQR#99	39% Yes (37) 61% Partial (58) (1 not scored)	51% Yes (46) 48% Partial (43) 1% No (1)	63% Yes (39) 23% Many (14) 13% Need Impv (8) 2% No (1)	56% Yes (46) 39% Many (32) 5% Needs Impv (4)	59% Yes (49) 36.2% Many (30) 4.8% Needs Impv (4)	73.5% Yes (50) 23.5% Many (16) 3% Needs Impv (2)
92. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b; '18IQR#100	87% Yes (80) 13% Partial (12) (3 CND) (1 not scored)	79% Yes (71) 19% Partial (17) 2% No (2)	69% Yes (42) 19% Many (12) 10% Need Impv (6) 2% No (1) (1 CND)	60% Yes (49) 27% Many (22) 10% Needs Impv (8) 4% No (3)	71.1% Yes (59) 26.5% Many (22) 1.2% Needs Impv (1) 1.2% No (1)	53% Yes (36) 42.6% Many (29) 2.9% Needs Impv (2) 1.5% No (1)
93. Is the person offered a range of opportunities for participation in each life area? CPRQ87; '18IQR#101	79% Yes (67) 20% Partial (17) 1% No (1) (10 CND) (1 not scored)	79% Yes (59) 20% Partial (15) 1% No (1) (15 CND)		62% Yes (51) 22% Many (18) 11% Needs Impv (9) 5% No (4)	75.9% Yes (63) 19.3% Many (16) 4.8% Needs Impv (4)	79.4% Yes (54) 20.6% Many (14)
94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30; '18IQR#102	76% Yes(25) 24% Partial (8) (62 CND) (1 not scored)	47% Yes (9) 53% Partial (10) (71 CND)	47% Yes (29) 44% Many (27) 10% Need Impv (6)	71% Yes (25) 20% Many (7) 6% Needs Impv (2) 3% No (1) (47 CND)	75% Yes (39) 21.2% Many (11) 3.8% Needs Impv (2) (31 CND)	85% Yes (51) 11.7% Many (7) 3.3% Needs Impv (2) CND (8)
94a. About where and with whom to live? CPRQ89; '17IQR#23c; '18IQR#102a	78% Yes (18) 17% Partial (4) 4% No (1) (72 CND) (1 not scored)	70% Yes (7) 30% Partial (3) (80 CND)	50% Yes (3) 33% Need Impv (2) 17% No (1) (56 CND)	76% Yes (13) 6% Many (1) 6% Needs Impv (1) 12% No (2) (65 CND)	82.1% Yes (32) 10.3% Many (4) 5.1% Needs Impv (2) 2.5% No (1) (44 CND)	91.4% Yes (53) 6.9% Many (4) 1.7% Needs Impv (1) CND (10)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d; '18IQR#102b	85% Yes (28) 12% Partial (4) 3% No (1) (62 CND) (1 not scored)	50% Yes (8) 50% Partial (8) (74 CND)	85% Yes (17) 5% Many(1) 10% Needs Impv (2) (42 CND)	58% Yes (26) 18% Many (7) 5% Need Impv (2) 8% No (3) (44 CND)	87.5% Yes (42) 8.3% Many (4) 4.2% Needs Impv (2) (35 CND)	88.2% Yes (45) 9.8% Many (4) 2% Needs Impv (1) CND (17)
94c. About where and with whom to socialize/spend leisure time? CPRQ91; '18IQR#102c	86% Yes(30) 9% Partial (3) 6% No (2) (60 CND) (1 not scored)	80% Yes (12) 20% Partial (3) (75 CND)		80% Yes (28) 17% Many (6) 3% Needs Impv (1) (47 CND)	86% Yes (43) 8% Many (4) 6% Needs Impv (3) (33 CND)	87% Yes (47) 9.2% Many (5) 1.9% Needs Impv (1) 1.9% No (1) CND (17)
95. Does the evidence support that providers do not prevent the person from pursuing relationships ? CPRQ92; '17IQR#31f; '18IQR#103; '19IQR wording changed	97% Yes (88) 3% Partial (3) (4 CND) (1 not scored)	99% Yes (88) 1% Partial (1) (1 CND)	92% Yes (34) 8% Need Impv (3) (22 N/A, 3 CND)	95% Yes (78) 2% Many (2) 2% Needs Impv (2)	94% Yes (78) 6% Many (5)	97.1% Yes (66) 2.9% Many (2)
96. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a; '18IQR#105	68% Yes (65) 32% Partial (30) (1 not scored)	66% Yes (59) 34% Partial (31)	55% Yes (34) 21% Many (13) 24% Need Impv (15)	78% Yes (64) 18% Many (15) 4% Needs Impv (3)	77.1% Yes (64) 21.7% Many (18) 1.2% Needs Impv (1)	55.9% Yes (38) 42.6% Many (29) 1.5% Needs Impv (1)
97. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94; '18IQR#106	90% Yes (83) 8% Partial (7) 2% No (2) (3 CND) (1 not scored)	94% Yes (83) 5% Partial (4) 1% No (1) (2 CND)		91% Yes (75) 4% Many (3) 1% Needs Impv (1) 4% No (3)	86.7% Yes (72) 7.3% Many (6) 3.6% Needs Impv (3) 2.4% No (2)	83.8% Yes (57) 11.8% Many (8) 1.5% Needs Impv (1) 2.9% No (2)
98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h; '18IQR#107			73% Yes (38) 4% Many (2) 19% Needs Impv (10) 4% No (2) (1 N/A, 9 CND)	74% Yes (61) 26% No (21)	65.1% Yes (54) 34.9% No (29)	79.4% Yes (54) 20.6% No (14)
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; '18IQR#108			68% Yes (42) 32% No (20)	57% Yes (35) 10% Many (6) 21% Needs Impv (13) 11% No (7) (21 N/A)	63% Yes (34) 13% Many (7) 9.3% Needs Impv (5) 14.7% No (8) (29 N/A)	46.3% Yes (25) 31.5% Many (17) 13% Needs Impv (7) 9.2% No (5) N/A (14)
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; '18IQR#109			11% Yes (4) 11% Many (4) 23% Need Impv (14) 23% No (14)	22% Yes (13) 12% Many (7) 5% Needs Impv (3) 61% No (36) (23 N/A)	33.3% Yes (17) 19.6% Many (10) 9.8% Needs Impv (5) 37.3% No (19) (32 N/A)	43.5% Yes (20) 32.6% Many (15) 6.5% Needs Impv (3) 17.4% No (8) N/A (22)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
101. Is the person protected from abuse, neglect and exploitation? '17IQR#35; '18IQR#110			44% Yes (27) 34% Many (21) 21% Need Impv (13) (1 N/A)	67% Yes (55) 21% Many (17) 7% Needs Impv (6) 5% No (4)	59% Yes (49) 18.1% Many (15) 19.3% Needs Impv (16) 3.6% No (3)	58.9% Yes (40) 38.2% Many (26) 2.9% Needs Impv (2)
102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b; '18IQR#111			67% Yes (33) 14% Many (7) 18% Need Impv (9) (13 N/A)	62% Yes (34) 20% Many (11) 13% Needs Impv (7) 5% No (3) (27 N/A)	71.4% Yes (40) 12.5% Many (7) 12.5% Needs Impv (7) 3.6% No (2) (27 N/A)	84.4% Yes (38) 13.3% Many (6) 2.2% No (1) N/A (23)
103. Is the individual safe? '17IQR#24; '18IQR#112			62% Yes (38) 20% Many (18) 8% Need Impv (5) (1 CND)	78% Yes (64) 13% Many (11) 9% Needs Impv (7)	65.9% Yes (54) 20.7% Many (17) 12.2% Needs Impv (10) 1.2% No (1) (1 CND)	69.1% Yes (47) 23.5% Many (16) 7.4% Needs Impv (5)
104. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a; '18IQR#113	32% Active (30) 53% Moderate (50) 12% Limited (11) 3% None (3) (1 N/A) (1 not scored)	33% Active (29) 48% Moderate (48) 19% Limited (17) (2 N/A)	40% Active (25) 31% Moderate (19) 21% Limited (13) 8% None (5)	33% Active (27) 34% Moderate (28) 33% Limited (27)	33.8% Active (27) 45% Moderate (36) 21.2% Limited (17) (3 N/A)	28.4% Active (19) 52.2% Moderate (35) 19.4% Limited (13) N/A (1)
105. If the person is retired, does he/she have opportunities to engage in activities of interest during the day? CPRQ 100; '17IQR#29b; '18IQR#114	83% Yes (20) 13% Partial (3) 4% No (1) (69 N/A, 2 CND) (1 not scored)	63% Yes (17) 37 Partial (10) (63 N/A)	53% Yes (8) 27% Many (4) 13% Need Impv (2) 7% No (1) (47 N/A)	61% Yes (20) 24% Many (8) 15% Needs Impv (5) (49 N/A)	78.8% Yes (26) 9.1% Many (3) 12.1% Needs Impv (4) (50 N/A)	82.4% Yes (28) 14.7% Many (5) 2.9% Needs Impv (1) N/A (34)
106. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30; '18IQR#115	82% Yes (78) 16% Partial (15) 2% No (2) (1 not scored)	84% Yes (76) 14% Partial (13) 1% No (1)	47% Yes (29) 44% Many (27) 10% Need Impv (6)	85% Yes (70) 7% Many (6) 7% Needs Impv (6)	84.3% Yes (70) 13.3% Many (11) 2.4% Needs Impv (2)	85.3% Yes (58) 11.7% Many (8) 1.5% Needs Impv (1) 1.5% No (1)
107. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e; '18IQR#116	95% Yes (88) 5% Partial (5) (2 CND) (1 not scored)	96% Yes (85) 4% Partial (4) (1 CND)	86% Yes (51) 10% Many (6) 3% Need Impv (2) (1 N/A, 2 CND)	95% Yes (78) 4% Many (3) 1% Needs Impv (1)	92.8% Yes (77) 7.2% Many (6)	95.6% Yes (65) 4.4% Many (3)
108. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c; '18IQR#117	66% Yes (63) 34% Partial (32) (1 not scored)	43% Yes (39) 57% Partial (51)	49% Yes (30) 20% Many (12) 31% Need Impv (19) (1 N/A)	34% Yes (28) 43% Many (35) 23% Needs Impv (19)	38.6% Yes (32) 43.4% Many (36) 18% Needs Impv (15)	20.6% Yes (14) 61.7% Many (42) 16.2% Needs Impv (11) 1.5% No (1)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
109. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e; '18IQR#118	99% Yes (91) 1% Partial (1) (3 CND) (1 not scored)	100% Yes (90)	98% Yes (59) 2% Need Impv (1) (2 CND)	93% Yes (76) 5% Many (4) 2% Needs Impv (2)	96.1% Yes (74) 2.6% Many (2) 1.3% Needs Impv (1) (6 CND)	91.2% Yes (62) 4.4% Many (3) 4.4% Needs Impv (3)
110. Does the person have sufficient personal money? CPRQ110 '17IQR#34f; '18IQR#119	91% Yes (85) 9% Partial (8) (2 CND) (1 not scored)	91% Yes (82) 8% Partial (7) 1% No (1)	88% Yes (53) 8% Many (5) 3% Need Impv (2) (2 CND)	94% Yes (77) 5% Many (4) 1% No (1)	89.2% Yes (74) 8.4% Many (7) 2.4% Needs Impv (2)	92.6% Yes (63) 7.4% Many (5)
111. Does the person get along with their day program/employment provider staff? CPRQ111; '18IQR#120	100% Yes (57) (1 N/A, 37 CND) (1 not scored)	98% Yes (42) 2% Partial (1) (1 N/A, 46 CND)		100% Yes (66) (1 N/A, 15 CND)	96.6% Yes (58) 1.7% Many (1) 1.7% No (1) (2 N/A) (21 CND)	98.2% Yes (55) 1.8% Many (1) CND (10) N/A (2)
112. Does the person get along with their residential provider staff? CPRQ112; '18IQR#121	100% Yes (61) (34 CND) (1 not scored)	100% Yes (55) (35 CND)		100% Yes (71) (11 CND)	98.6% Yes (68) 1.4% Many (1) (14 CND)	100% Yes (61) CND (7)
113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10; '18IQR#122	38% Yes (36) 62% Partial (59) (1 not scored)	17% Yes (15) 83% Partial (75)	32% Yes (20) 53% Many (33) 15% Need Impv (9)	21% Yes (17) 54% Many (44) 26% Needs Impv (21)	18.1% Yes (15) 59% Many (49) 21.7% Needs Impv (18) 1.2% No (1)	1.5% Yes (1) 75% Many (51) 23.5% Needs Impv (16)
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; '18IQR#123	58% Yes (11) 32% Partial (6) 11% No (2) (76 N/A) (1 not scored)	85% Yes (11) 15% Partial (2) (77 N/A)	57% Yes (8) 43% No (6) (48 N/A)	81% Yes (17) 10% Many (2) 5% Needs Impv (1) 5% No (1) (61 N/A)	43.5% Yes (10) 39.1% Many (9) 8.7% Needs Impv (2) 8.7% No (2) (60 N/A)	60% Yes (6) 10% Many (1) 30% Needs Impv (3) N/A (58)
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; '18IQR#124	79% Yes (71) 21% No (19) (4 N/A, 1 CND) (1 not scored)	68% Yes (56) 32% No (26) (8 N/A)	73% Yes (36) 10% Many (5) 12% Need Impv (6) 4% No (2) (13 N/A)	46% Yes (37) 41% Many (33) 6% Needs Impv (5) 6% No (5) (2 N/A)	42.8% Yes (33) 37.7% Many (29) 14.3% Needs Impv (11) 5.2% No (4) (6 N/A)	27.9% Yes (19) 60.4% Many (41) 8.8% Needs Impv (6) 2.9% No (2)
116. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117; '18IQR#125	88% Yes (84) 11% Partial (10) 1% No (1) (1 not scored)	88% Yes (79) 12% Partial (11)		78% Yes (64) 15% Many (12) 7% Needs Impv (6)	69.9% Yes (58) 19.3% Many (16) 10.8% Needs Impv (9)	33.8% Yes (23) 50% Many (34) 14.7% Needs Impv (10) 1.5% No (1)
117. Do you recommend Dispute Resolution for this IDT? CPRQ118; '18IQR#126	1% Yes (1) 99% No (94) (1 not scored)	3% Yes (3) 97% No (87)		2% Yes (2) 98% No (80)	7.2% Yes (6) 92.8% No (77)	4.4% Yes (3) 95.6% No (65)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
118. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#14a; '18IQR#127	37% Yes (35) 63% No (60) (1 not scored)	23% Yes (21) 77% No (69)	37% Yes (23) 63% No (39)	40% Yes (33) 60% No (49)	39.8% Yes (33) 60.2% No (50)	41.2% Yes (28) 58.8% No (40)
119. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c; '18IQR#128	21% Yes (20) 79% No (74) (1 CND) (1 not scored)	17% Yes (15) 83% No (73) (2 CND)	13% Yes (8) 87% No (54)	26% Yes (21) 74% No (61)	22.9% Yes (19) 77.1% No (64)	20.6% Yes (14) 79.4% No (54)
120. If #118 OR #119 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; '18IQR#129	53% Yes (23) 37% Partial (16) 9% No (4) (51 N/A 1 CND) (1 not scored)	63% Yes (19) 33% Partial (10) 3% No (1) (60 N/A)		77% Yes (30) 23% No (9) (43 N/A)	64.9% Yes (24) 35.1% No (13) (46 N/A)	81.2% Yes (26) 18.8% No (6) N/A (36)
121. Has the person changed residential/day services in the last year? CPRQ122; '18IQR#130	9% Yes (9) 91% No (86) (1 not scored)	17% Yes (15) 83% No (75)		21% Yes (17) 79% No (65)	21.7% Yes (18) 78.3% No (65)	17.6% Yes (12) 82.4% No (56)
122. If #121 is Yes, was the change Planned by the IDT? CPRQ122a; '18IQR#131	50% Yes (4) 25% Partial (2) 25% No (2) (87 N/A) (1 not scored)	64% Yes (9) 36% Partial (5) (76 N/A)		76% Yes (13) 24% No (4) (65 N/A)	50% Yes (9) 50% No (9) (65 N/A)	69.2% Yes (9) 30.8% No (4) N/A (55)
123. If #121 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b; '19IQR#132	89% Yes (8) 11% Partial (1) (86 N/A) (1 not scored)	80% Yes (12) 13% Partial (2) 7% No (1) (75 N/A)		89% Yes (17) 11% No (2) (63 N/A)	83.3% Yes (15) 16.7% No (3) (65 N/A)	84.6% Yes (11) 15.4% No (2) N/A (55)
124. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person? CPRQ123; '17IQR#7n; '18IQR#133	28% Yes (27) 72% Partial (68) (1 not scored)	22% Yes (20) 78% Partial (70)	3% Yes (2) 34% Many (21) 58% Need Impv (36) 5% No (3)	11% Yes (9) 50% Many (41) 38% Needs Impv (31) 1% No (1)	1.2% Yes (1) 79.5% Many (66) 19.3% Needs Impv (16)	0% Yes 79.4% Many (54) 20.6% Needs Impv (14)
125. Does (Name) have a current Person Centered Assessment? '18IQR#134				11% Yes (9) 16% Many (13) 59% Needs Impv (47) 14% No (11) (2 not scored)	44.3% Yes (35) 41.7% Many (33) 12.7% Needs Impv (10) 1.3% No (1) (4 N/A)	64.2% Yes (43) 29.8% Many (20) 1.5% Needs Impv (1) 4.5% No (3) N/A (1)
126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a; '18IQR#135	49% Yes (32) 51% No (33) (30 N/A)	52% Yes (30) 48% No (28) (30 N/A)	6% Yes (3) 17% Many (9) 32% Need Impv (17)	8% Yes (4) 6% Many (3) 29% Needs Impv (14)	42.6% Yes (26) 26.2% Many (16) 4.9% Needs Impv (3)	47.8% Yes (22) 21.7% Many (10) 6.6% Needs Impv (3)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
	(1 not scored)	(2 not scored)	45% No (24) (9 N/A)	56% No (27) (32 N/A, 2 not scored)	26.2% No (16) (22 N/A)	23.9% No (11) N/A (22)
127. Did the individual participate personally in the Person Centered Assessment? '18IQR#136				39% Yes (31) 61% No (49) (2 not scored)	67.1% Yes (53) 32.9% No (26) (4 N/A)	54.5% Yes (36) 45.5% No (30) CND (1) N/A (1)
128. Did the Guardian participate in the Person Centered Assessment? '18IQR#137				25% Yes (20) 75% No (60) (2 not scored)	48.8% Yes (40) 51.2% No (42) (1 N/A)	65.2% Yes (43) 34.8% No (23) CND (1) N/A (1)
129. Is the individual engaged in the Informed Choice Project? '18IQR#138				10% Yes (8) 90% No (74)	9.9% Yes (8) 90.1% No (73) (2 not scored)	100% No (5) N/A (63)
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; '18IQR#139			0% Yes 14% Many (7) 31% Need Impv (16) 66% No (28) (11 N/A)	30% Yes (15) 70% No (35) (30 N/A, 2 not scored)	50.9% Yes (27) 49.1% No (26) (30 N/A)	71.4% Yes (30) 28.6% No (12) N/A (26)
131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section? '18IQR#140				27% Yes (4) 33% Many (5) 20% Needs Impv (3) 20% No (3) (65 N/A, 2 not scored)	85.2% Yes (23) 3.7% Many (1) 11.1% No (3) (56 N/A)	75.9% Yes (22) 13.8% Many (4) 6.9% Needs Impv (2) 3.4% No (1) N/A (39)
132. If #130 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs? '18IQR#141				0% Yes 14% Needs Impv (5) 86% No (30) (45 N/A, 2 not scored)	32.1% Yes (9) 17.9% Many (5) 7.1% Needs Impv (2) 42.9% No (12) (55 N/A)	64.3% Yes (9) 21.4% Many (3) 14.3% Needs Impv (2) N/A (54)
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? '18IQR#142				16% Yes (8) 6% Many (3) 16% Needs Impv (8) 61% No (30) (31 N/A, 2 not scored)	56% Yes (28) 14% Many (7) 6% Needs Impv (3) 24% No (12) (33 N/A)	81% Yes (34) 11.9% Many (5) 7.1% Needs Impv (3) N/A (26)
134. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c; '18IQR#143			4% Yes (2) 8% Many (4) 43% Needs Impv (23) 45% No (24)	8% Yes (4) 10% Many (5) 15% Needs Impv (7) 67% No (32) (32 N/A, 2 not scored)	51.9% Yes (27) 15.4% Many (8) 3.8% Needs Impv (2) 28.9% No (15) (31 N/A)	82.9% Yes (34) 12.3% Many (5) 2.4% Needs Impv (1) 2.4% No (1) N/A (27)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
135. Has the Guardian received information regarding the range of employment options available for the individual? '18IQR#144				17% Yes (8) 4% Many (2) 25% Needs Impv (12) 54% No (26) (32 N/A, 2 not scored)	60% Yes (30) 14% Many (7) 8% Needs Impv (4) 18% No (9) (33 N/A)	85.7% Yes (36) 9.5% Many (4) 4.8% Needs Impv(2) N/A (26)
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; '18IQR#145			6% Yes (3) 16% Many (8) 24% Need Impv (12) 54% No (27) (12 N/A)	15% Yes (7) 6% Many (3) 19% Needs Impv (9) 60% No (29) (32 N/A, 2 not scored)	53.8% Yes (28) 15.4% Many (8) 3.8% Needs Impv (2) 27% No (14) (31 N/A)	64.1% Yes (25) 20.5% Many (8) 5.1% Needs Impv (2) 10.3% No (4) N/A (29)
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 ...? '18IQR#146				15% Yes (7) 9% Many (4) 6% Needs Impv (3) 70% No (33) (33 N/A, 2 not scored)	50% Yes (25) 10% Many (5) 4% Needs Impv (2) 36% No (18) (33 N/A)	76.3% Yes (29) 7.9% Many (3) 5.3% Needs Impv (2) 10.5% No (4) N/A (30)
138. Has the individual participated in work or volunteer activities during the past year? '18IQR#147				20% Yes (10) 14% Many (7) 36% Needs Impv (18) 30% No (15) (30 N/A, 2 not scored)	38.8% Yes (21) 9.3% Many (5) 1.9% Needs Impv (1) 50% No (27) (29 N/A)	55.3% Yes (21) 18.4% Many (7) 5.3% Needs Impv (2) 21% No (8) N/A (30)
139. Has the individual identified what type of work or volunteer activities he/she would like to do? '18IQR#148				25% Yes (13) 8% Many (4) 20% Needs Impv (10) 47% No (24) (29 N/A, 2 not scored)	47.3% Yes (26) 10.9% Many (6) 3.6% Needs Impv (2) 38.2% No (21) (28 N/A)	58.6% Yes (24) 26.8% Many (11) 7.3% Needs Impv (3) 7.3% No (3) N/A (27)
140. Does the Guardian support him/her working? '18IQR#149				49% Yes (24) 51% No (25) (31 N/A, 2 not scored)	39.6% Yes (21) 60.4% No (32) (30 N/A)	66.7% Yes (28) 33.3% No (14) N/A (26)
Is (Name) is involved in the DVR Outreach Project? '18IQR#150; '19IQR#141 question deleted				8% Yes (6) 93% No (74) (2 not scored)		
142. Is the individual engaged in Supported Employment? CPRQ129; '18IQR#151	28% Yes (16) 72% No (41) (38 N/A) (1 not scored)	30% Yes (15) 70% No (35) (38 N/A) (2 not scored)		15% Yes (7) 85% No (41) (32 N/A, 2 not scored)	17.3% Yes (9) 82.7% No (43) (31 N/A)	22% Yes (9) 78% No (32) (27 N/A)
Is the individual Working in accordance with the following: CPRQ 130 '17IQR#28; '18IQR#152; '19IQR#143 question deleted	9% Yes (5) 21% Partial (12) 70% No (40)	14% Yes (7) 12% Partial (6) 74% No (37)	0% Yes 11% Many (5) 19% Need Impv (9)	2% Yes (1) 8% Many (4) 4% Needs Impv (2)		



Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
	(38 N/A) (1 not scored)	(38 N/A) (2 not scored)	71% No (34) (14 N/A)	85% No (41) (32 N/A, 2 not scored)		
144. Does the person have a Career Development Plan? CPRQ128 171QR#26e; '181QR#153	11% Yes (6) 26% Partial (15) 63% No (36) (38 N/A) (1 not scored)	6% Yes (3) 34% Partial (17) 60% No (30) (38 N/A) (2 not scored)	0% Yes 14% Many (7) 31% Need Impv (16) 66% No (28) (11 N/A)	0% Yes 30% Many (3) 20% Needs Impv (2) 50% No (5) (70 N/A, 2 not scored)	71.4% Yes (10) 14.3% Many (2) 14.3% No (2) (69 N/A)	76.9% Yes (10) 7.7% Many (1) 15.4% No (2) (55 N/A)
145. Is the person considered by the IDT to need behavior services now? CPRQ131; '171QR#5d; '181QR#154	61% Yes (55) 39% No (35) (5 N/A) (1 not scored)	68% Yes (60) 32% No (28) (2 N/A)	55% Yes (34) 45% No (28)	63% Yes (52) 37% No (30)	53% Yes (44) 47% No (39)	67.6% Yes (46) 32.4% No (22)
146. Does the person need behavior services now? CPRQ132; '171QR#11e; '181QR#155	56% Yes (50) 44% No (40) (5 N/A) (1 not scored)	66% Yes (59) 34% No (30) (1 N/A)	58% Yes (36) 42% No (26)	68% Yes (56) 32% No (26)	57.8% Yes (48) 42.2% No (35)	69.1% Yes (47) 30.9% No (21)
147. Have behavioral assessments been completed? CPRQ133; '181QR#156	54% Yes (30) 41% Partial (23) 5% No (3) (39 N/A) (1 not scored)	65% Yes (39) 32% Partial (19) 3% No (2) (30 N/A)		59% Yes (32) 20% Many (11) 11% Needs Impv (6) 9% No (5) (28 N/A)	39.6% Yes (19) 50% Many (24) 10.4% No (5) (35 N/A)	39.6% Yes (19) 50% Many (24) 6.2% Needs Impv (3) 4.2% No (2) N/A (20)
148. Does the person have a positive behavior support plan developed out of the behavior assessments that meets the person's needs? CPRQ134 '171QR#5g; '181QR#157	62% Yes (34) 33% Partial (18) 5% no (3) (40 N/A) (1 not scored)	81% Yes (48) 19% Partial (11) (31 N/A)	76% Yes (26) 12% Many (4) 9% Need Impv (3) 3% No (1) (28 N/A)	83% Yes (43) 8% Many (4) 4% Needs Impv (2) 6% No (3) (30 N/A)	75% Yes (36) 10.4% Many (5) 6.2% Needs Impv (3) 8.4% No (4) (35 N/A)	50% Yes (24) 31.3% Many (15) 12.5% Needs Impv (6) 6.2% No (3) N/A (20)
149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '171QR#10d; '181QR#158	87% Yes (48) 11% Partial (6) 2% No (1) (40 N/A) (1 not scored)	90% Yes (53) 10% Partial (6) (31 N/A)	73% Yes (24) 18% Many (6) 6% Need Impv (2) 3% No (1) (29 N/A)	86% Yes (44) 8% Many (4) 4% Needs Impv (2) 2% No (1) (31 N/A)	70.8% Yes (34) 10.4% Many (5) 10.4% Needs Impv (5) 8.4% No (4) (35 N/A)	72.3% Yes (34) 14.9% Many (7) 8.5% Needs Impv (4) 4.3% No (2) N/A (21)
150. If needed, does the person have a Behavior Crisis Intervention Plan that meets the person's needs? CPRQ 73a; '171QR#5h; '181QR#159	82% Yes (23) 18% Partial (5) (67 N/A) (1 not scored)	81% Yes (21) 19% Partial (5) (64 N/A)	71% Yes (10) 21% Many (3) 7% Need Impv (1) (48 N/A)	73% Yes (16) 18% Many (4) 9% No (2) (60 N/A)	56.5% Yes (13) 17.4% Many (4) 21.7% Needs Impv (5) 4.4% No (1) (60 N/A)	40% Yes (6) 53.3% Many (8) 6.7% No (1) N/A (53)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
151. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i; '18IQR#160	56% Yes (31) 36% Partial (20) 7% No (4) (40 N/A) (1 not scored)	73% Yes (43) 27% Partial (16) (31 N/A)	53% Yes (20) 29% Many (11) 13% Need Impv (5) 5% No (2) (24 N/A)	67% Yes (36) 19% Many (10) 7% Need Impv (4) 7% No (4) (28 N/A)	52.1% Yes (25) 31.2% Many (15) 8.3% Needs Impv (4) 8.4% No (4) (35 N/A)	35.4% Yes (17) 47.9% Many (23) 10.5% Needs Impv (5) 6.2% No (3) N/A (20)
152. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d; '18IQR#161	33% Yes (18) 49% Partial (27) 18% No (10) (40 N/A) (1 not scored)	42% Yes (25) 49% Partial (29) 8% No (5) (31 N/A)	48% Yes (16) 9% Many (3) 39% Need Impv (13) 3% No (1) (29 N/A)	47% Yes (25) 17% Many (9) 15% Needs Impv (8) 21% No (11) (29 N/A)	43.8% Yes (21) 31.2% Many (15) 12.5% Needs Impv (6) 12.5% No (6) (35 N/A)	46.8% Yes (22) 34% Many (16) 12.8% Needs Impv (6) 6.4% No (3) N/A (21)
153. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b; '18IQR#162	72% Yes (61) 27% Partial (23) 1% No (1) (10 N/A) (1 not scored)	72% Yes (55) 28% Partial (21) (14 N/A)	57% Yes (33) 22% Many (13) 21% Need Impv (12) (3 N/A, 1 CND)	60% Yes (46) 29% Many (22) 10% Needs Impv (8) 1% No(1) (5 N/A)	69.3% Yes (52) 28% Many (21) 2.7% Needs Impv (2) (8 N/A)	65.6% Yes (42) 26.6% Many (17) 7.8% Needs Impv (5) N/A (4)
154. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c; '18IQR#163	74% Yes (49) 23% Partial (15) 3% No (2) (29 N/A) (1 not scored)	72% Yes (48) 25% Partial (17) 2% No (2) (23 N/A)	56% Yes (24) 19% Many (8) 21% Need Impv (9) 5% No (2) (18 N/A, 1 CND)	71% Yes (44) 16% many (10) 11% Needs Impv (7) 2% No (1) (20 N/A)	71.4% Yes (45) 20.6% Many (13) 6.3% Needs Impv (4) 1.7% No (1) (20 N/A)	67.8% Yes (40) 27.1% Many (16) 5.1% Needs Impv (3) N/A (9)
155. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f; '18IQR#164			86% Yes (50) 5% Many (3) 9% Need Impv (5) (1 N/A, 3 CND)	92% Yes (70) 6% Many (5) 1% Needs Impv (1) (6 N/A)	87.5% Yes (63) 6.9% Many (5) 5.6% Needs Impv (4) (10 N/A) (1 CND)	75.8% Yes (50) 19.7% Many (13) 4.5% Needs Impv (3) N/A (2)
156. Is the person's equipment and technology in good repair?'17IQR#25d; '18IQR#165			71% Yes (42) 17% Many (10) 12% Need Impv (7) (1 N/A, 2 CND)	76% Yes (58) 18% Many (14) 5% Needs Impv (4) (6 N/A)	86.3% Yes (63) 9.6% Many (7) 4.1% Needs Impv (3) (9 N/A) (1 CND)	75.8% Yes (50) 22.7% Many (15) 1.5% Needs Impv(1) N/A (2)
157. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e; '18IQR#166			61% Yes (36) 22% Many (13) 15% Need Impv (9) 2% No (1) (1 N/A, 2 CND)	66% Yes 51) 27% Many (21) 6% Needs Impv (5) (5 N/A)	71.2% Yes (52) 26% Many (19) 2.8% Needs Impv (2) (9 N/A) (1 CND)	68.2% Yes (45) 28.8% Many (19) 3% Needs Impv (2) N/A (2)

Question	2015 (sample=96)	2016 (sample=90)	2017 (sample=62)	2018 (sample=82)	2019 (sample=83)	2020 (sample=68)
158. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b; '18IQR#167	83% Yes (71) 17% Partial (15) (11 N/A)	76% Yes (68) 20% Partial (18) 3% No (3) (6 N/A) (1 not scored)	77% Yes (44) 7% Many (4) 16% Need Impv (9) (5 N/A)	66% Yes (46) 23% Many (16) 10% Needs Impv (7) 1% No (1) (12 N/A)	61.8% Yes (47) 28.9% Many (22) 5.4% Needs Impv (4) 3.9% No (3) (7 N/A)	48.4% Yes (30) 50% Many (31) 1.6% Needs Impv (1) N/A (6)
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#7c; '18IQR#168	94% Yes (89) 6% Partial (6) (1 not scored)	90% Yes (81) 9% Partial (8) 1% No (1)	82% Yes (51) 8% Many (5) 8% Need Impv (5) 2% No (1)	96% Yes (79) 1% Many (1) 2% Needs Impv (2)	89.2% Yes (74) 10.8% Many (9)	89.7% Yes (61) 8.8% Many (6) 1.5% No (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; '18IQR#169	49% Yes (47) 42% Partial (40) 8% No (8) (1 not scored)	58% Yes (52) 42% Partial (38)	53% Yes (33) 21% Many (13) 23% Need Impv (14) 3% No (2)	55% Yes (45) 18% Many (15) 23% Needs Impv (19) 4% No (3)	60.3% Yes (50) 28.9% Many (24) 10.8% Needs Impv (9)	55.9% Yes (38) 30.9% Many (21) 5.9% Needs Impv (4) 7.3% No (5)
161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a; '18IQR#170	65 % Yes (62) 35% Partial (33) (1 not scored)	68% Yes (61) 32% Partial (29)	47% Yes (29) 27% Many (17) 26% Need Impv (16)	84% Yes (69) 10% Many (8) 6% Needs Impv (5)	83.1% Yes (69) 15.7% Many (13) 1.2% Needs Impv (1)	80.8% Yes (55) 16.2% Many (11) 1.5% Needs Impv (1) 1.5% No (1)
162. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f; '18IQR#171	77% Yes (73) 23% Partial (22) (1 not scored)	80% Yes (72) 20% Partial (18)	76% Yes (47) 15% Many (9) 10% Need Impv (6)	63% Yes (52) 23% Many (19) 13% Needs Impv (11)	71.1% Yes (59) 27.7% Many (23) 1.2% Needs Impv (1)	88.2% Yes (60) 11.8% Many (8)
163. Is the person integrated into the community? CPRQ145; '17IQR#29g; '18IQR#172	58% Yes (55) 38% Partial (36) 4% No (4) (1 not scored)	53% Yes (48) 46% Partial (41) 1% No (1)	25% Yes (15) 21% Many (13) 43% Need Impv (26) 11% No (7)	41% Yes (34) 18% Many (15) 38% Needs Impv (31) 2% No (2)	61.4% Yes (51) 26.5% Many (22) 10.8% Needs Impv (9) 1.3% No (1)	75% Yes (51) 20.6% Many (14) 4.4% Needs Impv (3)
Overall is the ISP adequate to meet the person's needs? CPRQ146; '17IQR#7; '18IQR#173; '19IQR question deleted	11% Yes (10) 89% Partial (85) (1 not scored)	12% Yes (11) 88% Partial (79)	0% Yes 27% Many (17) 73% Need Impv (45)	0% Yes 55% Many (45) 44% Needs Impv (36) 1% No (1)		
164. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36; '18IQR#174	14% Yes (13) 85% Partial (81) 1% No (1) (1 not scored)	12% Yes (11) 88% Partial (79)	0% Yes 44% Many (27) 56% Need Impv (35)	2% Yes (2) 67% Many (55) 30% Needs Impv (25)	8.4% Yes (7) 72.3% Many (60) 19.3% Needs Impv (16)	0% Yes 80.9% Many (55) 19.1% Needs Impv (13)