A. Jackson Class Member Demographics – Northwest Region

When the NW sample was selected in February 2022, there were 17 Active Jackson Class Members in the Northwest Region. Since that time, one individual has passed away. There were 8 class members reviewed in the Northwest Region as part of the FY2022 IQR. Details regarding all 17 class members in the region are provided below.

AGE	
30-39	0
40-49	0
50-59	7
60-69	6
70-79	4
80-89	0
90-99	0
AVERAGE AGE	62

ETHNICITY	
Black/African American	0
Caucasian	6
Hispanic	1
Native American	10
Other	0

GENDER	
Female	9
Male	8
Other	0

COMMUNITY INCLUSION SERVICE	
CCS (I or G)	15
CIE	1
ICF/IDD	0
Mi Via	2
N/A	0

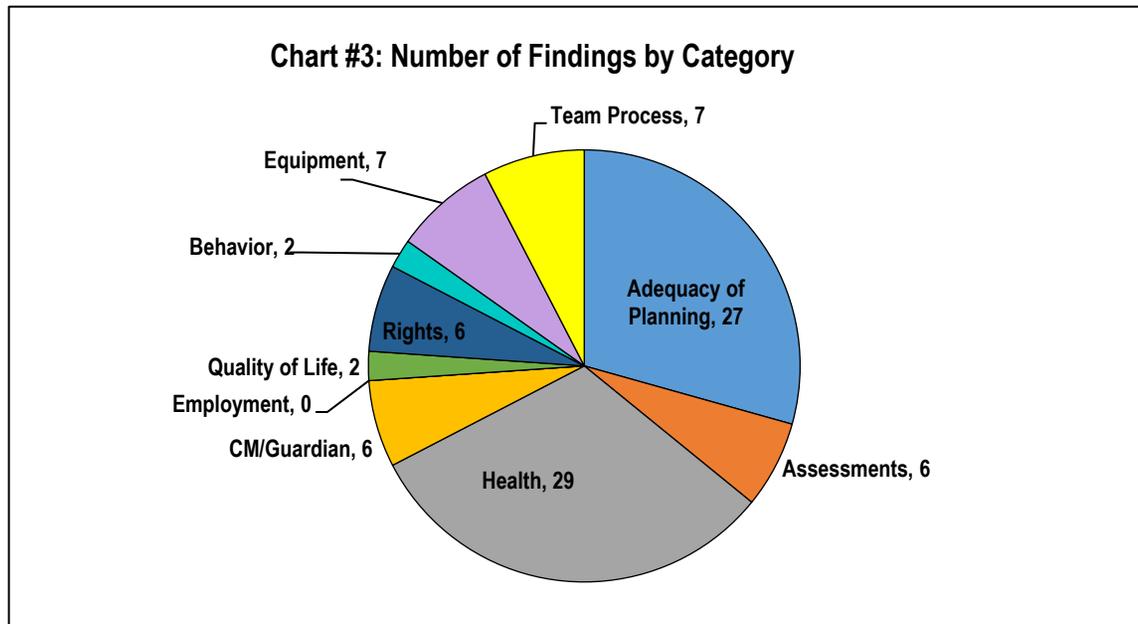| LIVING CARE ARRANGEMENT SERVICE	
Family Living	1
Supported Living	14
CIHS	0
ICF/IDD	0
Mi Via	2
N/A	0

*One individual has two community inclusion agencies

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

Case Management/Consultant	A Step Above (1)	Consumer Direct (Mi Via 2)	Excel (9)	Peak (3)	Rio Puerco (2)
Residential	Dungarvin (6)	Mi Via (2)	Ramah Care (3)	Tungland (6)	Intentionally Blank
Community Inclusion	Dungarvin (6)	Mi Via (2)	Ramah Care (3)	Tungland (6)	ZEE/Empowerment (1)

B. Most Frequently Identified Findings by Category

For the 8 people in the review, there were a total of 92 Findings. The table below shows into what categories those findings fall.

Chart #3: Number of Findings by Category

- Team Process, 7
- Equipment, 7
- Behavior, 2
- Rights, 6
- Quality of Life, 2
- Employment, 0
- CM/Guardian, 6
- Health, 29
- Adequacy of Planning, 27
- Assessments, 6

C. Most Frequently Repeated Findings by Category

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

Of the 92 Findings in the Northwest Review, there were 52 (56.5%) identified as "repeat findings". Repeat findings are those which have been identified by the IQR during previous reviews (within the last ten years). The category where 'repeat findings' are most frequently identified is in the areas of Health followed by Adequacy of Planning. The charts below summarize, by agency, the number of repeat findings which were identified by topic area.

Chart #4: Repeat Findings by Area and Residential Provider											
AREA	ADEQUACY OF PLANNING	ASSESSMENTS	BEHAVIOR	CM & GUARDIAN	EMPLOYMENT	EQUIPMENT	EXPECTATIONS OF GROWTH	HEALTH	QUALITY OF LIFE & SATISFACTION	RIGHTS/ OTHER	TEAM PROCESS	TOTAL
PROVIDER											
AVCH (1)	2	1	0	1	0	0	0	5	0	1	1	11
Dungarvin (2)	6	1	0	1	0	1	0	7	1	0	0	17
Ramah Care (3)	3	0	0	0	0	1	0	2	0	1	0	7
Tungland (1)	5	0	0	1	0	0	0	4	1	1	1	13
Mi Via (1)	0	1	0	0	0	1	0	1	0	1	0	4
TOTAL	16	3	0	3	0	3	0	19	2	4	2	52

Chart #5: Repeat Findings by Area and Case Management Agency											
AREA	ADEQUACY OF PLANNING	ASSESSMENTS	BEHAVIOR	CM & GUARDIAN	EMPLOYMENT	EQUIPMENT	EXPECTATIONS OF GROWTH	HEALTH	QUALITY OF LIFE & SATISFACTION	RIGHTS/ OTHER	TEAM PROCESS	TOTAL
PROVIDER											
A Step Above (1)	2	0	0	0	0	1	0	0	0	1	0	4
Consumer Direct (Mi Via 1)	0	1	0	0	0	1	0	1	0	1	0	4

Chart #5: Repeat Findings by Area and Case Management Agency											
AREA	ADEQUACY OF PLANNING	ASSESSMENTS	BEHAVIOR	CM & GUARDIAN	EMPLOYMENT	EQUIPMENT	EXPECTATIONS OF GROWTH	HEALTH	QUALITY OF LIFE & SATISFACTION	RIGHTS/ OTHER	TEAM PROCESS	TOTAL
Excel (3)	8	1	0	2	0	0	0	11	1	2	2	27
Peak (2)	6	1	0	1	0	1	0	7	1	0	0	17
Rio Puerco (1)	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	16	3	0	3	0	3	0	19	2	4	2	52

D. Immediate and Special Findings

There were 8 Class Members reviewed in Northwest Region as part of the FY2022 IQR. No individuals were found to have immediate and/or special findings.

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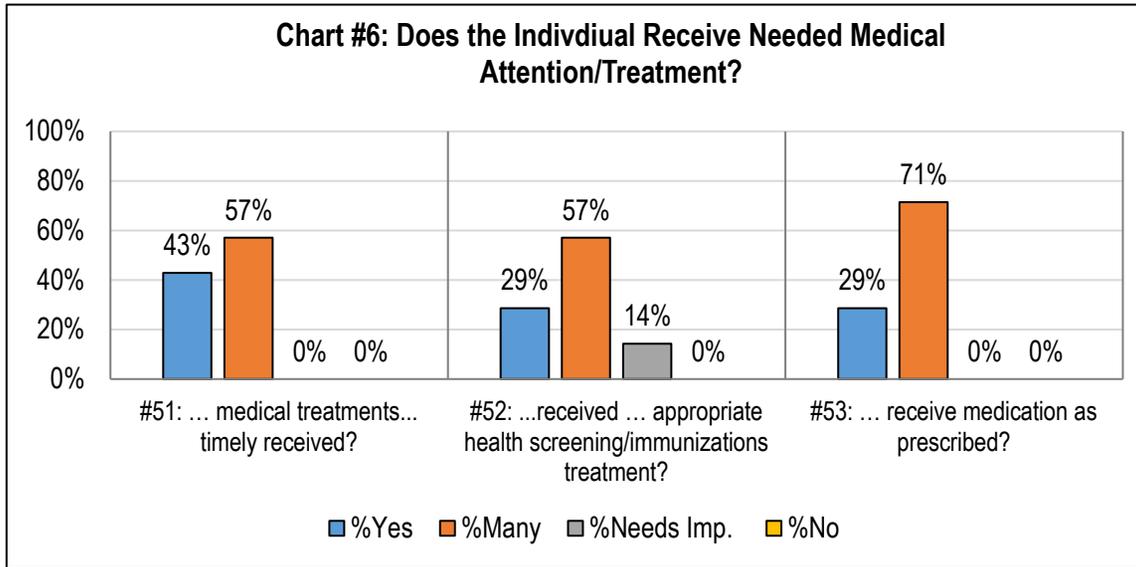
Class Members identified as **"*needing special attention*"** are individuals for whom issues have been identified that, if not addressed, are likely to become an urgent health and safety concern.

Civil Monetary Penalties (CMPs) for non-compliance may be issued for Immediate, Special and/or other egregious findings.

E. Health, Assessments and Overall Wellness

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

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

Chart #6: Does the Indivdiual Receive Needed Medical Attention/Treatment?

Chart showing three questions with bars for %Yes, %Many, %Needs Imp., and %No:

- #51: … medical treatments... timely received? — %Yes: 43%, %Many: 57%, %Needs Imp.: 0%, %No: 0%
- #52: ...received … appropriate health screening/immunizations treatment? — %Yes: 29%, %Many: 57%, %Needs Imp.: 14%, %No: 0%
- #53: … receive medication as prescribed? — %Yes: 29%, %Many: 71%, %Needs Imp.: 0%, %No: 0%

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

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

Question #58: Did the team arrange for and obtain the needed, relevant assessments?
Question #59: Are the assessments adequate for planning?
Question #60: Were the recommendation from assessments used in planning?

Chart #7: Are Assessments Considered, Obtain, Adequate and Used in Planning?
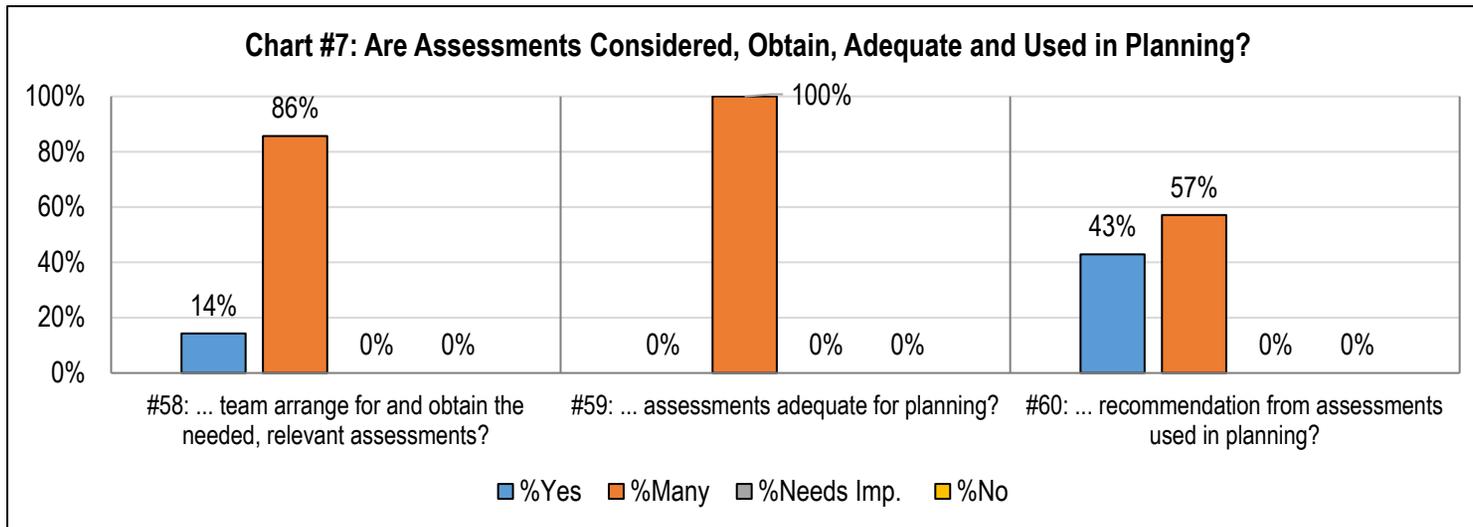
Beyond the protocol questions, a letter of Findings is issued for each class member. This letter is developed by the Surveyor, reviewed by the Case Judge, IQR Supervisor Regional and State DDSD and DHI staff prior to becoming final. The table below summarizes some of the issues which were identified. It is important to note that the information below identifies the <u>number of issues found</u>, not the number of findings. For example, if one individual was found to have a Medication Administration Record (MAR) which called for the administration of a medication for which a doctor's order was not found AND was also found to have been given a medication twice a day when the doctor's order called for one time a day, that might be ONE finding regarding medication but TWO different issues.

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

1. The Medication Administration Record (MAR) / Medication / Dr. Orders do not match (med strength, delivery method, purpose of med) (31 issues)
2. Equipment issues (24)
3. Nationally recommended screenings/immunizations (18 issues)

With an average of 10.3 issues per class member, AVCH and Tungland had the most issues on average.

Chart #8: Type of Medical Issues identified by Residential Agency						
PROVIDER **(# IN SAMPLE)** **ISSUE**	**AVCH (1)**	**Dungarvin (2)**	**Ramah Care (3)**	**Tungland (1)**	**Mi Via (1)**	**TOTAL**
APPOINTMENTS						
Audiology: not completed	1	0	0	0	0	**1**
Dental: follow up not completed / not timely	1	0	0	3	0	**4**
Neurology: follow up not completed / not timely	0	0	0	0	0	**0**
PCP: follow up not completed / not timely	0	0	0	0	0	**0**
Psych: follow up not completed/not timely	0	0	0	0	0	**0**
Specialists: follow up not completed / not timely	0	0	0	1	0	**1**
Specialists: report not provided for review	0	0	0	0	0	**0**
Vision: not completed / not current	0	0	0	0	0	**0**
MAR/MEDICATIONS						
MAR/Medication/Dr. Orders do not match (med strength, delivery method, purpose of med)	16	5	3	7	0	**31**
MAR needs updating	0	0	0	0	0	**0**
Meds not administered / given as required	0	0	0	0	0	**0**

Chart #8: Type of Medical Issues identified by Residential Agency						
PROVIDER (# IN SAMPLE)	**AVCH (1)**	**Dungarvin (2)**	**Ramah Care (3)**	**Tungland (1)**	**Mi Via (1)**	**TOTAL**
Med review needed	0	0	0	0	0	**0**
Expired med in home	0	0	0	0	0	**0**
Med not found	0	0	0	0	0	**0**
Med orders not received	0	0	0	0	0	**0**
Expired prescriptions found / orders not current	0	0	0	0	0	**0**
Meds not stored properly	0	0	0	0	0	**0**
Screenings						
a. No evidence of Hep B/HepC screening or team discussion thereof	1	1	0	1	0	**3**
b. No evidence of shingles vaccine or team discussion thereof	0	0	1	1	1	**3**
c. No evidence of HIV screening or team discussion thereof	1	0	0	1	0	**2**
d. No evidence of TD/Tdap immunizations or team discussion thereof	0	1	1	0	1	**3**
e. No evidence of colorectal screening or team discussion thereof	0	2	0	1	1	**4**
f. No evidence of flu or pneumonia vaccine or team discussion thereof	1	0	1	0	0	**2**
g. No evidence of mammogram or team discussion thereof	0	0	0	0	0	**0**

Chart #8: Type of Medical Issues identified by Residential Agency						
PROVIDER (# IN SAMPLE)	AVCH (1)	Dungarvin (2)	Ramah Care (3)	Tungland (1)	Mi Via (1)	TOTAL
h. No evidence of cervical cancer screening or team discussion thereof	0	0	0	0	1	1
AIMS or other TD screening	1	0	0	0	0	1
No evidence of test / lab screening or alt. option discussed.	0	1	0	1	0	2
No evidence of recommended bone density scan.	0	1	0	0	0	1
Other						
AT Equipment: not on AT list or ISP / found / provided /or working, etc.	1	2	21	0	0	24
DNR: confusion about status	0	0	0	0	0	0
Totals	23	13	27	16	4	83
Average	23	6.5	9	16	4	10.3

For health care coordination, oversight and monitoring, I/DD services rely heavily on nurses, primary care physicians and referrals to needed specialists. Nurses and the supports they can provide are essential for the protection and healthy living of class members. Relevant scored protocol questions related directly to nursing include:
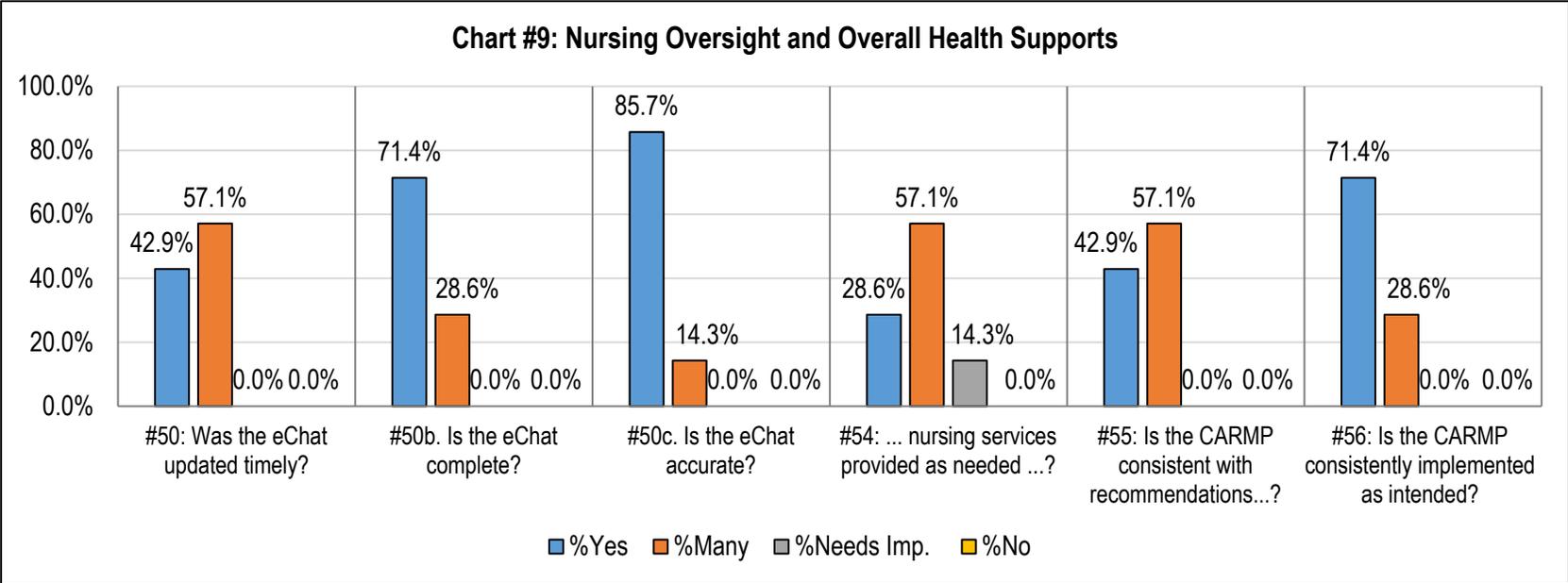
Question #50: Was the eCHAT updated timely?
Question #50b: Is the eCHAT complete?
Question #50c: Is the eCHAT accurate?
Question #54: Are nursing services provided as needed by the individual?
Question #55: Is the CARMP consistent with recommendations in other healthcare documents?
Question #56: Is the CARMP consistently implemented as intended?

Chart #9: Nursing Oversight and Overall Health Supports

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

Question	%Yes	%Many	%Needs Imp.	%No
#50: Was the eChat updated timely?	42.9%	57.1%	0.0%	0.0%
#50b. Is the eChat complete?	71.4%	28.6%	0.0%	0.0%
#50c. Is the eChat accurate?	85.7%	14.3%	0.0%	0.0%
#54: ... nursing services provided as needed ...?	28.6%	57.1%	14.3%	0.0%
#55: Is the CARMP consistent with recommendations...?	42.9%	57.1%	0.0%	0.0%
#56: Is the CARMP consistently implemented as intended?	71.4%	28.6%	0.0%	0.0%

Oversight provided by nurses is a critical safeguard for Jackson Class Members, direct support personnel and their supervisors. The table below provides specific details, by Residential provider, of nursing related issues identified during the FY2022 Northwest IQR. Again, this represents the <u>number of issues found</u>, not the number of findings.

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

1. HCPs inaccurate / incomplete / not found / in addition to CARMP (11 issues)
2. Inconsistencies between plans (8 issues)

With an average of only 4.9 issues per class member, Tungland and Dungarvin had the most issues on average.

| Chart #10: Type of Nursing Related Issues Identified by Residential Provider						
PROVIDER (# IN SAMPLE)	**AVCH (1)**	**Dungarvin (2)**	**Ramah Care (3)**	**Tungland (1)**	**Mi Via (1)**	**TOTAL**
ISSUE						
Nursing Assessments						
ARST: contains conflicting information/not timely/not accurate	0	0	0	0	0	**0**
Aspiration: documents conflict on risk level	0	0	0	0	0	**0**
CARMP: inaccurate/ incomplete/not current	0	2	0	0	0	**2**
CARMP: not timely	0	0	0	0	0	**0**
CARMP: not implemented properly	0	0	0	0	0	**0**
CARMP: conflicts with other documents	0	0	0	0	0	**0**
e-CHAT: incorrect/inconsistent /not updated timely	0	1	0	0	0	**1**
e-CHAT: inconsistencies with diagnoses/conditions in other documents	0	0	1	2	0	**3**
HCPs: inaccurate/incomplete	0	1	0	3	0	**4**
HCPs: need review/updating/more detail	0	0	0	0	0	**0**
HCPs: not found	0	0	0	2	0	**2**
HCP for Aspiration and CARMP	1	4	0	0	0	**5**
MAAT: incorrect/inconsistent information	0	0	0	0	0	**0**
MAAT: not timely	0	0	0	0	0	**0**
MERPs: inaccurate/incomplete	0	0	0	0	0	**0**
MERPs: need review, updating, more detail	0	2	0	0	0	**2**

Chart #10: Type of Nursing Related Issues Identified by Residential Provider						
PROVIDER (# IN SAMPLE)	**AVCH (1)**	**Dungarvin (2)**	**Ramah Care (3)**	**Tungland (1)**	**Mi Via (1)**	**TOTAL**
MERPs: not found	0	0	0	0	0	**0**
Inconsistency between HCP/ CARMP/MERP/e-CHAT/MARS/Plans	1	1	5	1	0	**8**
Nursing Documentation						
Nursing reports not timely completed	1	0	0	1	0	**2**
Nursing reports not provided for review	0	1	0	0	0	**1**
Nursing reports not accurate/missing information/inadequate	1	0	0	1	0	**2**
No evidence of nursing face-to-face visits as required	0	0	0	0	0	**0**
Nurse not attending ISP meeting	0	0	0	0	0	**0**
Nurse not familiar with health-related needs/recommendations	0	0	0	0	0	**0**
Staff needs more training on health-related needs/recommendations	1	1	0	3	0	**5**
Nurse not monitoring as required, e.g., tracking, plans, meds, appointments, etc.	0	0	1	1	0	**2**
Totals	**5**	**13**	**7**	**14**	**0**	**39**
Average	**5**	**6.5**	**2.3**	**14**	**0**	**4.9**

In addition to the issues and questions noted above, the individual's nurse is responsible, with the assistance of the rest of the Team, to assure that the documents presented and created for planning, such as the ISP, are accurate and thorough and contain the needed plans and information required. The protocol questions related to ensuring this is done include:
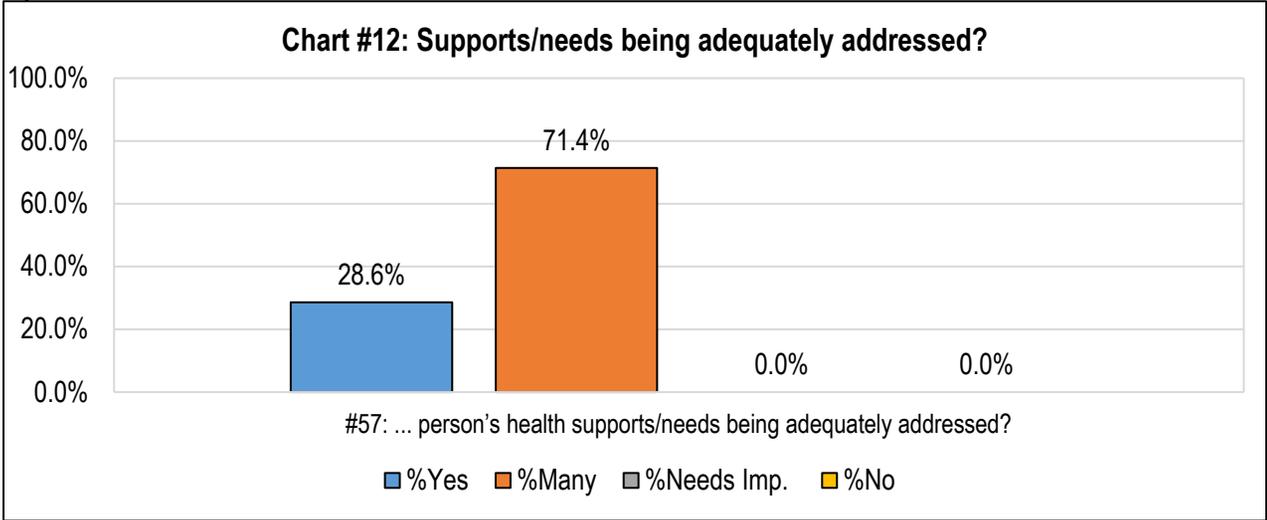
Question #80: If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)?
Question #81: Does the ISP contain information regarding primary health (medical) care?
Question #81a: Does the ISP face sheet contain contact information listed in the ISP?
Question #81b: Is the Health Care Coordinator's name and contact information listed in the ISP?

Chart #11: Health Information Integrated in the ISP
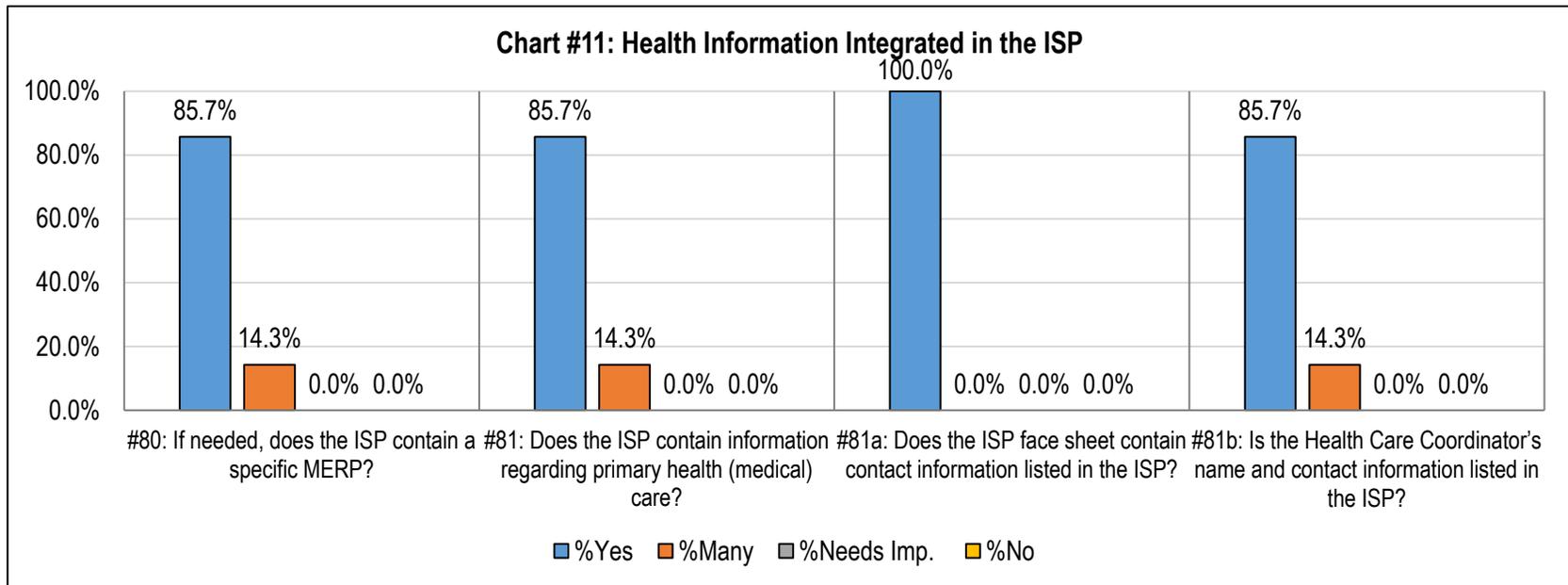
There are many components to ensuring the health and safety of individuals with I/DD. These components vary and are unique to each individual. While the scored protocol questions cannot encompass each and every issue, it does allow for a general score that measures the adequacy of response to the individual's overall health needs. That question is:

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

As noted in the chart below, for the people reviewed in the FY2022 Northwest IQR, overall two individuals had their health supports/needs adequately addressed and the other five individuals had many of their needs addressed.

Chart #12: Supports/needs being adequately addressed?

Chart showing bars for #57: ... person's health supports/needs being adequately addressed?
- %Yes: 28.6%
- %Many: 71.4%
- %Needs Imp.: 0.0%
- %No: 0.0%

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

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

With an average of 8.1 issues per class member, Tungland and Dungarvin had the most issues on average.

Chart #13: Issues Found Which Affect the Adequacy of Health Care Provision, by Residential Provider						
PROVIDER (# IN SAMPLE)	AVCH (1)	Dungarvin (2)	Ramah Care (3)	Tungland (1)	Mi Via (1)	TOTAL
ISSUE						
Healthcare Tracking						
Blood Pressure Tracking issues	0	0	0	0	0	0
Blood Glucose Tracking issues	0	0	0	0	0	0
Fluid Input/Urine Output/Bowel Movement Tracking issues	0	12	0	4	0	16
Repositioning Tracking issues	0	0	0	0	0	0
Seizure Tracking issues	0	0	0	0	0	0
Skin & Wound Tracking issues	0	0	0	0	0	0
Tracking requested, not provided for review	0	0	0	0	0	0
Weight Tracking issues	0	1	0	3	0	4
Nutrition						
Nutrition: Inadequate/inconsistent	0	0	0	3	0	3
Nutrition: Not timely	0	2	0	0	0	2
Nutrition: Not received	2	0	4	0	0	6
Physical Therapy						
PT Report/Eval: Not timely for planning/use	0	2	0	0	0	2
PT Report/Eval: Inadequate/Inaccurate	0	3	0	2	0	5
PT Report/Eval/WDSI: Not provided for review	0	1	0	0	0	1
PT WDSI: Inadequate	0	0	0	0	0	0
PT WDSI: Not found in home	0	0	0	0	0	0
PT Plans: DSP need more training	0	3	0	0	0	3
Occupational Therapy						
OT Report/Eval: Not available/timely for planning/use	0	0	0	0	0	0

Chart #13: Issues Found Which Affect the Adequacy of Health Care Provision, by Residential Provider						
PROVIDER (# IN SAMPLE)	AVCH (1)	Dungarvin (2)	Ramah Care (3)	Tungland (1)	Mi Via (1)	**TOTAL**
OT Report/Eval: Inadequate/Inaccurate	0	1	0	2	0	3
OT Report/Eval/WDSI: Not provided for review	0	0	0	0	0	0
OT WDSI: Inadequate	0	0	0	0	0	0
OT Plans: DSP need more training	1	2	0	1	0	4
Speech Language Pathology						
SLP Report/Eval: Not available/timely for planning/use	0	0	0	0	0	0
SLP Report/Eva: Inadequate/Inaccurate	2	0	0	1	0	3
SLP Report/Eval/WDSI: Not provided for review	0	0	0	0	0	0
SLP WDSI: Inadequate	1	0	2	0	0	3
SLP Plans: DSP need more training	0	0	0	1	0	1
Behavior Support Consultation						
BSC Report/Eval: Not available/timely for planning/use	0	0	0	4	0	4
BSC Report/Eval: Inadequate	0	0	0	0	0	0
BSC Report/Eval: Inadequate/Inaccurate	0	0	0	2	0	2
BSC Report/Eval: Not provided for review	0	0	0	2	0	2
BSC: DSP need more training	0	1	0	0	0	1
Totals	**6**	**28**	**6**	**25**	**0**	**65**
Average	**6**	**14**	**2**	**25**	**0**	**8.1**

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

Before a plan can be implemented, it must first be created. The ISPs that provide details regarding the individuals' visions and outcomes are supposed to be developed by an Interdisciplinary Team that includes the Individual and those who know and provide supports to that person. This includes the Guardian, Case Manager, the Direct Support Professionals, Therapists, Nurse, any additional people invited by the class member and persons who are needed to ensure the implementation of the Plan. The FY2022 IQR protocol specifically probes many of the aspects of the planning process, including detail of who participates in plan creation. The chart below lists answers to related questions in the FY2022 Northwest Region review.

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

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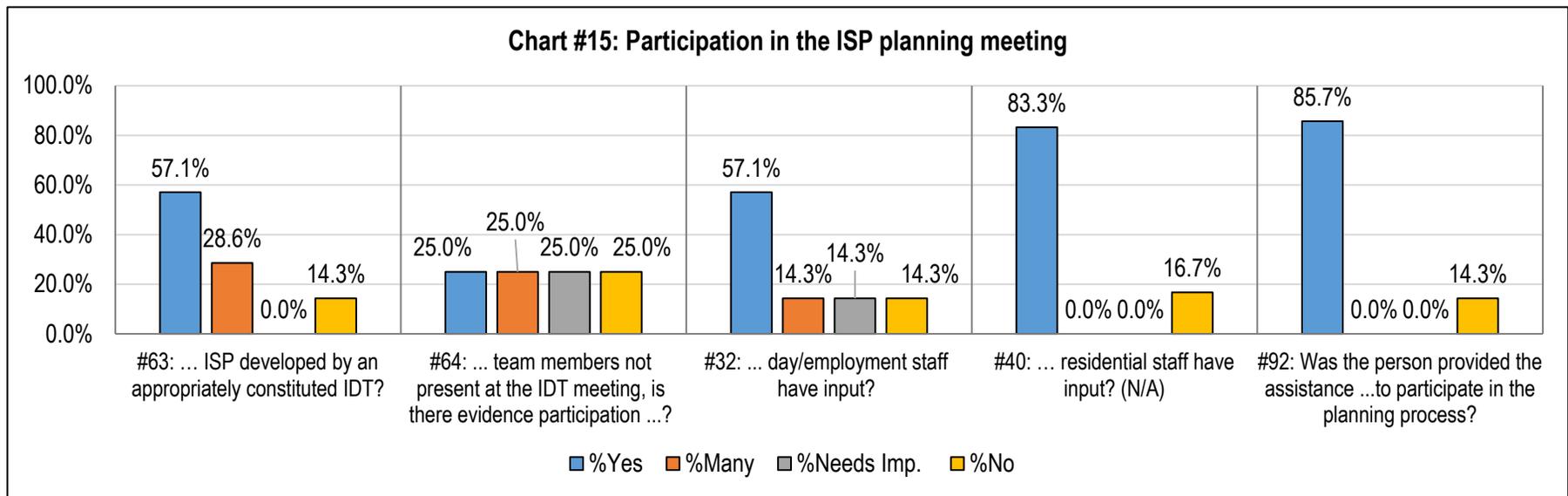
Chart #16: ISP Development Participation, by Residential Provider

Res. Agency (# in sample)	Question				
	#63	**#64**	**#32**	**#40**	**#92**
AVCH (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Many (1)	(1 CND)	0% Yes 100% No (1)
Dungarvin (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (1) (1 N/A)	50% Yes (1) 50% Needs Impv (1)	100% Yes (2)	100% Yes (2)
Ramah Care (3)	100% Yes (3)	100% Yes (1) (2 N/A)	100% Yes (3)	100% Yes (3)	100% Yes (3)
Tungland (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	100% Yes (1)

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

CM Agency (# in sample)	Question				
	#63	**#64**	**#32**	**#40**	**#92**
A Step Above (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Excel (3)	33.4% Yes (1) 33.3% Many (1) 33.3% No (1)	33.3% Yes (1) 33.4% Needs Impv (1) 33.3% No (1)	33.3% Yes (1) 33.4% Many (1) 33.3% No (1)	50% Yes (1) 50% No (1) (1 CND)	66.7% Yes (2) 33.3% No (1)
Peak (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (1) (1 N/A)	50% Yes (1) 50% Needs Impv (1)	100% Yes (2)	100% Yes (2)
Rio Puerco (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	100% Yes (1)

One foundational component of an individual's ISP is the Long Term Vision, which summarizes what the individual wants to accomplish in the near future (3 to 5 years) in each life area. To that end, Outcomes are to be developed by the Team in a way that results in an accomplishable path to the visions. The FY2022 IQR protocol specifically probes the content of identified visions as well as the content and clarity of related outcomes. The chart below details the findings related to the following identified questions related to class members' ISP in the FY2022 Northwest Region review.

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

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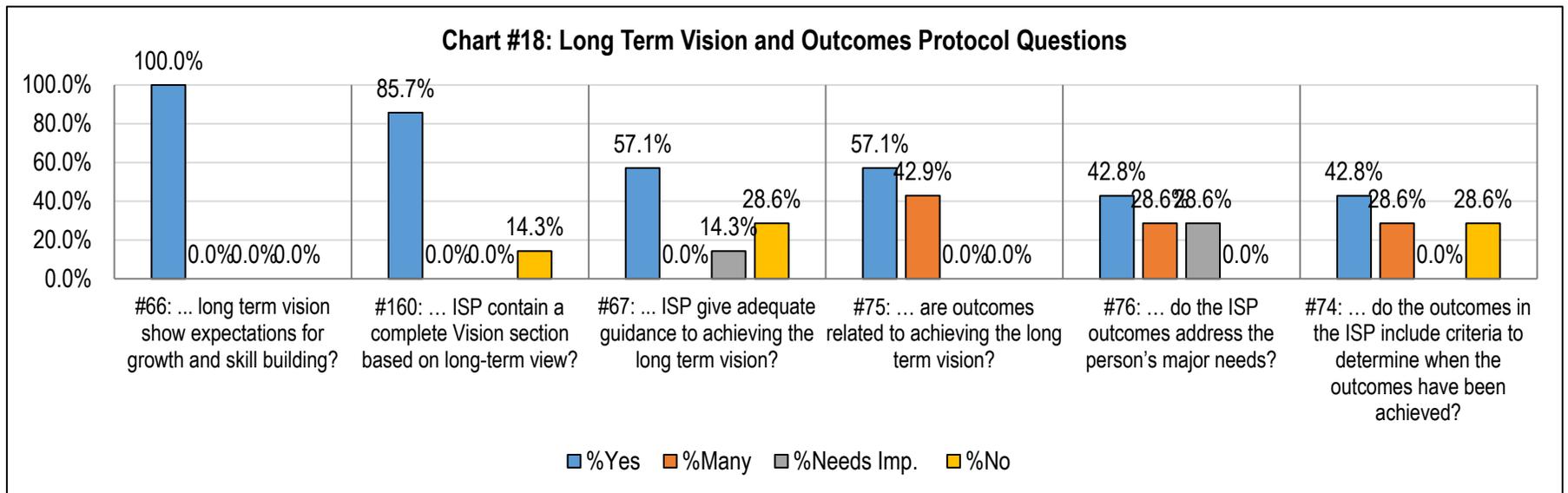
Chart #19: Vision and Outcome Scores, by Residential Agency

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

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

CM Agency (# in sample)	Question					
	#66	**#160**	**#67**	**#75**	**#76**	**#74**
A Step Above (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Excel (3)	100% Yes (3)	66.7% Yes (2) 33.3% No (1)	66.7% Yes (2) 33.3% No (1)	66.7% Yes (2) 33.3% Many (1)	0% Yes 33.3% Many (1) 66.7% Needs Impv (2)	33.4% Yes (1) 33.3% Many (1) 33.3% No (1)
Peak (2)	100% Yes (2)	100% Yes (2)	50% Yes (1) 50% No (1)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% No (1)
Rio Puerco (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)

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

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

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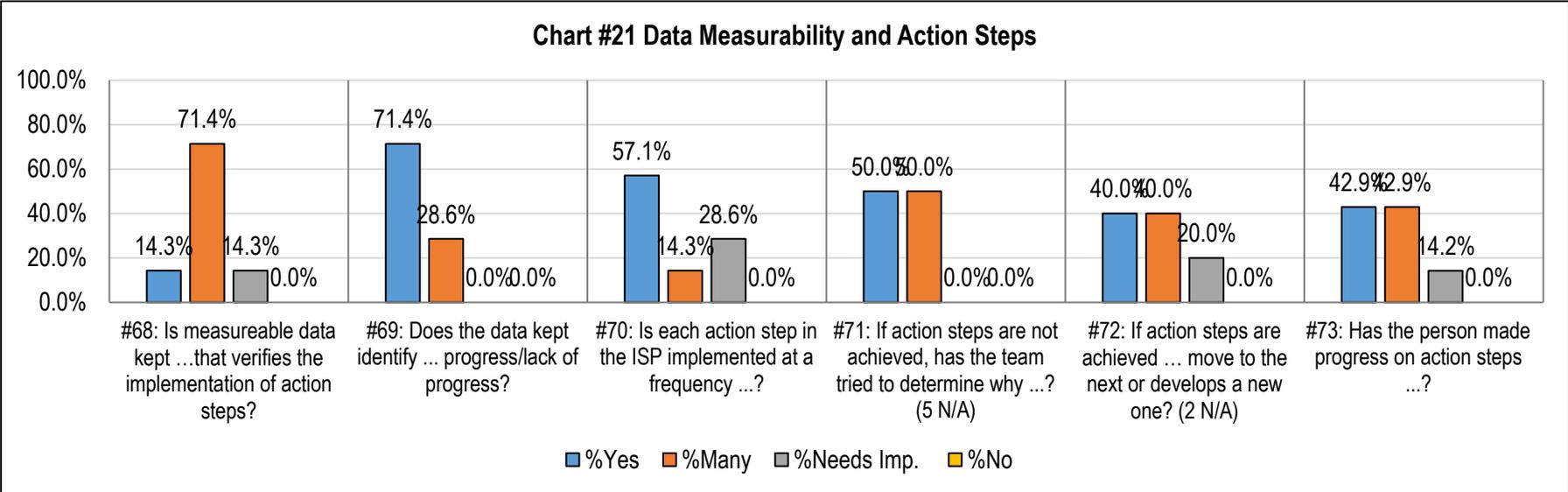
Chart #22: Data and Related ISP Action Step Scores by Residential Agency

Res Agency (# in sample)	Question					
	#68	**#69**	**#70**	**#71**	**#72**	**#73**
AVCH (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	100% Yes (1)	(1 N/A)	(1 N/A)	0% Yes 100% Many (1)
Dungarvin (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	(2 N/A)	0% Yes 50% Many (1) 50% Needs Impv (1)	50% Yes (1) 50% Many (1)
Ramah Care (3)	33.3% Yes (1) 66.7% Many (2)	100% Yes (3)	100% Yes (3)	100% Yes (1) (2 N/A)	66.7% Yes (2) 33.3% Many (1)	66.7% Yes (2) 33.3% Many (1)
Tungland (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	(1 N/A)	0% Yes 100% Needs Impv (1)

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

CM Agency (# in sample)	Question					
	#68	**#69**	**#70**	**#71**	**#72**	**#73**
A Step Above (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)
Excel (3)	33.3% Yes (1) 66.7% Many (2)	66.7% Yes (2) 33.3% Many (1)	66.7% Yes (2) 33.3% Needs Impv (1)	50% Yes (1) 50% Many (1)	100% Yes (1) (1 N/A)	33.3% Yes (1) 33.3% Many (1) 33.4% Needs Impv (1)
Peak (2)	0% Yes 50% Many (1) 50% Needs Impv (1)	50% Yes (1) 50% Many (1)	0% Yes 50% Many (1) 50% Needs Impv (1)	(2 N/A)	0% Yes 50% Many (1) 50% Needs Impv (1)	50% Yes (1) 50% Many (1)
Rio Puerco (1)	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (1)	(1 N/A)	0% Yes 100% Many (1)	0% Yes 100% Many (1)

Another component of the ISP is Teaching and Support Strategies (T&SS). While not always required, the T&SS is additional guidance developed by the residential and/or day provider responsible for implementing the outcome. WDSIs are developed by therapists as a complement to the T&SS. The following protocol questions in the FY2022 IQR relate to the T&SS and implementation of the ISP

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

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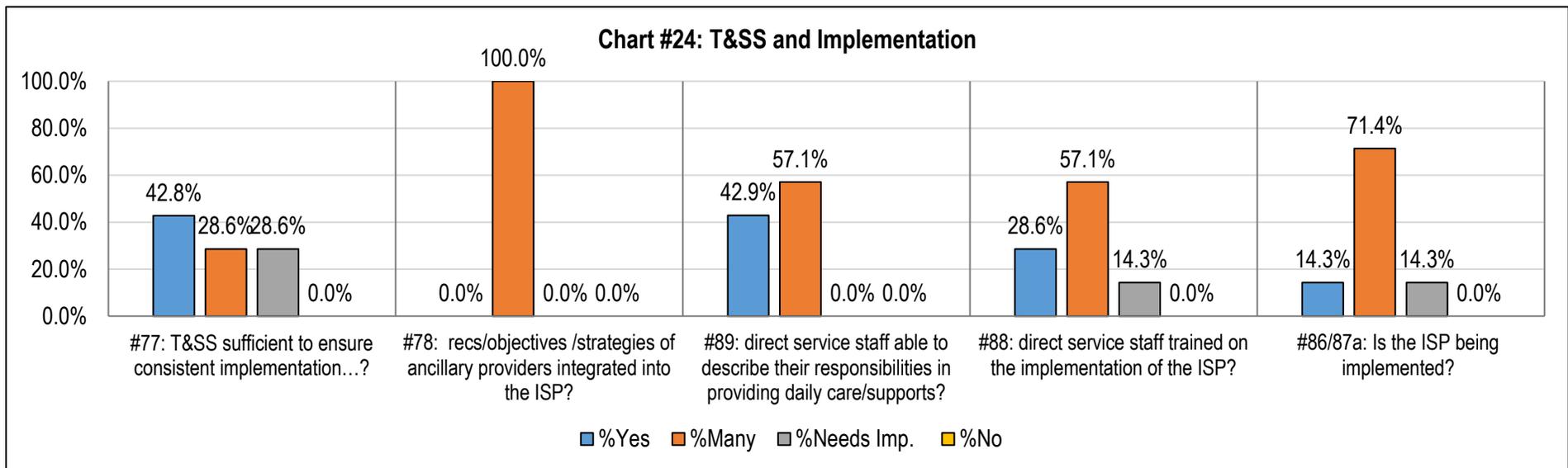
Chart #25: T&SS and ISP Implementation Scores by Residential Agency

Res. Agency (# in sample)	Question				
	#77	**#78**	**#89**	**#88**	**#86/87a**
AVCH (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Dungarvin (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)
Ramah Care (3)	66.7% Yes (2) 33.3% Needs Impv (1)	0% Yes 100% Many (3)	66.7% Yes (2) 33.3% Many (1)	33.3% Yes (1) 66.7% Many (2)	33.3% Yes (1) 66.7% Many (2)
Tungland (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Impv (1)	0% Yes 100% Needs Impv (1)

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

CM Agency (# in sample)	Question				
	#77	**#78**	**#89**	**#88**	**#87a**
A Step Above (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)
Excel (3)	0% Yes 33.3% Many (1) 66.7% Needs Impv (2)	0% Yes 100% Many (3)	33.3% Yes (1) 66.7% Many (2)	33.3% Yes (1) 33.4% Many (1) 33.3% Needs Impv (1)	33.4% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1)
Peak (2)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (2)
Rio Puerco (1)	100% Yes (1)	0% Yes 100% Many (1)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1)

As evidenced above, the different components of each person's ISP are evaluated. Based on that analysis, an overview of the adequacy of ISP content as well as implementation and effectiveness of the ISP can be determined. There are multiple questions in the FY2022 IQR protocol that probe these items, and the level of intensity of services that individuals in the review receive.

Question #65: Does my ISP contain current and accurate information?
Question #124: Overall, has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?
Question #85: Overall, is the ISP adequate to meet the person's needs?
Question #161: Does the person receive services and supports recommended in the ISP?
Question #87b: Are current services adequate to meet the person's needs?
Question #164: Is the total program of the level of intensity adequate to meet this person's needs?

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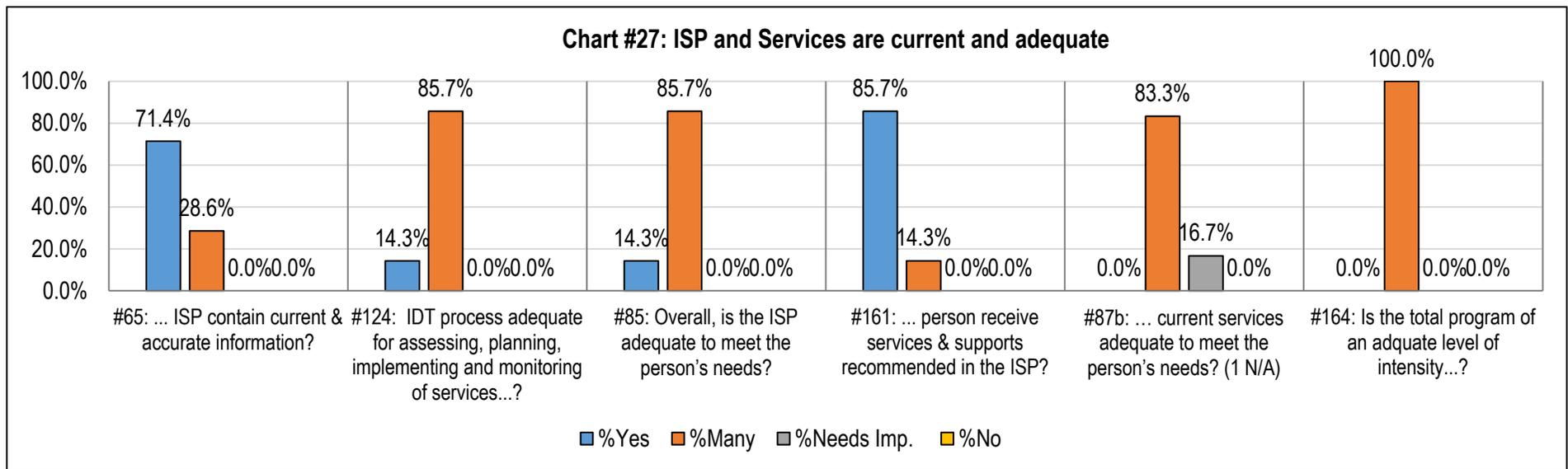
Chart #28: ISP Content and Adequacy Scores, by Residential Agency

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

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

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

G. Case Management

Case Management services are intended to be person-centered and are key to enabling people to pursue their desired life outcomes while gaining greater independence and access to needed services and supports. The charts below detail the related findings.

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

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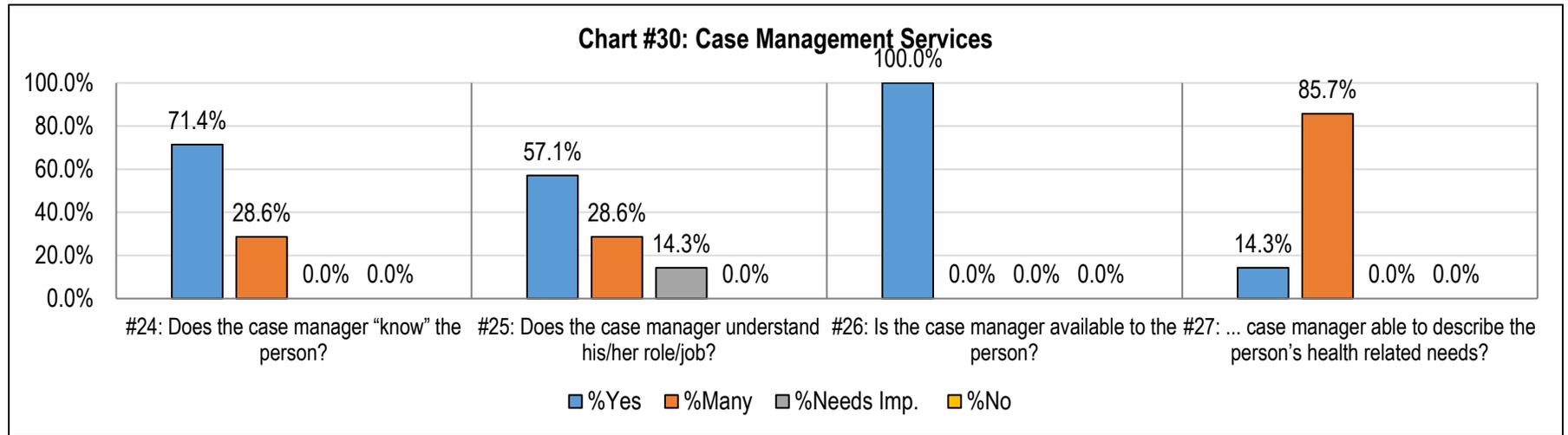
Chart #31: Case Management Scores, by Case Management Agency

CM Agency (# in sample)	Question			
	#24	#25	#26	#27
A Step Above (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (1)
Excel (3)	33.3% Yes (1) 66.7% Many (2)	33.4% Yes (1) 33.3% Many (1) 33.3% Needs Impv (1)	100% Yes (3)	0% Yes 100% Many (3)
Peak (2)	100% Yes (2)	50% Yes (1) 50% Many (1)	100% Yes (2)	0% Yes 100% Many (2)
Rio Puerco (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)

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

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

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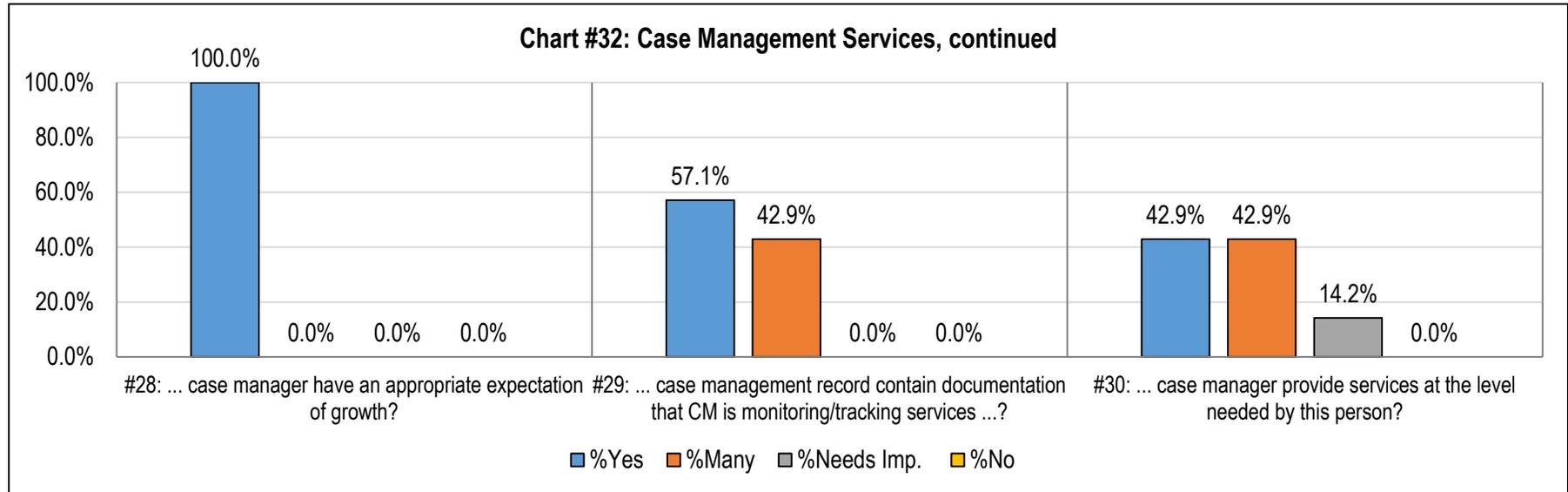
Chart #33: Case Management Scores, by Case Management Agency

CM Agency (# in sample)	Question		
	#28	#29	#30
A Step Above (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Excel (3)	100% Yes (3)	33.3% Yes (1) 66.7% Many (2)	0% Yes 66.7% Many (2) 33.3% Needs Impv (1)
Peak (2)	100% Yes (2)	50% Yes (1) 50% Many (1)	50% Yes (1) 50% Many (1)
Rio Puerco (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)

H. Supported Employment

The DDSD 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.

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.

Per the 2018 DD Wavier 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 the individual is working or wishes to work, then conditions for job success can and should be explored. As we consider the aging status of the class members and note many IQR questions scored as not applicable (N/A) 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?
Question #126.   Did this assessment address vocational interests, abilities and needs?
Question #127.   Did the individual participate personally in the Person-Centered Assessment?
Question #128.   Did the Guardian participate in the Person-Centered Assessment?
Question #129.   ~~Is the individual engaged in the Informed Choice Project?~~ *This Project has been discontinued and the question is no longer asked.*
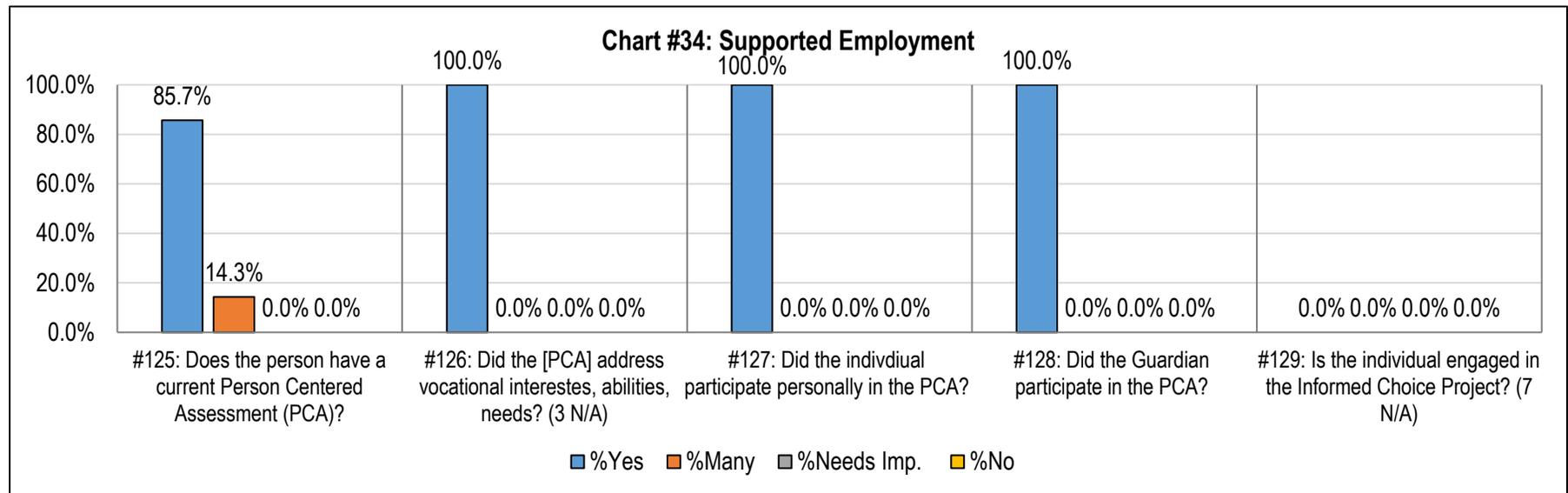
Chart #34: Supported Employment

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

- #125: Does the person have a current Person Centered Assessment (PCA)? — %Yes 85.7%, %Many 14.3%, %Needs Imp. 0.0%, %No 0.0%
- #126: Did the [PCA] address vocational interestes, abilities, needs? (3 N/A) — %Yes 100.0%, %Many 0.0%, %Needs Imp. 0.0%, %No 0.0%
- #127: Did the indivdiual participate personally in the PCA? — %Yes 100.0%, %Many 0.0%, %Needs Imp. 0.0%, %No 0.0%
- #128: Did the Guardian participate in the PCA? — %Yes 100.0%, %Many 0.0%, %Needs Imp. 0.0%, %No 0.0%
- #129: Is the individual engaged in the Informed Choice Project? (7 N/A) — 0.0% 0.0% 0.0% 0.0%

Chart #35: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	Question				
	#125	**#126**	**#127**	**#128**	**#129 – N/A**
AVCH (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	
Dungarvin (3)	100% Yes (2)	(2 N/A)	100% Yes (2)	100% Yes (2)	
Ramah Care (3)	100% Yes (3)	100% Yes (3)	100% Yes (3)	100% Yes (3)	
Tungland (2)	0% Yes 100% Many (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	

Chart #36: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	Question				
	#125	**#126**	**#127**	**#128**	**#129 – N/A**
A Step Above (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	
Excel (3)	66.7% Yes (2) 33.3% Many (1)	100% Yes (2) (1 N/A)	100% Yes (3)	100% Yes (3)	
Peak (2)	100% Yes (2)	(2 N/A)	100% Yes (2)	100% Yes (2)	
Rio Puerco (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	

Components of Informed Choice: <u>Information and Experience</u>

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

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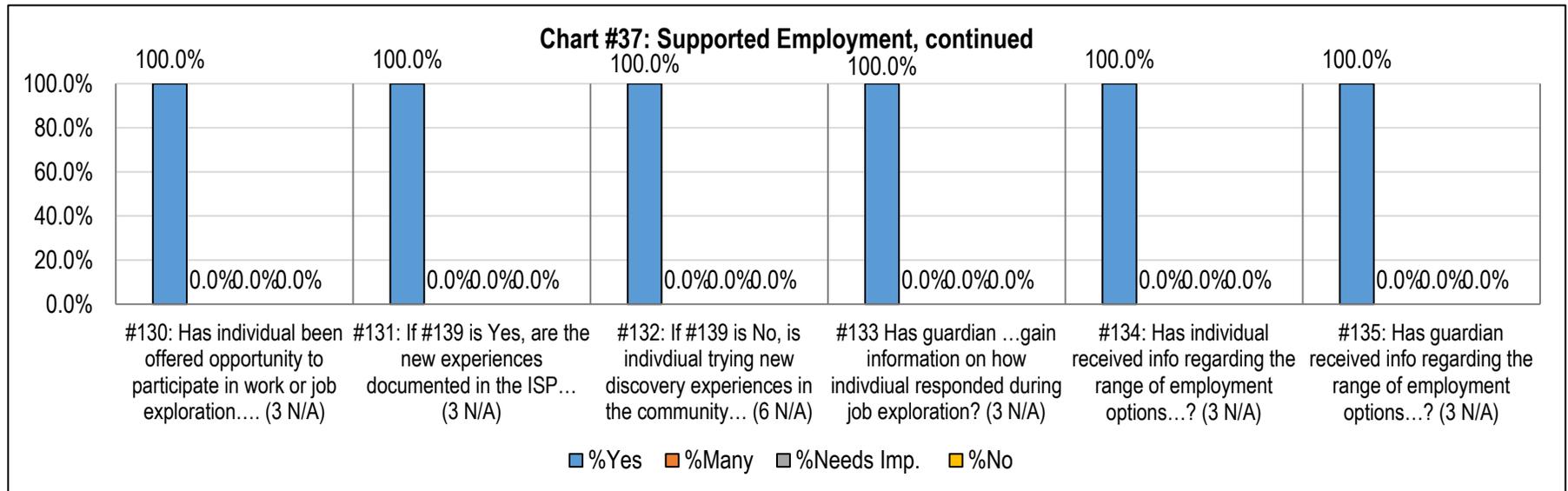
Chart #38: Supported Employment Scores by Provider Agency

Res. Agency (# in sample)	Question					
	#130	**#131**	**#132**	**#133**	**#134**	**#135**
AVCH (1)	100% Yes (1)	100% Yes (1)	(1 N/A)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Dungarvin (2)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)
Ramah Care (3)	100% Yes (3)	100% Yes (3)	100% Yes (1) (2 N/A)	100% Yes (3)	100% Yes (3)	100% Yes (3)
Tungland (2)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)	(1 N/A)

Chart #39: Supported Employment Scores by Case Management Agency

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

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

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

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

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

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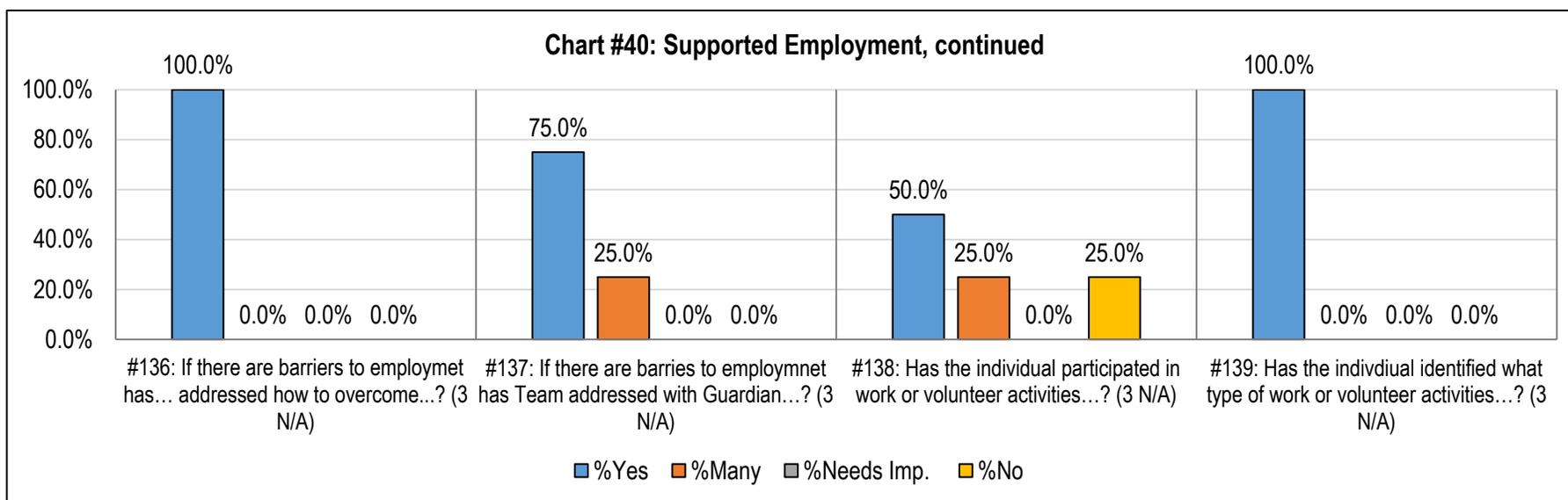

Chart #40: Supported Employment, continued

- #136: If there are barriers to employmet has… addressed how to overcome...? (3 N/A) — %Yes 100.0%, %Many 0.0%, %Needs Imp. 0.0%, %No 0.0%
- #137: If there are barries to employmnet has Team addressed with Guardian…? (3 N/A) — %Yes 75.0%, %Many 25.0%, %Needs Imp. 0.0%, %No 0.0%
- #138: Has the individual participated in work or volunteer activities…? (3 N/A) — %Yes 50.0%, %Many 25.0%, %Needs Imp. 0.0%, %No 25.0%
- #139: Has the indivdiual identified what type of work or volunteer activities…? (3 N/A) — %Yes 100.0%, %Many 0.0%, %Needs Imp. 0.0%, %No 0.0%

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

Chart #41: Supported Employment Scores by Provider Agency

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

Chart #42: Supported Employment Scores by Case Management Agency

CM Agency (# in sample)	Question			
	#136	**#137**	**#138**	**#139**
A Step Above (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)
Excel (3)	100% Yes (2) (1 N/A)	50% Yes (1) 50% Many (1) (1 N/A)	0% Yes 50% Many (1) 50% No (1) (1 N/A)	100% Yes (2) (1 N/A)
Peak (2)	(2 N/A)	(2 N/A)	(2 N/A)	(2 N/A)
Rio Puerco (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)	100% Yes (1)

JCMs Involved in Supported Employment

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

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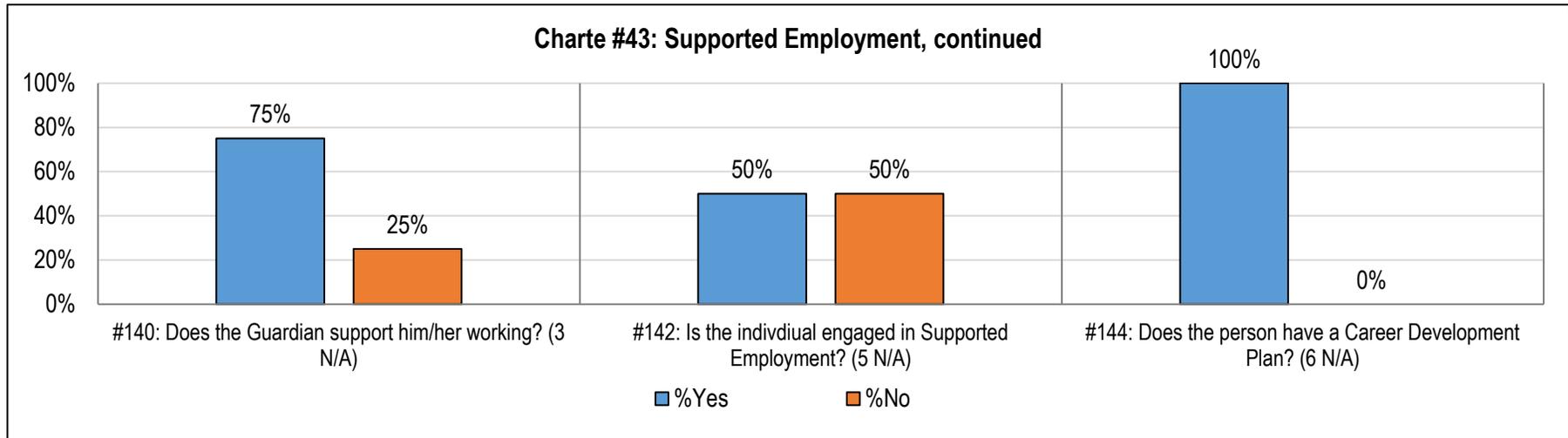
Chart #44: Supported Employment Scores by Provider Agency

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

Chart #45: Supported Employment Scores by Case Management Agency

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

I. IQR Scored Protocol Questions

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

Question	FY2022 (sample=7)
CASE MANAGEMENT	
24. Does the case manager "know" the person? CPRQ26; '17IQR#8c, '18IQR24	71.4% Yes (5) 28.6% Many (2)
25. Does the case manager understand his/her role/job? CPRQ27 '17IQR#16, '18IQR25	57.1% Yes (4) 28.6% Many (2) 14.3% Needs Impv (1)
26. Is the case manager available to the person? CPRQ29; '17IQR#16a, '18IQR27	100% Yes (7)
27. Was the case manager able to describe the person's health related needs? CPRQ30, '18IQR28	14.3% Yes (1) 85.7% Many (6)
28. Does the case manager have an appropriate expectation of growth for this person? CPRQ31, '18IQR29	100% Yes (7)
29. Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP? CPRQ32; '17IQR#16b, '18IQR30	57.1% Yes (4) 42.9% Many (3)
30. Does the case manager provide case management services at the level needed by this person? CPRQ33; '17IQR#16c, '18IQR31	42.9% Yes (3) 42.9% Many (3) 14.2% Needs Impv (1)
EMPLOYMENT/CCS	
31. Does the direct services staff "know" the person? CPRQ35; '17IQR#8a, '18IQR33	85.7% Yes (6) 14.3% Many (1)
32. Does the direct service staff have input into the person's ISP? CPRQ36, '18IQR34	57.1% Yes (4) 14.3% Many (1) 14.3% Needs Impv (1) 14.3% No (1)
33. Did the direct service staff receive training on implementing this person's ISP? CPRQ37, '18IQR35	42.9% Yes (3) 42.9% Many (3) 14.2% Needs Impv (1)

Question	FY2022 (sample=7)
34. Was the direct service staff able to describe this person's health-related needs? CPRQ38, '18IQR36	28.6% Yes (2) 57.1% Many (4) 14.3% Needs Impv (1)
35. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39, '18IQR37	42.9% Yes (3) 57.1% Many (4)
35a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a, '18IQR37a	57.1% Yes (4) 42.9% Many (3)
35b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ39b, '18IQR37b	42.9% Yes (3) 42.9% Many (3) 14.2% Needs Impv (1)
36. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ41, '18IQR39	100% Yes (7)
37. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42, '18IQR40	100% Yes (7)
38. Does the person's day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43, '18IQR41	80% Yes (4) 20% Many (1) (2 CND)
RESIDENTIAL	
39. Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b, '18IQR42	100% Yes (7)
40. Does the direct service staff have input into the person's ISP? CPRQ45, '18IQR43	100% Yes (7)
41. Did the direct service staff receive training on implementing this person's ISP? CPRQ46, '18IQR44	80% Yes (4) 20% Many (1) (2 CND)
42. Is the residence safe for individuals (void of hazards)? CPRQ45, '18IQR45	100% Yes (7)
43. Was the residential direct service staff able to describe this person's health-related needs? CPRQ48, '18IQR46	100% Yes (7)
44. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49, '18IQR47	80% Yes (4) 20% Many (1) (2 CND)
44a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ49a, '18IQR47a	100% Yes (7)

Question	FY2022 (sample=7)
44b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ49b, '18IQR47b	100% Yes (7)
45. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ51, '18IQR49	100% Yes (6) (1 CND)
46. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52, '18IQR50	100% Yes (6) (1 CND)
47. Does the person's residential environment offer a minimal level of quality of life? CPRQ53, '18IQR51	66.7% Yes (4) 33.3% Many (2) (1 CND)
HEALTH	
48. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b, '18IQR52	14.3% Yes (1) 85.7% Many (6)
49. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21, '18IQR53	57.1% Yes (4) 42.9% Many (3)
50. Was the eCHAT updated timely? '17IQR#18g, '18IQR54	42.9% Yes (3) 57.1% Many (4)
50a. Is the eCHAT updated timely with the ISP and after changes in condition?	85.7% Yes (6) 14.3% Needs Impv (1)
50b. Is the eCHAT complete?	71.4% Yes (5) 28.6% Many (2)
50c. Is the eCHAT accurate?	85.7% Yes (6) 14.3% Many (1)
51. Are all of the individual's needed medical treatments, including routine, scheduled and chronic needs, timely received? 17IQR#19, '18IQR55	42.9% Yes (3) 57.1% Many (4)
52. Has the individual received all age and gender appropriate health screening/immunizations in accordance with national best practice and/or as recommended …(*Does the individual receive routine/scheduled medical treatment? 17IQR#19a, '18IQR56)*	28.6% Yes (2) 57.1% Many (4) 14.3% Needs Impv (1)
53. Does the individual receive medication as prescribed? 17IQR#19e, '18IQR57	28.6% Yes (2) 71.4% Many (5)

Question	FY2022 (sample=7)
54. Are nursing services provided as needed by the individual? 17IQR#20, '18IQR59	28.6% Yes (2) 57.1% Many (4) 14.3% Needs Impv (1)
55. Is the CARMP consistent with recommendation in other healthcare documents? *(Is the CARMP is accurate? '17IQR#21f, '18IQR60)*	42.9% Yes (3) 57.1% Many (4)
56. Is the CARMP consistently implemented as intended? , '18IQR61	71.4% Yes (5) 28.6% Many (2)
57. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19, '18IQR62	28.6% Yes (2) 71.4% Many (5)
57a. Are assessment recommendations followed up on in a timely way?	42.9% Yes (3) 42.9% Many (3) 14.2% Needs Impv (1)
57b. Were needed equipment/communication devices delivered timely?	100% Yes (5) (2 N/A)
57c. Were medical specialist appointments attended timely?	42.9% Yes (3) 57.1% Many (4)
57d. Were changes in personal condition, if any, responded to timely?	71.4% Yes (5) 28.6% Many (2)
57e. Were Health Care Plans available, accurate and consistently implemented?	28.6% Yes (2) 57.1% Many (4) 14.3% Needs Impv (1)
ASSESSMENTS	
58. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18, '18IQR65	14.3% Yes (1) 85.7% Many (6)
59. Are the assessments adequate for planning? CPRQ59; '17IQR#4f, '18IQR66	0% Yes 100% Many (7)
59a. Were assessments provided timely?	0% Yes 100% Many (7)
59b. Did assessments contain accurate information?	28.6% Yes (2) 71.4% Many (5)

Question	FY2022 (sample=7)
59c. Did assessments contain information accurate to guide planning?	14.3% Yes (1) 85.7% Many (6)
59d. Did assessments contain recommendations?	42.9% Yes (3) 57.1% Many (4)
60. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5, '18IQR67	42.9% Yes (3) 57.1% Many (4)
61. For medical, clinical or health related rec's, has a DCF been completed if the individual and/or their guardian/health care decision maker have decided not to follow all or part of an order, rec, or suggestion? '17IQR#5c, '18IQR68	66.6% Yes (4) 16.7% Many (1) 16.7% No (1) (1 N/A)
ADEQUACY OF PLANNING	
62. Is there a document called an Individual Service Plan (ISP) that was developed within the past year? CPRQ61; '17IQR#9, '18IQR69	100% Yes (7)
63. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3, '18IQR70	57.1% Yes (4) 28.6% Many (2) 14.3% 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, '18IQR71	25% Yes (1) 25% Many (1) 25% Needs Impv (1) 25% No (1) (3 N/A)
65. Does my ISP contain current and accurate information? '17IQR#6, '18IQR72	71.4% Yes (5) 28.6% Many (2)
66. Does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b, '18IQR73	100% Yes (7)
67. Does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c, '18IQR74	57.1% Yes (4) 14.3% Needs Impv (1) 28.6% No (2)
68. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a, '18IQR75	14.3% Yes (1) 71.4% Many (5) 14.3% Needs Impv (1)
69. Does the data kept identify what the person does so a determination regarding progress/lack of progress can be made? '17IQR#12b, '18IQR76	71.4% Yes (5) 28.6% Many (2)

Question	FY2022 (sample=7)
70. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c, '18IQR77	57.1% Yes (4) 14.3% Many (1) 28.6% Needs Impv (2)
71. If the person is not successful in achieving actions steps, has the team tried to determine why, and change their approach if needed? '18IQR78	50% Yes (1) 50% Many (1) (5 N/A)
72. If the person achieves action steps, does the team move to the next in the progression of steps or develops a new one? '17IQR#12c, '18IQR79	40% Yes (2) 40% Many (2) 20% Needs Impv (1) (2 N/A)
73. Has the person made measurable progress on actions steps during this past year?'17IQR#13b, '18IQR80	42.9% Yes (3) 42.9% Many (3) 14.2% Needs Impv (1)
74. Do the outcomes in the ISP include criteria by which the team can determine when the outcome(s) have been achieved? CPRQ67; '17IQR#7e, '18IQR81	42.8% Yes (3) 28.6% Many (2) 28.6% No (2)
75. Are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d, '18IQR82	57.1% Yes (4) 42.9% Many (3)
76. Do the ISP outcomes and related action plans and teaching strategies address the person's major needs as identified in the Personal Challenges and Obstacles That Need to be Addressed In Order to Achieve the Desired Outcomes section of the ISP/Action plans?" CPRQ69; '17IQR#7g, '18IQR83	42.8% Yes (3) 28.6% Many (2) 28.6% Needs Impv (2)
77. Are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i, '18IQR84	42.8% Yes (3) 28.6% Many (2) 28.6% Needs Impv (2)
78. Are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m, '18IQR85	0% Yes 100% Many (7)
79. Has the person made measurable progress in therapy this year? '17IQR#13a, '18IQR86	14.3% Yes (1) 85.7% Many (6)
80. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c, '18IQR87	85.7% Yes (6) 14.3% Many (1)
81. Does the ISP contain information regarding primary health (medical) care? CPRQ74, '18IQR88	85.7% Yes (6) 14.3% Many (1)
81a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a, '18IQR88a	100% Yes (7)

Question	FY2022 (sample=7)
81b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b, '18IQR88b	85.7% Yes (6) 14.3% Many (1)
82. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76, '18IQR89	85.7% Yes (6) 14.3% Many (1)
83. Based on the evidence, is adequate transportation available for the person? *(Does the ISP reflect how the person will get to work/day activities, shopping, and social activities? CPRQ75, '18IQR90)*	100% Yes (7)
84. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a, '18IQR91	28.6% Yes (2) 71.4% Many (5)
85. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7, '18IQR92	14.3% Yes (1) 85.7% Many (6)
86. Is the ISP being implemented? (If 85 is "3") CPRQ79 '17IQR#12, '18IQR93	0% Yes 100% Many (1) (6 N/A)
87a. Is the ISP being implemented? (If 85 is "0", "1", or "2") CPRQ80a '17IQR#12, '18IQR94a	16.7% Yes (1) 66.6% Many (4) 16.7% Needs Impv (1) (1 N/A)
87b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11, '18IQR94b	0% Yes 83.3% Many (5) 16.7% Needs Impv (1) (1 N/A)
88. Was the direct service staff trained on the implementation of this person's ISP? CPRQ81, '18IQR95	28.6% Yes (2) 57.1% Many (4) 14.3% Needs Impv (1)
89. Were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82, '18IQR96	42.9% Yes (3) 57.1% Many (4)
EXPECTATIONS FOR GROWTH, QUALITY OF LIFE, SATISFACTION	
90. Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13, '18IQR98	57.1% Yes (4) 42.9% Many (3)
91. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d, '18IQR99	100% Yes (7)

Question	FY2022 (sample=7)
92. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b, '18IQR100	85.7% Yes (6) 14.3% No (1)
93. Is the person offered a range of opportunities for participation in each life area? CPRQ87, '18IQR101	71.4% Yes (5) 28.6% Many (2)
94. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30, '18IQR102	71.4% Yes (5) 28.6% Many (2)
94a. About where and with whom to live? CPRQ89; '17IQR#23c, '18IQR102a	71.4% Yes (5) 28.6% Many (2)
94b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d, '18IQR102b	71.4% Yes (5) 28.6% Many (2)
94c. About where and with whom to socialize/spend leisure time? CPRQ91, '18IQR102c	71.4% Yes (5) 28.6% Many (2)
95. Does the evidence support that providers do not prevent the person from pursuing relationships? CPRQ92; '17IQR#31f, '18IQR103 *(and are respecting the rights of this person)*	85.7% Yes (6) 14.3% Many (1)
96. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a, '18IQR105	71.4% Yes (5) 28.6% Many (2)
97. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94, '18IQR106	71.4% Yes (5) 28.6% Many (2)
98. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h, '18IQR107	85.7% Yes (6) 14.3% No (1)
99. If there are restrictions that should be reviewed by HRC, have the restrictions been reviewed (quarterly) and approved (annually) by the HRC? If no, describe why. '17IQR#34i, '18IQR108	66.6% Yes (4) 16.7% Many (1) 16.7% Needs Impv (1) (1 N/A)
100. If there are restrictions that should be reviewed by HRC, is a plan to enable the individual to regain his/her rights and reduce or eliminate these restrictions? '17IQR#34j, '18IQR109	60% Yes (3) 40% Many (2) (2 N/A)
101. Is the person protected from abuse, neglect and exploitation? '17IQR#35, '18IQR110	71.4% Yes (5) 28.6% Many (2)
102. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b, '18IQR111	75% Yes (3) 25% Many (1) (3 N/A)

Question	FY2022 (sample=7)
103. Is the individual safe? '17IQR#24, '18IQR112	100% Yes (7)
104. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a, '18IQR113	42.8% Active (3) 28.6% Moderate (2) 28.6% Limited (2)
105. If the person is retired, does he/she have opportunities to engage in activities of interest during the day? CPRQ 100; '17IQR#29b, '18IQR114	75% Yes (3) 25% Many (1) (3 N/A)
106. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30, '18IQR115	85.7% Yes (6) 14.3% Many (1)
107. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e, '18IQR116	100% Yes (7)
108. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c, '18IQR117	42.9% Yes (3) 57.1% Many (4)
109. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e, '18IQR118	100% Yes (7)
110. Does the person have sufficient personal money? CPRQ110 '17IQR#34f, '18IQR119	100% Yes (7)
111. Does the person get along with their day program/employment provider staff? CPRQ111, '18IQR120	100% Yes (7)
112. Does the person get along with their residential provider staff? CPRQ112, '18IQR121	100% Yes (6) (1 CND)
TEAM PROCESS	
113. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10, '18IQR122	14.3% Yes (1) 85.7% Many (6)
114. If there is evidence of situations in which the team failed to reach a consensus on the person's service and support needs, has the team made efforts to build consensus? CPRQ 115; '17IQR#17c, '18IQR123	(7 N/A)
115. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs? CPRQ 116; '17IQR#17d, '18IQR124	71.4% Yes (5) 14.3% Many (1) 14.3% Needs Impv (1)
116. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117, '18IQR125	71.4% Yes (5) 28.6% Many (2)

Question	FY2022 (sample=7)
117. Do you recommend Dispute Resolution for this IDT? CPRQ118, '18IQR126	0% Yes 100% No (7)
118. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#17d, '18IQR127	28.6% Yes (2) 71.4% No (5)
119. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c, '18IQR128	28.6% Yes (2) 71.4% No (5)
120. If #118 OR #119 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; '18IQR129	100% Yes (2) (5 N/A)
121. Has the person changed residential/day services in the last year? CPRQ122, '18IQR130	14.3% Yes (1) 85.7% No (6)
122. If #121 is Yes, was the change Planned by the IDT? CPRQ122a, '18IQR131	100% Yes (1) (6 N/A)
123. If #121 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b, '18IQR132	100% Yes (1) (6 N/A)
124. Overall, has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person? CPRQ123; '17IQR#7n, '18IQR133	14.3% Yes (1) 85.7% Many (6)
SUPPORTED EMPLOYMENT	
125. Does (Name) have a current Person-Centered Assessment? '18IQR134	85.7% Yes (6) 14.3% Many (1)
126. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a, '18IQR135	100% Yes (4) (3 N/A)
127. Did the individual participate personally in the Person Centered Assessment? '18IQR136	100% Yes (7)
128. Did the Guardian participate in the Person Centered Assessment? '18IQR137	100% Yes (7)
129. Is the individual engaged in the Informed Choice Project? '18IQR138	(7 N/A)
130. Has the individual been offered the opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities? '17IQR#26e, '18IQR139	100% Yes (4) (3 N/A)
131. If #130 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section? '18IQR140	100% Yes (4) (3 N/A)

Question	FY2022 (sample=7)
132. If #131 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs? '18IQR141	100% Yes (1) (6 N/A)
133. Has the Guardian had the opportunity to gain information on how the individual responded during job exploration activities such as volunteering and/or trial work experiences? '18IQR142	100% Yes (4) (3 N/A)
134. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c, '18IQR143	100% Yes (4) (3 N/A)
135. Has the Guardian received information regarding the range of employment options available for the individual? '18IQR144	100% Yes (4) (3 N/A)
136. If there are barriers to employment, has the Team, including the individual, addressed how to overcome those barriers to employment and integrating clinical info., AT, & therapies as necessary ... '17IQR#27b, '18IQR145	100% Yes (4) (3 N/A)
137. If there are barriers to employment, has the Team addressed with the Guardian how to overcome those barriers to employment and integrating clinical info, AT, & therapies as necessary...? '18IQR146	75% Yes (3) 25% Many (1) (3 N/A)
138. Has the individual participated in work or volunteer activities during the past year? '18IQR147	50% Yes (2) 25% Many (1) 25% No (1) (3 N/A)
139. Has the individual identified what type of work or volunteer activities he/she would like to do? '18IQR148	100% Yes (4) (3 N/A)
140. Does the Guardian support him/her working? '18IQR149	75% Yes (3) 25% No (1) (3 N/A)
142. Is the individual engaged in Supported Employment? CPRQ129, '18IQR151	50% Yes (1) 50% No (1) (5 N/A)
144. Does the person have a Career Development Plan? CPRQ128 17IQR#26e, '18IQR153	100% Yes (1) (6 N/A)
BEHAVIOR	
145. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d, '18IQR154	28.6% Yes (2) 71.4% No (5)

Question	FY2022 (sample=7)
146. Does the person need behavior services now? CPRQ132 '17IQR#11e, '18IQR155	28.6% Yes (2) 71.4% No (5)
147. Have behavioral assessments been completed? CPRQ133, '18IQR156	100% Yes (2) (5 N/A)
148. Does the person have a positive behavior support plan developed out of the behavior assessments that meets the person's needs? CPRQ134 '17IQR#5g, '18IQR157	100% Yes (2) (5 N/A)
149. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d, '18IQR158	100% Yes (2) (5 N/A)
150. If needed, does the person have a Behavior Crisis Intervention Plan that meets the person's needs? CPRQ 73a; '17IQR#5h, '18IQR159	(7 N/A)
151. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i, '18IQR160	0% Yes 100% Many (2) (5 N/A)
152. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d, '18IQR161	50% Yes (1) 50% Many (1) (5 N/A)
EQUIPMENT	
153. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b, '18IQR162	57.1% Yes (4) 42.9% Many (3)
154. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c, '18IQR163	85.7% Yes (6) 14.3% Many (1)
155. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f, '18IQR164	85.7% Yes (6) 14.3% Many (1)
156. Is the person's equipment and technology in good repair?'17IQR#25d, '18IQR165	85.7% Yes (6) 14.3% Many (1)
157. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e, '18IQR166	57.1% Yes (4) 42.9% Many (3)

Question	FY2022 (sample=7)
158. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b, '18IQR167	85.7% Yes (6) 14.3% Many (1)
INDIVIDUAL SERVICE PLANNING	
159. Does the person have an ISP that addresses live, work/learn, fun/relationships and health/other that correlates with the person's desires and capabilities, in accordance with DOH Regulations? CPRQ141 '17IQR#7o, '18IQR168	100% Yes (7)
160. Does the person have an ISP that contains a complete Vision Section that is based on a long-term view? CPRQ142 '17IQR#7a, '18IQR169	85.7% Yes (6) 14.3% No (1)
161. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a, '18IQR170	85.7% Yes (6) 14.3% Many (1)
162. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f, '18IQR171	71.4% Yes (5) 28.6% Many (2)
163. Is the person integrated into the community? CPRQ145; '17IQR#29g, '18IQR172	57.1% Yes (4) 28.6% Many (2) 14.3% Needs Impv (1)
164. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36, '18IQR174	0% Yes 100% Many (7)