



Thank You!

I thank the Jackson Class Members, your families, guardians, friends, case managers, therapists, nurses and providers/staff who support you for participating in the 2010 Community Practice Review. The time and the information you provided was greatly appreciated. I had the great pleasure of meeting with 107 Class Member's Teams, totaling over 900 members, as part of the Review and found your insights, openness and dedication inspiring.

I extend my appreciation to the Department of Health (DOH), particularly the Department of Health Improvement (DHI) and the Developmental Disabilities Supports Division (DDSD) reviewers who gave time from their already full schedules to participate in the Community Practice Review. I recognize the sacrifice this represents and I value the dedication to people with disabilities you demonstrate as an essential part of this review.

My respect and appreciation is extended to each of the outstanding and experienced case judges who bring over 140 years of experience working with and supporting people with disabilities to this review. Reviewers continually expressed their appreciation for your "second set of eyes" and your support of them. Also, to the experts, specifically Ruby Moore, Supported Employment Expert, and Chris Heimerl, Behavioral Supports Consultant, my gratitude for your involvement in the CPR, particularly your review, feedback and consultation with reviewers and case judges.

My thanks to all of you for your support of people with disabilities throughout New Mexico.


Lyn Rucker, Community Monitor

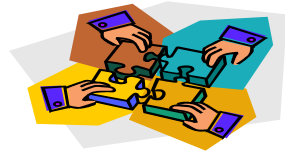


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I. Introduction

The foundation of all Community Practice Review (CPR) Reports is the presentation of data. This report focuses on the results by providing data and strategic recommendations that are mindful of available resources and intended to expand the capacity of supports and services.¹

This Report should be reviewed in its entirety in order to acquire the “big picture”, along with important details, of the status of community practice for Jackson Class Members in New Mexico. Regional data reports are also available in Appendix C and are posted on the internet at www.jacksoncommunityreview.org.

The 2010 Community Practice Review was conducted between August 2010 and March 2011. 106² of the 330 class members participated in this review. This represents a sample of 32% of the class. Full demographic data is presented in Appendix B.

II. REVIEW FINDINGS

Consistent with the Joint Stipulation and Judge Parker’s May 2005 Order, this report contains findings and recommendations. These findings and recommendations were shared with the Parties, Intervenors and the Court’s Expert on June 6, 2010 with a request to set a date for a meeting with the Community Monitor within 30 days in order to receive feedback. Subsequently, the Community Monitor held meetings with the Arc Intervenors (June 28, 2011), the Court’s Expert (July 15, 2011) and the Plaintiffs (July 20, 2011). A reminder that comments were due was sent to the Defendants and Plaintiffs July 11, 2011. No comments or response was received from the Defendants to either request (June 6 or July 11) for input.

The questions answered as part of the 2010 Community Practice Review and their scores are listed on the following pages. There are a few questions which are repeated because they apply to more than one section. *Those repeated questions are italicized.*

It should be noted that, based upon sampling methodology and size of the respective samples, fluctuations in scoring from year to year of +/- 5% are not likely to represent a significant change. The last column on the right identifies noteworthy observations.

¹ The detailed methodology of the Community Practice Review is provided in Appendix D.

² One of the class members selected for this review passed away immediately preceding the on-site review.

Historically, components agreed to in the Settlement Agreement (1997) guided the design of the Community Practice Review Protocol. Thus, the Protocol contains questions that address “continuous improvement” and reports on “disengagement” items. “Continuous Improvement” must be demonstrated, by region, in the areas of Individual Service Planning and Supports, Behavior Supports and Supported Employment as determined by the Community Practice Review. Continuous improvement means either: 1) an increase in compliance of 15% for each of three years...for those items which remain below 50% of full compliance; or 2) an increase of 10% for each of three years with respect to those items which remain above 50% of full compliance. No single item in any region has to exceed 80%. Upon reaching these criteria the region is eligible for disengagement from the related requirement. At the conclusion of the report, in Appendix C, the reader will find separate charts depicting statewide **historical scoring** on the disengagement items. Appendix E contains all CPR questions and the accompanying results.

A. Class Members with Immediate and/or Special Needs³

IMMEDIATE NEEDS: Fifteen (14%) of the 107 class members reviewed were identified as **needing immediate attention**, that is, as persons for whom *urgent health, safety, environment and/or abuse/neglect issues were identified which the team is not successfully and actively in the process of addressing in a timely fashion.*

SPECIAL NEEDS: Sixteen of the 107 individuals (15%) were identified as **needing special attention**, meaning they were identified as individuals *for whom issues have been identified that, if not addressed, are likely to become an urgent health and/or safety concern.*

For each person identified as needing Immediate Attention, the Community Monitor requests immediate follow-up/intervention. As agreed by the parties prior to 2000 and implemented by the first Community Monitor, Linda Glenn, the Defendants are required to report to the Community Monitor, within no more than 30 days, regarding follow up/intervention activities implemented to address the individual’s specific need for Immediate Attention. This was addressed further in “Communication Guidelines” issued by Judge Smith in April 2007. “The timeline for corrective action for class members with an immediate or special need will begin immediately. Reports for individuals with immediate and/or special needs will be provided at 30 day intervals until the recommendation has been fully implemented.”

At the conclusion of each on-site review the Community Monitor presents the findings of special needs along with recommendations to address/resolve those needs. As provided in the Communication Guidelines of April 2007, Judge Smith directed regions to

³ Individual information is confidential. Details with regard to each individual referenced in this section have been provided, in confidence, to the Defendants, Plaintiffs, Intervenors, Court Expert and are available to the Court.

implement the recommendations immediately upon their presentation. Further required are reports on implementation no later than 30 days following their presentation, with additional follow up reports every 30 days until full implementation or a maximum of 180 days.

As the chart below illustrates, the information regarding the status of class members after a review continues to be provided late. In addition, the information provided continues to be incomplete and has missing follow up information.

This information is current to June 6, 2011

Number of Individuals with Immediate/Special Issues													
(Note: this is NOT the same as number of findings, as some individuals have more than one Immediate/Special finding)													
Type	Metro1		SW		NE		NW		SE		Metro2		Totals
Immediate	5 (BB CE IC TF PR)		3 (AM, MG, LM)				5 (BN, NR, NJ, MR, JC)				2 (DV, MP)		15
Special	1 (DD)		0		3 (JM, RB, GB)		1 (JC)		2 (RB, KA)		9 (DV, GR, KD, MB, NG, PG, AM, RC, AP)		16
Incident Reports	1 (IC)		0				1 (DM)						2
	F/U Due	F/U Recd	F/U Due	F/U Recd	F/U Due	F/U Recd	F/U Due	F/U Recd	F/U Due	F/U Recd	F/U Due	F/U Recd	
Status Meeting Date	8/27/2010	N/A	10/1/2010	N/A	10/21/2010	N/A	12/10/2010	N/A	2/11/2011	N/A	3/4/11	N/A	
30-day	9/26/2010		10/31/2010		11/20/2010		1/09/2011		3/13/2011	4/6/2011	4/3/11	4/6/2011	
60-day	10/26/2010		11/30/2010		12/20/2010		2/8/2011	2/14/2011	4/12/2011	5/5/11	5/3/11	5/5/11 ⁴	
90-day	11/25/2010	12/08/2010	12/30/2010		1/19/2011		3/10/2011	3/14/2011					
120-day	12/25/2010		1/29/2011	2/8/2011	2/18/2011	2/14/2011	4/9/2011	5/5/11					
150-day	1/24/2011	1/28/2011	2/28/2011		3/20/2011	4/6/2011							
180-day	2/23/2011	2/14/2011	3/30/2011	4/6/2011	4/19/2011	5/5/11							
210-day	3/25/2011	4/6/2011	4/29/2011	5/5/11									
240-day	4/24/2011	5/5/11											

⁴ All names of class members who were identified with Immediate and/or Special needs were listed on the 5/5/11 disk, however, follow up information was not provided for all individuals listed.

The charts which follow summarize, by provider agency and by case management agency, the number of individuals from the 2010 review who were in the immediate or special attention categories.

Day/Residential Provider Agencies Supporting Persons in Sample Identified as Having Immediate, Special and Urgent Needs <i>* if the person has different day/res providers, or is designated as Immediate AND Special, the number will be duplicative</i>				
Agency	People in Sample	Immediate Need	Special Need	Total
A Better Way	1		1	1
Achievements	1		1	1
Adelante	18	5	1	6
ARCA	6	1		1
AWS	4		1	1
CDD	2		1	1
Community Options	2	1		1
Cornucopia	1	1	1	2
DSI	2	1		1
Dungarvin	3	1		1
Family Options	2		1	1
Imagine	2		1	1
Leaders	2		1	1
LLCP	11	3	5	8
Mosaic	6	3	1	4
New Beginnings	4		2	2
PMS Shield	3	2	1	3
Progressive	3	1		1
RCI	2		1	1
Share Your Care	3		1	1
Su Vida	2		1	1
Tobosa	4		1	1
Tresco	10	1		1

Case Management Agencies Supporting Persons in Sample Identified as Having Immediate, Special and Urgent Needs <i>*there may be duplication if one JCM is designated as Immediate AND Special</i>				
Agency	People in Sample	Immediate Need	Special Need	Total
A Step Above	6	1	2	3
Blue Sky	4	1		1
Carino	5		2	2
Excel	8	3		3
J&J	10		2	2
NMBHI	5		2	2
NMQCM	6		1	1
Peak	7	3		3
SCCM	13	2		2
Unidas	18	4	4	8
Unique Opportunities	1	1	1	2
Visions	7		1	1

B. Individual Service Planning Components

The Community Practice Review examines the process of individual service planning and the **Individual Service Plan (ISP)** itself. The CPR also measures ISP implementation. A successful individual service plan and subsequent effective implementation are dependent upon key foundational components. The components and critical interrelationships with sections of the Community Practice Review (CPR Protocol have been explained in detail as a part of the 2008 and the 2009 Statewide Report and will not be repeated here). Both of those reports are on the internet and can be referenced as needed.

C. Person and Long Term Vision: Findings and Observations

THE PERSON & LONG TERM VISION Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
31. Does the case manager have an appropriate expectation of growth for this person?	48% Yes (53) 50% Partial (55) 3% No (3)	71% Yes (65%) 36 Partial (33%) 3 No (3%)	61% Yes (65) 35% Partial (37) 5% No (5)	62% Yes (67) 32% Partial (35) 6% No (6)	75% Yes (79) 20% Partial (21) 6% No (6) (1 not scored)	
42. Does the [day services] direct service staff have an appropriate expectation of growth for this person?	59% Yes (66) 38% Partial (42) 3% No (3)	75% Yes (83) 19% Partial (21) 5% No (6)	68% Yes (73) 26% Partial (28) 6% No (6)	80% Yes (86) 17% Partial (18) 4% No (4)	83% Yes (86) 17% Partial (18) (3 not scored)	
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	63% Yes (70) 37% Partial (41)	68% Yes (75) 31% Partial (34) 1% No (1)	65% Yes (70) 29% Partial (31) 6% No (6)	71% Yes (76) 28% Partial (30) 1% No (1)	81% Yes (86) 18% Partial (19) 1% No (1) (1 not scored)	
85. Overall, does the IDT have an appropriate expectation of growth for this person?	32% Yes (35) 68% Partial (76)	51% Yes (56) 49% Partial (54)	45% Yes (48) 55% Partial (59)	45% Yes (49) 54% Partial (58) 1% No (1)	63% Yes (67) 37% Partial (39)	While it is gratifying to see significant improvement in this area, for more than one third of participating individuals, Team Members do not have an adequate expectation of growth.
87. Is the person offered a range of opportunities for participation in each of the life areas?	53% Yes (56) 42% Partial (44) 5% No (5) (6 CND)	73% Yes (72) 24% Partial (24) 2% No (2) (12 CND)	63% Yes (59) 35% Partial (33) 2% No (2) (13 CND)	82% Yes (81) 15% Partial (15) 3% No (3) (9 CND)	70% Yes (69) 25% Partial (27) 3% No (3) (8 CND)	
88. Does the person have the opportunity to make informed choices?	50% Yes (29) 50% Partial (29) (53 CND)	75% Yes (27) 25% Partial (9) (74 CND)	57% Yes (26) 43% Partial (20) (61 CND)	74% Yes (39) 26% Partial (14) (55 CND)	84% Yes (36) 16% Partial (7) (64 CND)	This area has continued to show significant, positive improvement.

THE PERSON & LONG TERM VISION Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
89. About where and with whom to live?	67% Yes (37) 29% Partial (16) 4% No (2) (56 CND)	90% Yes (35) 10% Partial (4) (71 CND)	71% Yes (30) 19% Partial (8) 10% No (4) (65 CND)	82% Yes (37) 16% Partial (7) 2% No (1) (63 CND)	86% Yes (38) 9% Partial (4) 5% No (2) (63 CND)	
90. About where and with whom to work/spend his/her day?	63% Yes (36) 32% Partial (18) 5% No (3) (54 CND)	81% Yes (34) 19% Partial (8) (68 CND)	71% Yes (35) 29% Partial (14) (58 CND)	85% Yes (46) 15% Partial (8) (54 CND)	84% Yes (38) 16% Partial (7) (62 CND)	
91. About where and with whom to socialize/spend leisure time?	65% Yes (41) 33% Partial (21) 2% No (1) (48 CND)	85% Yes (34) 15% Partial (6) (70 CND)	67% Yes (35) 29% Partial (15) 4% No (2) (55 CND)	83% Yes (49) 17% Partial (10) (49 CND)	86% Yes (37) 14% Partial (6) (64 CND)	

D. Personal Safeguards: Findings and Observations

PERSONAL SAFEGUARDS Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
26. Does the case manager "know" the person?	70% Yes (78) 29% Partial (32) 1% No (1)	88% Yes (97) 12% Partial (13)	88% Yes (94) 12% Partial (13)	93% Yes (100) 7% Partial (8)	89% Yes (95) 10% Partial (11) 1% No (1)	This has stayed consistently high.
27. Does the case manager understand his/her role/job?	58% Yes (64) 40% Partial (44) 2% No (2)	74% Yes (81) 25% Partial (27) 1% No (1)	66% Yes (71) 32% Partial (34) 2% No (2)	60% Yes (65) 39% Partial (42) 1% No (1)	69% Yes (74) 29% Partial (31) 2% No (2)	This remains a foundational issue for approximately 1/3 of class members surveyed who do not have the primary systemic safeguard who adequately understands his/her role. See examples of consequences throughout the ISP Section questions and in Questions 32 and 33.
28. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person?	64% Yes (71) 33% Partial (37) 3% No (3)	78% Yes (85) 22% Partial (24)	78% Yes (83) 21% Partial (23) 1% No (1)	87% Yes (94) 13% Partial (14)	90% Yes (96) 10% Partial (11)	These are really good, consistently rising numbers.
29. Is the case manager available to the person?	67% Yes (74) 33% Partial (36)	90% Yes (99) 10% Partial (11)	87% Yes (93) 13% Partial (14)	81% Yes (87) 19% Partial (21)	87% Yes (93) 12% Partial (13) 1% No (1)	This relates to case managers seeing class members at least two times per month, as required.

PERSONAL SAFEGUARDS Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
33. Does the case manager provide case management services at the level needed by this person?	35% Yes (38) 63% Partial (69) 3% No (3)	50% Yes (55) 50% Partial (54)	44% Yes (47) 52% Partial (56) 4% No (4)	49% Yes (53) 47% Partial (51) 4% No (4)	49% Yes (52) 49% Partial (52) 3% No (3)	This is consistently a <i>major Foundational issue</i> . Half of participating class members are not receiving case management services at the level needed to plan, monitor and safeguard. See consequences throughout Assessment, ISP, and Monitoring Sections.
34. Does the case manager receive the type and level of support needed to do his/her job?	76% Yes (84) 23% Partial (25) 1% No (1)	86% Yes (94) 14% Partial (15)	86% Yes (92) 12% Partial (13) 2% No (2)	91% Yes (98) 9% Partial (10)	89% Yes (95) 11% Partial (12)	
105. Does the person get along with the case manager?	96% Yes (23) 4% Partial (1) (87 CND)	100% Yes (22) (87 CND)	100% Yes (15) (92 CND)	95% Yes (21) 5% Partial (1) (86 CND)	100% Yes (16) (91 CND)	
106. Does the person find the case manager helpful?	87% Yes (13) 13% Partial (2) (96 CND)	93% Yes (13) 7% Partial (1) (95 CND)	100% Yes (7) (100 CND)	93% Yes (13) 7% Partial (1) (94 CND)	100% Yes (6) (101 CND)	
94. Does this person and/or guardian have adequate access to the available complaint processes/procedures?	79% Yes (79) 18% Partial (18) 3% No (3) (11 CND)	89% Yes (89) 6% Partial (6) 5% No (5) (10 CND)	90% Yes (86) 8% Partial (8) 2% No (2) (11 CND)	85% Yes 87 10% Partial (10) 5% No (5) (6 CND)	97% Yes (99) 2% Partial (2) 1% No (1) (5 CND)	
95. Does this person know his/her guardian?	94% Yes (47) 6% No (3) (1 N/A, 60 CND)	97% Yes (36) 3% No (1) (73 CND)	97% Yes (30) 3% No (1) (3 NA, 73 CND)	100% Yes (45) (2 N/A, 61 CND)	100% Yes (35) (4 N/A, 68 CND)	
96. Does this person believe the guardian is helpful?	100% Yes (20) (1 N/A, 90 CND)	100% Yes (19) (91 CND)	100% Yes (7) (2 N/A, 98 CND)	100% Yes (14) (2 N/A, 92 CND)	100% Yes (9) (4 N/A, 94 CND)	
97. What is the level of participation of the legal guardian in this person's life and service planning?	33% Active (36) 42% Moderate (46) 21% Limited (23) 5% None (5) (1 N/A)	39% Active (43) 36% Moderate (40) 24% Limited (26) 1% None (1)	53% Active (56) 26% Moderate (28) 18% Limited (19) 3% None (3) (1 N/A)	39% Active (41) 48% Moderate (50) 13% Limited (14) (3 N/A)	45% Active (47) 35% Moderate (36) 16% Limited (17) 4% None (4) (3 N/A)	This remains a significant safeguard issue as the legal guardian is intended to be a primary advocate for the individual.
107. Does the legal guardian find the case manager helpful?	81% Yes (63) 13% Partial (10) 6% No (5) (1 N/A, 32 CND)	87% Yes (83) 6% Partial (6) 6% No (6) (14 CND)	94% Yes (78) 2% Partial (2) 4% No (3)	90% Yes (78) 9% Partial (8) 1% No (1) (1 N/A, 20 CND)	94% Yes (63) 6% Partial (4) (3 N/A, 37 CND)	

PERSONAL SAFEGUARDS Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
98. In the Reviewer's opinion, does the person need a friend advocate?	14% Yes (16) 86% No (95)	9% Yes (10) 91% No (100)	8% Yes (9) 92% No (98)	6% Yes (6) 94% No (102)	7% Yes (8) 93% No (99)	
99. Does the person have a friend advocate?	11% Yes (2) 89% No (16) (93 N/A)	17% Yes (2) 83% No (10) (98 N/A)	0% Yes 100% No (10) (97 N/A)	0% Yes 100% No (6) (102 N/A)	22% Yes (2) 78% No (7) (98 /A)	

E. The Team: Findings and Observations

THE TEAM Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
30. Was the case manager able to describe the person's health related needs?	50% Yes (56) 47% Partial (52) 3% No (3)	59% Yes (65) 41% Partial (45)	54% Yes (58) 45% Partial (48) 1% No (1)	61% Yes (66) 38% Partial (41) 1% No (1)	62% Yes (66) 38% Partial (41)	It is essential that direct support staff know class member health related issues and how to address them as needed.
40. Did the direct service staff (Day/Work) have training in the ISP process?	59% Yes (66) 32% Partial (36) 8% No (9)	64% Yes (70) 32% Partial (35) 5% No (5)	57% Yes (61) 33% Partial (35) 10% No (11)	68% Yes (73) 30% Partial (32) 3% No (3)	85% Yes (89) 13% Partial (14) 2% No (92) (2 not scored)	A commendable increase of 28% over two years.
50. Did the residential direct service staff have training in the ISP process?	65% Yes (72) 26% Partial (29) 8% No (9)	72% Yes (79) 21% Partial (23) 7% No (8)	58% Yes (62) 34% Partial (36) 8% No (9)	68% Yes (73) 29% Partial (31) 3% No (3)	80% Yes (86) 14% Partial (15) 6% No (6)	A commendable increase of 22% over two years.
36. Does the direct service staff (Day/Work) have adequate input into the person's ISP?	62% Yes (69) 32% Partial (36) 5% No (6)	67% Yes (74) 27% Partial (30) 5% No (6)	65% Yes (70) 29% Partial (31) 6% No (6)	65% Yes (70) 31% Partial (33) 5% No (5)	71% Yes (75) 28% Partial (29) 1% No (1) (2 not scored)	Consistently approximately 1/3 of day/work staff interviewed <i>who were identified as knowing the person best</i> do not have adequate input into the ISP. This is a major loss of knowledge in team planning.
45. Does the direct service staff (residential) have adequate input into the person's ISP?	68% Yes (76) 25% Partial (28) 6% No (7)	72% Yes (79) 22% Partial (24) 6% No (7)	65% Yes (70) 28% Partial (30) 7% No (7)	69% Yes (74) 24% Partial (26) 7% No (7) (1 not scored)	68% Yes (73) 29% Partial (31) 3% No (3)	Consistently about 1/3 of residential direct service staff interviewed <i>who were identified as knowing the person best</i> do not have adequate input into the ISP. This is a major loss of knowledge in team planning.
54. Overall, were the team members interviewed able to describe the person's health-related needs?	27% Yes (30) 73% Partial (81)	30% Yes (33) 70% Partial (77)	27% Yes (29) 73% Partial (78)	32% Yes (35) 68% Partial (73)	38% Yes (41) 62% Partial (66)	This remains a Foundational issue . Approximately two-thirds of participating class members do not have key team members who could describe the individual's

THE TEAM Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
						health needs. Yet these team members must plan for and implement strategies to address the individual's health and other needs. Examples of consequences are demonstrated in Question 56, Plan Implementation Section.
62. Was the ISP developed by an appropriately constituted IDT?	45% Yes (49) 55% Partial (60) 1% No (1) (1 N/A)	51% Yes (56) 48% Partial (53) 1% No (1)	50% Yes (53) 50% Partial (54)	55% Yes (59) 45% Partial (48) (1 N/A)	54% Yes (58) 45% Partial (48) 1% No (1)	This also remains a Foundational issue . Consistently about half of teams do not have the participation of all the people needed. See examples of consequences in ISP section questions 64, 78, 142, 146.
63. For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP?	38% Yes (31) 35% Partial (28) 27% No (22) (30 N/A)	35% Yes (29) 40% Partial (33) 24% No (20) (28 N/A)	36% Yes (28) 36% Partial (28) 28% No (22) (29 N/A)	53% Yes (44) 28% Partial (23) 19% Yes (16) (25 N/A)	56% Yes (45) 40% Partial (32) 5% No (4) (26 N/A)	
86. Was the person provided the assistance and support needed to participate meaningfully in the planning process?	74% Yes (80) 24% Partial (26) 2% No (2) (3 CND)	82% Yes (84) 17% Partial (17) 2% No (2) (7 CND)	73% Yes (73) 24% Partial (24) 3% No (3) (7 CND)	77% Yes (82) 21% Partial (22) 2% No (2) (2 CND)	84% Yes (89) 16% Partial (17) (1 CND)	
115. If there is evidence of team conflict, has the team made efforts to build consensus?	57% Yes (20) 43% Partial (15) (76 N/A)	58% Yes (14) 38% Partial (9) 4% No (1) (86 N/A)	67% Yes (16) 29% Partial (7) 4% No (1) (83 N/A)	72% Yes (23) 25% Partial (8) 3% No (1) (76 N/A)	59% Yes (22) 35% Partial (13) 5% No (2) (70 N/A)	
121. If there is evidence of functional regression in the past year (Questions #119 or 120) is the IDT adequately addressing the regression?	38% Yes (16) 55% Partial (23) 7% No (3) (69 N/A)	72% Yes (23) 22% Partial (7) 6% No (2) (78 N/A)	61% Yes (30) 33% Partial (16) 6% No (3) (58 N/A)	67% Yes (33) 29% Partial (14) 4% No (2) (59 N/A)	56% Yes (31) 31% Partial (17) 13% No (7) (52 N/A)	This remains a Foundational issue for the individuals who experienced regression but for whom regression was not adequately addressed. See examples of consequences in Questions 69, 78 and 146 in ISP and Question 56 in Plan Implementation.
116. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs?	73% Yes (77) 27% No (28) (6 N/A)	78% Yes (72) 22% No (20) (17 N/A, 1 CND)	78% Yes (74) 22% No (21) (11 N/A, 1 CND)	72% Yes (76) 28% No (29) (2 N/A, 1 CND)	74% Yes (76) 26% No (27) (4 N/A)	
117. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented?	64% Yes (71) 33% Partial (37) 3% No (3)	73% Yes (80) 26% Partial (29) 1% No (1)	70% Yes (75) 30% Partial (32)	81% Yes (87) 19% Partial (20) 1% No (1)	79% Yes (85) 21% Partial (22)	

THE TEAM Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
118. Do you recommended Team Process Training for this IDT?	11% Yes (12) 89% No (99)	6% Yes (7) 94% No (103)	7% Yes (7) 93% No (100)	10% Yes (11) 90% No (97)	13% Yes (14) 87% No (93)	

F. Assessments: Findings and Observations

ASSESSMENTS Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATIONS
57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts?	44% Yes (49) 55% Partial (61) 1% No (1)	64% Yes (70) 35% Partial (39) 1% No (1)	63% Yes (67) 36% Partial (39) 1% No (1)	65% Yes (70) 35% Partial (38)	49% Yes (52) 51% Partial (55)	This drop of 16% demonstrates that this remains a Foundational issue that may be further deteriorating. Teams must seek to identify what each person's interests are, how they learn and what the most effective interventions are.
58. Did the team arrange for and obtain the needed, relevant assessments?	22% Yes (24) 77% Partial (86) 1% No (1)	41% Yes (45) 57% Partial (63) 2% No (2)	39% Yes (42) 60% Partial (64) 1% No (1)	47% Yes (51) 53% Partial (57)	40% Yes (43) 60% Partial (64)	This also remains a Foundational issue . It is essential that needed assessments be obtained timely.
59. Are the assessments adequate for planning?	46% Yes (51) 52% Partial (58) 2% No (2)	55% Yes (61) 43% Partial (47) 2% No (2)	64% Yes (68) 36% Partial (39)	64% Yes (69) 36% Partial (39)	59% Yes (63) 40% Partial (40) 1% No (1)	
60. Were the recommendations from assessments used in planning?	40% Yes (44) 59% Partial (66) 1% No (1)	37% Yes (41) 56% Partial (62) 6% No (7)	47% Yes (50) 47% Partial (50) 7% No (7)	47% Yes (51) 50% Partial (54) 3% No (3)	46% Yes (49) 49% Partial (52) 6% No (6)	This is a Foundational issue for a little over one half of the teams that had some assessments but did not adequately use them in planning. See examples of consequences in ISP questions 69 and 146. No significant change in three years.
124. Has the IDT, or the reviewer recommended a supported employment assessment for the person?	77% Yes (86) 23% No (25)	74% Yes (81) 26% No (29)	66% Yes (71) 34% No (36)	71% Yes (77) 29% No (31)	73% Yes (78) 27% No (29)	
125. In the opinion of the IDT or the reviewer, does the person need supported employment?	66% Yes (73) 34% No (38)	58% Yes (64) 42% No (46)	55% Yes (59) 45% No (48)	53% Yes (57) 47% No (51)	56% Yes (60) 44% No (47)	
126. Did the person receive a supported employment assessment?	76% Yes (68) 24% No (21) (22 N/A)	60% Yes (49) 40% No (32) (29 N/A)	62% Yes (44) 38% No (27) (36 N/A)	68% Yes (54) 32% No (25) (29 N/A)	65% Yes (55) 35% No (29) (23 N/A)	This is a Foundational issue for the 1/3 of persons who did not receive a needed supported employment assessment. The apparent inability to improve in this

ASSESSMENTS Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATIONS
						area needs immediate attention.
127. Does the supported employment assessment conform to the DOH regulations?	25% Yes (22) 44% Partial (38) 31% No (27) (24 N/A)	35% Yes (28) 20% Partial (16) 46% No (37) (29 N/A)	30% Yes (21) 19% Partial (13) 51% No (35) (38 N/A)	40% Yes (30) 19% Partial (14) 41% No (31) (33 N/A)	29% Yes (23) 39% Partial (31) 33% No (26) (27 N/A)	71% of the assessments which did occur do not conform to DOH's policy.
128. Does the person have a career development plan (based on assessments) that meets the person's needs?	23% Yes (17) 44% Partial (32) 33% No (24) (38 N/A)	29% Yes (20) 35% Partial (24) 35% No (24) (42 N/A)	20% Yes (12) 28% Partial (17) 52% No (32) (46 N/A)	33% Yes (21) 24% Partial (15) 43% No (27) (45 N/A)	15% Yes (10) 48% Partial (32) 36% No (24) (41 N/A)	A Foundational issue for the now 85% of persons needing a career development plan who do not have them. See examples of consequence in Question 129, Plan Implementation. A decrease of 18%, setting a new record low score.
131. Is the person considered by the IDT to need behavior services now?	74% Yes (80) 26% No (28) (3 N/A)	65% Yes (71) 35% No (39)	61% Yes (63) 39% No (40) (4 N/A)	68% Yes (73) 32% No (34) (1 N/A)	62% Yes (66) 38% No (40) (1 N/A)	
132. In the opinion of the reviewer, does the person need behavior services?	73% Yes (79) 27% No (29) (3 N/A)	62% Yes (68) 38% No (41) (1 N/A)	60% Yes (62) 40% No (42) (3 N/A)	66% Yes (71) 34% No (36) (1 N/A)	60% Yes (62) 40% No (42) (3 N/A)	
133. Have adequate behavioral assessments been completed?	77% Yes (62) 15% Partial (12) 9% No (7) (30 N/A)	74% Yes (53) 18% Partial (13) 8% No (6) (38 N/A)	78% Yes (50) 16% Partial (10) 6% No (4) (43 N/A)	86% Yes (63) 12% Partial (9) 1% No (1) (35 N/A)	88% Yes (61) 10% Partial (7) 1% No (1) (38 N/A)	
134. Does the person have behavior support plans developed out of the behavior assessments that meet the person's needs?	78% Yes (63) 19% Partial (15) 4% No (3) (30 N/A)	76% Yes (55) 19% Partial (14) 4% No (3) (38 N/A)	77% Yes (49) 17% Partial (11) 6% No (4) (43 N/A)	79% Yes (57) 21% Partial (15) (36 N/A)	84% Yes (56) 13% Partial (9) 3% No (2) (40 N/A)	
140. Has the person received all communication assessments and services?	52% Yes (46) 39% Partial (34) 9% No (8) (23 N/A)	48% Yes (44) 44% Partial (40) 8% No (7) (19 N/A)	68% Yes (65) 22% Partial (21) 9% No (9) (12 N/A)	75% Yes (69) 24% Partial (22) 1% No (1) (16 N/A)	75% Yes (75) 21% Partial (21) 4% No (4) (7 N/A)	
54. Overall, were the team members interviewed able to describe the person's health-related needs?	27% Yes (30) 73% Partial (81)	30% Yes (33) 70% Partial (77)	27% Yes (29) 73% Partial (78)	32% Yes (35) 68% Partial (73)	38% Yes (41) 62% Partial (66)	<i>Also in Team Findings</i>

ASSESSMENTS Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATIONS
30. Was the case manager able to describe the person's health related needs?	50% Yes (56) 47% Partial (52) 3% No (3)	59% Yes (65) 41% Partial (45)	54% Yes (58) 45% Partial (48) 1% No (1)	61% Yes (66) 38% Partial (41) 1% No (1)	62% Yes (66) 38% Partial (41)	<i>Also in Team Findings</i>
38. Was the [day/employment] direct service staff able to describe the person's health related needs?	51% Yes (57) 45% Partial (50) 4% No (4)	53% Yes (58) 45% Partial (49) 3% No (3)	60% Yes (64) 37% Partial (40) 3% No (3)	51% Yes (55) 46% Partial (50) 3% No (3)	61% Yes (64) 39% Partial (41) (2 not scored)	<i>Also in Team Findings</i>
48. Was the residential service staff able to describe the person's health related needs?	66% Yes (73) 33% Partial (37) 1% No (1)	55% Yes (60) 45% Partial (49) 1% No (1)	60% Yes (64) 39% Partial (42) 1% No (1)	50% Yes (54) 48% Partial (51) 2% No (2) (1 not scored)	64% Yes (69) 36% Partial (38)	<i>Also in Team Findings</i>
55. Is there evidence that the IDT discussed the person's health-related issues?	61% Yes (68) 38% Partial (42) 1% No (1)	63% Yes (69) 36% Partial (40) 1% No (1)	57% Yes (61) 42% Partial (45) 1% No (1)	63% Yes (68) 35% Partial (38) 2% No (2)	64% Yes (69) 35% Partial (37) 1% No (1)	This is a Foundational issue for the 36% of teams that did not take health-related issues fully into account. See examples of consequences in ISP Questions 69, 78, and 146; and in Implementation Question 56.

G. Individual Service Plan: Findings and Observations

INDIVIDUAL SERVICE PLAN Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
61. Is there a document called an Individual Service Plan (ISP) that was developed within the last year?	99% Yes (110) 1% No (1)	99% Yes (109) 1% No (1)	100% Yes (107)	99% Yes (107) 1% No (1)	100% Yes (107)	
141. Does the person have an ISP that addresses living, learning/working and social/leisure that correlates with the person's desire and capabilities, in accordance with DOH regulations?	72% Yes (80) 27% Partial (30) 1% No (1)	86% Yes (95) 14% Partial (15)	88% Yes (94) 12% Partial (13)	90% Yes (97) 9% Partial (10) 1% No (1)	95% Yes (102) 5% Partial (5)	
142*. Does the person have an ISP that contains a Progress Towards Reaching the Long Term Vision section that is based on a long-term view?	84% Yes (93) 14% Partial (15) 3% No (3)	72% Yes (79) 25% Partial (27) 4% No (4)	65% Yes (70) 31% Partial (33) 4% No (4)	74% Yes (80) 22% Partial (24) 4% No (4)	68% Yes (73) 32% Partial (34)	

INDIVIDUAL SERVICE PLAN Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
146. Overall, is the ISP adequate to meet the person's needs?	6% Yes (7) 93% Partial (103) 1% No (1)	13% Yes (14) 87% Partial (96)	17% Yes (18) 81% Partial (87) 2% No (2)	26% Yes (28) 73% Partial (79) 1% No (1)	23% Yes (25) 77% Partial (82)	This is an ISP failure for 77% of participating class members. See examples of the consequences in Conclusion Questions 123, 144, and 145.
64. Overall, is the long-term vision adequate?	41% No (45) 54% Partial (59) 5% No (6) (1 N/A)	50% Yes (55) 45% Partial (50) 5% No (5)	50% Yes (54) 39% Partial (42) 10% No (11)	58% Yes (62) 41% Partial (44) 1% No (1) (1 N/A)	61% Yes (65) 37% Partial (40) 2% No (2)	ISP failure for 39% of the plans which do not have adequate long-term visions. See examples of consequences in Conclusion Questions 123, 144, and 145.
65*. Overall, does the Narrative and/or Progress Towards Reaching the Long-Term Vision Section of the ISP give adequate guidance to achieving the person's long-term vision?	50% Yes (55) 45% Partial (50) 5% No (5) (1 N/A)	56% Yes (62) 42% Partial (46) 2% No (2)	60% Yes (64) 37% Partial (40) 3% No (3)	72% Yes (77) 28% Partial (30) (1 N/A)	69% Yes (74) 29% Partial (31) 2% No (2)	31% of plans do not demonstrate how to achieve the existing long term vision (39% of which were already inadequate; Question 64 above).
66*. Overall, is Vision Section of the ISP used as the basis for outcome development?	57% Yes (63) 35% Partial (39) 7% No (8) (1 N/A)	55% Yes (60) 43% Partial (47) 3% No (3)	77% Yes (82) 21% Partial (23) 2% No (2)	86% Yes (92) 14% Partial (15) (1 N/A)	80% Yes (86) 19% Partial (20) 1% No (1)	A significant increase over the last three years.
67*. Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcome(s) have been achieved?	35% Yes (39) 55% Partial (60) 10% No (11) (1 N/A)	38% Yes (42) 54% Partial (59) 8% No (9)	33% Yes (35) 47% Partial (50) 21% No (22)	51% Yes (55) 44% Partial (47) 5% No (5) (1 N/A)	64% Yes (68) 33% Partial (35) 4% No (4)	This is an ISP failure for one third of plans. Implementation and monitoring are difficult, if not impossible, when criteria for success are unclear. See examples of consequences in the Plan Implementation and the Monitoring Section.
68*. Overall, are the ISP outcomes related to achieving the person's long-term vision?	50% Yes (55) 46% Partial (51) 4% No (4) (1 N/A)	72% Yes (79) 27% Partial (30) 1% No (1)	75% Yes (80) 22% Partial (24) 3% No (3)	87% Yes (93) 13% Partial (14) (1 N/A)	84% Yes (90) 16% Partial (17)	
69*. Overall, do the ISP outcomes address the person's major needs?	47% Yes (52) 49% Partial (54) 4% No (4) (1 N/A)	50% Yes (55) 47% Partial (52) 3% No (3)	41% Yes (44) 50% Partial (54) 8% No (9)	60% Yes (64) 40% Partial (43) (1 N/A)	63% Yes (67) 36% Partial (38) 2% No (2)	ISP failure for 37% of the existing ISPs. See examples of consequences in Conclusion Questions 123, 144, and 145.
70*. Overall, are the Action Plans specific and relevant to assisting the person in achieving his/her outcomes?	39% Yes (43) 53% Partial (58) 8% No (9) (1 N/A)	49% Yes (54) 46% Partial (51) 5% No (5)	46% Yes (49) 50% Partial (54) 4% No (4)	64% Yes (68) 34% Partial (37) 2% No (2) (1 N/A)	60% Yes (64) 36% Partial (39) 4% No (4)	ISP failure for more than 1/3 of the Action Plans. See examples of consequences in Knowledgeable Staff, Plan Implementation, Monitoring and Conclusion Sections.

INDIVIDUAL SERVICE PLAN Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
71*. Overall, are the Teaching and Support strategies sufficient to ensure consistent implementation of the services provided?	39% Yes (43) 48% Partial (53) 13% No (14) (1 N/A)	42% Yes (45) 40% Partial (43) 18% No (19) (3 N/A)	43% Yes (45) 41% Partial (43) 16% No (17) (2 N/A)	53% Yes (56) 37% Partial (39) 10% No (11) (2 N/A)	49% Yes (52) 41% Partial (43) 10% No (11) (1 N/A)	This remains an ISP failure for approximately ½ of ISPs. These teaching and support strategies are used by direct support staff so they know how to implement the ISP. See examples of consequences in Knowledgeable Staff, Plan Implementation, Monitoring and Conclusion Sections.
72*. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the outcomes, action plans, and Teaching and Support Strategies of the ISP?	36% Yes (38) 51% Partial (55) 13% No (14) (4 N/A)	28% Yes (30) 55% Partial (58) 17% No (18) (4 N/A)	38% Yes (40) 43% Partial (45) 18% No (19) (3 N/A)	48% Yes (51) 45% Partial (48) 7% No (7) (2 N/A)	48% Yes (51) 40% Partial (42) 12% No (13) (1 N/A)	More Therapists need to be directly influencing the content of some teaching and support strategies to ensure that their recommendations are written so Direct Support Staff can implement them.
73*. If needed, does the ISP contain a specific Crisis Prevention and Intervention Plan that meets the person's needs?	56% Yes (59) 38% Partial (40) 6% No (6) (6 N/A)	75% Yes (77) 21% Partial (22) 4% No (4) (7 N/A)	63% Yes (64) 30% Partial (31) 7% No (7) (5 N/A)	54% Yes (56) 43% Partial (45) 3% No (3) (4 N/A)	66% Yes (69) 32% Partial (33) 2% No (2) (3 N/A)	
74*. Does the ISP contain information regarding primary health (medical) care?	73% Yes (80) 26% Partial (29) 1% No (1) (1 N/A)	74% Yes (81) 26% Partial (29)	82% Yes (88) 18% Partial (19)	87% Yes (93) 13% Partial (14) (1 N/A)	93% Yes (99) 7% Partial (8)	
74a*. Does the ISP face sheet contain contact information for the PCP?		84% Yes (92) 6% Partial (7) 10% No (11)	87% Yes (93%) 10% Partial (11) 3% No (3)	93% Yes (99) 7% Partial (7) 1% No (1) (1 N/A)	93% Yes (100) 5% Partial (5) 2% No (2)	
74b*. Is the Healthcare Coordinator's name and contact information listed in the ISP?		92% Yes (95) 8% Partial (8) (7 N/A)	96% Yes (103) 3% Partial (3) 1% No (1)	93% Yes (100) 4% Partial (4) 3% No (3) (1 N/A)	97% Yes (104) 3% Partial (3)	
74c*. Was the ISP (the most current Annual) developed using the new ISP format?		93% Yes (102) 7% No (8)	Removed in 2008	Removed in 2008	Removed in 2008	
75. Does the ISP reflect how the person will get to work/day activities, shopping, social activities?	78% Yes (86) 18% Partial (20) 4% No (4) (1 N/A)	57% Yes (63) 28% Partial (31) 15% No (16)	49% Yes (52) 27% Partial (29) 24% No (25)	74% Yes (57) 14% Partial (11) 12% No (9) (31 N/A)	86% Yes (48) 7% Partial (4) 7% No (4) (51 N/A)	An increase of 37% in two years.

INDIVIDUAL SERVICE PLAN Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
76. Does the ISP reflect how the person will obtain prescribed medications?	56% Yes (61) 33% Partial (36) 11% No (12) (2 N/A)	66% Yes (72) 30% Partial (33) 4% No (4) (1 N/A)	82% Yes (88) 15% Partial (16) 3% No (3)	89% Yes (95) 10% Partial (11) 1% No (1) (1 N/A)	93% Yes (100) 7% Partial (7)	
77. Does the ISP contain a list of adaptive equipment needed and who will provide it?	38% Yes (37) 45% Partial (44) 17% No (17) (13 N/A)	30% Yes (28) 47% Partial (44) 23% No (21) (17 N/A)	34% Yes (32) 53% Partial (49) 13% No (12) (14 N/A)	42% Yes (37) 45% Partial (40) 13% No (12) (19 N/A)	60% Yes (56) 38% Partial (36) 2% No (2) (13 N/A)	
78. Overall, is the ISP adequate to meet the person's needs? (NOTE: This question sums the scores found in Questions 61-77.)	6% Yes (7) 94% Partial (103) (1 N/A)	13% Yes (14) 87% Partial (96)	17% Yes (18) 81% Partial (87) 2% No (2)	26% Yes (28) 74% Partial (79) (1 N/A)	23% Yes (25) 77% Partial (82)	This reflects the impact of failure on previous <i>Foundational issues</i> . The consequences of the failure of the ISP component are demonstrated throughout the following sections on Knowledgeable Staff, Plan Implementation and Monitoring. The same result is seen in Conclusion Question 146.
147. Is the program of the level of intensity adequate to meet this person's needs?	19% Yes (21) 79% Partial (88) 2% No (2)	35% Yes (38) 85% Partial (72)	32% Yes (34) 67% Partial (72) 1% No (1)	31% Yes (33) 69% Partial (75)	27% Yes (29) 71% Partial (76) 2% No (2)	This planning and ISP failure represents the cumulative total of previous foundational issues in all areas. Consistently approximately 2/3 of participating class members do not have a program adequate to meet their needs.
122. Has the person changed residential/day services in the last year? If Yes, was the change:	30% Yes (33) 70% No (78)	19% Yes (21) 81% No (89)	17% Yes (18) 83% No (89)	19% Yes (21) 81% No (87)	17% Yes (18) 83% No (89)	
122a. Planned by the IDT?	76% Yes (25) 18% Partial (6) 6% No (2) (78 N/A)	76% Yes (16) 19% Partial (4) 5% No (1) (89 N/A)	72% Yes (13) 22% Partial (4) 6% No (1) (89 N/A)	68% Yes (15) 23% Partial (5) 9% No (2) (86 N/A)	78% Yes (14) 11% Partial (2) 11% No (2) (89 N/A)	
122b. Appropriate to meet needs?	79% Yes (26) 21% Partial (7) (78 N/A)	81% Yes (17) 10% Partial (2) 10% No (2) (89 N/A)	78% Yes (14) 17% Partial (3) 6% No (1) (89 N/A)	90% Yes (19) 10% Partial (2) (85 N/A) (1 not scored)	89% Yes (17) 5% Partial (1) 5% No (1) (88 N/A)	
137. Are behavior support services integrated into the ISP?	56% Yes (45%) 39% Partial (31) 5% No (4) (31 N/A)	48% Yes (34) 35% Partial (25) 17% No (12) (39 N/A)	57% Yes (36) 29% Partial (18) 14% No (9) (44 N/A)	68% Yes (49) 25% Partial (18) 7% No (5) (36 N/A)	54% Yes (36) 34% Partial (23) 12% No (8) (40 N/A)	A decrease of 14%. Previously addressed as part of need to integrate all plans into the ISP.

H. Knowledgeable Staff: Findings and Observations

KNOWLEDGEABLE STAFF Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
35. Does the day/employment direct services staff "know" the person?	80% Yes (89) 19% Partial (21) 1% No (1)	90% Yes (99) 9% Partial (10) 1% No (1)	87% Yes (93) 12% Partial (13) 1% No (1)	90% Yes (97) 10% Partial (11)	90% Yes (95) 10% Partial (10) (2 not scored)	
44. Does the residential direct services staff "know" the person?	86% Yes (95) 14% Partial (16)	89% Yes (98) 11% Partial (12)	84% Yes (90) 16% Partial (17)	89% Yes (95) 11% Partial (12) (1 not scored)	89% Yes (95) 11% Partial (12)	
37. Did the day/employment direct service staff receive training on implementing this person's ISP?	64% Yes (71) 32% Partial (36) 4% No (4)	75% Yes (83) 23% Partial (25) 2% No (2)	77% Yes (82) 21% Partial (23) 2% No (2)	76% Yes (82) 24% Partial (26)	82% Yes (86) 18% Partial (19) (2 not scored)	
46. Did the residential direct service staff receive training on the implementing this person's ISP?	76% Yes (84) 23% Partial (26) 1% No (1)	75% Yes (82) 24% Partial (26) 2% No (2)	73% Yes (78) 24% Partial (26) 3% No (3)	73% Yes (78) 26% Partial (28) 1% No (1) (1 not scored)	70% Yes (75) 30% Partial (32)	30% of residential staff interviewed (identified as the one who knows the individual best) were not adequately trained to implement the ISP. See examples of consequences in Questions 81 and 82 following.
38. Was the day/employment direct service staff able to describe this person's health related needs?	51% Yes (57) 45% Partial (50) 4% No (4)	53% Yes (58) 45% Partial (49) 3% No (3)	60% Yes (64) 37% Partial (40) 3% No (3)	51% Yes (55) 46% Partial (50) 3% No (3)	61% Yes (64) 39% Partial (41) (2 not scored)	Implementation failure. While this reflects a commendable 10% improvement, 39% remain without identified day/employment staff who can describe health related needs.
48. Was the residential direct service staff able to describe this person's health-related needs?	66% Yes (73) 33% Partial (37) 1% No (1)	55% Yes (60) 45% Partial (49) 1% No (1)	60% Yes (64) 39% Partial (42) 1% No (1)	50% Yes (54) 48% Partial (51) 2% No (2) (1 not scored)	64% Yes (69) 36% Partial (38)	Implementation failure. One third of the residential staff who deal directly with the individual's needs (and who were identified as the one who knows the individual best) cannot describe their health needs. In this and with similar questions asked of the staff who were identified as knowing the person best, the likelihood is that the remainder of direct service staff would score even lower.
39. Was the day/employment direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	64% Yes (71) 34% Partial (38) 2% No (2)	73% Yes (80) 26% Partial (29) 1% No (1)	65% Yes (70) 34% Partial (36) 1% No (1)	72% Yes (78) 28% Partial (30)	71% Yes (75) 29% Partial (30) (2 not scored)	Implementation issue. For 29% of participating class members, day/employment direct service staff identified as knowing the person best were unable to describe their daily care responsibilities with the individual. See examples of consequences in

KNOWLEDGEABLE STAFF Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
						Questions 81 and 82 following.
39.a. Was the day/employment direct service staff able to provide specific information regarding the person's daily activities, including the exact times of the day?	84% Yes (93) 15% Partial (17) 1% No (1)	92% Yes (101) 6% Partial (7) 2% No (2)	92% Yes (98) 7% Partial (8) 1% No (1)	93% Yes (100) 6% Partial (6) 2% No (2)	90% Yes (95) 10% Partial (10) (2 not scored)	
39.b. Can the day/employment direct service staff describe his/her responsibilities in implementing the person's ISP goals/objectives/outcomes/action plans?	68% Yes (76) 27% Partial (30) 5% No (5)	75% Yes (83) 19% Partial (21) 5% No (6)	67% Yes (72) 29% Partial (31) 4% No (4)	70% Yes (76) 27% Partial (29) 3% No (3)	75% Yes (79) 25% Partial (26) (2 not scored)	Implementation failure impacting 25% of participating class members. Staff identified as knowing the person best were unable to describe his/her responsibilities in implementing the ISP. See Questions 81 and 82 following.
49. Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	67% Yes (74) 32% Partial (35) 1 No (1)	68% Yes (75) 31% Partial (34) 1% No (1)	72% Yes (77) 28% Partial (30)	71% Yes (76) 29% Partial (31)	76% Yes (81) 24% Partial (26)	
49.a. Was the residential staff able to provide specific information regarding the person's daily activities?	92% Yes (101) 7% Partial (8) 1% No (1)	90% Yes (99) 9% Partial (10) 1% No (1)	96% Yes (103) 4% Partial (4)	91% Yes (97) 9% Partial (10)	92% Yes (98) 8% Partial (9)	
49.b. Can the residential direct service staff describe his/her responsibilities in implementing the person's ISP goals & objectives?	71% Yes (78) 24% Partial (26) 5% No (6)	71% Yes (78) 25% Partial (27) 5% No (5)	74% Yes (79) 18% Partial (19) 8% No (9)	76% Yes (81) 21% Partial (23) 3% No (3)	79% Yes (85) 19% Partial (20) 2% No (2)	
135. Have the staff been trained on the behavior support plan?	70% Yes (56) 24% Partial (19) 6% No (5) (31 N/A)	76% Yes (55) 21% Partial (15) 3% No (2) (38 N/A)	86% Yes (54) 13% Partial (8) 2% No (1) (44 N/A)	83% Yes (60) 15% Partial (11) 1% No (10) (36 N/A)	83% Yes (55) 15% Partial (10) 2% No (1) (41 N/A)	
81. Overall, were the direct service staff trained on the implementation of the ISP?	55% Yes (61) 44% Partial (49) 1% No (1)	59% Yes (65) 41% Partial (45)	60% Yes (64) 40% Partial (43)	64% Yes (69) 36% Partial (39)	66% Yes (71) 34% Partial (36)	Implementation failure for 34% of participating class members whose staff (identified as knowing the person best) were unable to describe his/her responsibilities in implementing the ISP. Consequences are demonstrated in Conclusion Section.

KNOWLEDGEABLE STAFF Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
82. Overall, were the direct service staff able to describe their responsibilities in providing daily care/support to the person?	51% Yes (57) 49% Partial (54)	55% Yes (60) 45% Partial (50)	51% Yes (55) 49% Partial (52)	56% Yes (61) 44% Partial (47)	64% Yes (69) 36% Partial (38)	Implementation failure for 36% of participating class members. All Staff interviewed (identified as knowing the person best) were unable to describe their responsibilities in providing daily care/support to the person. Consequences are demonstrated in Conclusion Section.
41. Did the day/employment direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	63% Yes (70) 35% Partial (39) 2% No (2)	75% Yes (82) 24% Partial (26) 2% No (2)	80% Yes (86) 18% Partial (19) 2% No (2)	76% Yes (82) 22% Partial (24) 2% No (2)	83% Yes (87) 17% Partial (18) (2 not scored)	
41.a. Have training on the provider's complaint process?	72% Yes (80) 21% Partial (23) 7% No (8)	83% Yes (91) 10% Partial (11) 7% No (8)	89% Yes (95) 6% Partial (6) 6% No (6)	84% Yes (91) 9% Partial (10) 6% No (7)	87% Yes (91) 11% Partial (12) 2% No (2) (2 not scored)	
41.b. Have training on how and to whom to report abuse, neglect and exploitation?	77% Yes (85) 20% Partial (22) 4% No (4)	85% Yes (94) 12% Partial (13) 3% No (3)	87% Yes (93) 8% Partial (9) 5% No (5)	84% Yes (91) 13% Partial (14) 3% No (3)	91% Yes (96) 7% Partial (7) 2% No (2) (2 not scored)	
51. Did the residential direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	71% Yes (79) 27% Partial (30) 2% No (2)	75% Yes (83) 25% Partial (27)	71% Yes (76) 28% Partial (30) 1% No (1)	87% Yes (93) 7% Partial (7) 7% No (7)	83% Yes (89) 17% Partial (18)	
51.a. Have training on the provider's complaint process?	84% Yes (93) 12% Partial (13) 5% No (5)	83% Yes (91) 13% Partial (14) 5% No (5)	82% Yes (88) 12% Partial (13) 6% No (6)	89% Yes (95) 10% Partial (11) 1% No (1)	89% Yes (95) 6% Partial (6) 6% No (6)	
51.b. Have training on how and to whom to report abuse, neglect and exploitation?	79% Yes (88) 18% Partial (20) 3% No (3)	89% Yes (98) 9% Partial (10) 2% No (2)	79% Yes (84) 16% Partial (17) 6% No (6)	71% Yes (76) 28% Partial (30) 1% No (1) (1 not scored)	94% Yes (101) 4% Partial (4) 2% No (2)	
93. Overall, were the direct service staff interviewed trained on the provider's complaint process and on abuse, neglect and exploitation?	54% Yes (60) 45% Partial (50) 1% No (1)	62% Yes (68) 38% Partial (42)	61% Yes (65) 39% Partial (42)	62% Yes (67) 38% Partial (41)	75% Yes (80) 25% Partial (27)	

KNOWLEDGEABLE STAFF Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
111. Does the person get along with their day program/employment staff?	98% Yes (79) 2% Partial (2) (2 N/A, 28 CND)	100% Yes (65) (45 CND)	97% Yes (63) 3% Partial (2) (1 N/A, 41 CND)	99% Yes (70) 1% Partial (1) (1 N/A, 36 CND)	100% Yes (58) (1 N/A, 48 CND)	
112. Does the person get along with the residential provider staff?	98% Yes (88) 2% Partial (2) (21 CND)	100% Yes (76) (34 CND)	100% Yes (73) (34 CND)	99% Yes (78) 1% Partial (1) (29 CND)	100% Yes (75) (32 CND)	

I. Plan Implementation: Findings and Observations

PLAN IMPLEMENTED Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
79. If the ISP was identified as adequate to meet the person's needs (Question 78), is the ISP being implemented?	57% Yes (4) 43% Partial (3) (104 N/A)	93% Yes (13) 7% Partial (1) (96 N/A)	44% Yes (8) 50% Partial (9) 6% No (1) (89 N/A)	64% Yes (18) 36% Partial (10) (80 N/A)	44% Yes (11) 56% Partial (14) (82 N/A)	Implementation issue. Of the only 25 ISPs found to be adequate, less than half are being adequately implemented. A decrease of 20%.
114. Are the individual members of the IDT following up on their responsibilities?	21% Yes (23) 76% Partial (84) 4% No (4)	32% Yes (35) 68% Partial (75)	28% Yes (30) 71% Partial (76) 1% No (1)	31% Yes (33) 69% Partial (74) 1% No (1)	27% Yes (29) 71% Partial (76) 2% No (2)	Implementation failure. More than 2/3 of teams have members not adequately following up as needed.
129. (If the person has been identified for supported employment,) is the person engaged in supported employment?	35% Yes (25) 65% No (47) (39 N/A)	47% Yes (31) 53% No (35) (44 N/A)	28% Yes (17) 72% No (44) (46 N/A)	51% Yes (30) 49% No (29) (49 N/A)	36% Yes (23) 64% No (41) (43 N/A)	Planning and Implementation failure. Half of the persons who should be engaged in supported employment are not. A decrease of 15%.
130. Is the supported work provided in accordance with the following?	22% Yes (16) 19% Partial (14) 58% No (42) (39 N/A)	30% Yes (20) 17% Partial (11) 53% No (35) (44 N/A)	10% Yes (6) 18% Partial (11) 72% No (43) (47 N/A)	30% Yes (17) 18% Partial (10) 52% No (29) (52 N/A)	22% Yes (14) 16% Partial (10) 62% No (39) (44 N/A)	Implementation issue. 78% of the supported work which is provided is not provided consistent with 130a to 130d.
130a. At least a 10-hour work week?	24% Yes (17) 76% No (55) (39 N/A)	33% Yes (22) 67% No (44) (44 N/A)	13% Yes (8) 87% No (52) (47 N/A)	32% Yes (18) 68% No (38) (52 N/A)	22% Yes (14) 78% No (49) (44 N/A)	
130b. Person earns at least ½ of minimum wage?	42% Yes (30) 58% No (42) (39 N/A)	41% Yes (27) 59% No (39) (44 N/A)	22% Yes (13) 78% No (46) (48 N/A)	48% Yes (27) 52% No (29) (52 N/A)	35% Yes (22) 65% No (41) (44 N/A)	

PLAN IMPLEMENTED Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
130c. Work setting is at least 50% non-handicapped co-workers?	33% Yes (24) 67% No (48) (39 N/A)	44% Yes (29) 56% No (37) (44 N/A)	24% Yes (14) 76% No (45) (48 N/A)	43% Yes (24) 56% No (31) (53 N/A)	37% Yes (23) 63% No (40) (44 N/A)	
130d. There is a reasonable expectation that the job will continue?	44% Yes (32) 56% No (40) (39 N/A)	45% Yes (30) 55% No (36) (44 N/A)	25% Yes (15) 75% No (44) (48 N/A)	48% Yes (27) 52% No (29) (52 N/A)	38% Yes (24) 62% No (39) (44 N/A)	
136. Does the person receive behavioral services consistent with his/her needs?	79% Yes (64) 17% Partial (14) 4% No (3) (30 N/A)	82% Yes (59) 15% Partial (11) 3% No (2) (38 N/A)	77% Yes (49) 17% Partial (11) 6% No (4) (43 N/A)	81% Yes (58) 17% Partial (12) 3% No (2) (36 N/A)	85% Yes (58) 10% Partial (7) 4% No (3) (39 N/A)	
138. Has the person received all adaptive equipment needed?	56% Yes (54) 43% Partial (41) 1% No (1) (15 N/A)	76% Yes (71) 24% Partial (22) (17 N/A)	79% Yes (70) 21% Partial (19) (18 N/A)	84% Yes (68) 16% Partial (13) (27 N/A)	83% Yes (78) 17% Partial (16) (13 N/A)	This has remained consistently high the last two years.
139. Has the person received all assistive technology needed?	49% Yes (35) 46% Partial (33) 6% No (4) (39 N/A)	52% Yes (38) 42% Partial (31) 5% No (4) (37 N/A)	68% Yes (53) 26% Partial (20) 6% No (5) (29 N/A)	71% Yes (55) 25% Partial (19) 4% No (3) (31 N/A)	72% Yes (59) 23% Partial (10) 5% No (4) (25 N/A)	
140. Has the person received all communication assessments and services?	52% Yes (46) 39% Partial (34) 9% No (8) (23 N/A)	48% Yes (44) 44% Partial (40) 8% No (7) (19 N/A)	68% Yes (65) 22% Partial (21) 9% No (9) (12 N/A)	75% Yes (69) 24% Partial (22) 1% No (1) (16 N/A)	75% Yes (75) 21% Partial (21) 4% No (4) (7 N/A)	
143. Does the person receive services and supports recommended in the ISP?	58% Yes (64) 41% Partial (46) 1% No (1)	70% Yes (77) 30% Partial (33)	74% Yes (79) 26% Partial (28)	76% Yes (82) 23% Partial (25) 1% No (1)	78% Yes (83) 22% Partial (24)	
43. Is the day/employment environment generally clean, free of safety hazards and conducive to the work/activity intended?	85% Yes (80) 14% Partial (13) 1% No (1) (4 N/A, 13 CND)	92% Yes (85) 8% Partial (7) (11 N/A, 7 CND)	91% Yes (79) 8% Partial (7) 1% No (1) (12 N/A, 8 CND)	93% Yes (81) 7% Partial (6) (15 N/A, 6 CND)	95% Yes (97) 5% Partial (50) (2 CND) (3 not scored)	
47. Is the residence safe for individuals (void of hazards)?	91% Yes (101) 9% No (10)	95% Yes (104) 5% No (6)	95% Yes (102) 5% No (5)	92% Yes (98) 8% No (8) (2 not scored)	97% Yes (100) 3% No (3) (2 CND, 2 not scored)	

PLAN IMPLEMENTED Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
53. Does the person's residential environment offer a minimal level of quality of life?	79% Yes (88) 21% Partial (23)	94% Yes (103) 6% Partial (7)	90% Yes (96) 10% Partial (11)	93% Yes (99) 7% Partial (8) (1 not scored)	94% Yes (98) 6% Partial (6%) (1 CND) (2 not scored)	
56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed?	24% Yes (27) 75% Partial (83) 1% No (1)	40% Yes (44) 60% Partial (66)	31% Yes (33) 65% Partial (70) 4% No (4)	26% Yes (28) 72% Partial (78) 2% No (2)	21% Yes (23) 78% Partial (83) 1% No (1)	Planning, ISP and Implementation failure resulting in potential for health protections failure . 79% of participating class members are NOT having their health supports/needs adequately addressed. This is the lowest scoring for this question in the past 5 years.

J. Monitoring: Findings and Observations

MONITORING Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
32. Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP?	34% Yes (37) 63% Partial (69) 4% No (4)	57% Yes (63) 42% Partial (46) 1% No (1)	49% Yes (52) 49% Partial (52) 3% No (3)	44% Yes (47) 54% Partial (58) 3% No (3)	40% Yes (43) 57% Partial (61) 3% No (3)	Monitoring issue. Over 50% of those reviewed do not have evidence of adequate monitoring and tracking.
33. Does the case manager provide case management services at the level needed by this person?	35% Yes (38) 63% Partial (69) 3% No (3)	50% Yes (55) 50% Partial (54)	44% Yes (47) 52% Partial (56) 4% No (4)	49% Yes (53) 47% Partial (51) 4% No (4)	49% Yes (52) 49% Partial (52) 3% No (3)	Monitoring issue. 52% are not receiving the case management services at the level they need. Consequences demonstrated in Conclusion Section.
83. Overall, do the progress notes or other documentation in the case management record reflect the status of the goals and services of the key life areas stated in the ISP?	20% Yes (22) 73% Partial (81) 7% No (8)	32% Yes (35) 61% Partial (67) 7% No (8)	29% Yes (31) 65% Partial (70) 6% No (6)	39% Yes (42) 56% Partial (60) 6% No (6)	43% Yes (46) 46% Partial (49) 11% No (12)	Monitoring issue. Over one half of the case manager's files do not contain verification that the plan is actually being implemented.
100. If the person is retired, does he/she have adequate opportunities to engage in activities of interest during the day?	22% Yes (2) 78% Partial (7) (100 N/A, 2 CND)	82% Yes (9) 18% Partial (2) (96 N/A, 3 CND)	57% Yes (8) 43% Partial (6) (92 N/A, 1 CND)	88% Yes (14) 13% Partial (2) (91 N/A, 1 CND)	91% Yes (21) 9% Partial (2) (84 N/A)	

MONITORING Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
80. If there is no ISP, or if the ISP was found to not be adequate to meet the person's needs (Question 78) are current services adequate to meet the person's needs?	19% Yes (20) 81% Partial (84) (7 N/A)	33% Yes (32) 67% Partial (64) (14 N/A)	34% Yes (30) 66% Partial (59) (18 N/A)	39% Yes (31) 51% Partial (41) 10% No (8) (28 N/A)	32% Yes (26) 66% Partial (54) 2% No (2) (25 N/A)	
92. Does the evidence support that providers do not prevent the person from pursuing relationships and are respecting the rights of this person?	94% Yes (104) 5% Partial (6) 1% No (1)	97% Yes (104) 3% Partial (3) (3 CND)	93% Yes (97) 7% Partial (7) (3 CND)	96% Yes (99) 3% Partial (3) 1% No (1) (5 CND)	99% Yes (100) 1% Partial (1) (6 CND)	
101. Does the person have daily choices/appropriate autonomy over his/her life?	60% Yes (67) 36% Partial (40) 4% No (4)	70% Yes (77) 27% Partial (30) 3% No (3)	65% Yes (70) 32% Partial (34) 3% No (3)	80% Yes (86) 19% Partial (20) 2% No (2)	79% Yes (85) 17% Partial (18) 4% No (4)	
102. Have the person's cultural preferences been accommodated?	87% Yes (93) 13% Partial (14) (4 CND)	93% Yes (95) 6% Partial (6) 1% No (1) (8 CND)	90% Yes (90) 10% Partial (10) (7 CND)	98% Yes (99) 2% Partial (2) (7 CND)	91% Yes (96) 9% Partial (9) (2 CND)	
103. Is the person treated with dignity and respect?	50% Yes (56) 49% Partial (54) 1% No (1)	65% Yes (71) 35% Partial (38) 1% No (1)	64% Yes (69) 36% Partial (38)	56% Yes (60) 44% Partial (48)	75% Yes (80) 25% Partial (26) (1 not scored)	
104. Overall, is the person satisfied with the current services?	66% Yes (31) 34% Partial (16) (64 CND)	94% Yes (29) 6% Partial (2) (79 CND)	85% Yes (23) 15% Partial (4) (80 CND)	91% Yes (41) 9% Partial (4) (63 CND)	90% Yes (36) 10% Partial (4) (67 CND)	
108. Does the person have adequate food and drink available?	99% Yes (99) 1% Partial (1) (11 CND)	99% Yes (102) 1% Partial (1) (7 CND)	99% Yes (97) 1% No (1) (9 CND)	98% Yes (94) 2% Partial (2) (12 CND)	100% Yes (97) (10 CND)	
109. Does the person have adequate transportation to meet his/her needs?	88% Yes (97) 11% Partial (12) 1% No (1) (1 CND)	91% Yes (96) 9% Partial (9) (5 CND)	86% Yes (89) 14% Partial (14) (4 CND)	87% Yes (92) 12% Partial (13) 1% No (1) (2 CND)	93% Yes (98) 7% Partial (7) (2 CND)	
110. Does the person have sufficient personal money?	86% Yes (89) 14% Partial (14) (8 CND)	91% Yes (92) 9% Partial (9) (9 CND)	91% Yes (86) 8% Partial (8) 1% No (1) (12 CND)	89% Yes (86) 11% Partial (11) (11 CND)	89% Yes (88) 10% Partial (10) 1% No (1) (7 CND, 1 not scored)	

MONITORING Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
119. Is there evidence or documentation of physical regression in the last year?	32% Yes (35) 68% No (75) (1 CND)	25% Yes (27) 75% No (80) (3 CND)	38% Yes (40) 62% No (66) (1 CND)	36% Yes (39) 64% No (69)	37% Yes (40) 63% No (67)	
120. Is there evidence or documentation of behavioral or functional regression in the last year?	23% Yes (25) 77% No (85) (1 CND)	16% Yes (17) 84% No (91) (2 CND)	23% Yes (24) 77% No (81) (2 CND)	24% Yes (26) 76% No (82)	33% Yes (35) 67% No (71) (1 CND)	
121. If #119 or 120 is Yes, is the IDT adequately addressing the regression?	38% Yes (16) 55% Partial (23) 7% No (3) (69 N/A)	72% Yes (23) 22% Partial (7) 6% No (2) (78 N/A)	61% Yes (30) 33% Partial (16) 6% No (3) (58 N/A)	67% Yes (33) 29% Partial (14) 4% No (2) (59 N/A)	56% Yes (31) 31% Partial (17) 13% No (7) (52 N/A)	Foundational identification and planning failure. Over 1/3 of teams were regression was noted, are not adequately addressing regression.

K. Conclusion: Findings and Observations

CONCLUSION Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
84. Based on all of the evidence, in the opinion of the reviewer, has the person achieved progress in the past year?	56% Yes (60) 43% Partial (46) 2% No (2) (3 CND)	66% Yes (71) 32% Partial (35) 2% No (2) (2 CND)	56% Yes (58) 40% Partial (42) 4% No (4) (3 CND)	59% Yes (63) 40% Partial (43) 1% No (1) (1 CND)	55% Yes (58) 42% Partial (45) 3% No (3) (1 CND)	Foundational Planning, ISP and/or Implementation failure. 45% of persons, a five year low, are not achieving progress.
123. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?	24% Yes (27) 74% Partial (82) 2% No (2)	40% Yes (44) 59% Partial (65) 1% No (1)	31% Yes (33) 64% Partial (69) 5% No (5)	39% Yes (42) 57% Partial (62) 4% No (4)	30% Yes (32) 67% Partial (72) 3% No (3)	Foundational Planning, ISP and/or Implementation failure.
144. Does the person have adequate access to and use of generic services and natural supports?	61% Yes (68) 38% Partial (42) 1% No (1)	66% Yes (73) 34% Partial (37)	74% Yes (79) 25% Partial (27) 1% No (1)	82% Yes (89) 17% Partial (18) 1% No (1)	80% Yes (86) 19% Partial (20) 1% No (1)	
145. Is the person adequately integrated into the community?	38% Yes (42) 59% Partial (65) 4% No (4)	57% Yes (63) 39% Partial (43) 4% No (4)	51% Yes (55) 45% Partial (48) 4% No (4)	68% Yes (73) 31% Partial (34) 1% No (1)	70% Yes (75) 29% Partial (31) 1% No (1)	This is a major individual outcome question in the CPR. All else (planning, ISP, and implementation) should serve to accomplish this for each individual class member. Yet, while each class member lives in the community, 30% of them are not significantly integrated into the community. According to answers to prior questions, most of them have adequate access

CONCLUSION Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)	OBSERVATION
						to the community, including transportation, but 30% remain inadequately integrated.
146. Overall, is the ISP adequate to meet the person's needs?	6% Yes (7) 93% Partial (103) 1% No (1)	13% Yes (14) 87% Partial (96)	17% Yes (18) 81% Partial (87) 2% No (2)	26% Yes (28) 73% Partial (79) 1% No (1)	23% Yes (25) 77% Partial (82)	Foundational Planning and ISP failure.
147. Is the program of the level of intensity adequate to meet this person's needs?	19% Yes (21) 79% Partial (88) 2% No (2)	35% Yes (38) 85% Partial (72)	32% Yes (34) 67% Partial (72) 1% No (1)	31% Yes (33) 69% Partial (75)	27% Yes (29) 71% Partial (76) 2% No (2)	Foundational Planning, ISP and/or Implementation failure. Consistently approximately 2/3 of class members do not have a program adequate to meet their needs. Failure to meet needs can result in consequences including life wasting and catastrophic health failure.

III. HISTORIC DISENGAGEMENT INFORMATION

As identified earlier in this report, components agreed to in the Settlement Agreement (1997) guided the design of the Community Practice Review Protocol. Thus, the Protocol contains questions that address “continuous improvement” and reports on “disengagement” items. “Continuous Improvement” must be demonstrated, by region, in the areas of Individual Service Planning and Supports, Behavior Supports and Supported Employment as determined by the Community Practice Review. Continuous improvement means either: 1) an increase in compliance of 15% for each of three years...for those items which remain below 50% of full compliance; or 2) an increase of 10% for each of three years with respect to those items which remain above 50% of full compliance. No single item in any region has to exceed 80%. Upon reaching these criteria the region is eligible for disengagement from the related requirement.

The following information summarizes historical scoring information in the Continuous Improvement areas: Individual Service Plan, Adaptive Equipment/Augmentative Communication, Behavior and Supported employment.

A. Individual Service Planning and Supports

Historic Individual Service Plan Disengagement Data

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010
141. Does the person have an ISP that addresses living, learning/working and fun/relationships which correlates with the person’s desires and capabilities, in accordance with DOH regulations.	79%	84%	75%	57%	68%	72%	86%	88%	90%	95%
142. Does the person have an ISP that contains functional assessments based on a long term vision? (this is found in the Progress Towards Reaching the Long Term Vision section of the new ISP)	90%	89%	82%	59%	77%	84%	72%	65%	74%	68%
143. Does the person receive services and supports recommended in the ISP?	67%	69%	70%	47%	58%	58%	70%	74%	76%	78%

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010
144. Does the person have adequate access to and use of generic services and natural supports?	57%	78%	73%	44%	65%	61%	66%	74%	82%	80%
145. Is the person adequately integrated into the community?	63%	71%	66%	32%	53%	38%	57%	51%	68%	70%
146. Overall, is the ISP adequate to meet the person's needs?	33%	34%	29%	5%	21%	6%	13%	17%	26%	23%
147. Is the program of the level of intensity adequate to meet this person's needs?	42%	53%	36%	18%	29%	19%	35%	32%	31%	27%

As stated previously, the failure of any one significant part of planning increases the potential for inadequate planning and inadequate ISPs, which results in inadequate provision of services. The failure of multiple parts of planning results in ISPs that do not adequately support class members, reduces or eliminates their chances for progress/growth, and can put them in serious jeopardy.

B. Adaptive Equipment/Augmentative Communication

Regarding Adaptive Equipment/Assistive Technology disengagement data, welcome improvement is again noted. It is critical to continue progress since at least 25% of sampled class members have not yet received the assessments and/or services necessary for communication, the most basic of human needs.

Historic Adaptive Equipment/Augmentative Communication Disengagement Data

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010
138. Has the person received all adaptive equipment needed?	59%	73%	83%	59%	75%	56%	76%	79%	84%	83%
139. Has the person received all assistive technology needed?	54%	60%	81%	52%	44%	49%	52%	68%	71%	72%

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010
140. Has the person received all communication assessments and services needed?	49%	51%	61%	36%	46%	52%	48%	68%	75%	75%

C. Behavior

Regarding Behavior disengagement data there is little significant change to report from 2008 and 2009. Improvement in addressing behavioral supports continues, emphasizing planning supports which are consistent with the individual's needs and integrating behavioral support planning into the ISP.

Historic Behavior Disengagement Data

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010
Does the person need behavioral services?	63%	69%	66%	64%	58%	71%	62%	60%	66%	60%
Have adequate behavioral assessments been completed?	74%	87%	71%	64%	76%	78%	78%	81%	89%	98%
Does the person have behavior support plan developed out of the behavior assessments that meet the person's needs?	84%	87%	78%	62%	76%	78%	76%	77%	78%	81%
Have the staff been trained on the behavior support plan?	72%	84%	93%	54%	73%	69%	76%	84%	83%	82%
Does the person receive behavioral services consistent with his/her needs?	70%	82%	83%	62%	71%	81%	87%	79%	82%	94%
Are behavioral support services integrated into the ISP?	25%	55%	41%	31%	58%	57%	50%	71%	69%	58%

D. Supported Employment

2010 Supported Employment data continues to reflect systemic failure and more important, life wasting for class members who are not receiving needed supports.

Historic Supported Employment Data

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010
Need an employment assessment?	64%	100%	88%	82%	58%	77%	74%	66%	71%	73%
Need supported employment?	57%	29%	59%	53%	51%	66%	58%	55%	53%	56%
Receive supported employment assessment?	100%	100%	100%	86%	83%	79%	60%	62%	70%	71%
Assessment conforms to DOH Regulations?	89%	71%	87%	15%	39%	26%	35%	30%	39%	29%
Has a Career Development Plan?	38%	100%	30%	14%	25%	23%	31%	20%	37%	17%
Is supported employment provided in line with requirements?	38%	75%	30%	25%	21%	22%	31%	10%	30%	23%

IV. SYSTEMIC ISSUES AND RECOMMENDATIONS

This 2010 Community Practice Review (CPR) Report provides data in a format which enables quick identification of significant systems issues labeled as “foundational” issues or failures which affect services planned for and provided to class members (see ‘observation’ notes in the percentage graph which began on page 7). While some important improvement has been made, most of these issues/failures have been consistently found since 2004 and earlier as reflected in the historic data presented in the previous section and throughout this report.

Based on the results of the 2010 Community Practice Review, the Community Monitor makes the following findings and recommendations. Four of the eight recommendations are repeat systemic recommendations from as far back as 2004.

Finding #1: Since 2004, 48% of the Jackson Class Members have been identified as having urgent health, safety, environment and/or abuse/neglect issues or with issues that, if not addressed, are likely to become an urgent health or safety concerns.

As the chart below illustrates there is a long standing and continuing concern for the health, safety, environment and/or abuse/neglect status of Class Members. While there was a slight decrease in the number of class members identified with Immediate and/or Special Needs during the 2010 CPR, which is noted and appreciated, it is too early to have a sense of systemic or sustained progress.

Needing Immediate Attention: Fifteen class members were identified as having urgent health, safety, environment and/or abuse/neglect issues; i.e. needing *immediate attention*.

Needing Special Attention: Sixteen class members were identified as having identified issues that, if not addressed, are likely to become an urgent health or safety concern; i.e. needing *special attention*.

The following chart identifies the number of individuals found to be needing Immediate or Special Attention each year from 2004 to 2010. Some individuals have been reviewed and identified as in need of immediate or special attention multiple times. As is clearly depicted from 2007 to 2009 the number of people with immediate needs went up dramatically with a leveling off in 2010. For people with Special Attention Needs, a decrease from 28 in 2009 to 16 in 2010 is noted.

Year	Persons identified as needing Immediate Attention	Persons identified as needing Special Attention
2004	24	19
2005	9	27
2006	0	18
2007	2	8
2008	7	14
2009	16	28
2010	15	16

Since 2004, 159 Class Members (48%) have been identified with Immediate and/or Special Needs. For each person identified as needing Immediate Attention, the current and previous Community Monitor requested immediate follow-up/intervention. As has been agreed for over fifteen years, the Defendants are required to report to the Community Monitor within no more than 30 days regarding follow up/intervention activities implemented to address the individual's specific need for Immediate and/or Special Attention. This requirement for timely follow up was addressed further in the "Communication Guidelines" issued by Judge Smith in **April 2007**, which read, in part,

"The timeline for corrective action for class members with an immediate or special need will begin immediately. Reports for individuals with immediate and/or special needs will be provided at 30 day intervals until the recommendation has been fully implemented."

In spite of direction from Judge Smith and subsequent consistent direction from Judge Molzen, few of the follow up reports for people with immediate and/or special needs were received timely (see detail on page 5). For some class members no report was received. Further, when information was provided, in some cases, the content was not responsive to the findings and/or inadequate to determine the actual status of the class member.

RECOMMENDATION #1: IN LINE WITH JUDGE SMITH'S AND JUDGE MOLZEN'S DIRECTION, FOR ALL CLASS MEMBERS IDENTIFIED WITH IMMEDIATE AND/OR SPECIAL ATTENTION NEEDS, REPORTS WILL BE PROVIDED TO THE COMMUNITY MONITOR EVERY 30 DAYS REGARDING THE STATUS OF THE CLASS MEMBERS AND THE FOLLOW UP INTERVENTIONS IMPLEMENTED TO ADDRESS THE INDIVIDUAL'S SPECIFIC NEED FOR IMMEDIATE ATTENTION AND/OR SPECIAL ATTENTION. THE COMMUNITY MONITOR WILL WORK DIRECTLY WITH THE INVOLVED REGIONS AND TEAMS AS NECESSARY. THE COMMUNITY MONITOR WILL DETERMINE WHEN THE ISSUE(S) IDENTIFIED FOR EACH CLASS MEMBER WITH IMMEDIATE AND/OR SPECIAL NEEDS HAVE BEEN RESOLVED.

Finding #2: Adequate planning and effective action resulting in the effective and long lasting resolution of class member's health and safety issues has not taken place.

At least 91 of the 107 people reviewed (85%) during the 2010 Community Practice Review (CPR) had at least one health related issue identified as part of his/her individual summary. In order for DOH/DDSD to develop systemically effective long term intervention strategies, these issues need to be:

- Step #1: quickly resolved individually;
- Step #2: analyzed to identify individual causes for these issues; and collectively analyzed and trended to identify systemic provider and/or statewide causes;
- Step #3: converted into measurable systemic intervention strategies and outcomes, and regional/statewide plans;

these plans need to be

- Step #4: fully and consistently implemented;
- Step #5: monitored to ensure consistency and accuracy of implementation of the interventions;

and the results need to be

- Step #6: analyzed to ensure measurable benefit to class members, and, where there has not been measurable benefit, altered or alternative strategies designed and implemented to accomplish needed measurable benefit for class members; and
- Step #7: reported to all stakeholders.

Since at least 2004⁵ DDSD has not completed these steps.

The Community Practice Review provides extensive systemic and individual data, both of practice for the year of the review and longitudinally covering all of the years of the reviews. In addition, DOH/DDSD has multiple data sources it can use to timely, effectively and successfully complete these steps. For reasons unknown, neither the CPR data nor the other data sources appear to be utilized to focus on the most commonly identified issues facing class members or to determine whether some providers⁶ have class members with more unresolved health related issues identified than others. These are essential first steps in successfully addressing and resolving issues.

⁵ 2004 was the first Community Practice Review implemented by this Community Monitor. This statement is based, in part, on the repeat recommendations which have been identified as far back as 1998.

⁶ Providers in this document refer, primarily, to Residential, Day and Case Management providers. Providers of therapy services (Behavioral, Speech/Language, Occupational or Physical) are identified as such.

There are different ways to analyze (Step #2 above) and use the data provided as a result of the CPR. In an effort to help DDSD identify some of the 'most commonly found issues' so that effective and long term resolution to those issues can be crafted, some information is included here.

BACKGROUND: MOST FREQUENTLY IDENTIFIED HEALTH RELATED ISSUES⁷ FOUND DURING THE 2010 COMMUNITY PRACTICE REVIEW

Six people had 9 to 13 health related issues identified, eleven people had 7 or 8 health related issues identified, six people had one health related issue identified. The following "categories" demonstrate how the identified issues clustered.

A summary of what the abbreviations used in the following chart mean and/or what the category includes follows.

of People the number of class members who had findings and recommendations (issues⁸) related to this topic in the identified region.

Preventative Tests (28 people, 41 issues): This reflects the number of issues where preventative health screening/tests were not found. Tests most frequently missing and/or not clearly addressed by the team include: colonoscopies, PSA levels, Mammogram, PAP smears, vision, etc. During the CPR, Reviewers look to see what preventative tests have been recommended by the class member's physician and/or which are recommended based on the person's age and/or gender. As is demonstrated by the numbers, sometimes more than one test has been identified as missing for one person.

Aspiration (31 people, 39 issues): This category includes Plans (e.g., Therapy, Nursing, and Crisis) that give inconsistent or have missing information/instructions to staff; Comprehensive Aspiration Risk Management Plan (CARMP) not completed/missing; staff unsure of what interventions they are to use to prevent aspiration; Case Managers not conducting Aspiration Screens/monitoring as required; Oral suctioning equipment missing.

Not following up as recommended (74 people, 112 issues): When Primary Care Physicians or other specialists recommend that specific things be done, reviewers will look to see if those things were done. When the Team indicates that something should happen for the class member, the reviewer will attempt to find evidence that the recommended follow up occurred. This category indicates that reviewers did not find the recommended follow up. The recommendations identified as not having follow

⁷ "Issue" in this report refers to the 'point(s) in question' that were raised on behalf of class members and detailed in the Individual Findings during the Community Practice Review.

⁸ Some Individual Findings contained more than one "issue"; this analysis focuses on and counts the individual issues.

up include: lab work; tracking the person's weight (gain/loss); appointments (e.g., cardiology, audiology); fluid intake; pain management, etc.

Staff don't know, not following plans (48 people, 98 issues): This category includes staff who couldn't identify the health related needs of the class member and nursing issues (Nurses didn't know, weren't following up as needed or hadn't provided nursing reports as required or nursing reports were inadequate).

Plans not available or content gives inadequate or inconsistent instruction to staff: (28 people, 42 issues): This category relates to Plans which were identified to be needed but not found, Plans which contained inaccurate information, plans which were inconsistent with other instruction in the same area, etc. This category includes Crisis Plans and Health Care Plans (diabetes, seizures, GERD, high blood pressure, etc.) and Therapy Plans related to aspiration.

Medication Issues: This category includes issues such as: "medication administration" (20 people, 22 issues) refers to issues such as people not receiving their required medication, the wrong medication was given, the person appears not to have been fed in line with orders, the method of medication delivery is questioned for safety, PRN use is unclear or the medication was not available; medication documentation" (28 people, 31 issues) medication orders were missing, the Medication Administration Record had missing and/or inaccurate information; or monitoring of meds not documented that it had been done.

**Most Frequently Identified Health Related Issues by Category
Number of People and Number of Issues Identified
Based on Individual Findings and Recommendations**

Region	# of People	Number of Issues Identified						
		Preventative Tests not done	Aspiration	Not Following Up	Staff Don't Know	Plans not available	Medication Admin	Medication Documentation
Metro	15	21						
	18		23					
	32			53				
	15				24 ⁹			
	7					9		
	6						7	
	13							14
NE	3	5						
	2		2					
	10			15				
	9				20			
	5					10		
	6						6	
	6							8
NW	2	3						
	5		7					
	9			12				
	8				24			

⁹ According to CPR procedure, the residential staff person who is interviewed by the reviewer is to be the residential staff person "who knows the class member best". The same is true for the day staff person interviewed. Thus, when issues of "staff don't know" are identified, the result does not represent all staff who work with the individual, but instead the staff person in each setting who was interviewed and "knows the individual best."

Region	# of People	Number of Issues Identified						Medication Admin	Medication Documentation
		Preventative Tests not done	Aspiration	Not Following Up	Staff Don't Know	Plans not available			
	7					9			
	2						2		
	2							2	
SE	4	5							
	4		5						
	13			22					
	8				13				
	2					2			
	3						4		
	3							3	
SW	4	7							
	2		2						
	10			10					
	8				17				
	7					12			
	3						3		
	4							4	
Total		41	39	112	98	42	22	31	

Another way to identify where analysis, resources and corrective action could be focused is by looking at the number of health related issues identified per person by provider. There are obvious limitations. First, the size of the sample by provider is widely diverse. Some providers had only one person in the review while one had as many as 18. Consequently, the chart below groups providers based on the numbers of people from their agency who were reviewed. Those providers with 10 or more people in the 2010 Review are listed first, then, providers who had 5 to 8 people in the review and so on.

Second, given the responsibility of the “team” (including residential, day and case management providers) to take responsibility for the coordination and follow up on health care as well as other issues, “issues” identified were assigned to all three providers. That is, if there was a recommendation for a class member to receive a vision follow up and it did not occur all three providers were held responsible for the follow up. Regardless of what parameters are agreed when analyzing data, identifying issues by provider is essential if practice improvements are to be successfully made.

The following chart identifies, by region, the number of people who were reviewed by **Agency** in 2010 (**# in Review**), the total number of health care related issues (**# of Issues**), identified for those reviewed, the **lowest** number of issues identified for a given person in that agency and the **highest** number of issues identified for a person and, finally, the **average** number # of issues identified **per person**, by agency in the 2010 review.

Average Number, per Class Member, Of Health Related Issues Identified by Provider

CM = Case Management Agency

Region	Agency	# in Review	# of Issues	Low	High	Average # per person
The agencies below had 10 or more people in the review						
Metro	Adelante	18	41	1	5	2.4
Metro	Unidas (CM)	16	38	0	8	2.4
SW	SCCM (CM)	12	31	0	7	2.6
Metro	LLCP	11	45	1	7	4.1
SE	J&J (CM)	10	32	0	8	3.2
SW	Tresco	10	31	0	7	3.1
The agencies below had 5 to 8 people in the review						
NW	Excel (CM)	8	51	2	12	6.4
NE	Visions (CM)	7	47	1	13	6.7
NW	Mosaic	6	43	2	12	7.2
Metro	ARCA	6	13	0	5	2.2

For provider agencies with 10 or more people in the review, Los Lunas had more health related issues identified than others. Los Lunas also had more health related issues, on average per person, than other agencies in this category.

For provider agencies with 5 to 8 people in the review, Mosaic had more health related issues, on average per person, than other agencies in this category. Excel and Visions followed closely.

Region	Agency	# in Review	# of Issues	Low	High	Average # per person
Metro	NMQCM (CM)	6	19	1	5	3.2
Metro	Carino (CM)	5	19	0	7	3.8
NE	NMBHI (CM)	5	17	2	6	3.4
Metro	A Step Above (CM)	5	14	2	5	2.8
The agencies below had 3 to 4 people in the review						
NE	AWS	4	26	4	10	6.5
Metro	New Beginnings	4	21	0	8	5
SE	ENMRSH	4	19	2	7	4.8
SE	PRMC (CM)	4	19	2	7	4.8
Metro	Blue Sky (CM)	4	10	0	6	2.5
SE	Tabosa	4	11	0	5	2.8
Metro	Amigo (CM)	4	14	1	5	3.5
SW	PRS	3	7	0	7	3
SW	Peak (CM)	3	17	5	7	6
NW	PMS	3	7	3	5	2.3
Metro	Share Your Care	3	9	2	5	3
Metro	Expressions of Life	3	6	0	4	2
Metro	Connections	3	7	0	4	2.3
Metro	Dungarvin	3	7	0	4	2.3
Metro	Peak (CM)	3	10	3	4	3.3
Metro	A New Vision (CM)	3	3	0	2	1
The agencies below had 1 to 2 people in the review						
NE	Taos County Arc	2	19	8	13	9.5
SE	Leaders	2	10	5	8	5

For provider agencies with 3 to 4 people in the review, AWS had more health related issues, on average per person, than other agencies in this category. Peak followed closely.

Region	Agency	# in Review	# of Issues	Low	High	Average # per person
Metro	RCI	2	11	0	8	5.5
NW	DSI	2	11	5	7	5.5
NE	Family Options	2	6	2	6	3
SW	Unidas	2	6	0	6	3
SW	Community Options	2	9	3	6	4.5
NE	CDD	2	7	4	6	6
Metro	Imagine	2	12	3	5	6
Metro	Optihealth	2	4	0	4	2
NE	SMEM	2	4	0	4	2
SE	Esperanza	2	5	1	4	2.5
Metro	Friends Forever	2	6	1	4	3
NE	NERO (CM)	2	4	0	3	2
Metro	Su Vida	2	11	2	9	5.5
NE	People Centered	1	9	9	9	9
Metro	Active Solutions/ASI	1	8	8	8	8
NE	Santa Lucia	1	8	8	8	8
Metro	Cornucopia	1	7	7	7	7
Metro	Community Options	1	6	6	6	6
Metro	Unique Opp (CM)	1	6	6	6	6
NW	A Step Above (CM)	1	6	6	6	6
SW	Lessons of Life	1	6	6	6	6
Metro	Achievements	1	5	5	5	5
Metro	A Better Way	1	4	4	4	4
Metro	Advantage Communication	1	4	4	4	4
Metro	At Home Advocacy	1	4	4	4	4

Region	Agency	# in Review	# of Issues	Low	High	Average # per person
NW	ZEE	1	4	4	4	4
NW	Peak (CM)	1	4	4	4	4
SW	Transitional Lifestyle	1	4	4	4	4
SE	Door of Opp	1	3	3	3	3
SE	High Desert	1	3	3	3	3
SW	Opportunity Center	1	3	3	3	3
Metro	Adlanza Family Services	1	2	2	2	2
NW	High Desert Family Solutions	1	1		1	1
SE	Case Alegre	1	1	1	1	1
SE	CARC	1	1	1	1	1
SE	Sun Country (CM)	1	1	1	1	1
SE	SERO	1	1	1	1	1

Other Health Related issues included:

Very Poor Oral Hygiene and/or Needing Dental Care

Region	Very Poor Oral Hygiene	Needs Dental Care	Residential	Day	Case Management	# of People
Metro	X		Imagine	Connections	Blue Sky	1
	X	X	LLCP	Cornucopia/ASI	Unidas	1
		X	ARCA	Share Your Care	Unidas	1
		X	MaxCare	MaxCare	NMQCM	1
SW		X	PRS	PRS	SCCM	1
SE	X		Leaders	Leaders	J&J	1
	X		ENMRSH	ENMRSH	PRMC	2
	X		Tobosa	Tobosa	J&J	1
	X		Esperanza	Esperanza	J&J	1
		X	High Desert	High Desert	J&J	1
NE		X	Family Options	Family Options	NMBHI	1
NW		X	HDFS	HDFS	Excel	1
Total						13 (12%)

Identified Health Care Repeat Findings and Recommendations

Since 2004, approximately 47 systemic health related recommendations have been offered by the Community Monitor as part of the Statewide Reports. In addition, hundreds of individual health related findings and recommendations have been identified. As the chart below illustrates, many have been found to continue to be findings (therefore identified as “Repeat Findings and Recommendations”) year after year for class members.

**Community Practice Review 2004-2010 Individual Summary
Repeat Findings and Recommendations Category: Health and Wellness**

Year	Metro	NE	NW	SE	SW	Total
2004	2	1	0	5	0	8
2005	4	0	2	1	0	7
2006	0	0	1	9	4	14
2007	8	6	2	6	11	33
2008	6	4	3	6	7	26
2009	21	11	11	5	5	53
2010	11	0	2	16	4	33
Total	52	22	21	48	31	174

*This table reflects the number of specific FINDINGS/RECS that are repeated, not the number of class members who have repeats. Some class members have more than one repeat finding/rec.

RECOMMENDATION #2: DOH/DDSD, IN CONJUNCTION WITH A CONSULTANT IDENTIFIED BY THE COMMUNITY MONITOR, SHOULD JOINTLY DEVELOP INDIVIDUAL AND SYSTEMICALLY EFFECTIVE LONG TERM INTERVENTION STRATEGIES WHICH IDENTIFY HOW DOH/DDSD WILL:

- 2.A. QUICKLY RESOLVE INDIVIDUAL FINDINGS AND RECOMMENDATIONS AND ANALYZE TO IDENTIFY INDIVIDUAL CAUSES FOR THESE ISSUES;
- 2.B. COLLECTIVELY ANALYZE AND TREND SYSTEMIC PROVIDER AND/OR STATEWIDE CAUSES AND FOR THESE ISSUES;
- 2.C. CONVERT TREND INFORMATION INTO MEASURABLE SYSTEMIC INTERVENTION STRATEGIES AND OUTCOMES AND REGIONAL/STATEWIDE PLANS;
- 2.D. IMPLEMENT PLANS TO BRING ABOUT EFFECTIVE, MEASURABLE LONG TERM SOLUTIONS;
- 2.E. MONITOR TO ENSURE CONSISTENCY AND ACCURACY OF IMPLEMENTATION OF THE INTERVENTIONS;
- 2.F. ANALYZE TO ENSURE MEASURABLE BENEFIT TO CLASS MEMBERS, AND, WHERE THERE HAS NOT BEEN MEASURABLE BENEFIT, ALTER OR DESIGN ALTERNATIVE STRATEGIES DESIGNED AND IMPLEMENTED TO ACCOMPLISH NEEDED MEASURABLE BENEFIT FOR CLASS MEMBERS; AND
- 2.G. REPORT TREND INFORMATION, INTERVENTION PLANS (BOTH SYSTEMIC AND INDIVIDUAL) AND EFFECTIVENESS INDICATORS.

THIS INFORMATION SHOULD BE REPORTED TO THE COMMUNITY MONITOR, 706 EXPERT AND PARTIES QUARTERLY BEGINNING DURING THE SEPTEMBER 2011 QUARTERLY MEETINGS.

Finding #3: Individual Services Plans Continue to be Inadequate and Are Not, or Are Inconsistently, Implemented

As the proposed new DDS D Waiver Standards state,

“Adequate planning and support to assure that individuals make measurable, consistent progress toward ISP outcomes is required”. ...“use of the ISP Teaching, Support Strategies, and Action Steps applied throughout the course of the day to promote independence and develop new skills, using activities selected by the individual from an array of effective and age appropriate choices” should be documented and in evidence for every class member. There should be evidence that each class member is engaged in expanding personal interests and/or establishing or building meaningful social roles.¹⁰

These new standards identify, in part, what is expected in terms of ISP outcomes for class members. Nevertheless, in 2010 the Individual Services Plan remains inadequate to meet the needs of class members. (See more analysis by region and provider in Appendix A). This is true in each of the ISP component parts including: (See 2004 CPR Statewide Report for content detail in the following areas)

Development of the ISP, including

Assessments: 60% of the class members reviewed did not receive needed, relevant assessments; (Q58)
51% of the Teams did not consider what assessments the person needs (Q. 57).
55% of the Teams do not use recommendations from assessments in planning (Q. 60).

ISP Development: 62% of ISP Team members are not able to describe the person’s health related needs. (Q. 54)
36% of the Teams did have evidence that they discussed the person’s health-related issues. (Q. 55)

The content adequacy¹¹ of the Individual Services Plan: 77% of the class members reviewed did not have ISPs that were adequate to meet their needs. (Q.146).

¹⁰ NM DOH/DDS Draft Standards, Community Inclusion and Community Integrated Employment Services, April 12, 2011. Page 2.

¹¹ A review of issues identified in individual summaries noted 44 issues with the Teaching and Support Strategies, 37 with the Outcomes, 28 with the Visions, 23 with Therapies not being integrated into the ISP and 22 with the Action Plans. 157 total issues were identified with content of the ISP.

79% of the class members did not have evidence that their health supports/needs are being adequately addressed. (Q. 56)

39% of the class members ISP visions are not adequate. (Q. 64)

38% of the ISPs contained Outcomes that did not address the person's major needs. (Q.69)

39% of the ISPs had Outcomes that did not include criteria by which the team can determine when the outcomes have been achieved (Q. 67)

Team Member and Process Expectations requiring action: 73% of the class members did not have Team members following up on their responsibilities. (Q.114).

34% of the Direct service staff interviewed were not trained in the implementation of the ISP. (Q. 81)

36% of the staff interviewed could not describe his/her responsibilities in providing daily care to the person (Q. 82)

ISP Monitoring: 60% of the Case Management records did not contain documentation that the Case Manager is monitoring and tracking the delivery of services as outlined in the ISP. (Q. 32)

57% of the progress notes or other documentation in the case management record did not reflect the status of the outcomes and services in the key life areas stated in the ISP. (Q. 83)

ISP Implementation: 25 ISP's were found to be adequate. (Q.78) Of these 25, 44% were being implemented as intended by the Team. (Q. 79) 39% of the remaining 82 ISPs were being implemented. (Q. 80) Issues identified in this area include missing quarterly reports which verify implementation and progress made by the class member (21 people¹²) and lack of evidence of implementation or consistent implementation of the ISP as intended by the team (36 people¹³).

Overall Adequacy and Intensity of the ISP. 73% of those reviewed were not participating in a program of the level of intensity adequate to meet the person's needs. (Q. 147)

RECOMMENDATION #3: DOH/DDSD SHOULD, BY NO LATER THAN JULY 1, 2011, IDENTIFY MEASURABLE OUTCOMES AND IMPLEMENTATION STRATEGIES WHICH WILL QUICKLY, EFFECTIVELY, SYSTEMICALLY AND MEASURABLY IMPROVE PRACTICE AND OUTCOMES FOR CLASS MEMBERS IN EACH OF THE INDIVIDUAL SERVICE PLANNING AND SUPPORTS CYCLE AREAS IDENTIFIED ABOVE. OUTCOMES AND STRATEGIES SHOULD BE DEVELOPED AND SUBMITTED TO THE COMMUNITY MONITOR BY JULY 1, 2011, FOR HER REVIEW AND COMMENT. THESE OUTCOMES AND STRATEGIES SHOULD ALSO BE SHARED WITH THE PARTIES AND THE 706 EXPERT

¹² 7 people in Metro, 5 in the SW, 3 in the NW, 3 in the SE and 3 in the NE.

¹³ 11 people in Metro, 11 in the SW, 7 in the NW, 2 in the SE and 5 in the NE.

FOR REVIEW AND COMMENT BY JULY 1, 2011. IMPLEMENTATION SHOULD BEGIN NO LATER THAN AUGUST 1, 2011. OUTCOMES AND STRATEGIES SHOULD BE UNIQUE WITH REASONABLE BUT SPECIFIC TIMELINES FOR IMPLEMENTATION.

- 3.A. ISPs MUST BE EFFECTIVE AND TEAM MEMBERS MUST KNOW IF THEY ARE OR ARE NOT. DOCUMENTATION OF INTERVENTIONS TO DETERMINE IF SERVICES/INTERVENTIONS ARE ACCOMPLISHING THE INTENDED OUTCOMES MUST BE REQUIRED, MAINTAINED, REPORTED AND USED TO IMPROVE PRACTICE.
- 3.B. DDSD SHOULD IDENTIFY AND IMPLEMENT STRATEGIES TO RESOLVE THE ISP ISSUES REPORTED IN THE CPR. INTERVENTIONS AND STRATEGIES IMPLEMENTED SHOULD, IN PART, RESULT IN VISIONS AND OUTCOMES THAT ARE FORWARD-LOOKING AND WHEN ACCOMPLISHED RESULT IN POSITIVE GROWTH AND DEVELOPMENT OF THE CLASS MEMBER.
- 3.C. BASED, IN PART, ON THE INDIVIDUAL FINDINGS AND RECOMMENDATIONS IDENTIFIED DURING THE CPR, DDSD SHOULD ENSURE THAT THE ISP TECHNICAL ASSISTANCE INTERVENTIONS RESULT IN AND ENSURE:
 - 3.C.I. THAT INTEGRATED INTERVENTIONS AND STRATEGIES MEET CLASS MEMBERS' NEEDS AND IDENTIFIED OUTCOMES ARE ACCOMPLISHED;
 - 3.C.II. THAT DIRECT SUPPORT STAFF KNOW AND IMPLEMENT THEIR RESPONSIBILITIES IN RELATION TO IMPLEMENTATION OF THE ISP.

Finding #4: Class Members Need Purposeful Days and Support to Achieve Integrated and Equitably Paid Employment.

As DDSD outlines in their Medicaid Waiver Standards of 2007, "Community Inclusion Services provide individuals with connection to and **membership** in the same community life that is desired and chosen by the general population. This includes **purposeful, meaningful and equitably paid work**; sustained opportunity for **self-empowerment and personal relationships**; **skill development in natural settings**; and **social, education and community membership activities** that are specified in the individual's ISP. Community Inclusion Services also assist the individual to **develop skills and relationships** that reduce dependence on paid, specialized services". (Emphasis added)

The weakness of expecting these outcomes only if they are "specified in the individual's ISP" as mentioned above is that 77% of the ISPs are not adequate and don't reflect the skill development and social, education and community membership activities that are reflective of class members rights, wishes or needs.

During the 2010 CPR 47 of the 106 people reviewed (44%) were recommended for a Vocational Assessment and/or Personal Profile with the intent that these 'discovery' processes would result in purposeful and meaningful days including employment, when possible.

While most class members appear to be spending more time out of their homes and more time out of day habilitation settings, the purpose and meaningfulness and benefits of 'being out' is not clear. The way people spend their days and nights and the value, and purposefulness of these moments have been in question since before the institutions closed and continue to be a challenge today.

The DDS Medicaid Waiver Standards of 2007 also state that, "When planning services for adults, work is the priority outcome of supports and services. Individuals with developmental disabilities will be offered employment **as a priority service over all other day service options**. Individual placements are the preferred service. All Supported Employment services are required to demonstrate appropriately high expectations, enriched opportunities for learning, skill building, and use of least restrictive environments. Supported Employment services shall be provided at the times and places as required by the individual's employment up to 365 days a year". (Emphasis added)

RECOMMENDATION #4: DOH/DDS SHOULD PROVIDE A MEANINGFUL DAY AS WELL AS AN EMPLOYMENT STATUS REPORT FOR JACKSON CLASS MEMBERS. THIS REPORT(S) SHOULD IDENTIFY, BY REGION AND BY CLASS MEMBER:

REGARDING MEANINGFUL DAY

- 4.A. WHAT **OUTCOMES** EACH PERSON HAS WORKED ON AND ACCOMPLISHED DURING THE PAST TWO YEARS IDENTIFIED BY EACH LIFE DOMAIN;
- 4.B. WHAT **MEASURABLE SKILLS** THE PERSON HAS ACQUIRED DURING THE LAST TWO YEARS;
- 4.C. WHAT **VALUED ROLES** THE PERSON PLAYS IN HIS/HER COMMUNITY, HOW OFTEN HE/SHE PARTICIPATES IN THOSE VALUED ROLES AND HOW THEY MIGHT BE EXPANDED IN A WAY THAT IS MEANINGFUL TO THE PERSON AND HIS/HER COMMUNITY.
- 4.D. WHAT **MEMBERSHIPS** EACH PERSON HAS, HOW OFTEN HE/SHE PARTICIPATES IN THOSE MEMBERSHIPS AND HOW THEY MIGHT BE EXPANDED IN A WAY THAT IS MEANINGFUL TO THE PERSON;
- 4.E. WHAT **NON-PAID RELATIONSHIPS** THE PERSON HAS IN HIS/HER LIFE, HOW OFTEN HE/SHE SPENDS TIME WITH THOSE PEOPLE AND HOW THE PERSON'S NETWORK OF RELATIONSHIPS CAN BE EXPANDED OR MADE MORE MEANINGFUL.

REGARDING EMPLOYMENT

- 4.F. WHAT **EMPLOYMENT** THE PERSON HAS (JOB, HOURS PER WEEK, PAY PER HOUR); AND
- 4.G. IF THE PERSON IS IN **JOB DEVELOPMENT**, WHAT THE PERSON HAS DONE EACH WEEK INTENDED TO FIND AND SECURE A JOB OF THEIR CHOICE.

RECOMMENDATION #5: IMPLEMENT LONG-STANDING CPR RECOMMENDATIONS FOR INDIVIDUAL CLASS MEMBERS WHO HAVE BEEN RECOMMENDED FOR VOCATIONAL ASSESSMENT PROFILES AND OTHER DIAGNOSTIC PROCESSES INTENDED TO PROVIDE AN OBJECTIVE ANALYSIS OF A PERSON'S INTERESTS, SKILLS, NEEDS CAREER GOALS, PREFERENCES, CONCERNS IN AREAS THAT PERTAIN TO AN EMPLOYMENT OUTCOME AND CAN BE MATCHED TO A POTENTIAL JOB OR VOLUNTEER INTEREST.

Note: The details of which class members have been recommended for what has been provided to the parties, in detail each year. Information regarding the last three years follows:

Number of Class Members Recommended for Vocational Assessment Profiles
Or Other Diagnostic Process During the Community Practice Review.

Year	Metro	NE	NW	SE	SW	Total
2008	15	3	6	3	10	37
2009	21	4	5	6	3	39
2010	31	5	6	3	11	56
Total	67	12	17	12	24	132

RECOMMENDATION #6: IMPLEMENT CORE RECOMMENDATIONS FROM VOCATIONAL PROFILE “FRAMEWORK” PAPER WRITTEN BY THE JACKSON EMPLOYMENT EXPERT, NEW MEXICO EMPLOYMENT INSTITUTE CONSULTANT AND THE DVR STATEWIDE EMPLOYMENT LEAD. THOSE RECOMMENDATIONS FOLLOW (ORIGINALLY MADE MARCH 2, 2009)

1. Re-focus attention, energy, and other resources on the employment of class members. Begin by acknowledging that the effort to build capacity within the community, while maintaining checks and balances for quality and fidelity of a process known to be successful with many people, has now often become a distraction.
2. Re-invigorate the employment initiative. Bring the providers to the table to talk about the most creative ways for people to pursue a wide range of methods of pursuing their vocations (e.g. competitive employment, traditional wage employment, customized supported employment, cottage industries, sole proprietorships, micro-enterprises, etc.)
3. Rescind the policy that says employment providers cannot do vocational assessments for class members whom they serve.
4. Require providers to pre-qualify to be a vocational services provider, including demonstrated competencies in doing good vocational assessments, or person-centered plans that consistently lead to employment, as well as other core competencies regarding job development, employer negotiations, job carving, job re-structuring, etc.
5. Reconsider the 10 hour/week rule and promote the federal definition which expects fully integrated employment, minimum wage or better, and the maximum hours a person can work according to their interests, capabilities, resources, etc.

6. Enhance the meaningful day work by promoting part-time (at least) work as the expected valued adult social role being sought and the true essence of "meaningful day."

RECOMMENDATION #7. DETERMINE THE EFFECTIVENESS OF EXISTING SELF-EMPLOYMENT AND MICRO-ENTERPRISE EMPLOYMENT SITUATIONS IN NEW MEXICO AND IDENTIFY COMPONENTS FOR REPLICATION. EFFECTIVENESS CRITERIA SHOULD BE PROPOSED AND AGREED TO IN ADVANCE WITH THE SUPPORTED EMPLOYMENT WORK GROUP. ONE THE EFFECTIVENESS CRITERIA HAS BEEN AGREED, COMPILED AND REPORTED DDSD AND THE SE WORK GROUP CAN IDENTIFY COMPONENTS FOR REPLICATION.

APPENDIX A. ISP CONTENT ISSUES

One way to focus on specific issues related to the content of the ISP is to know where issues were identified. Based on the issues identified as a part of the individual findings and recommendations, the following is provided in an effort to help Regional Directors focus their technical assistance and monitoring resources.

2010: ISP Content Lacking

Metro #1: 36 of 48 people reviewed (75%) had content issues with his/her ISP.

22 people had Teaching and Support Strategy issues.

15 people had Outcome issues.

15 people had Vision issues

12 people had Action Plan issues

Southwest: 11 of 17 people reviewed (65%) had content issues with his/her ISP

8 people had Teaching and Support Strategy issues.

6 people had Outcome issues

4 people had Action Plan Issues

2 people had Vision issues

Northeast: 10 of 15 people reviewed (67%) had content issues with his/her ISP.

8 people had Outcome issues.

4 people had Teaching and Support Strategy issues.

5 people had Vision issues.

2 people had Action Plan issues.

Northwest: 7 of 10 people reviewed (70%) had content issues with his/her ISP.

4 people had Outcome issues

6 People had Teaching and Support Strategy issues.

2 People had vision issues

3 People had Action Plan issues.

Southeast: 8 of 16 people reviewed (50%) had content issues with his/her ISP.

4 people had Outcome issues

3 people had Teaching and Support Strategy issues.

5 people had vision issues

1 person had Action Plan issues.

Statewide: 72 of 106 people reviewed (68%) had content issues with his/her ISP.

- 43 people had Teaching and Support Strategy Issues
- 37 people had Outcome Issues
- 28 people had Vision issues
- 22 people had Action Plan issues.

**Provider and Case Management Agencies
Average Number of ISP Issues per person in the 2010 Review**

Region	Agency	# in Review	# of ISP Issues	Average # per person
The agencies below had 10 or more people in the review				
Metro	Adelante	18	92	5
Metro	Unidas (CM)	16	114	7
SW	SCCM (CM)	12	91	7.6
Metro	LLCP	11	60	5.5
SE	J&J (CM)	10	49	5
SW	Tresco	10	62	6
The agencies below had 5 to 8 people in the review				
NW	Excel (CM)	8	92	11.5
NE	Visions (CM)	7	54	7.7
NW	Mosaic	6	64	10.6
Metro	ARCA	6	46	7.6
Metro	NMQCM (CM)	6	50	8.3
Metro	Carino (CM)	5	29	5.8
NE	NMBHI (CM)	5	44	8.8
Metro	A Step Above (CM)	5	31	6.2

Region	Agency	# in Review	# of ISP Issues	Average # per person
The agencies below had 3 to 4 people in the review				
NE	AWS	4	45	11.25
Metro	New Beginnings	4	42	10.5
SE	ENMRSH	4	14	3.5
SE	PRMC (CM)	4	14	3.5
Metro	Blue Sky (CM)	4	26	6.5
SE	Tabosa	4	14	3.5
Metro	Amigo (CM)	4	23	5.8
SW	PRS	3	37	12
SW	Peak (CM)	3	22	7
SW	Community Options	3	12	4
NW	PMS	3	26	8.7
Metro	Share Your Care	3	20	6.7
Metro	Expressions of Life	3	11	3.7
Metro	Connections	3	24	8
Metro	Dungarvin	3	28	9
Metro	Peak (CM)	3	24	8
Metro	A New Vision (CM)	3	15	5
The agencies below had 1 to 2 people in the review				
NE	Taos County Arc	2	18	9
SE	Leaders	2	9	4.5
Metro	RCI	2	10	5
NW	DSI	2	25	12.5
NE	Family Options	2	14	7

Region	Agency	# in Review	# of ISP Issues	Average # per person
SW	Unidas	2	25	12.5
NE	CDD	2	17	8.5
Metro	Imagine	2	25	12.5
Metro	Optihealth	2	9	4.5
NE	SMEM	2	11	5.5
SE	Esperanza	2	8	4
Metro	Friends Forever	2	20	10
NE	NERO (CM)	2	11	5.5
Metro	Su Vida	2	22	11
NE	People Centered	1	0	0
Metro	Active Solutions/ASI	1	18	18
NE	Santa Lucia	1	11	11
NE	Keetoni	1	12	12
Metro	Cornucopia	1	14	14
Metro	Community Options	1	10	10
Metro	Unique Opp (CM)	1	7	7
NW	A Step Above (CM)	1	9	9
SW	Lessons of Life	1	9	9
Metro	Achievements	1	10	10
Metro	A Better Way	1	8	8
Metro	Advantage Communication	1	5	5
Metro	At Home Advocacy	1	6	6
Metro	MaxCare	1	4	4
Metro	Transitional Life Style	1	10	10
NW	ZEE	1	9	9

Region	Agency	# in Review	# of ISP Issues	Average # per person
NW	Peak (CM)	1	9	9
SW	Transitional Lifestyle	1	12	12
SE	Door of Opp	1	2	2
SE	High Desert	1	8	8
SW	Opportunity Center	1	7	7
Metro	Adlanza Family Services	1	5	5
NW	High Desert Family Solutions	1	12	12
SE	Case Alegre	1	1	1
SE	Sun Country (CM)	1	1	1
SE	SERO/CARC	1	0	0

APPENDIX B. DEMOGRAPHICS

107 of the 330 class members participated in this review. This represents a sample of 32% of the class.

Gender		
Females	40	37%
Males	67	63%

Level of Care		
1	86	80%
2	19	18%
CND	2	2%

Medications		
Yes	101	94%
No	6	6%

Type of Day/Employment Program		
Community Access	9	8%
Adult Habilitation	63	59%
Personal support	1	1%
Adult Habilitation/ Community Access	9	8%
Adult Hab/Indiv. Supp. Emp.	15	14%
Individual Supp. Emp/ Community Access	3	3%
Individual Supported Emp.	4	4%
No day program (not scored)	2	2%

Language		
English	70	65%
Spanish	3	3%
English/Spanish	29	27%
Navajo/English	1	1%
Tewa/English	2	2%
CND	2	2%

Ethnicity		
Native American	17	16%
Asian	1	1%
Black	2	2%
Caucasian	27	25%
Hispanic	59	55%
Other	1	1%

Guardian		
Yes	105	97%
No	3	3%

Guardianship Status		
Full	99	93%
Limited	4	4%
None	2	2%
N/A	2	2%

The persons in the sample were served by agencies identified below. Listed first is residential/day and then second, case management. The residential/day listing totals over 107 class members because some class members receive supports from one residential provider and day services from a different day Provider.

Residential/Day Provider Agencies	# in Sample	Residential/Day Provider Agencies	# in Sample
A Better Way	2	High Desert	1
Achievements	1	Imagine	2
Active Solutions	2	Leaders	2
Adelante	17	Lessons of Life	1
Adelante Pathways	1	LLCP	12
Advantage Communications	1	Los Cumbres	1
Alianza Family Services	1	MaxCare	1
ARCA	6	Mosaic	6
At Home Advocacy, Inc.	1	NNMQC	3
AWS	5	Opportunity Center	1
CARC	1	Optihealth	2
Casa Alegre	1	People Centered	1
CDD	1	PMS Shield	3
Community Options	3	Progressive	3
Connections, LLC	3	RCI, Inc.	2
Cornucopia	2	Share Your Care	3
Door of Opportunity	1	SMEM-ICF/MR	2
DSI, Inc.	2	Su Vida	2
Dungarvin	3	Taos ARC	2
ENMRSH	4	The New Beginnings	5
Esperanza	2	TLC	2
Expressions of Life	3	Tobosa	4
ENMRSH	4	Tresco	10
Family Options	2	ZEE	1

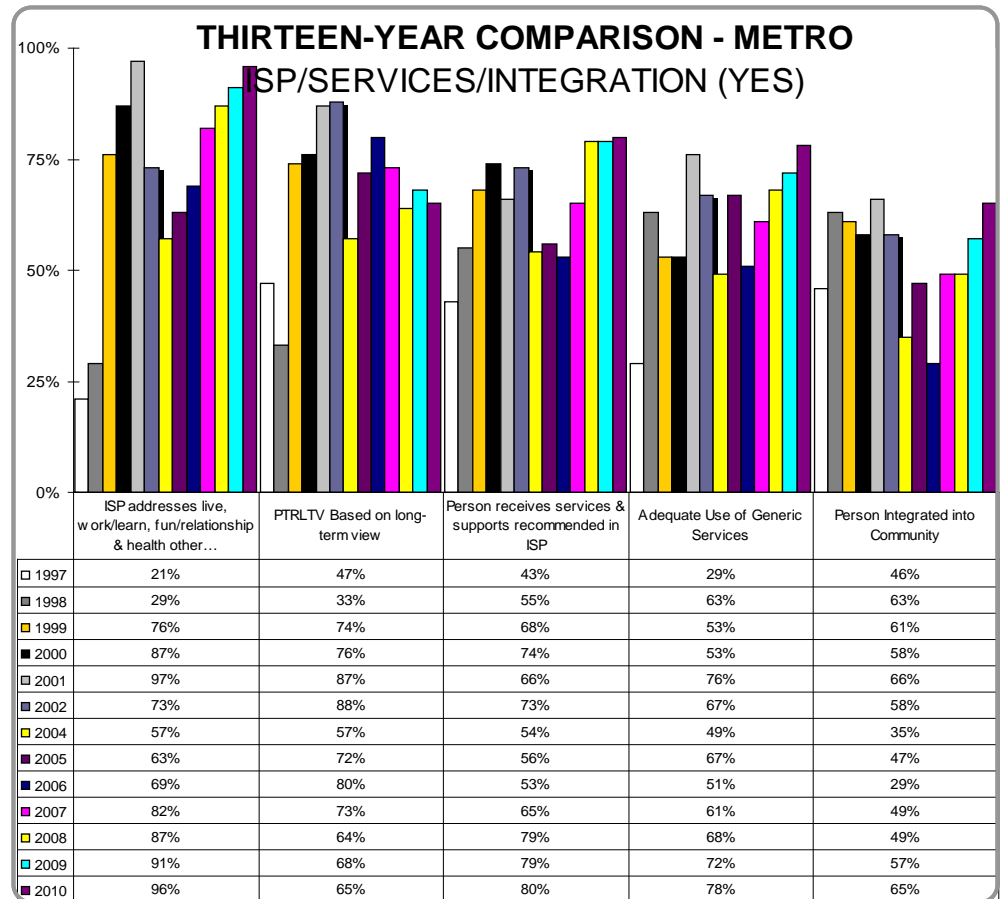
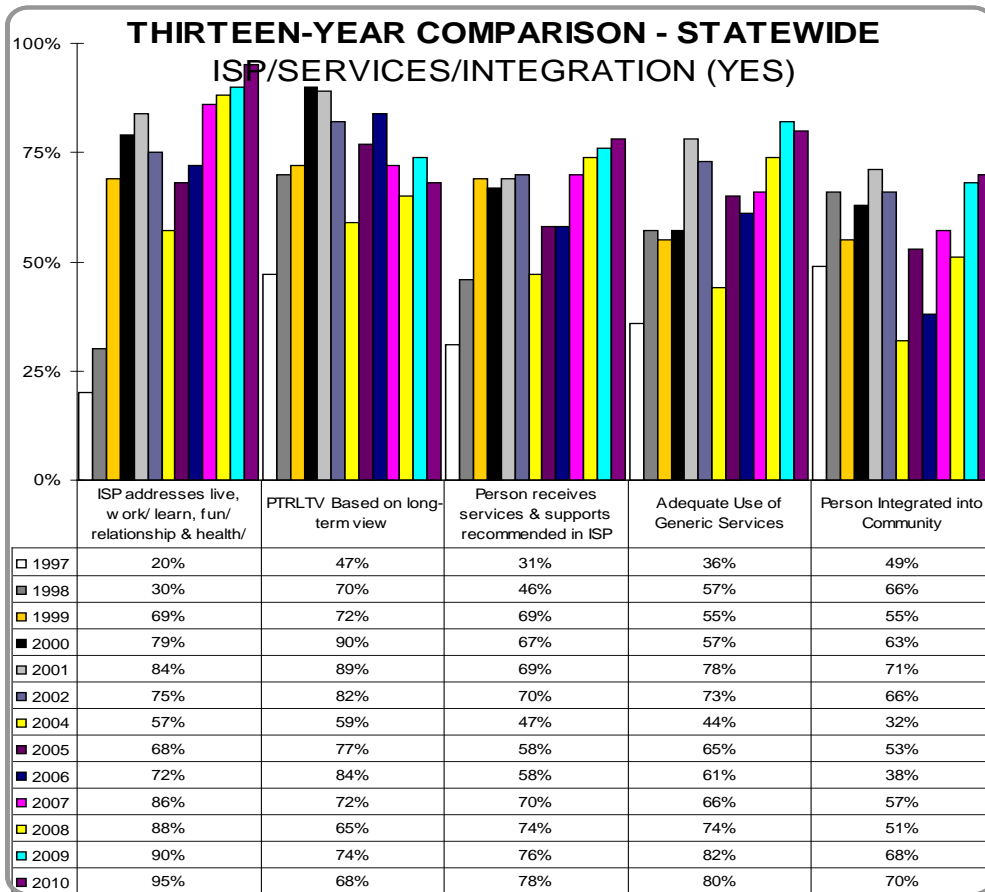
CASE MANAGEMENT Agencies	# in Sample
A New Vision	3
A Step Above	6
Amigo	4
Blue Sky	4
Carino	5
DDSD/Regional Offices (SE & NE)	3
Excel	8
Friends Forever	2
J&J	10
Keetoni	1
NMBHI	5
NMQCM	6
Peak	7
PRMC	4
SCCM	13
Unidas	18
Unique Opportunities	1
Visions	7

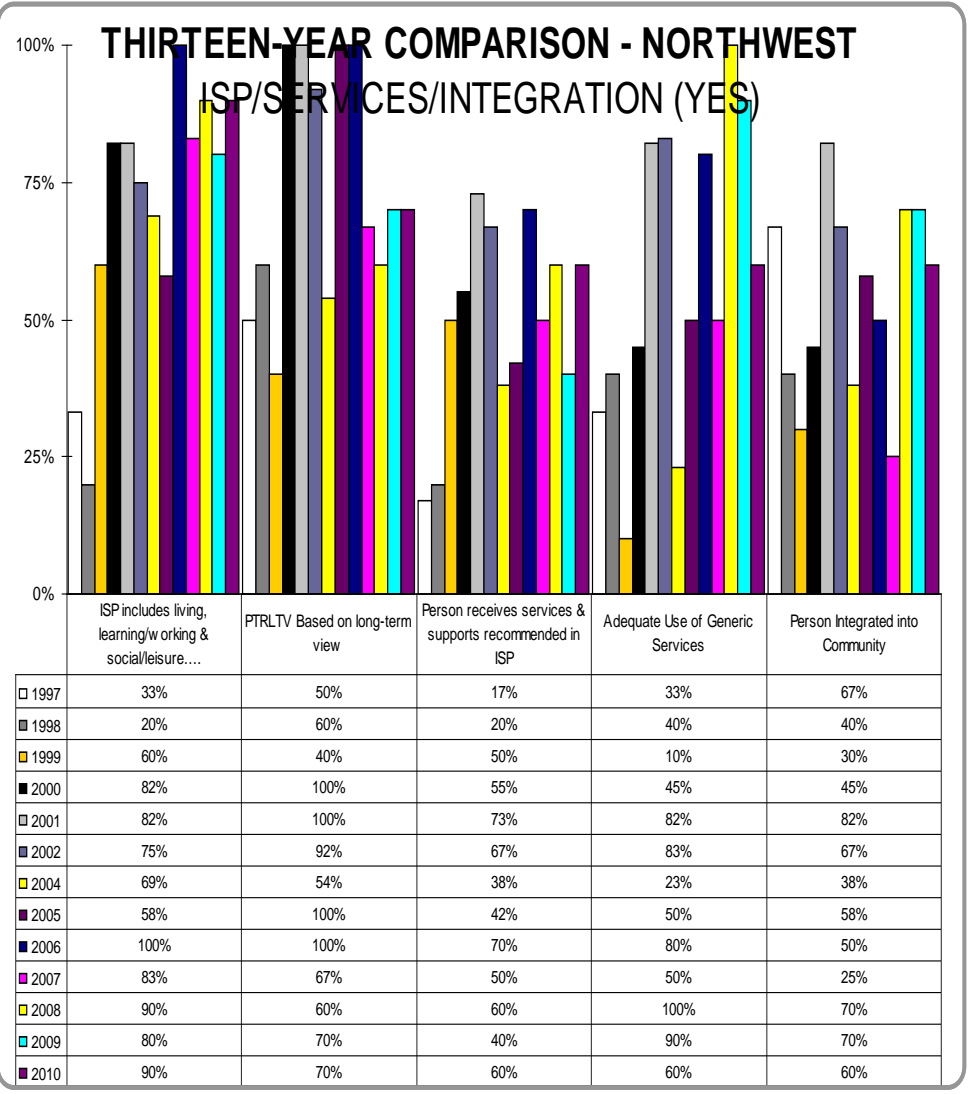
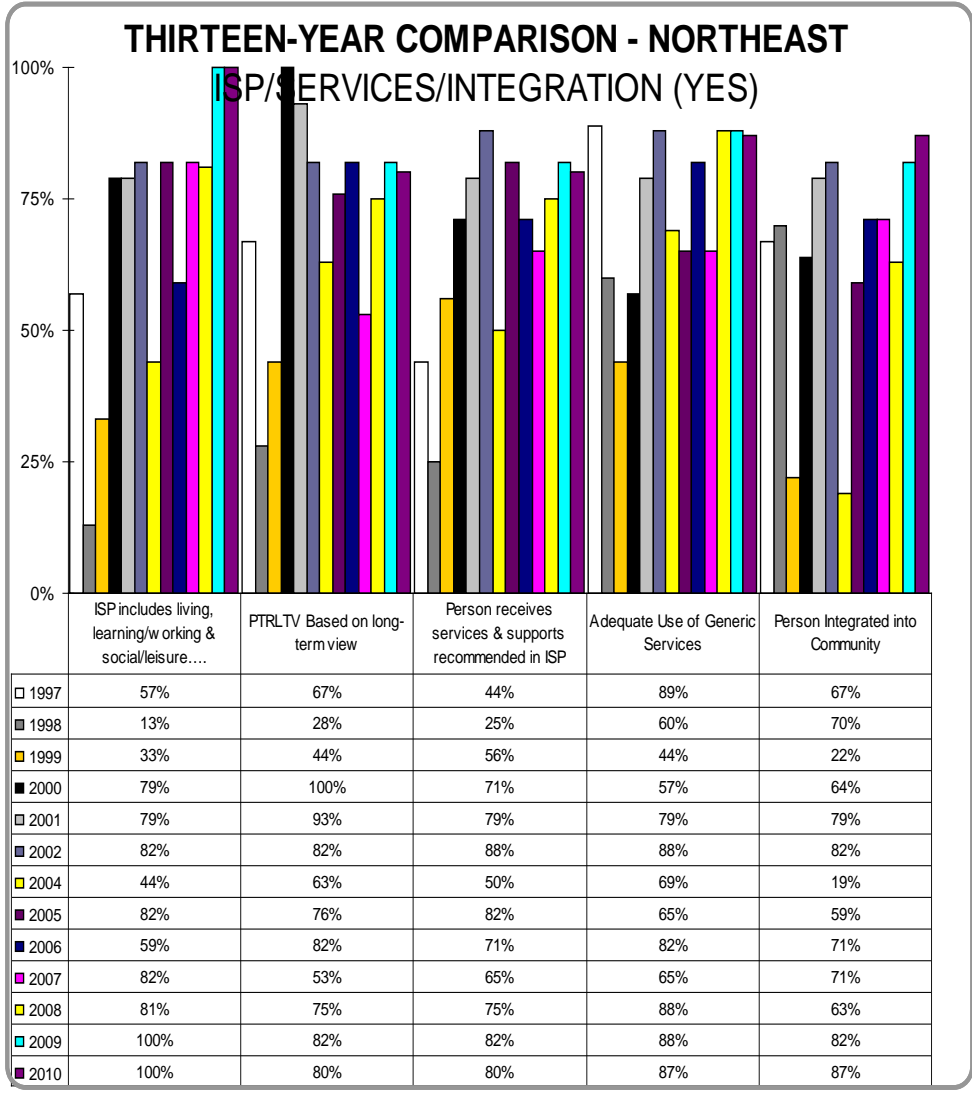
APPENDIX C. HISTORICAL DISENGAGEMENT DATA BY REGION

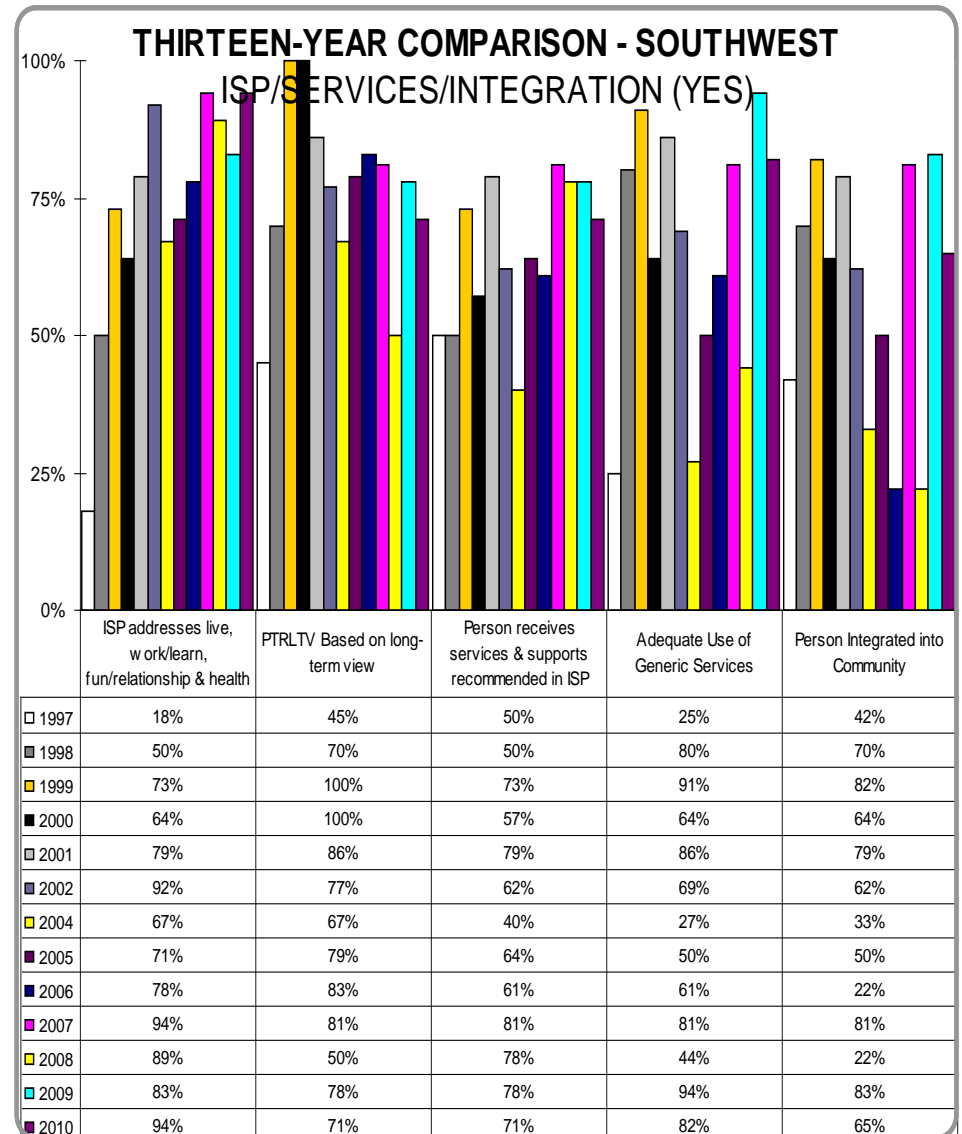
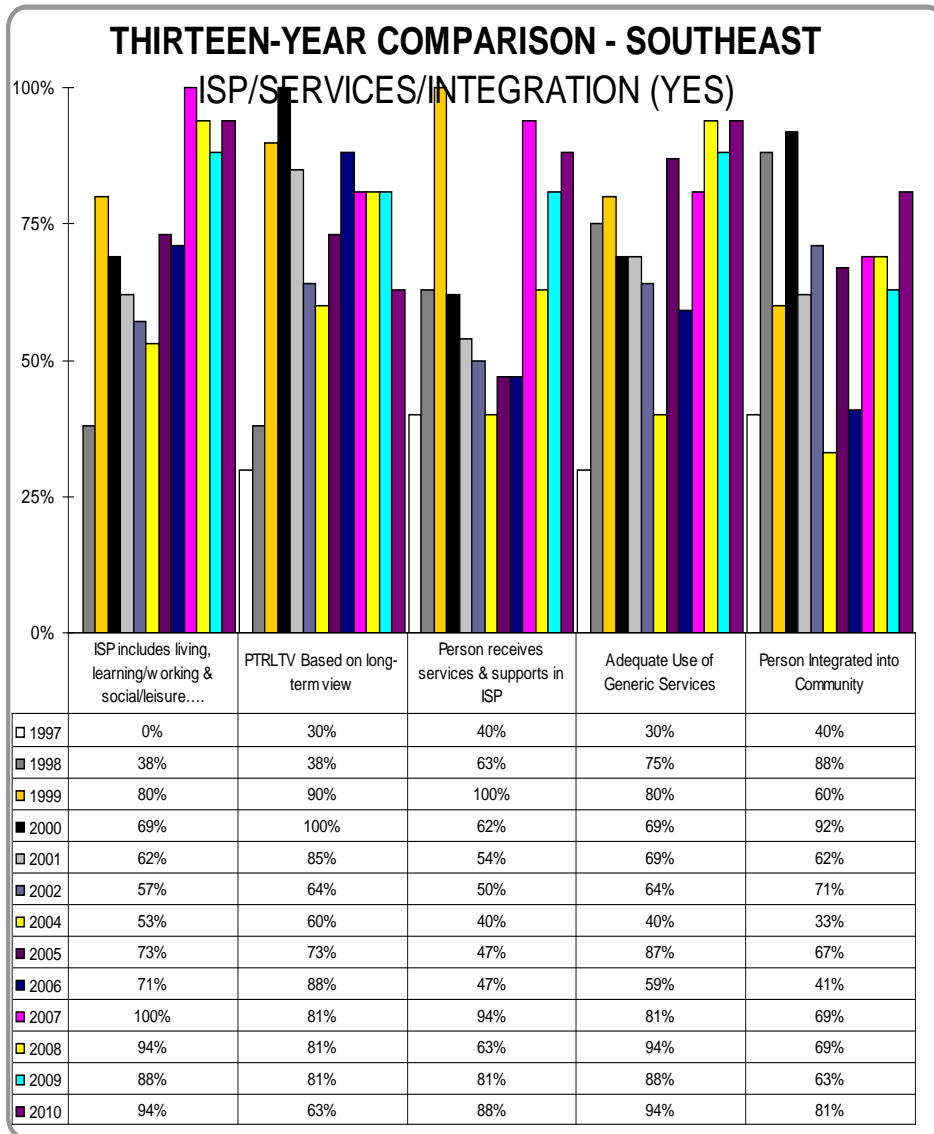
The following charts provide additional detail in the disengagement areas of:

- Individual Service Planning,
- Adaptive Equipment, Assistive Technology, and Augmentative Communications;
- Supported Employment; and
- Behavior.

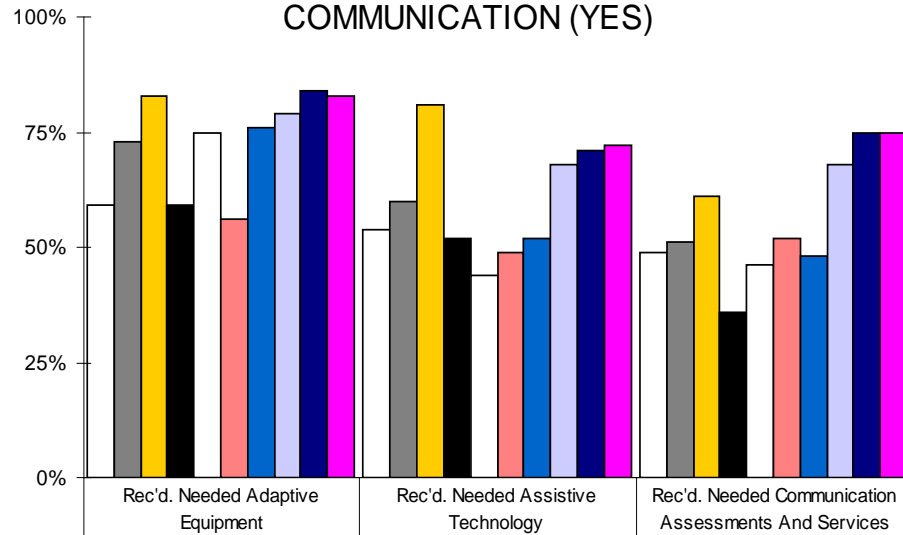
The reader will find charts depicting scoring statewide and by region for the years 1997 through 2010.





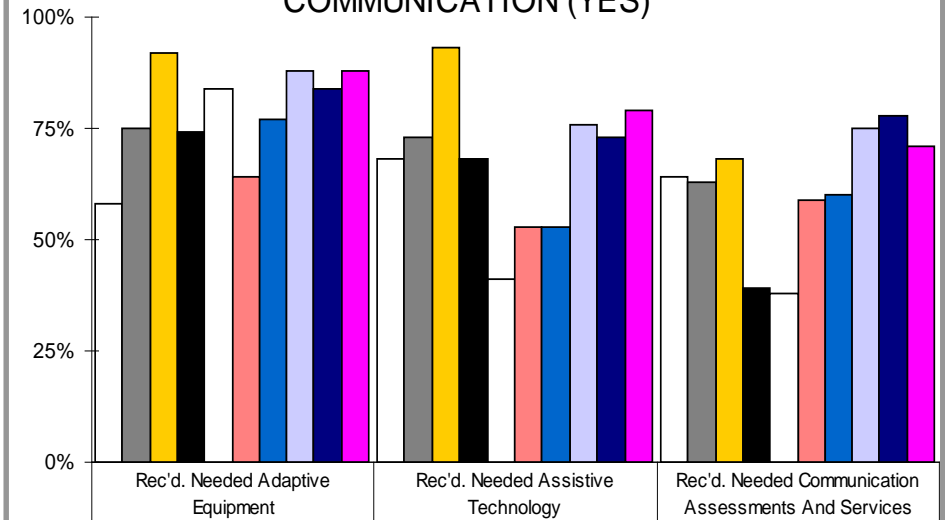


TEN-YEAR COMPARISON - STATEWIDE ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION (YES)



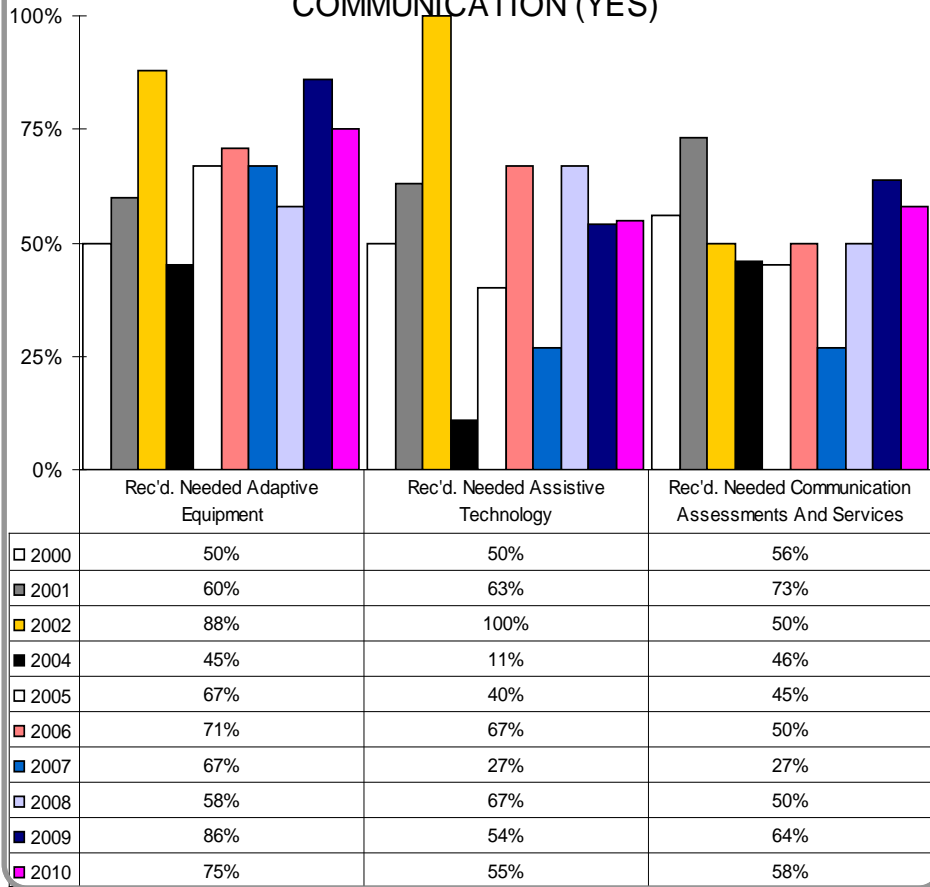
2000	59%	54%	49%
2001	73%	60%	51%
2002	83%	81%	61%
2004	59%	52%	36%
2005	75%	44%	46%
2006	56%	49%	52%
2007	76%	52%	48%
2008	79%	68%	68%
2009	84%	71%	75%
2010	83%	72%	75%

TEN-YEAR COMPARISON - METRO ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION (YES)

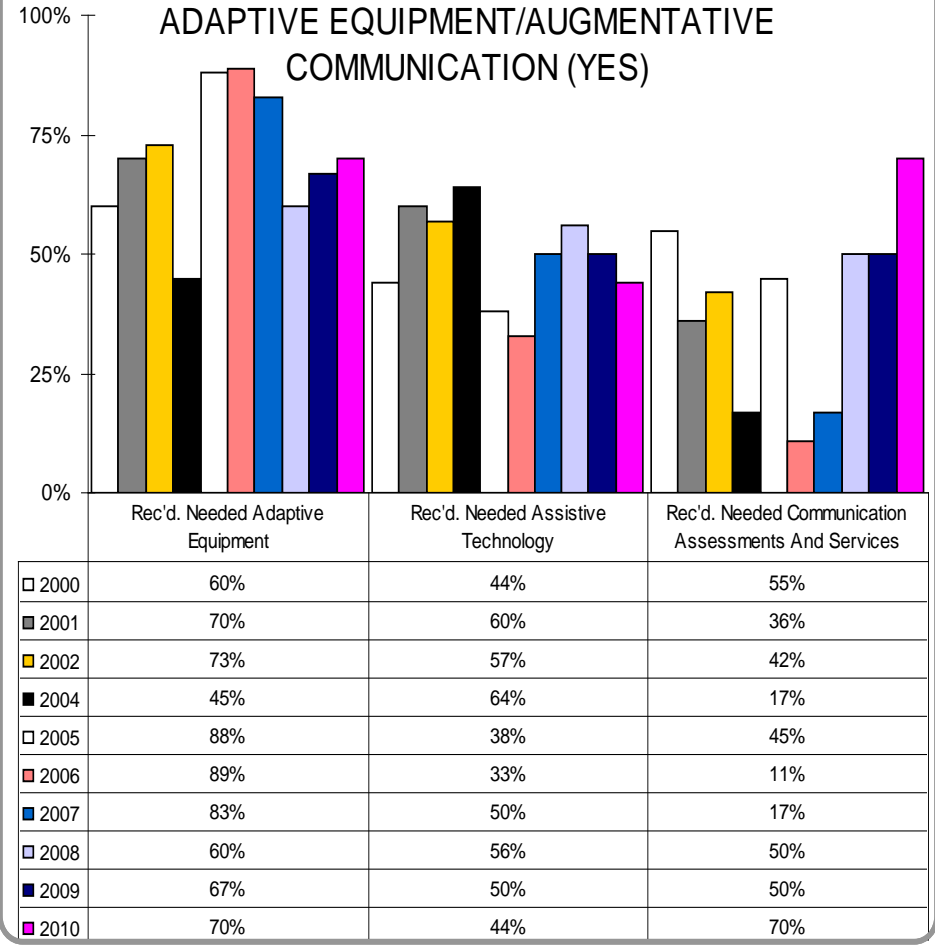


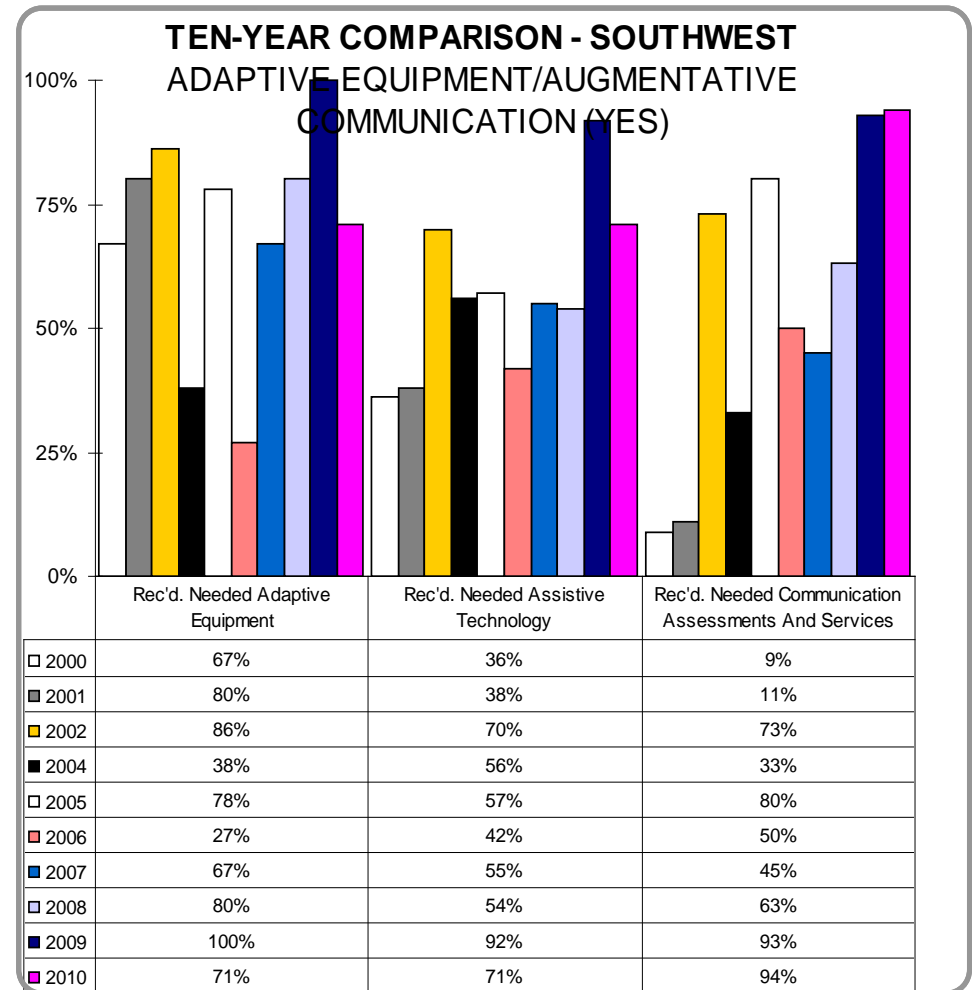
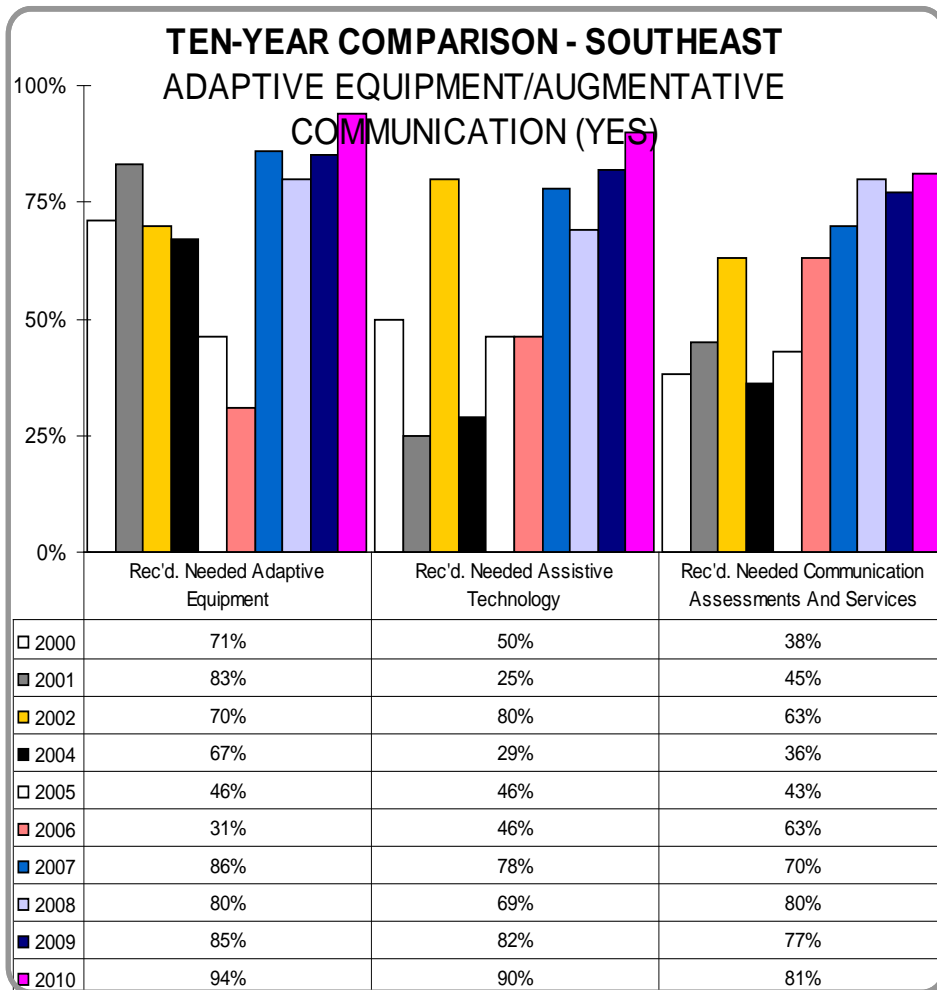
2000	58%	68%	64%
2001	75%	73%	63%
2002	92%	93%	68%
2004	74%	68%	39%
2005	84%	41%	38%
2006	64%	53%	59%
2007	77%	53%	60%
2008	88%	76%	75%
2009	84%	73%	78%
2010	88%	79%	71%

TEN-YEAR COMPARISON - NORTHEAST ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION (YES)

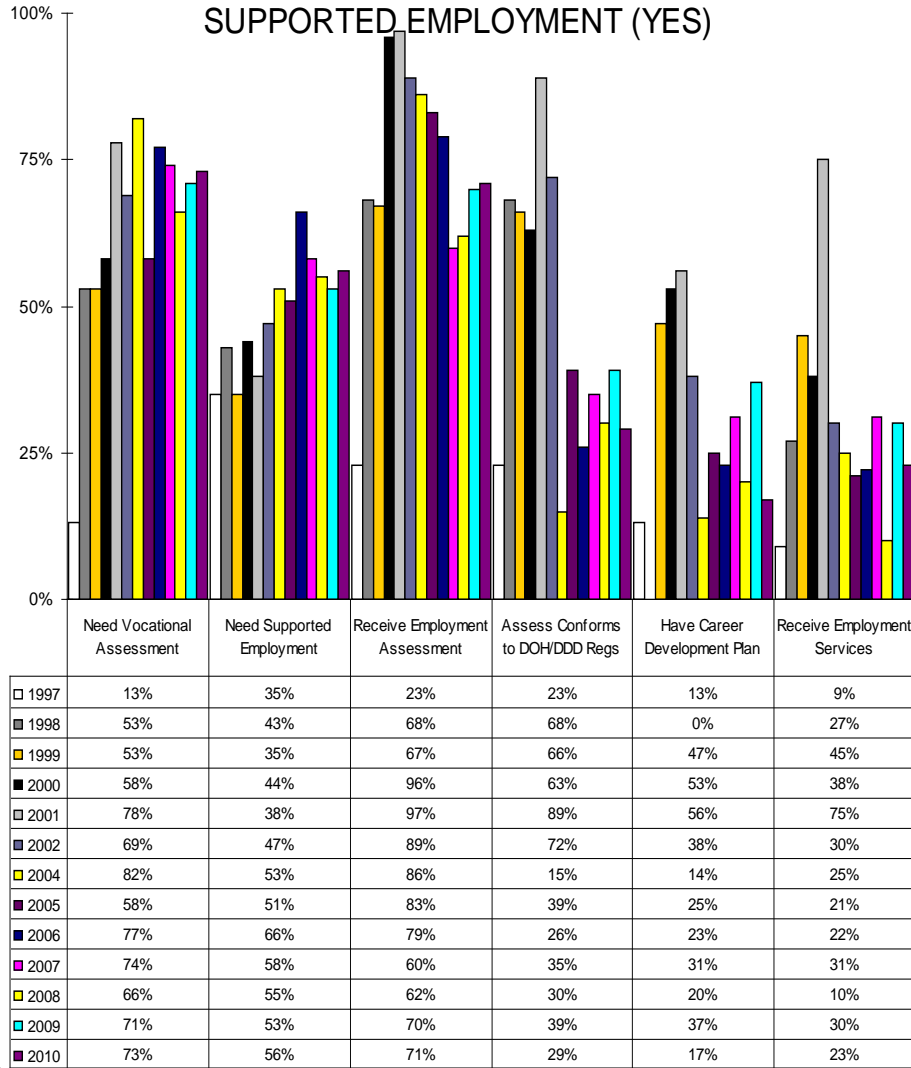


TEN-YEAR COMPARISON - NORTHWEST ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION (YES)

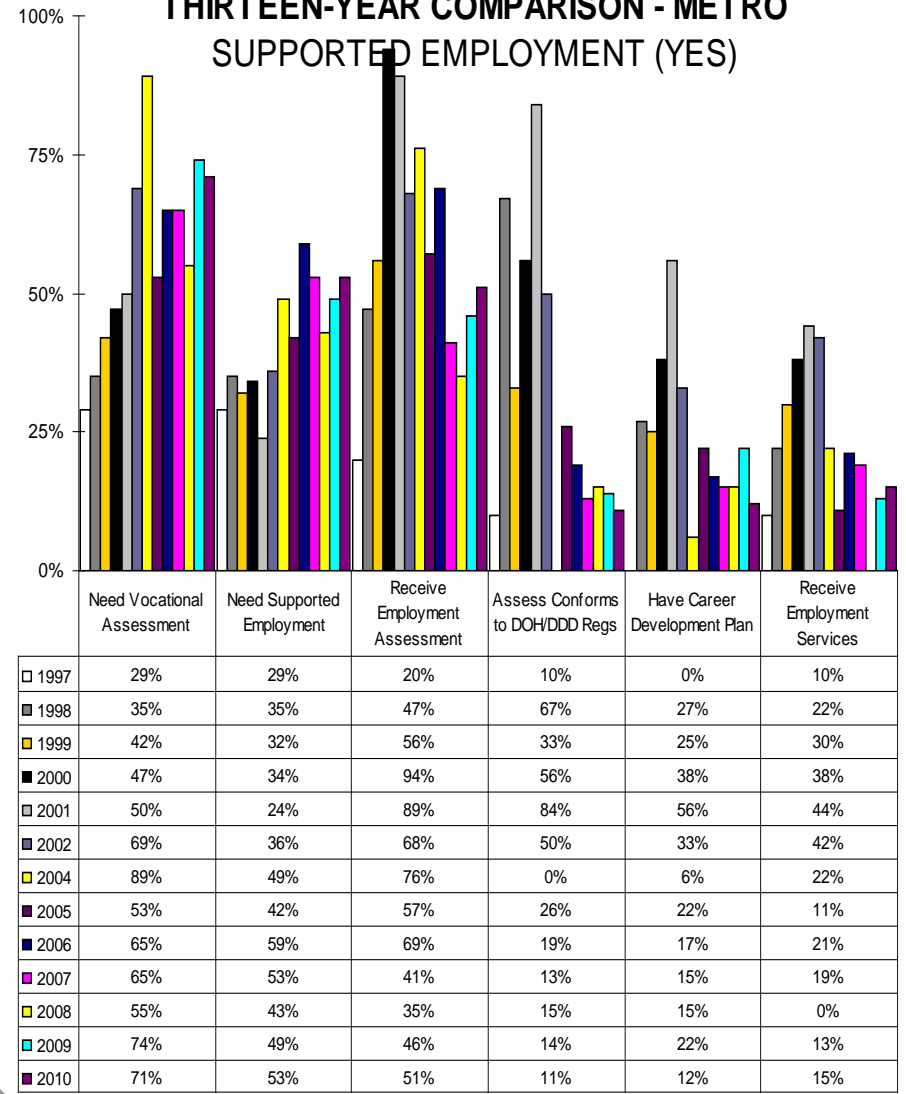




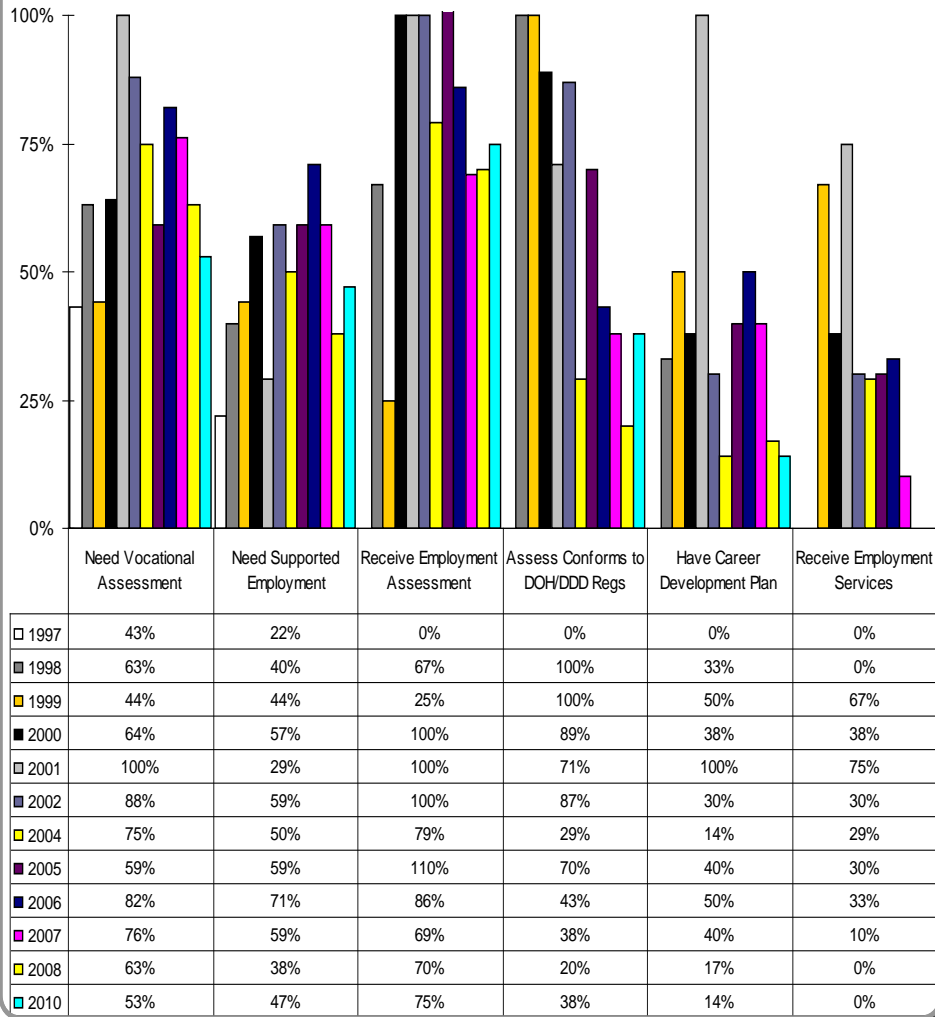
THIRTEEN-YEAR COMPARISON - STATEWIDE SUPPORTED EMPLOYMENT (YES)



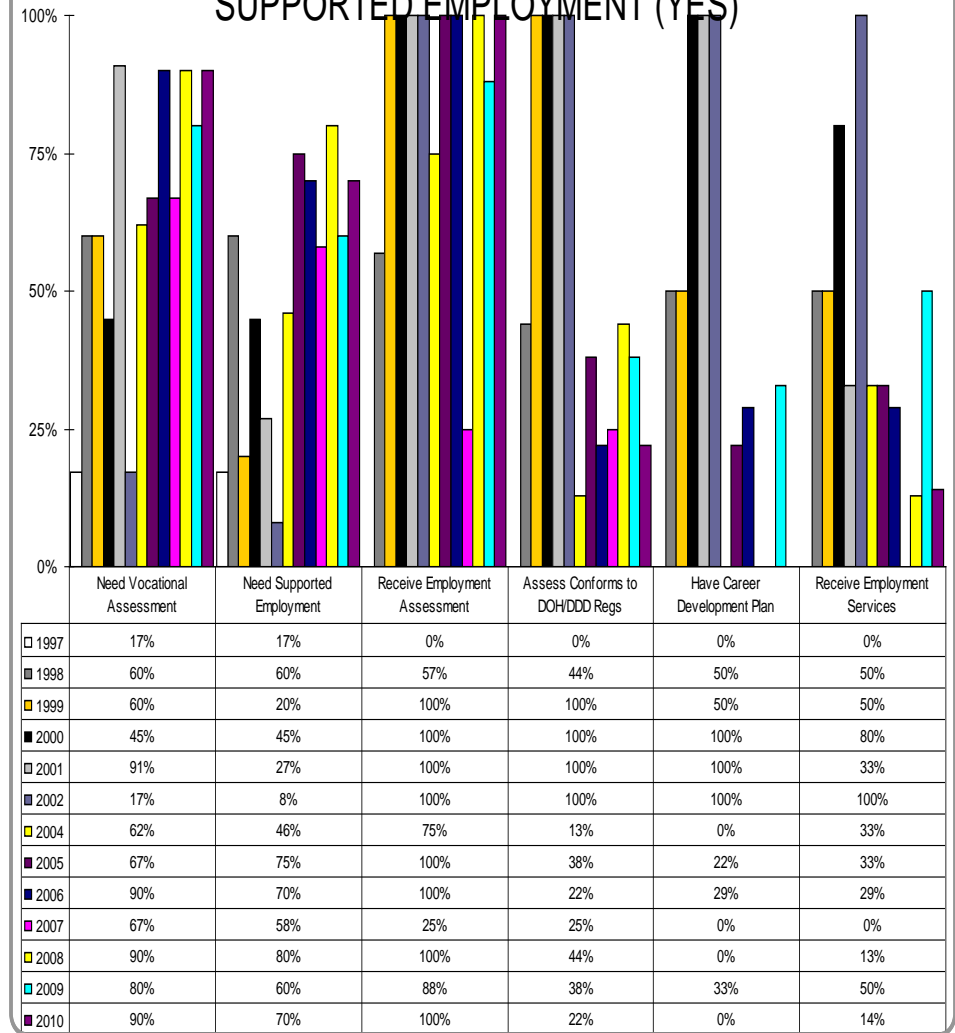
THIRTEEN-YEAR COMPARISON - METRO SUPPORTED EMPLOYMENT (YES)



THIRTEEN-YEAR COMPARISON - NORTHEAST SUPPORTED EMPLOYMENT (YES)

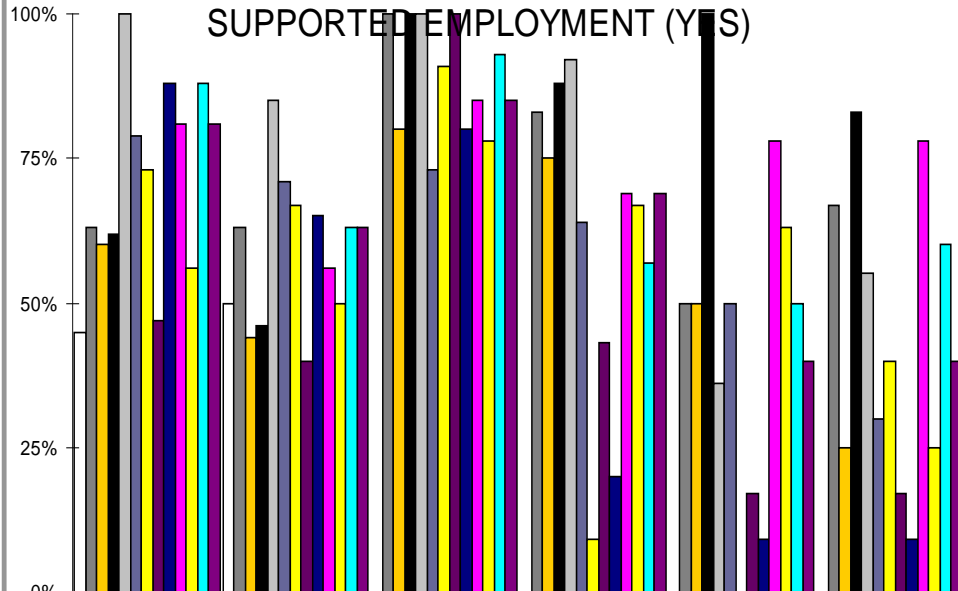


THIRTEEN-YEAR COMPARISON - NORTHWEST SUPPORTED EMPLOYMENT (YES)



THIRTEEN-YEAR COMPARISON - SOUTHEAST

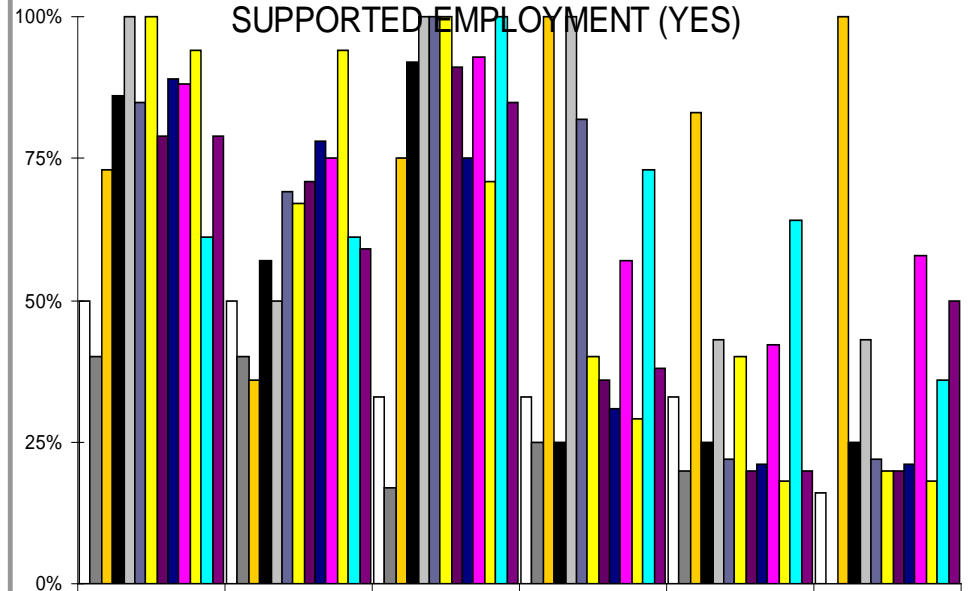
SUPPORTED EMPLOYMENT (YES)



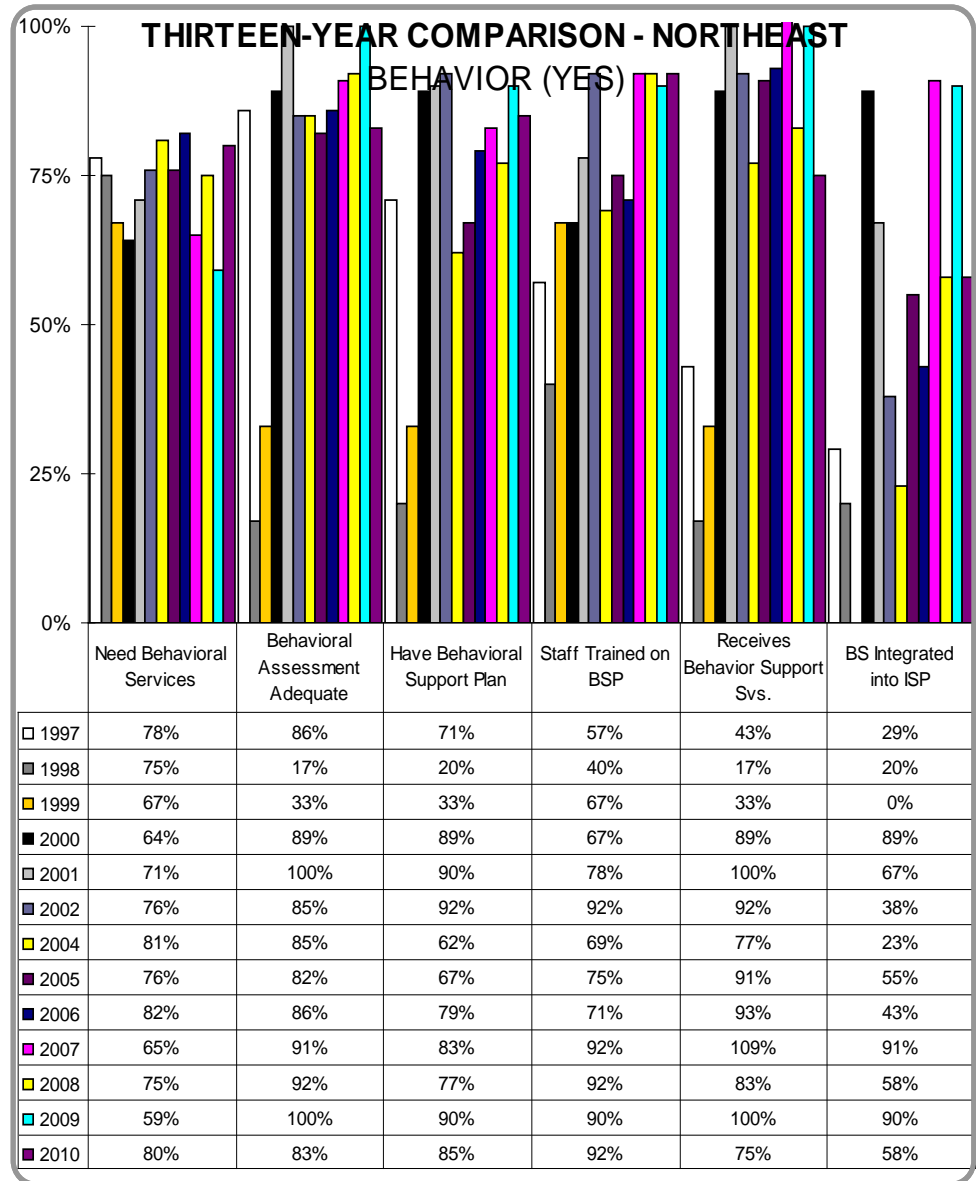
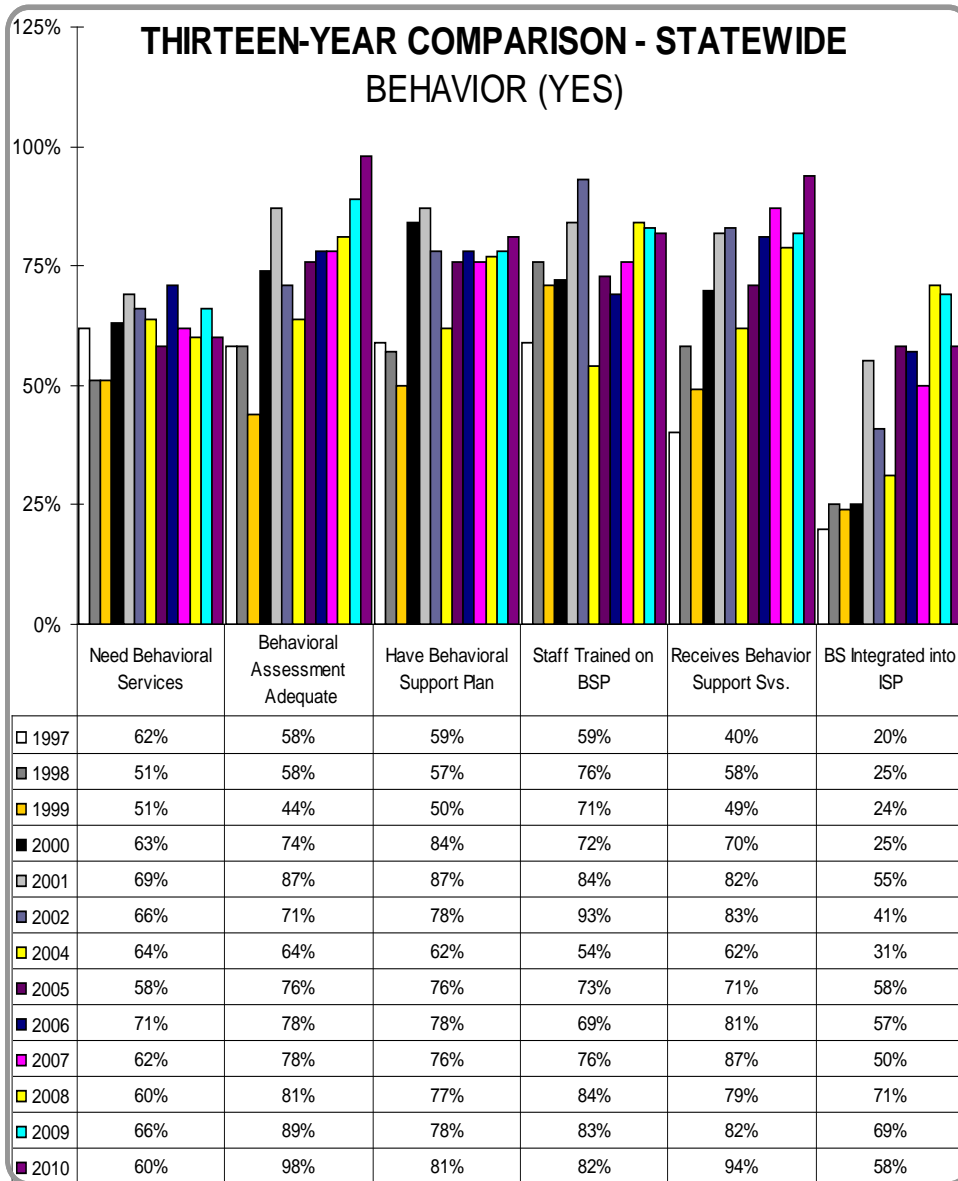
	Need Vocational Assessment	Need Supported Employment	Receive Employment Assessment	Assess Conforms to DOH/DDD Regs	Have Career Development Plan	Receive Employment Services
□ 1997	45%	50%	0%	0%	0%	0%
■ 1998	63%	63%	100%	83%	50%	67%
■ 1999	60%	44%	80%	75%	50%	25%
■ 2000	62%	46%	100%	88%	100%	83%
□ 2001	100%	85%	100%	92%	36%	55%
■ 2002	79%	71%	73%	64%	50%	30%
■ 2004	73%	67%	91%	9%	0%	40%
■ 2005	47%	40%	100%	43%	17%	17%
■ 2006	88%	65%	80%	20%	9%	9%
■ 2007	81%	56%	85%	69%	78%	78%
■ 2008	56%	50%	78%	67%	63%	25%
■ 2009	88%	63%	93%	57%	50%	60%
■ 2010	81%	63%	85%	69%	40%	40%

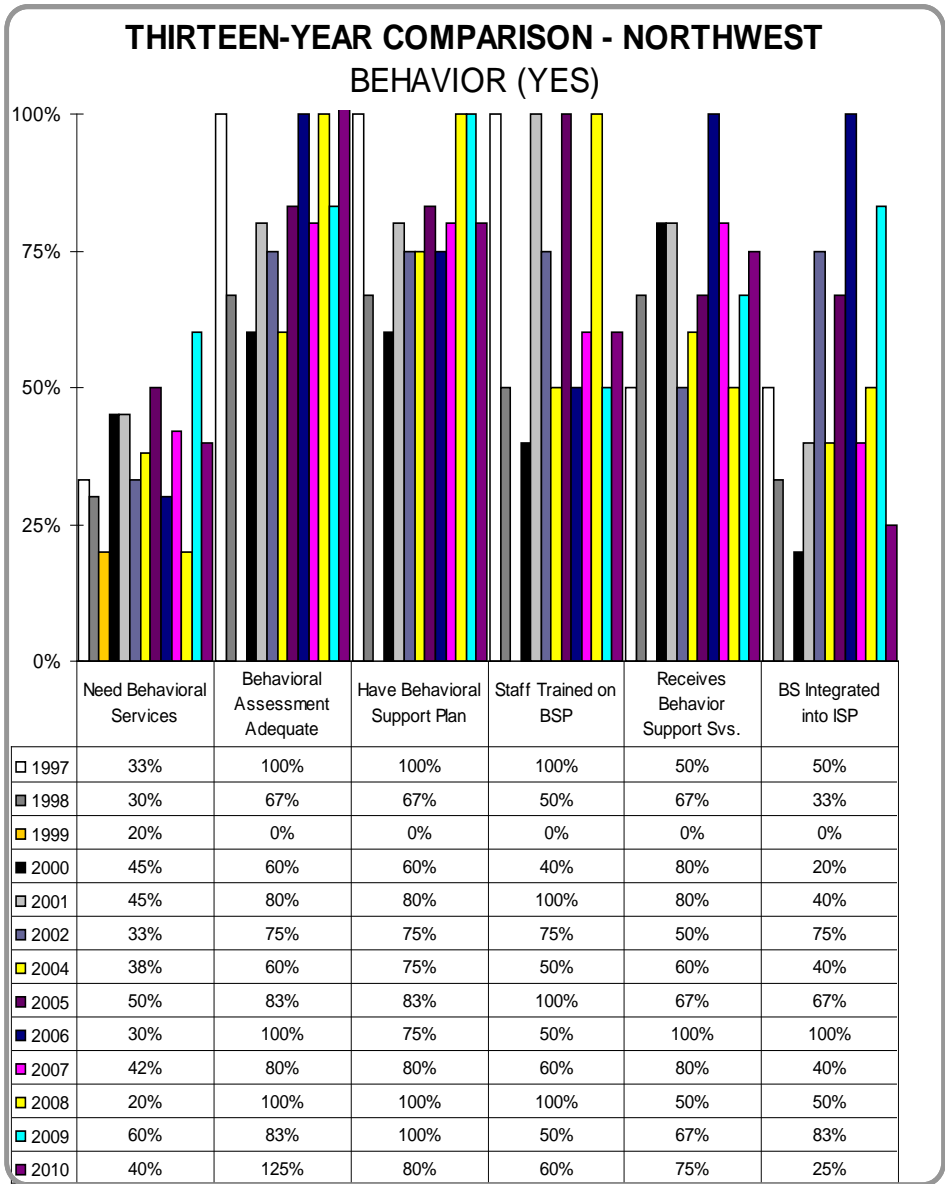
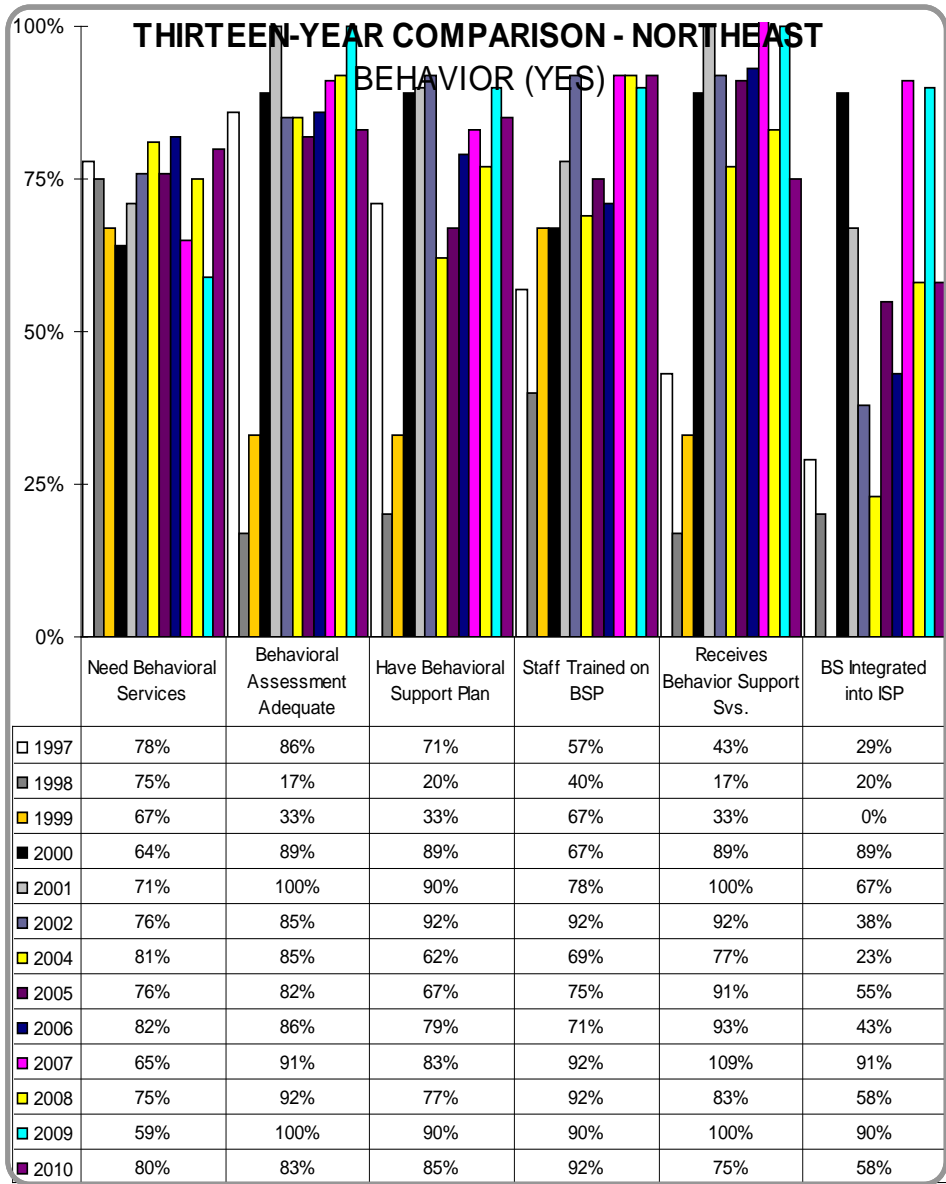
THIRTEEN-YEAR COMPARISON - SOUTHWEST

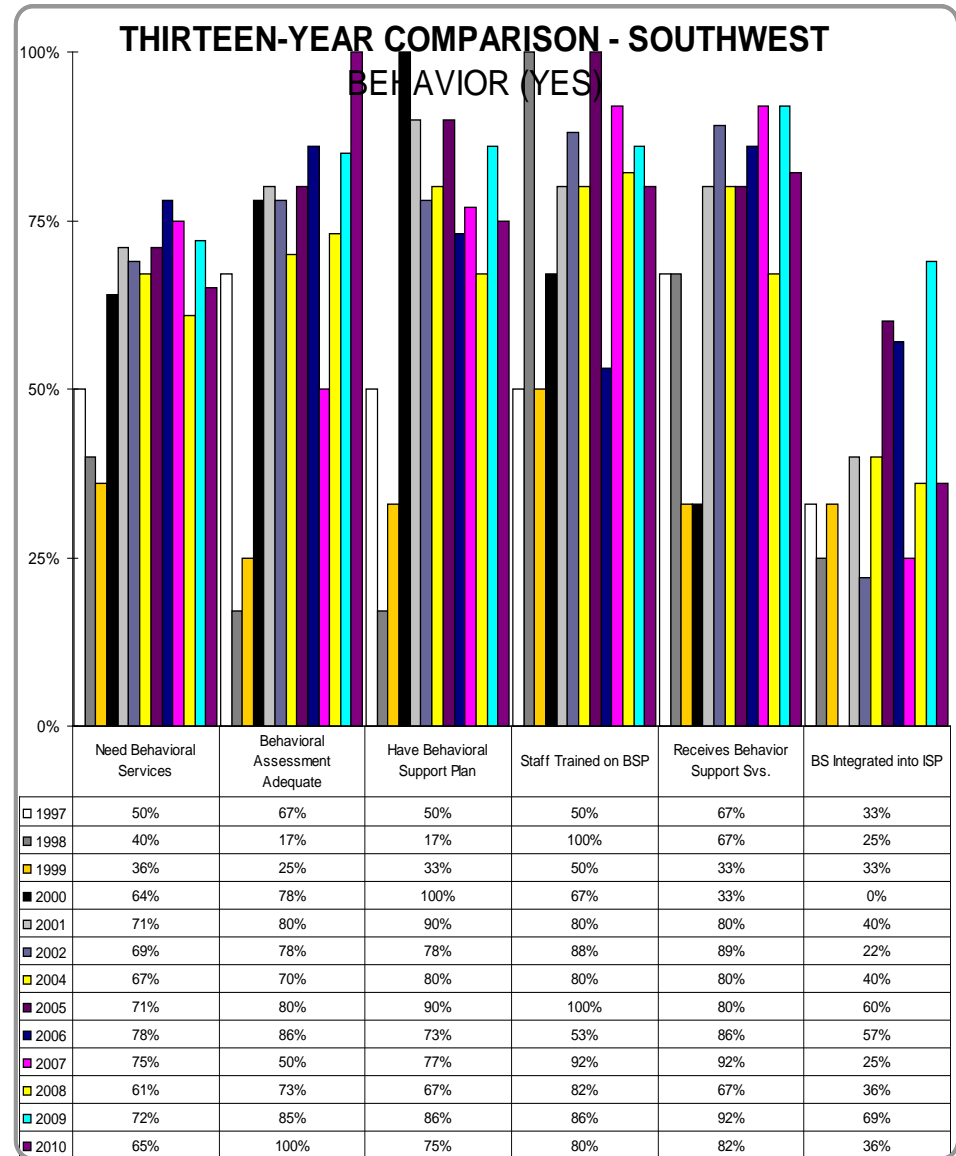
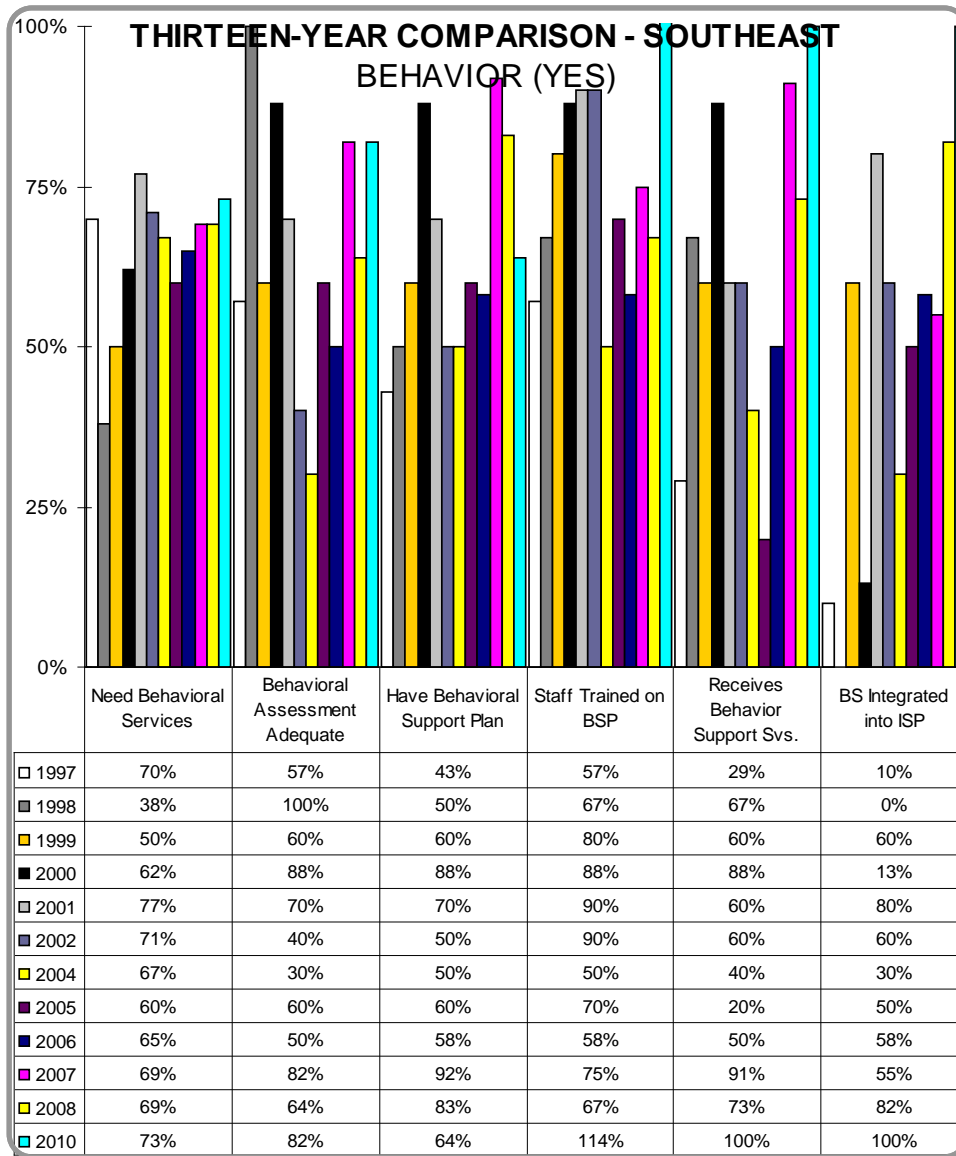
SUPPORTED EMPLOYMENT (YES)



	Need Vocational Assessment	Need Supported Employment	Receive Employment Assessment	Assess Conforms to DOH/DDD Regs	Have Career Development Plan	Receive Employment Services
□ 1997	50%	50%	33%	33%	33%	16%
■ 1998	40%	40%	17%	25%	20%	0%
■ 1999	73%	36%	75%	100%	83%	100%
■ 2000	86%	57%	92%	25%	25%	25%
□ 2001	100%	50%	100%	100%	43%	43%
■ 2002	85%	69%	100%	82%	22%	22%
■ 2004	100%	67%	100%	40%	40%	20%
■ 2005	79%	71%	91%	36%	20%	20%
■ 2006	89%	78%	75%	31%	21%	21%
■ 2007	88%	75%	93%	57%	42%	58%
■ 2008	94%	94%	71%	29%	18%	18%
■ 2009	61%	61%	100%	73%	64%	36%
■ 2010	79%	59%	85%	38%	20%	50%







APPENDIX D. METHODOLOGY

A. Preparation for the 2010 Community Practice Review

In a continuing effort to help case managers, providers, Developmental Disabilities Supports Division (DDSD) staff and others prepare for the 2010 Community Practice Review, the Community Monitor sent the protocol document to DOH/DDSD and other parties the week of February 15, 2010. Everyone was invited to offer suggestions designed to clarify expectations or to improve the process by May 28, 2010. No suggestions for change or modification were made.

The questions and measurable indicators added to the Quality of Life section of the 2005 protocol were continued in the 2010 protocol document. These questions were intended to, and in fact did, provide more measurable indicators of a good life, namely: what valued roles, memberships, and personal relationships class members are enjoying. Reviewers continued to list all of the assistive technology/augmentative communication devices required and available for the class member(s) they reviewed.

In an effort to make the protocol easily accessible when preparing for or undergoing the review the protocol book and related notes of clarification were continuously available on the internet before and throughout the review process to anyone interested in preparing for or curious about the review process. The web site address is www.jacksoncommunityreview.org.

A step-by-step guide designed specifically for reviewers was updated and also posted on the web site. The guide designed for individuals within the regional offices who are responsible for assisting with Review preparation did not change from 2009. These guides outline expectations and timelines for what is to happen, who is to do it and by when. They also outline the performance expectations for each group.

The Community Practice Review State Review Coordinator for the Department of Health (DOH) and the Community Monitor provided a one and a half day training for potential reviewers. This training took place August 4 and 5, 2010. Requirements from previous years were incorporated into this training along with an introduction to the electronic protocol which was initiated by the CPR DDSD Review Team in 2009. New reviewers were then required to conduct an actual review during the Metro Round 1 review, including all required interviews, complete the entire protocol book, and have their protocol book case judged. Case judges met with reviewers through WebEx and remote telephone contact to discuss issues and case judge each book. All first time reviewers were mentored or 'shadowed' by an experienced and approved reviewer. All reviewers were evaluated at the conclusion of the training review.

B. The Review: 107 Reviewed (32% of the Class)

As has been the case, the 2010 Community Practice Review consisted of four phases. Each phase and its focus are outlined below.

Phase I Sample Selection, Review Preparation

July 2010 to February 2011

Generally, the following activities took place during this phase.

- Each regional office provided a current list of Jackson Class Members to the Community Monitor.
- The Community Monitor and the DHI CPR Coordinator reconciled the regional list to account for changes which may have occurred since the last review.
- The Community Monitor selected the sample for each region and provided the list of class members to be reviewed to each of the regional offices at least 45 calendar days in advance of the Monday of the “Early Bird”¹⁴ week.
- Each regional office gathered documents required for the review. They did this in concert with local independent case managers.
- The State Coordinator of the Review at DHI, in collaboration with the Regional Staff Manager, assigned reviewers to class members. The Community Monitor, working collaboratively with the State Coordinator of the Review, assigned Case Judges to individual class members.
- The State CPR Team scanned and provided a disk containing copies of available documents to reviewers seven days in advance of each person’s review date.
- Case Judges received a duplicate disk at the same time or shortly thereafter.

REGION	NUMBER IN REGION	NUMBER IN SAMPLE	SAMPLE SIZE
Metro	187	49	26%
Northeast	37	15	41%
Northwest	23	10	43%
Southeast	37	16	43%
Southwest	46	17	37%
Total	330	107	32%

The reconciled total number of class members served statewide was 330. The total number of class members selected for review was 107, or 32% of the class.

As in the past, an effort was made to include at least one class member from each regional residential, day and case management agency in the sample. In addition, there was an attempt to equitably choose the proportion of class members selected from a given agency based on the number of class members served by that agency.

A random table of numbers was used to determine the people selected to be in the sample.

In 2005 the parties agreed to a change in the method of selecting the sample for review. That exception continued for 2010; that is, in an instance in which an individual class member was chosen to be in a review and that class member had been reviewed multiple times before and a person on the list immediately above or

¹⁴ The week prior to the on site review week is referred to as the “Early Bird” review. Reviewers may choose to review during the “Early Bird” week and/or the following week when the Community Monitor is ‘on site’. Regardless of which week a person reviews, all books are reviewed by a Case Judge.

below the selected class member had been reviewed only once or a few times, the class member with fewer reviews was substituted and reviewed. In 2006 the Regional DDSD Offices asked, and the Parties agreed, that class members would not be reviewed two consecutive years in a row unless there were concerns which warranted two consecutive reviews. Also, the Regions requested that a case manager not have more than two class members in a given review given the intensity of the document production and interview schedule that is required. The Community Monitor has tried to honor both of these requests since 2006.

Reviewers and Case Judges

All reviewers were Department of Health Staff. Reviewers were assigned by the CPR State Coordinator. Case judges were, to the extent possible, assigned based on the needs of the class member. For example, if a class member had communication challenges, a meal time plan and/or was on the aspiration list, an effort was made to assign him/her to the case judge with experience in physical and nutritional supports and/or a Speech Language Pathologist. If a class member had mental health/behavioral challenges a case judge with knowledge/experience in supporting people with those challenges was assigned and so on.

Phase II Information Gathering

August 2010 to March 2011

The Chart below details the dates during which the reviews took place.

EB = Early Bird Week

Region	Date of Review	Region	Date of Review
Metro Round 1	August 16-20, 2010 EB August 23-27, 2010	Northwest	November 29-December 3, 2010 EB December 6 to 10, 2010
Southwest	September 20-24, 2010 EB September 27-October 1, 2010	Southeast	January 24-28, 2011 EB January 31-February 4, 2011
Northeast	October 18-22, 2010 EB October 25-29, 2010	Metro Round 2	February 21-25, 2011 EB February 28-March 4, 2011

530 Personal Interviews Conducted

All sample class members were visited¹⁵. There were approximately 530 individuals interviewed during the review. The protocol calls for interviews with:

- each individual class member in the sample;
- each class member's guardian, if there is one;
- each class member's independent case manager;
- each class member's direct support staff from day/supported employment services;
- each class member's residential direct support staff; and
- others as needed and/or possible (nurses, BSC, PT, SLP and OT).

Programmatic and clinical documentation was reviewed

Documents specified in the regional office guides were requested and reviewed by both the reviewer and case judge for each class member. At the suggestion of providers and case managers, the Review continues to provide a process that allows case managers and providers to locate and present documentation which, during the Review, is not found. Reviewers were instructed to record requests made to case managers and/or providers for documentation that was needed but missing from the file. Once a request was made to the case manager or provider for missing information they were given 24 hours to provide that material to the reviewer for consideration during the review. In some cases, the Community Monitor approved information which came in after the 24 hour period to be incorporated and considered as a part of the review. For example, some Teams bring documents to the meeting with the Community Monitor which takes place approximately 3 weeks after the review.

Observations of class members

While not all class members can verbally exchange information during a personal interview, reviewers did meet, spend time with and observe class members. Even without verbal communication it is relatively easy to understand much of what is being communicated by body language, gestures, reactions or through the use of augmentative communication devices. Reviewers sought out opportunities to see the class member engaged in supports and services identified as a part of his/her ISP including day and residential services. In some cases, Reviewers also observed class members at work if it was not intrusive or objectionable to the class member or employer. These observations are extremely helpful when verifying things such as whether or not equipment is present and being used and whether or not staff follow identified protocols.

Recording findings and case judging

For each class member, the reviewer electronically filled out the 118 pages of the protocol book, scored 146 questions, for each question recorded the facts which were the basis for their scoring, and recorded priority findings and recommendations. This information was then reviewed and reconciled with a case judge.

¹⁵ One class member passed away immediately preceding when he was to be reviewed. Out of respect for his Team, fewer interviews took place with his team members. Another class member's Family Living Provider had a family member in the hospital the week of the review so an alternative review schedule was put in place.

Involvement of DDS external consultants

All three of the DDS/DOH consultants were invited to participate in this Review by receiving relevant scores according to their areas of expertise, reviewing them and providing feedback to the case judge prior to the conclusion of each review.

As in past years, Ruby Moore, Supported Employment Consultant, reviewed and reconciled with reviewers/case judges the scores of all class members in the Supported Employment area. As each on-site review took place, Chris Heimerl, Behavioral Consultant, received the behavioral scores of all class members in the review. Likewise, Sheela Stuart, Assistive Technology Consultant and Jessica Pederson, OT Consultant, received the scores of class members in the Assistive Technology, Augmentative Communication and Adaptive Equipment area. Mr. Heimerl asked questions and offered comments to the reviewer and case judge when he felt it necessary. Likewise, if the Community Monitor had questions, she communicated directly with the consultants.

Status report at the end of the on-site review week

On Friday morning of the Review week, the reviewers, case judges and the Community Monitor met to provide a status report and to discuss preliminary findings¹⁶. This includes a detailed discussion of the findings and recommendations for everyone including those with Immediate and Special Needs. These status update meetings typically included regional office staff and representatives from DDS.

In the earlier years of the Review, individual findings and recommendations were provided in writing to the regional offices several weeks after the on-site review. In an effort to recognize good practice and swiftly correct identified problems, for the past six years the draft individual findings and recommendations have been presented in writing no later than the Friday of the on-site Review week as part of the status report. This provides the regional office staff, particularly the staff person assigned to do follow up for each class member, an opportunity to seek clarification on relevant findings and recommendations directly from the reviewer and case judge. This also affords regional office staff the chance to provide historical or other available information (anecdotal or quantifiable documentation) along with valuable feedback on wording and terminology to ensure clarity, accuracy and cultural sensitivity.

The individual findings and recommendations for each class member in the sample were reviewed and edited multiple times to ensure clarity, accuracy and reasonableness. A brief description of the development and review/editing of individual summaries follows. First, each DOH/DHI/DDS reviewer wrote individual summaries, findings and recommendations for the class member reviewed. Then:

review/edit #1: Each individual summary was reviewed and edited by the DOH/DDS reviewer and his/her case judge during the Review week.

¹⁶ The Status Summary for the Southeast Region had to be postponed due to the Governor issuing a state office closure order. The Status Summary took place the following week telephonically.

- review/edit #2:** All individual summaries were sent to the Community Monitor to review. The Community Monitor reviewed and sought clarification as needed from the reviewer/case judge, and edited. Then the findings were sent to the Regional Director, the DDS Director and others as requested by DDS.
- review/edit #3:** During the Status Summary discussion on Friday of the on-site Review week, additional editing was done, as needed, to include comments and recommendations and additional documentation provided by the regional office staff.
- review/edit #4:** If changes were agreed to during the Status Report Meeting, the Community Monitor made those changes the first three days following the on-site Review and reissued the new DRAFT findings and recommendations for the class members so they could be sent to Teams as quickly as possible after the on site Review.
- review/edit #5:** Consistent with the Plan of Action (POA), Individual Service Planning, Desired Outcome C, Activity #2, if DDS disagrees with a finding or recommendation they notify the Community Monitor in writing (IRR) indicating the reason for the disagreement. The Community Monitor reviews this information and then determines if she will modify, drop or retain the finding/recommendation in question.
- review/edit #6** Within 30 days following the on-site review, the Community Monitor met with representatives of class members and their teams including class members, guardians, case managers, day and residential providers, job coaches, nurses therapists, etc. The Community Monitor met with over 900 team members during the 2010 Community Practice Review. The State DOH CPR Coordinator and Regional DDS representatives also attended these meetings. Like last year, Team members were invited to propose new or different recommendations if they felt they had a more effective means of addressing the finding. If the Team felt information had been missed they could also provide additional documents. As needed, additional information was added or changes made to the individual recommendations after the meeting with the person and/or his/her team. Those changes were made by the Community Monitor and sent to the Regional Director and the DOH/DDS CPR Lead for distribution.

Phase III Clarification, Data Entry and Analysis

August 2010 to April 2011

In addition to the individual findings and recommendations and the recording of individual demographic data (questions 1-25), the numerical ratings for questions 26 to 147 were recorded by each reviewer and reviewed with a case judge. The protocols are then electronically transmitted to the Community Monitor.

Following the on-site reviews, the protocol books were reviewed for completeness, accuracy and clarity. Scores from the protocol books were entered into a database provided by DOH. Copies of the scoring sheets from the protocol books, along with an electronic version of the database, are sent to DOH for a 100% quality review. No response from DOH has been received regarding scores for four years.

Phase IV Conclusion, Writing, Editing

August 2010 to April 2011

The information gathered as part of this process was brought together, analyzed and forms the foundation of each of the regional reports. Initially, the Community Monitor reviewed and analyzed the information and summarized her preliminary findings in PowerPoint presentations for each region. This information was sent to the appropriate Regional Director for review and comment. Then all of the PowerPoint presentations are sent to the Parties and posted on the Review website for easy access by class members, families, case managers, providers and interested others. After the completion of all regional reviews and reports the statewide information was brought together, analyzed and forms the foundation of this statewide report.

PowerPoint reports were issued on the following dates:

REGION	REVIEW END DATE	REPORT ISSUED TO DDSD, THEN THE PARTIES
Metro1	August 27, 2010	9/22/2010 10/12/2010
Southwest	October 1, 2010	11/17/2010 11/24/2010
Northeast	October 29, 2010	11/24/2010 12/1/2010
Northwest	December 10, 2010	1/25/2011 2/8/2011
Southeast	February 4, 2011	3/7/2011 3/16/2011
Metro2	March 4, 2011	4/1/2011 4/12/2011
Statewide	April 16, 2011	May 5, 2011

APPENDIX E. STATEWIDE COMMUNITY PRACTICE REVIEW DATA 2005-2010

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
EXPECTATIONS OF GROWTH & QUALITY OF LIFE						
31. Does the case manager have an appropriate expectation of growth for this person?	60% Yes (61) 38% Partial (38) 2% No (2)	48% Yes (53) 50% Partial (55) 3% No (3)	71% Yes (65%) 36 Partial (33%) 3 No (3%)	61% Yes (65) 35% Partial (37) 5% No (5)	62% Yes (67) 32% Partial (35) 6% No (6)	75% Yes (79) 20% Partial (21) 6% No (6) (1 not scored)
42. Does the [day services] direct service staff have an appropriate expectation of growth for this person?	67% Yes (67) 32% Partial (32) 1% No (1) (1 not scored)	59% Yes (66) 38% Partial (42) 3% No (3)	75% Yes (83) 19% Partial (21) 5% No (6)	68% Yes (73) 26% Partial (28) 6% No (6)	80% Yes (86) 17% Partial (18) 4% No (4)	83% Yes (86) 17% Partial (18) (3 not scored)
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	68% Yes (68) 31% Partial (31) 1% No (1) (1 not scored)	63% Yes (70) 37% Partial (41)	68% Yes (75) 31% Partial (34) 1% No (1)	65% Yes (70) 29% Partial (31) 6% No (6)	71% Yes (76) 28% Partial (30) 1% No (1)	81% Yes (86) 18% Partial (19) 1% No (1) (1 not scored)
84. Based on all of the evidence, in the opinion of the reviewer, has the person achieved progress in the past year?	64% Yes (64) 30% Partial (30) 6% No (6) (1 CND)	56% Yes (60) 43% Partial (46) 2% No (2) (3 CND)	66% Yes (71) 32% Partial (35) 2% No (2) (2 CND)	56% Yes (58) 40% Partial (42) 4% No (4) (3 CND)	59% Yes (63) 40% Partial (43) 1% No (1) (1 CND)	55% Yes (58) 42% Partial (45) 3% No (3) (1 CND)
85. Overall, does the IDT have an appropriate expectation of growth for this person?	47% Yes (47) 52% Partial (53) 1% No (1)	32% Yes (35) 68% Partial (76)	51% Yes (56) 49% Partial (54)	45% Yes (48) 55% Partial (59)	45% Yes (49) 54% Partial (58) 1% No (1)	63% Yes (67) 37% Partial (39)
86. Was the person provided the assistance and support needed to participate meaningfully in the planning process?	87% Yes (81) 10% Partial (9) 3% No (3) (8 CND)	74% Yes (80) 24% Partial (26) 2% No (2) (3 CND)	82% Yes (84) 17% Partial (17) 2% No (2) (7 CND)	73% Yes (73) 24% Partial (24) 3% No (3) (7 CND)	77% Yes (82) 21% Partial (22) 2% No (2) (2 CND)	84% Yes (89) 16% Partial (17) (1 CND)
87. Is the person offered a range of opportunities for participation in each of the life areas?	60% Yes (56) 37% Partial (34) 3% No (3) (8 CND)	53% Yes (56) 42% Partial (44) 5% No (5) (6 CND)	73% Yes (72) 24% Partial (24) 2% No (2) (12 CND)	63% Yes (59) 35% Partial (33) 2% No (2) (13 CND)	82% Yes (81) 15% Partial (15) 3% No (3) (9 CND)	70% Yes (69) 25% Partial (27) 3% No (3) (8 CND)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
88. Does the person have the opportunity to make informed choices?	69% Yes (38) 27% Partial (15) 4% No (2) (46 CND)	50% Yes (29) 50% Partial (29) (53 CND)	75% Yes (27) 25% Partial (9) (74 CND)	57% Yes (26) 43% Partial (20) (61 CND)	74% Yes (39) 26% Partial (14) (55 CND)	84% Yes (36) 16% Partial (7) (64 CND)
89. About where and with whom to live?	85% Yes (46) 11% Partial (6) 4% No (2) (47 CND)	67% Yes (37) 29% Partial (16) 4% No (2) (56 CND)	90% Yes (35) 10% Partial (4) (71 CND)	71% Yes (30) 19% Partial (8) 10% No (4) (65 CND)	82% Yes (37) 16% Partial (7) 2% No (1) (63 CND)	86% Yes (38) 9% Partial (4) 5% No (2) (63 CND)
90. About where and with whom to work/spend his/her day?	78% Yes (43) 18% Partial (10) 4% No (2) (46 CND)	63% Yes (36) 32% Partial (18) 5% No (3) (54 CND)	81% Yes (34) 19% Partial (8) (68 CND)	71% Yes (35) 29% Partial (14) (58 CND)	85% Yes (46) 15% Partial (8) (54 CND)	84% Yes (38) 16% Partial (7) (62 CND)
91. About where and with whom to socialize/spend leisure time?	83% Yes (50) 13% Partial (8) 3% No (2) (41 CND)	65% Yes (41) 33% Partial (21) 2% No (1) (48 CND)	85% Yes (34) 15% Partial (6) (70 CND)	67% Yes (35) 29% Partial (15) 4% No (2) (55 CND)	83% Yes (49) 17% Partial (10) (49 CND)	86% Yes (37) 14% Partial (6) (64 CND)
92. Does the evidence support that providers do not prevent the person from pursuing relationships and are respecting the rights of this person?	96% Yes (96) 3% Partial (3) 1% No (1) (1 CND)	94% Yes (104) 5% Partial (6) 1% No (1)	97% Yes (104) 3% Partial (3) (3 CND)	93% Yes (97) 7% Partial (7) (3 CND)	96% Yes (99) 3% Partial (3) 1% No (1) (5 CND)	99% Yes (100) 1% Partial (1) (6 CND)
93. Overall, were the direct service staff interviewed trained on the provider's complaint process and on abuse, neglect and exploitation?	41% Yes (41) 55% Partial (56) 4% No (4)	54% Yes (60) 45% Partial (50) 1% No (1)	62% Yes (68) 38% Partial (42)	61% Yes (65) 39% Partial (42)	62% Yes (67) 38% Partial (41)	75% Yes (80) 25% Partial (27)
94. Does this person and/or guardian have adequate access to the available complaint processes/procedures?	77% Yes (65) 15% Partial (13) 7% No (6) (17 CND)	79% Yes (79) 18% Partial (18) 3% No (3) (11 CND)	89% Yes (89) 6% Partial (6) 5% No (5) (10 CND)	90% Yes (86) 8% Partial (8) 2% No (2) (11 CND)	85% Yes 87 10% Partial (10) 5% No (5) (6 CND)	97% Yes (99) 2% Partial (2) 1% No (1) (5 CND)
95. Does this person know his/her guardian?	100% Yes (5 N/A, 54 CND)	94% Yes (47) 6% No (3) (1 N/A, 60 CND)	97% Yes (36) 3% No (1) (73 CND)	97% Yes (30) 3% No (1) (3 NA, 73 CND)	100% Yes (45) (2 N/A, 61 CND)	100% Yes (35) (4 N/A, 68 CND)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
96. Does this person believe the guardian is helpful?	75% Yes (12) 25% No (4) (5 N/A, 80 CND)	100% Yes (20) (1 N/A, 90 CND)	100% Yes (19) (91 CND)	100% Yes (7) (2 N/A, 98 CND)	100% Yes (14) (2 N/A, 92 CND)	100% Yes (9) (4 N/A, 94 CND)
97. What is the level of participation of the legal guardian in this person's life and service planning?	40% Active (38) 35% Moderate (33) 24% Limited (23) 1% None (1) (6 N/A)	33% Active (36) 42% Moderate (46) 21% Limited (23) 5% None (5) (1 N/A)	39% Active (43) 36% Moderate (40) 24% Limited (26) 1% None (1)	53% Active (56) 26% Moderate (28) 18% Limited (19) 3% None (3) (1 N/A)	39% Active (41) 48% Moderate (50) 13% Limited (14) (3 N/A)	45% Active (47) 35% Moderate (36) 16% Limited (17) 4% None (4) (3 N/A)
98. In the Reviewer's opinion, does the person need a friend advocate?	5% Yes (5) 95% No (96)	14% Yes (16) 86% No (95)	9% Yes (10) 91% No (100)	8% Yes (9) 92% No (98)	6% Yes (6) 94% No (102)	7% Yes (8) 93% No (99)
99. Does the person have a friend advocate?	0% Yes (0) 100% No (7) (94 N/A)	11% Yes (2) 89% No (16) (93 N/A)	17% Yes (2) 83% No (10) (98 N/A)	0% Yes 100% No (10) (97 N/A)	0% Yes 100% No (6) (102 N/A)	22% Yes (2) 78% No (7) (98 N/A)
100. If the person is retired, does he/she have adequate opportunities to engage in activities of interest during the day?	70% Yes (14) 30% Partial (6) (80 N/A, 1 CND)	22% Yes (2) 78% Partial (7) (100 N/A, 2 CND)	82% Yes (9) 18% Partial (2) (96 N/A, 3 CND)	57% Yes (8) 43% Partial (6) (92 N/A, 1 CND)	88% Yes (14) 13% Partial (2) (91 N/A, 1 CND)	91% Yes (21) 9% Partial (2) (84 N/A)
101. Does the person have daily choices/appropriate autonomy over his/her life?	74% Yes (75) 23% Partial (23) 3% No (3)	60% Yes (67) 36% Partial (40) 4% No (4)	70% Yes (77) 27% Partial (30) 3% No (3)	65% Yes (70) 32% Partial (34) 3% No (3)	80% Yes (86) 19% Partial (20) 2% No (2)	79% Yes (85) 17% Partial (18) 4% No (4)
102. Have the person's cultural preferences been accommodated?	96% Yes (87) 3% Partial (3) 1% No (1) (10 CND)	87% Yes (93) 13% Partial (14) (4 CND)	93% Yes (95) 6% Partial (6) 1% No (1) (8 CND)	90% Yes (90) 10% Partial (10) (7 CND)	98% Yes (99) 2% Partial (2) (7 CND)	91% Yes (96) 9% Partial (9) (2 CND)
103. Is the person treated with dignity and respect?	75% Yes (76) 25% Partial (25)	50% Yes (56) 49% Partial (54) 1% No (1)	65% Yes (71) 35% Partial (38) 1% No (1)	64% Yes (69) 36% Partial (38)	56% Yes (60) 44% Partial (48)	75% Yes (80) 25% Partial (26) (1 not scored)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
SATISFACTION						
104. Overall, is the person satisfied with the current services?	73% Yes (27) 27% Partial (10) (64 CND)	66% Yes (31) 34% Partial (16) (64 CND)	94% Yes (29) 6% Partial (2) (79 CND)	85% Yes (23) 15% Partial (4) (80 CND)	91% Yes (41) 9% Partial (4) (63 CND)	90% Yes (36) 10% Partial (4) (67 CND)
105. Does the person get along with the case manager?	100% Yes (27) (74 CND)	96% Yes (23) 4% Partial (1) (87 CND)	100% Yes (22) (87 CND)	100% Yes (15) (92 CND)	95% Yes (21) 5% Partial (1) (86 CND)	100% Yes (16) (91 CND)
106. Does the person find the case manager helpful?	100% Yes (14) (87 CND)	87% Yes (13) 13% Partial (2) (96 CND)	93% Yes (13) 7% Partial (1) (95 CND)	100% Yes (7) (100 CND)	93% Yes (13) 7% Partial (1) (94 CND)	100% Yes (6) (101 CND)
107. Does the legal guardian find the case manager helpful?	82% Yes (58) 11% Partial (8) 7% No (5) (7 N/A, 23 CND)	81% Yes (63) 13% Partial (10) 6% No (5) (1 N/A, 32 CND)	87% Yes (83) 6% Partial (6) 6% No (6) (14 CND)	94% Yes (78) 2% Partial (2) 4% No (3)	90% Yes (78) 9% Partial (8) 1% No (1) (1 N/A, 20 CND)	94% Yes (63) 6% Partial (4) (3 N/A, 37 CND)
108. Does the person have adequate food and drink available?	98% Yes (87) 2% Partial (2) (12 CND)	99% Yes (99) 1% Partial (1) (11 CND)	99% Yes (102) 1% Partial (1) (7 CND)	99% Yes (91) 1% No (1) (9 CND)	98% Yes (94) 2% Partial (2) (12 CND)	100% Yes (97) (10 CND)
109. Does the person have adequate transportation to meet his/her needs?	90% Yes (90) 9% Partial (9) 1% No (1) (1 CND)	88% Yes (97) 11% Partial (12) 1% No (1) (1 CND)	91% Yes (96) 9% Partial (9) (5 CND)	86% Yes (89) 14% Partial (14) (4 CND)	87% Yes (92) 12% Partial (13) 1% No (1) (2 CND)	93% Yes (98) 7% Partial (7) (2 CND)
110. Does the person have sufficient personal money?	88% Yes (75) 12% Partial (10) (16 CND)	86% Yes (89) 14% Partial (14) (8 CND)	91% Yes (92) 9% Partial (9) (9 CND)	91% Yes (86) 8% Partial (8) 1% No (1) (21 CND)	89% Yes (86) 11% Partial (11) (11 CND)	89% Yes (88) 10% Partial (10) 1% No (1) (7 CND, 1 not scored)
111. Does the person get along with their day program/employment staff?	96% Yes (65) 4% Partial (3) (2 N/A, 31 CND)	98% Yes (79) 2% Partial (2) (2 N/A, 28 CND)	100% Yes (65) (45 CND)	97% Yes (63) 3% Partial (2) (1 N/A, 41 CND)	99% Yes (70) 1% Partial (1) (1 N/A, 36 CND)	100% Yes (58) (1 N/A, 48 CND)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
112. Does the person get along with the residential provider staff?	99% Yes (83) 1% Partial (1) (1 N/A, 16 CND)	98% Yes (88) 2% Partial (2) (21 CND)	100% Yes (76) (34 CND)	100% Yes (73) (34 CND)	99% Yes (78) 1% Partial (1) (29 CND)	100% Yes (75) (32 CND)
ASSESSMENTS						
57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts?	54% Yes (55) 44% Partial (44) 2% No (2)	44% Yes (49) 55% Partial (61) 1% No (1)	64% Yes (70) 35% Partial (39) 1% No (1)	63% Yes (67) 36% Partial (39) 1% No (1)	65% Yes (70) 35% Partial (38)	49% Yes (52) 51% Partial (55)
58. Did the team arrange for and obtain the needed, relevant assessments?	33% Yes (33) 66% Partial (67) 1% No (1)	22% Yes (24) 77% Partial (86) 1% No (1)	41% Yes (45) 57% Partial (63) 2% No (2)	39% Yes (42) 60% Partial (64) 1% No (1)	47% Yes (51) 53% Partial (57)	40% Yes (43) 60% Partial (64)
59. Are the assessments adequate for planning?	53% Yes (54) 45% Partial (45) 2% No (2)	46% Yes (51) 52% Partial (58) 2% No (2)	55% Yes (61) 43% Partial (47) 2% No (2)	64% Yes (68) 36% Partial (39)	64% Yes (69) 36% Partial (39)	59% Yes (63) 40% Partial (40) 1% No (1)
60. Were the recommendations from assessments used in planning?	54% Yes (55) 43% Partial (43) 3% No (3)	40% Yes (44) 59% Partial (66) 1% No (1)	37% Yes (41) 56% Partial (62) 6% No (7)	47% Yes (50) 47% Partial (50) 7% No (7)	47% Yes (51) 50% Partial (54) 3% No (3)	46% Yes (49) 49% Partial (52) 6% No (6)
ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES						
61. Is there a document called an Individual Service Plan (ISP) that was developed within the last year?	99% Yes (100) 1% No (1)	99% Yes (110) 1% No (1)	99% Yes (109) 1% No (1)	100% Yes (107)	99% Yes (107) 1% No (1)	100% Yes (107)
62. Was the ISP developed by an appropriately constituted IDT?	56% Yes (56) 44% Partial (44) (1 N/A)	45% Yes (49) 55% Partial (60) 1% No (1) (1 N/A)	51% Yes (56) 48% Partial (53) 1% No (1)	50% Yes (53) 50% Partial (54)	55% Yes (59) 45% Partial (48) (1 N/A)	54% Yes (58) 45% Partial (48) 1% No (1)
63. For any team members not physically present at the IDT meeting, is there evidence of their participation in the	39% Yes (24) 39% Partial (24) 23% No (14) (39 N/A)	38% Yes (31) 35% Partial (28) 27% No (22) (30 N/A)	35% Yes (29) 40% Partial (33) 24% No (20) (28 N/A)	36% Yes (28) 36% Partial (28) 28% No (22) (29 CND)	53% Yes (44) 28% Partial (23) 19% Yes (16) (25 N/A)	56% Yes (45) 40% Partial (32) 5% No (4) (26 N/A)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
development of the ISP?						
64. Overall, is the long-term vision adequate?	51% Yes (51) 48% Partial (48) 1% No (1) (1 N/A)	41% No (45) 54% Partial (59) 5% No (6) (1 N/A)	50% Yes (55) 45% Partial (50) 5% No (5)	50% Yes (54) 39% Partial (42) 10% No (11)	58% Yes (62) 41% Partial (44) 1% No (1) (1 N/A)	61% Yes (65) 37% Partial (40) 2% No (2)
65*. Overall, does the Narrative and/or Progress Towards Reaching the Long-Term Vision Section of the ISP give adequate guidance to achieving the person's long-term vision?	62% Yes (62) 36% Partial (36) 2% No (2) (1 N/A)	50% Yes (55) 45% Partial (50) 5% No (5) (1 N/A)	56% Yes (62) 42% Partial (46) 2% No (2)	60% Yes (64) 37% Partial (40) 3% No (3)	72% Yes (77) 28% Partial (30) (1 N/A)	69% Yes (74) 29% Partial (31) 2% No (2)
66*. Overall, is Vision Section of the ISP used as the basis for outcome development?	59% Yes (59) 33% Partial (33) 8% No (8) (1 N/A)	57% Yes (63) 35% Partial (39) 7% No (8) (1 N/A)	55% Yes (60) 43% Partial (47) 3% No (3)	77% Yes (82) 21% Partial (23) 2% No (2)	86% Yes (92) 14% Partial (15) (1 N/A)	80% Yes (86) 19% Partial (20) 1% No (1)
67*. Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcome (s) have been achieved?	45% Yes (45) 44% Partial (44) 11% No (11) (1 N/A)	35% Yes (39) 55% Partial (60) 10% No (11) (1 N/A)	38% Yes (42) 54% Partial (59) 8% No (9)	33% Yes (35) 47% Partial (50) 21% No (22)	51% Yes (55) 44% Partial (47) 5% No (5) (1 N/A)	64% Yes (68) 33% Partial (35) 4% No (4)
68*. Overall, are the ISP outcomes related to achieving the person's long-term vision?	61% Yes (61) 35% Partial (35) 4% No (4) (1 N/A)	50% Yes (55) 46% Partial (51) 4% No (4) (1 N/A)	72% Yes (79) 27% Partial (30) 1% No (1)	75% Yes (80) 22% Partial (24) 3% No (3)	87% Yes (93) 13% Partial (14) (1 N/A)	84% Yes (90) 16% Partial (17)
69*. Overall, do the ISP outcomes address the person's major needs?	52% Yes (52) 47% Partial (47) 1% No (1) (1 N/A)	47% Yes (52) 49% Partial (54) 4% No (4) (1 N/A)	50% Yes (55) 47% Partial (52) 3% No (3)	41% Yes (44) 50% Partial (54) 8% No (9)	60% Yes (64) 40% Partial (43) (1 N/A)	63% Yes (67) 36% Partial (38) 2% No (2)
70*. Overall, are the Action Plans specific and relevant to assisting the person in achieving his/her outcomes?	43% Yes (43) 42% Partial (42) 15% No (15) (1 N/A)	39% Yes (43) 53% Partial (58) 8% No (9) (1 N/A)	49% Yes (54) 46% Partial (51) 5% No (5)	46% Yes (49) 50% Partial (54) 4% No (4)	64% Yes (68) 34% Partial (37) 2% No (2) (1 N/A)	60% Yes (64) 36% Partial (39) 4% No (4)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
71*. Overall, are the Teaching and Support strategies sufficient to ensure consistent implementation of the services provided?	45% Yes (45) 44% Partial (44) 11% No (11) (1 N/A)	39% Yes (43) 48% Partial (53) 13% No (14) (1 N/A)	42% Yes (45) 40% Partial (43) 18% No (19) (3 N/A)	43% Yes (45) 41% Partial (43) 16% No (17) (2 N/A)	53% Yes (56) 37% Partial (39) 10% No (11) (2 N/A)	49% Yes (52) 41% Partial (43) 10% No (11) (1 N/A)
72*. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the outcomes, action plans, and Teaching and Support Strategies of the ISP?	44% Yes (42) 42% Partial (40) 14% No (13) (6 N/A)	36% Yes (38) 51% Partial (55) 13% No (14) (4 N/A)	28% Yes (30) 55% Partial (58) 17% No (18) (4 N/A)	38% Yes (40) 43% Partial (45) 18% No (19) (3 N/A)	48% Yes (51) 45% Partial (48) 7% No (7) (2 N/A)	48% Yes (51) 40% Partial (42) 12% No (13) (1 N/A)
73*. If needed, does the ISP contain a specific Crisis Prevention and Intervention Plan that meets the person's needs?	62% Yes (56) 30% Partial (27) 9% No (8) (10 N/A)	56% Yes (59) 38% Partial (40) 6% No (6) (6 N/A)	75% Yes (77) 21% Partial (22) 4% No (4) (7 N/A)	63% Yes (64) 30% Partial (31) 7% No (7) (5 N/A)	54% Yes (56) 43% Partial (45) 3% No (3) (4 N/A)	66% Yes (69) 32% Partial (33) 2% No (2) (3 N/A)
74*. Does the ISP contain information regarding primary health (medical) care?	74% Yes (74) 25% Partial (25) 1% No (1) (1 N/A)	73% Yes (80) 26% Partial (29) 1% No (1) (1 N/A)	74% Yes (81) 26% Partial (29)	82% Yes (88) 18% Partial (19)	87% Yes (93) 13% Partial (14) (1 N/A)	93% Yes (99) 7% Partial (8)
74a*. Does the ISP face sheet contain contact information for the PCP?			84% Yes (92) 6% Partial (7) 10% No (11)	87% Yes (93%) 10% Partial (11) 3% No (3)	93% Yes (99) 7% Partial (7) 1% No (1) (1 CND)	93% Yes (100) 5% Partial (5) 2% No (2)
74b*. Is the Healthcare Coordinator's name and contact information listed in the ISP?			92% Yes (95) 8% Partial (8) (7 N/A)	96% Yes (103) 3% Partial (3) 1% No (1)	93% Yes (100) 4% Partial (4) 3% No (3) (1 N/A)	97% Yes (104) 3% Partial (3)
74c*. Was the ISP (the most current Annual) developed using the new ISP format?			93% Yes (102) 7% No (8)	Removed in 2008		
75. Does the ISP reflect how the person will get to work/day activities, shopping, social	78% Yes (77) 16% Partial (16) 6% No (6)	78% Yes (86) 18% Partial (20) 4% No (4)	57% Yes (63) 28% Partial (31) 15% No (16)	49% Yes (52) 27% Partial (29) 24% No (25)	74% Yes (57) 14% Partial (11) 12% No (9)	86% Yes (48) 7% Partial (4) 7% No (4)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
activities?	(2 N/A)	(1 N/A)			(31 N/A)	(51 N/A)
76. Does the ISP reflect how the person will obtain prescribed medications?	60% Yes (58) 26% Partial (25) 14% No (14) (4 N/A)	56% Yes (61) 33% Partial (36) 11% No (12) (2 N/A)	66% Yes (72) 30% Partial (33) 4% No (4) (1 N/A)	82% Yes (88) 15% Partial (16) 3% No (3)	89% Yes (95) 10% Partial (11) 1% No (1) (1 N/A)	93% Yes (100) 7% Partial (7)
77. Does the ISP contain a list of adaptive equipment needed and who will provide it?	57% Yes (44) 39% Partial (30) 4% No (3) (24 N/A)	38% Yes (37) 45% Partial (44) 17% No (17) (13 N/A)	30% Yes (28) 47% Partial (44) 23% No (21) (17 N/A)	34% Yes (32) 53% Partial (49) 13% No (12) (14 N/A)	42% Yes (37) 45% Partial (40) 13% No (12) (19 N/A)	60% Yes (56) 38% Partial (36) 2% No (2) (13 N/A)
78. Overall, is the ISP adequate to meet the person's needs?	20% Yes (20) 78% Partial (78) 2% No (2) (1 N/A)	6% Yes (7) 94% Partial (103) (1 N/A)	13% Yes (14) 87% Partial (96)	17% Yes (18) 81% Partial (87) 2% No (2)	26% Yes (28) 74% Partial (79) (1 N/A)	23% Yes (25) 77% Partial (82)
79. If #78 is rated "2", is the ISP being implemented?	67% Yes (14) 33% Partial (7) (80 N/A)	57% Yes (4) 43% Partial (3) (104 N/A)	93% Yes (13) 7% Partial (1) (96 N/A)	44% Yes (8) 50% Partial (9) 6% No (1) (89 N/A)	64% Yes (18) 36% Partial (10) (80 N/A)	44% Yes (11) 56% Partial (14) (82 N/A)
80a. If there no ISP or if #78 is rated "0" or "1" or "n/a", is the ISP being implemented?					41% Yes (33) 59% Partial (47) (28 N/A)	39% Yes (32) 60% Partial (49) 1% No (1) (25 N/A)
80. If there is no ISP, or if #78 is rated "0" or "1", are current services adequate to meet the person's needs?	24% Yes (19) 75% Partial (60) 1% No (1) (21 N/A)	19% Yes (20) 81% Partial (84) (7 N/A)	33% Yes (32) 67% Partial (64) (14 N/A)	34% Yes (30) 66% Partial (59) (18 N/A)	39% Yes (31) 51% Partial (41) 10% No (8) (28 N/A)	32% Yes (26) 66% Partial (54) 2% No (2) (25 N/A)
81. Overall, were the direct service staff trained on the implementation of the ISP?	67% Yes (68) 32% Partial (32) 1% No (1)	55% Yes (61) 44% Partial (49) 1% No (1)	59% Yes (65) 41% Partial (45)	60% Yes (64) 40% Partial (43)	64% Yes (69) 36% Partial (39)	66% Yes (71) 34% Partial (36)
82. Overall, were the direct service staff able to describe their responsibilities in providing daily care/support to the person?	77% Yes (78) 23% Partial (23)	51% Yes (57) 49% Partial (54)	55% Yes (60) 45% Partial (50)	51% Yes (55) 49% Partial (53)	56% Yes (61) 44% Partial (47)	64% Yes (69) 36% Partial (38)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
83. Overall, do the progress notes or other documentation in the case management record reflect the status of the goals and services of the key life areas stated in the ISP?	47% Yes (47) 50% Partial (51) 3% No (3)	20% Yes (22) 73% Partial (81) 7% No (8)	32% Yes (35) 61% Partial (67) 7% No (8)	29% Yes (31) 65% Partial (70) 6% No (6)	39% Yes (42) 56% Partial (60) 6% No (6)	43% Yes (46) 46% Partial (49) 11% No (12)
INDIVIDUAL SERVICE PLANNING & SUMMARY						
141. Does the person have an ISP that addresses living, learning/working and social/leisure that correlates with the person's desire and capabilities, in accordance with DOH regulations?	68% Yes (69) 29% Partial (29) 3% No (3)	72% Yes (80) 27% Partial (30) 1% No (1)	86% Yes (95) 14% Partial (15)	88% Yes (94) 12% Partial (13)	90% Yes (97) 9% Partial (10) 1% No (1)	95% Yes (102) 5% Partial (5)
142*. Does the person have an ISP that contains a Progress Towards Reaching the Long Term Vision section that is based on a long-term view?	77% Yes (78) 19% Partial (19) 4% No (4)	84% Yes (93) 14% Partial (15) 3% No (3)	72% Yes (79) 25% Partial (27) 4% No (4)	65% Yes (70) 31% Partial (33) 4% No (4)	74% Yes (80) 22% Partial (24) 4% No (4)	68% Yes (73) 32% Partial (34)
143. Does the person receive services and supports recommended in the ISP?	58% Yes (59) 41% Partial (41) 1% No (1)	58% Yes (64) 41% Partial (46) 1% No (1)	70% Yes (77) 30% Partial (33)	74% Yes (79) 26% Partial (26)	76% Yes (82) 23% Partial (25) 1% No (1)	78% Yes (83) 22% Partial (24)
144. Does the person have adequate access to and use of generic services and natural supports?	65% Yes (66) 34% Partial (34) 1% No (1)	61% Yes (68) 38% Partial (42) 1% No (1)	66% Yes (73) 34% Partial (37)	74% Yes (79) 25% Partial (27) 1% No (1)	82% Yes (89) 17% Partial (18) 1% No (1)	80% Yes (86) 19% Partial (20) 1% No (1)
145. Is the person adequately integrated into the community?	53% Yes (54) 39% Partial (39) 8% No (8)	38% Yes (42) 59% Partial (65) 4% No (4)	57% Yes (63) 39% Partial (43) 4% No (4)	51% Yes (55) 45% Partial (48) 4% No (4)	68% Yes (73) 31% Partial (34) 1% No (1)	70% Yes (75) 29% Partial (31) 1% No (1)
146. Overall, is the ISP adequate to meet the person's needs?	21% Yes (21) 76% Partial (77) 3% No (3)	6% Yes (7) 93% Partial (103) 1% No (1)	13% Yes (14) 87% Partial (96)	17% Yes (18) 81% Partial (87) 2% No (2)	26% Yes (28) 73% Partial (79) 1% No (1)	23% Yes (25) 77% Partial (82)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
147. Is the program of the level of intensity adequate to meet this person's needs?	29% Yes (29) 70% Partial (71) 1% No (1)	19% Yes (21) 79% Partial (88) 2% No (2)	35% Yes (38) 85% Partial (72)	32% Yes (34) 67% Partial (72) 1% No (1)	31% Yes (33) 69% Partial (75)	27% Yes (29) 71% Partial (76) 2% No (2)
TEAM PROCESS						
113. Is there evidence that the ISP was reviewed by the IDT within the last six months?	98% Yes (91) 2% No (2) (8 N/A)	95% Yes (94) 5% No (5) (12 N/A)	Question Removed			
114. Are the individual members of the IDT following up on their responsibilities?	34% Yes (34) 65% Partial (66) 1% No (1)	21% Yes (23) 76% Partial (84) 4% No (4)	32% Yes (35) 68% Partial (75)	28% Yes (30) 71% Partial (76) 1% No (1)	31% Yes (33) 69% Partial (74) 1% No (1)	27% Yes (29) 71% Partial (76) 2% No (2)
115. If there is evidence of team conflict, has the team made efforts to build consensus?	55% Yes (11) 45% Partial (9) (81 N/A)	57% Yes (20) 43% Partial (15) (76 N/A)	58% Yes (14) 38% Partial (9) 4% No (1) (86 N/A)	67% Yes (16) 29% Partial (7) 4% No (1) (83 N/A)	72% Yes (23) 25% Partial (8) 3% No (1) (76 N/A)	59% Yes (22) 35% Partial (13) 5% No (2) (70 N/A)
116. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs?	76% Yes (62) 24% No (20) (19 N/A)	73% Yes (77) 27% No (28) (6 N/A)	78% Yes (72) 22% No (20) (17 N/A, 1 CND)	78% Yes (74) 22% No (21) (11 N/A, 1 CND)	72% Yes (76) 28% No (29) (2 N/A, 1 CND)	74% Yes (76) 26% No (27) (4 N/A)
117. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented?	71% Yes (72) 29% Partial (29)	64% Yes (71) 33% Partial (37) 3% No (3)	73% Yes (80) 26% Partial (29) 1% No (1)	70% Yes (75) 30% Partial (32)	81% Yes (87) 19% Partial (20) 1% No (1)	79% Yes (85) 21% Partial (22)
118. Do you recommended Team Process Training for this IDT?	8% Yes (8) 92% No (93)	11% Yes (12) 89% No (99)	6% Yes (7) 94% No (103)	7% Yes (7) 93% No (100)	10% Yes (11) 90% Partial (97)	13% Yes (14) 87% No (93)
119. Is there evidence or documentation of physical regression in the last year?	28% Yes (28) 72% No (71) (2 CND)	32% Yes (35) 68% No (75) (1 CND)	25% Yes (27) 75% No (80) (3 CND)	38% Yes (40) 62% No (66) (1 CND)	36% Yes (39) 64% No (69)	37% Yes (40) 63% No (67)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
120. Is there evidence or documentation of behavioral or functional regression in the last year?	18% Yes (18) 82% No (83)	23% Yes (25) 77% No (85) (1 CND)	16% Yes (17) 84% No (91) (2 CND)	23% Yes (24) 77% No (81) (2 CND)	24% Yes (26) 76% No (82)	33% Yes (35) 67% No (71) (1 CND)
121. If #119 or 120 is Yes, is the IDT adequately addressing the regression?	67% Yes (24) 31% Partial (11) 3% No (1) (65 N/A)	38% Yes (16) 55% Partial (23) 7% No (3) (69 N/A)	72% Yes (23) 22% Partial (7) 6% No (2) (78 N/A)	61% Yes (30) 33% Partial (16) 6% No (3) (58 N/A)	67% Yes (33) 29% Partial (14) 4% No (2) (59 N/A)	56% Yes (31) 31% Partial (17) 13% No (7) (52 N/A)
122. Has the person changed residential/day services in the last year? If Yes, was the change:	25% Yes (25) 75% No (76)	30% Yes (33) 70% No (78)	19% Yes (21) 81% No (89)	17% Yes (18) 83% No (89)	19% Yes (21) 81% No (87)	17% Yes (18) 83% No (89)
122a. Planned by the IDT?	84% Yes (21) 12% Partial (3) 4% No (1) (76 N/A)	76% Yes (25) 18% Partial (6) 6% No (2) (78 N/A)	76% Yes (16) 19% Partial (4) 5% No (1) (89 N/A)	72% Yes (13) 22% Partial (4) 6% No (1) (89 N/A)	68% Yes (15) 23% Partial (5) 9% No (2) (86 N/A)	78% Yes (14) 11% Partial (2) 11% No (2) (89 N/A)
122b. Appropriate to meet needs?	80% Yes (20) 16% Partial (4) 4% No (1) (76 N/A)	79% Yes (26) 21% Partial (7) (78 N/A)	81% Yes (17) 10% Partial (2) 10% No (2) (89 N/A)	78% Yes (14) 17% Partial (3) 6% No (1) (89 N/A)	91% Yes (20) 9% Partial (2) (85 N/A) (1 not scored)	89% Yes (17) 5% Partial (1) 5% No (1) (88 N/A)
123. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?	17% Yes (17) 82% Partial (83) 1% No (1)	24% Yes (27) 74% Partial (82) 2% No (2)	40% Yes (44) 59% Partial (65) 1% No (1)	31% Yes (33) 64% Partial (69) 5% No (5)	39% Yes (42) 57% Partial (62) 4% No (4)	30% Yes (32) 67% Partial (72) 3% No (3)
HEALTH						
30. Was the case manager able to describe the person's health related needs?	50% Yes (50) 48% Partial (48) 3% No (3)	50% Yes (56) 47% Partial (52) 3% No (3)	59% Yes (65) 41% Partial (45)	54% Yes (58) 45% Partial (48) 1% No (1)	61% Yes (66) 38% Partial (41) 1% No (1)	62% Yes (66) 38% Partial (41)
38. Was the [day/employment] direct service staff able to describe the person's health	60% Yes (60) 37% Partial (37) 3% No (3)	51% Yes (57) 45% Partial (50) 4% No (4)	53% Yes (58) 45% Partial (49) 3% No (3)	60% Yes (64) 37% Partial (40) 3% No (3)	51% Yes (55) 46% Partial (50) 3% No (3)	61% Yes (64) 39% Partial (41) (2 not scored)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
related needs?						
48. Was the residential service staff able to describe the person's health related needs?	63% Yes (63) 35% Partial (35) 2% No (2)	66% Yes (73) 33% Partial (37) 1% No (1)	55% Yes (60) 45% Partial (49) 1% No (1)	60% Yes (64) 39% Partial (42) 1% No (1)	50% Yes (54) 48% Partial (51) 2% No (2)	64% Yes (69) 36% Partial (38)
54. Overall, were the team members interviewed able to describe the person's health-related needs?	31% Yes (31) 67% Partial (68) 2% No (2)	27% Yes (30) 73% Partial (81)	30% Yes (33) 70% Partial (77)	27% Yes (29) 73% Partial (78)	32% Yes (35) 68% Partial (73)	38% Yes (41) 62% Partial (66)
55. Is there evidence that the IDT discussed the person's health-related issues?	73% Yes (74) 26% Partial (26) 1% No (1)	61% Yes (68) 38% Partial (42) 1% No (1)	63% Yes (69) 36% Partial (40) 1% No (1)	57% Yes (61) 42% Partial (45) 1% No (1)	63% Yes (68) 35% Partial (38) 2% No (2)	64% Yes (69) 35% Partial (37) 1% No (1)
56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed?	31% Yes (31) 66% Partial (67) 3% No (3)	24% Yes (27) 75% Partial (83) 1% No (1)	40% Yes (44) 60% Partial (66)	31% Yes (33) 65% Partial (70) 4% No (4)	26% Yes (28) 72% Partial (78) 2% No (2)	21% Yes (23) 78% Partial (83) 1% No (1)
SUPPORTED EMPLOYMENT						
124. Has the IDT, or the reviewer recommended a supported employment assessment for the person?	58% Yes (59) 42% No (42)	77% Yes (86) 23% No (25)	74% Yes (81) 26% No (29)	66% Yes (71) 34% No (36)	71% Yes (77) 29% No (31)	73% Yes (78) 27% No (29)
125. In the opinion of the IDT or the reviewer, does the person need supported employment?	51% Yes (52) 49% No (49)	66% Yes (73) 34% No (38)	58% Yes (64) 42% No (46)	55% Yes (59) 45% No (48)	53% Yes (57) 47% No (51)	56% Yes (60) 44% No (47)
126. Did the person receive a supported employment assessment?	78% Yes (49) 22% No (14) (38 N/A)	76% Yes (68) 24% No (21) (22 N/A)	60% Yes (49) 40% No (32) (29 N/A)	62% Yes (44) 38% No (27) (36 N/A)	68% Yes (54) 32% No (25) (29 N/A)	65% Yes (55) 35% No (29) (23 N/A)
127. Does the supported employment assessment conform to the DOH regulations?	38% Yes (23) 33% Partial (20) 28% No (17) (41 N/A)	25% Yes (22) 44% Partial (38) 31% No (27) (24 N/A)	35% Yes (28) 20% Partial (16) 46% No (37) (29 N/A)	30% Yes (21) 19% Partial (13) 51% No (35) (38 N/A)	40% Yes (30) 19% Partial (14) 41% No (31) (33 N/A)	29% Yes (23) 39% Partial (31) 33% No (26) (27 N/A)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
128. Does the person have a career development plan (based on assessments) that meets the person's needs?	24% Yes (13) 37% Partial (20) 39% No (21) (47 N/A)	23% Yes (17) 44% Partial (32) 33% No (24) (38 N/A)	29% Yes (20) 35% Partial (24) 35% No (24) (42 N/A)	20% Yes (12) 28% Partial (17) 52% No (32) (46 N/A)	33% Yes (21) 24% Partial (15) 43% No (27) (45 N/A)	15% Yes (10) 48% Partial (32) 36% No (24) (41 N/A)
129. Is the person engaged in supported employment?	39% Yes (22) 61% No (34) (45 N/A)	35% Yes (25) 65% No (47) (39 N/A)	47% Yes (31) 53% No (35) (44 N/A)	28% Yes (17) 72% No (44) (46 N/A)	51% Yes (30) 49% No (29) (49 N/A)	36% Yes (23) 64% No (41) (43 N/A)
130. Is the supported work provided in accordance with the following?	22% Yes (11) 24% Partial (12) 55% No (28) (50 N/A)	22% Yes (16) 19% Partial (14) 58% No (42) (39 N/A)	30% Yes (20) 17% Partial (11) 53% No (35) (44 N/A)	10% Yes (6) 18% Partial (11) 72% No (43) (47 N/A)	30% Yes (17) 18% Partial(10) 52% No (29) (52 N/A)	22% Yes (14) 16% Partial (10) 62% No (39) (44 N/A)
130a. At least a 10-hour work week?	27% Yes (14) 73% No (37) (50 N/A)	24% Yes (17) 76% No (55) (39 N/A)	33% Yes (22) 67% No (44) (44 N/A)	13% Yes 98) 87% No (52) (47 N/A)	32% Yes (18) 68% No (38) (52 N/A)	22% Yes (14) 78% No (49) (44 N/A)
130b. Person earns at least ½ of minimum wage?	35% Yes (18) 65% No (33) (50 N/A)	42% Yes (30) 58% No (42) (39 N/A)	41% Yes (27) 59% No (39) (44 N/A)	22% Yes (13) 78% No (46) (48 N/A)	48% Yes (27) 52% No (29) (52 N/A)	35% Yes (22) 65% No (41) (44 N/A)
130c. Work setting is at least 50% non-handicapped co-workers?	43% Yes (22) 57% No (29) (50 N/A)	33% Yes (24) 67% No (48) (39 N/A)	44% Yes (29) 56% No (37) (44 N/A)	24% Yes (14) 76% No (45) (48 N/A)	41% Yes (24) 56% No (31) (53 N/A)	37% Yes (23) 63% No (40) (44 N/A)
130d. There is a reasonable expectation that the job will continue?	47% Yes (24) 53% No (27) (50 N/A)	44% Yes (32) 56% No (40) (39 N/A)	45% Yes (30) 55% No (36) (44 N/A)	25% Yes (15) 75% No (44) (48 N/A)	48% Yes (27) 52% No (29) (52 N/A)	38% Yes (24) 62% No (39) (44 N/A)
DAY/EMPLOYMENT						
35. Does the day/employment direct services "know" the person?	78% Yes (78) 22% No (22)	80% Yes (89) 19% Partial (21) 1% No (1)	90% Yes (99) 9% Partial (10) 1% No (1)	87% Yes (93) 12% Partial (13) 1% No (1)	90% Yes (97) 10% Partial (11)	90% Yes (95) 10% Partial (10) (2 not scored)
36. Does the direct service staff have adequate input into the person's ISP?	65% Yes (65) 23% Partial (23) 12% No (12)	62% Yes (69) 32% Partial (36) 5% No (6)	67% Yes (74) 27% Partial (30) 5% No (6)	65% Yes (70) 29% Partial (31) 6% No (6)	65% Yes (70) 31% Partial (33) 5% No (5)	71% Yes (75) 28% Partial (29) 1% No (1) (2 not scored)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
37. Did the direct service staff receive training on implementing this person's ISP?	75% Yes (75) 23% Partial (23) 2% No (2)	64% Yes (71) 32% Partial (36) 4% No (4)	75% Yes (83) 23% Partial (25) 2% No (2)	77% Yes (82) 21% Partial (23) 2% No (2)	76% Yes (82) 24% Partial (26)	82% Yes (86) 18% Partial (19) (2 not scored)
38. Was the direct service staff able to describe this person's health related needs?	60% Yes (60) 37% Partial (37) 3% No (3)	51% Yes (57) 45% Partial (50) 4% No (4)	53% Yes (58) 45% Partial (49) 3% No (3)	60% Yes (64) 37% Partial (40) 3% No (3)	51% Yes (55) 46% Partial (50) 3% No (3)	61% Yes (64) 39% Partial (41) (2 not scored)
39. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	86% Yes (86) 14% Partial (14)	64% Yes (71) 34% Partial (38) 2% No (2)	73% Yes (80) 26% Partial (29) 1% No (1)	65% Yes (70) 34% Partial (36) 1% No (1)	72% Yes (78) 28% Partial (30)	71% Yes (75) 29% Partial (30) (2 not scored)
39.a. Was the direct service staff able to provide specific information regarding the person's daily activities, including the exact times of the day?		84% Yes (93) 15% Partial (17) 1% No (1)	92% Yes (101) 6% Partial (7) 2% No (2)	92% Yes (98) 7% Partial (8) 1% No (1)	93% Yes (100) 6% Partial (6) 2% No (2)	90% Yes (95) 10% Partial (10) (2 not scored)
39.b. Can the direct service staff describe his/her responsibilities in implementing the person's ISP goals/objectives/outcomes/action plans?		68% Yes (76) 27% Partial (30) 5% No (5)	75% Yes (83) 19% Partial (21) 5% No (6)	67% Yes (72) 29% Partial (31) 4% No (4)	70% Yes (76) 27% Partial (29) 3% No (3)	75% Yes (79) 25% Partial (26) (2 not scored)
40. Did the direct service staff have training in the ISP process?	80% Yes (80) 18% Partial (18) 2% No (2)	59% Yes (66) 32% Partial (36) 8% No (9)	64% Yes (70) 32% Partial (35) 5% No (5)	57% Yes (61) 33% Partial (35) 10% No (11)	68% Yes (73) 30% Partial (32) 3% No (3)	85% Yes (89) 13% Partial (14) 2% No 92) (2 not scored)
41. Did the direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	47% Yes (47) 45% Partial (45) 8% No (8)	63% Yes (70) 35% Partial (39) 2% No (2)	75% Yes (82) 24% Partial (26) 2% No (2)	80% Yes (86) 18% Partial (19) 2% No (2)	76% Yes (82) 22% Partial (24) 2% No (2)	83% Yes (87) 17% Partial (18) (2 not scored)
41.a. Have training on the provider's complaint process?	61% Yes (61) 15% Partial (15) 24% No (24)	72% Yes (80) 21% Partial (23) 7% No (8)	83% Yes (91) 10% Partial (11) 7% No (8)	89% Yes (95) 6% Partial (6) 6% No (6)	84% Yes (91) 9% Partial (10) 6% No (7)	87% Yes (91) 11% Partial (12) 2% No (2) (2 not scored)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
41.b. Have training on how and to whom to report abuse, neglect and exploitation?	61% Yes (61) 32% Partial (32) 7% No (7)	77% Yes (85) 20% Partial (22) 4% No (4)	85% Yes (94) 12% Partial (13) 3% No (3)	87% Yes (93) 8% Partial (9) 5% No (5)	84% Yes (91) 13% Partial (14) 3% No (3)	91% Yes (96) 7% Partial (7) 2% No (2) (2 not scored)
42. Does the direct service staff have an appropriate expectation of growth for this person?	67% Yes (67) 32% Partial (32) 1% No (1)	59% Yes (66) 38% Partial (42) 3% No (3)	75% Yes (83) 19% Partial (21) 5% No (6)	68% Yes (73) 26% Partial (28) 6% No (6)	80% Yes (86) 17% Partial (18) 4% No (4)	83% Yes (86) 17% Partial (18) (3 not scored)
43. Is the day/employment environment generally clean, free of safety hazards and conducive to the work/activity intended?	89% Yes (73) 11% Partial (9) (14 N/A, 4 CND)	85% Yes (80) 14% Partial (13) 1% No (1) (4 N/A, 13 CND)	92% Yes (85) 8% Partial (7) (11 N/A, 7 CND)	91% Yes (79) 8% Partial (7) 1% No (1) (12 N/A, 8 CND)	93% Yes (81) 7% Partial (6) (15 N/A, 6 CND)	95% Yes (97) 5% Partial (50) (2 CND) (3 not scored)
RESIDENTIAL						
44. Does the residential direct services staff "know" the person?	89% Yes (89) 11% Partial (11)	86% Yes (95) 14% Partial (16)	89% Yes (98) 11% Partial (12)	84% Yes (90) 16% Partial (17)	89% Yes (95) 11% Partial (12) (1 not scored)	89% Yes (95) 11% Partial (12)
45. Does the direct service staff have adequate input into the person's ISP?	78% Yes (78) 17% Partial (17) 5% No (5)	68% Yes (76) 25% Partial (28) 6% No (7)	72% Yes (79) 22% Partial (24) 6% No (7)	65% Yes (70) 28% Partial (30) 7% No (7)	69% Yes (74) 24% Partial (26) 7% No (7) (1 not scored)	68% Yes (73) 29% Partial (31) 3% No (3)
46. Did the direct service staff receive training on the implementing this person's ISP?	84% Yes (84) 15% Partial (15) 1% No (1)	76% Yes (84) 23% Partial (26) 1% No (1)	75% Yes (82) 24% Partial (26) 2% No (2)	73% Yes (78) 24% Partial (26) 3% No (3)	73% Yes (78) 26% Partial (28) 1% No (1) (1 not scored)	70% Yes (75) 30% Partial (32)
47. Is the residence safe for individuals (void of hazards)?	90% Yes (89) 10% No (10) (1 CND)	91% Yes (101) 9% No (10)	95% Yes (104) 5% No (6)	95% Yes (102) 5% No (5)	92% Yes (98) 8% No (8) (2 not scored)	97% Yes (100) 3% No (3) (2 CND, 2 not scored)
48. Was the residential direct service staff able to describe this person's health-related needs?	63% Yes (63) 35% Partial (35) 2% No (2)	66% Yes (73) 33% Partial (37) 1% No (1)	55% Yes (60) 45% Partial (49) 1% No (1)	60% Yes (64) 39% Partial (42) 1% No (1)	50% Yes (54) 48% Partial (51) 2% No (2) (1 not scored)	64% Yes (69) 36% Partial (38)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
49. Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	88% Yes (88) 12% Partial (12)	67% Yes (74) 32% Partial (35) 1 No (1)	68% Yes (75) 31% Partial (34) 1% No (1)	72% Yes (77) 28% Partial (30)	71% Yes (76) 29% Partial (31)	76% Yes (81) 24% Partial (26)
49.a. Was the staff able to provide specific information regarding the person's daily activities?		92% Yes (101) 7% Partial (8) 1% No (1)	90% Yes (99) 9% Partial (10) 1% No (1)	96% Yes (103) 4% Partial (4)	91% Yes (97) 9% Partial (10)	92% Yes (98) 8% Partial (9)
49.b. Can the direct service staff describe his/her responsibilities in implementing the person's ISP goals & objectives?		71% Yes (78) 24% Partial (26) 5% No (6)	71% Yes (78) 25% Partial (27) 5% No (5)	74% Yes (79) 18% Partial (19) 8% No (49)	76% Yes (81) 21% Partial (23) 3% No (3)	79% Yes (85) 19% Partial (20) 2% No (2)
50. Did the residential direct service staff have training in the ISP process?	81% Yes (81) 17% Partial (17) 2% No (2)	65% Yes (72) 26% Partial (29) 8% No (9)	72% Yes (79) 21% Partial (23) 7% No (8)	58% Yes (62) 34% Partial (36) 8% No (9)	68% Yes (73) 29% Partial (31) 3% No (3)	80% Yes (86) 14% Partial (15) 6% No (6)
51. Did the residential direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	58% Yes (58) 38% Partial (38) 4% No (4)	71% Yes (79) 27% Partial (30) 2% No (2)	75% Yes (83) 25% Partial (27)	71% Yes (76) 28% Partial (30) 1% No (1)	80% Yes (86) 20% Partial (21)	83% Yes (89) 17% Partial (18)
51.a. Have training on the provider's complaint process?	72% Yes (72) 14% Partial (14) 14% No (14)	84% Yes (93) 12% Partial (13) 5% No (5)	83% Yes (91) 13% Partial (14) 5% No (5)	82% Yes (88) 12% Partial (13) 6% No (6)	87% Yes (93) 7% Partial (7) 7% No (7)	89% Yes (95) 6% Partial (6) 6% No (6)
51.b. Have training on how and to whom to report abuse, neglect and exploitation?	76% Yes (76) 20% Partial (20) 4% No (4)	79% Yes (88) 18% Partial (20) 3% No (3)	89% Yes (98) 9% Partial (10) 2% No (2)	79% Yes (84) 16% Partial (17) 6% No (6)	89% Yes (95) 10% Partial (11) 1% No (1)	94% Yes (101) 4% Partial (4) 2% No (2)
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	68% Yes (68) 31% Partial (31) 1% No (1)	63% Yes (70) 37% Partial (41)	68% Yes (75) 31% Partial (34) 1% No (1)	65% Yes (70) 29% Partial (31) 6% No (6)	71% Yes (76) 28% Partial (30) 1% No (1) (1 not scored)	81% Yes (86) 18% Partial (19) 1% No (1) (1 not scored)
53. Does the person's residential environment offer a minimal level of quality of life?	84% Yes (83) 15% Partial (15) 1% No (1)	79% Yes (88) 21% Partial (23)	94% Yes (103) 6% Partial (7)	90% Yes (96) 10% Partial (11)	93% Yes (99) 7% Partial (8)	94% Yes (98) 6% Partial (6) (1 CND)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
	(1 CND)				(1 not scored)	(2 not scored)
CASE MANAGEMENT						
26. Does the case manager "know" the person?	84% Yes (85) 14% Partial (14) 2% No (2)	70% Yes (78) 29% Partial (32) 1% No (1)	88% Yes (97) 12% Partial (13)	88% Yes (94) 12% Partial (13)	93% Yes (100) 7% Partial (8)	89% Yes (95) 10% Partial (11) 1% No (1)
27. Does the case manager understand his/her role/job?	84% Yes (85) 14% Partial (14) 2% No (2)	58% Yes (64) 40% Partial (44) 2% No (2)	74% Yes (81) 25% Partial (27) 1% No (1)	66% Yes (71) 32% Partial (34) 2% No (2)	60% Yes (65) 39% Partial (42) 1% No (1)	69% Yes (74) 29% Partial (31) 2% No (2)
28. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person?	90% Yes (91) 8% Partial (8) 2% No (2)	64% Yes (71) 33% Partial (37) 3% No (3)	78% Yes (85) 22% Partial (24)	78% Yes (83) 21% Partial (23) 1% No (1)	87% Yes (94) 13% Partial (14)	90% Yes (96) 10% Partial (11)
29. Is the case manager available to the person?	83% Yes (84) 16% Partial (16) 1% No (1)	67% Yes (74) 33% Partial (36)	90% Yes (99) 10% Partial (11)	87% Yes (93) 13% Partial (14)	81% Yes (87) 19% Partial (21)	87% Yes (93) 12% Partial (13) 1% No (1)
30. Was the case manager able to describe the person's health related needs?	50% Yes (50) 48% Partial (48) 3% No (3)	50% Yes (56) 47% Partial (52) 3% No (3)	59% Yes (65) 41% Partial (45)	54% Yes (58) 45% Partial (48) 1% No (1)	61% Yes (66) 38% Partial (41) 1% No (1)	62% Yes (66) 38% Partial (41)
31. Does the case manager have an appropriate expectation of growth for this person?	60% Yes (61) 38% Partial (38) 2% No (2)	48% Yes (53) 50% Partial (55) 3% No (3)	65% Yes (71) 33% Partial (36) 3% No (3)	61% Yes (65) 35% Partial (37) 5% No (5)	62% Yes (67) 32% Partial (35) 6% No (6)	75% Yes (79) 20% Partial (21) 6% No (6) (1 not scored)
32. Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP?	61% Yes (62) 37% Partial (37) 2% No (2)	34% Yes (37) 63% Partial (69) 4% No (4)	57% Yes (63) 42% Partial (46) 1% No (1)	49% Yes (52) 49% Partial (52) 3% No (3)	44% Yes (47) 54% Partial (58) 3% No (3)	40% Yes (43) 57% Partial (61) 3% No (3)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
33. Does the case manager provide case management services at the level needed by this person?	46% Yes (46) 51% Partial (52) 3% No (3)	35% Yes (38) 63% Partial (69) 3% No (3)	50% Yes (55) 50% Partial (54)	44% Yes (47) 52% Partial (56) 4% No (4)	49% Yes (53) 47% Partial (51) 4% No (4)	49% Yes (52) 49% Partial (52) 3% No (3)
34. Does the case manager receive the type and level of support needed to do his/her job?	81% Yes (82) 17% Partial (17) 2% No (2)	76% Yes (84) 23% Partial (25) 1% No (1)	86% Yes (94) 14% Partial (15)	86% Yes (92) 12% Partial (13) 2% No (2)	91% Yes (98) 9% Partial (10)	89% Yes (95) 11% Partial (12)
BEHAVIOR						
131. Is the person considered by the IDT to need behavior services now?	62% Yes (61) 38% No (38) (2 N/A)	74% Yes (80) 26% No (28) (3 N/A)	65% Yes (71) 35% No (39)	61% Yes (63) 39% No (40) (4 N/A)	68% Yes (73) 32% No (34) (1 N/A)	62% Yes (66) 38% No (40) (1 N/A)
132. In the opinion of the reviewer, does the person need behavior services?	60% Yes (59) 40% No (40) (2 N/A)	73% Yes (79) 27% No (29) (3 N/A)	62% Yes (68) 38% No (41) (1 N/A)	60% Yes (62) 40% No (42) (3 N/A)	66% Yes (71) 34% No (36) (1 N/A)	60% Yes (62) 40% No (42) (3 N/A)
133. Have adequate behavioral assessments been completed?	73% Yes (45) 18% Partial (11) 10% No (6) (39 N/A)	77% Yes (62) 15% Partial (12) 9% No (7) (30 N/A)	74% Yes (53) 18% Partial (13) 8% No (6) (38 N/A)	78% Yes (50) 16% Partial (10) 6% No (4) (43 N/A)	86% Yes (63) 12% Partial (9) 1% No (1) (35 N/A)	88% Yes (61) 10% Partial (7) 1% No (1) (38 N/A)
134. Does the person have behavior support plans developed out of the behavior assessments that meet the person's needs?	78% Yes (47) 13% Partial (8) 8% No (5) (41 N/A)	78% Yes (63) 19% Partial (15) 4% No (3) (30 N/A)	76% Yes (55) 19% Partial (14) 4% No (3) (38 N/A)	77% Yes (49) 17% Partial (11) 6% No (4) (43 N/A)	79% Yes (57) 21% Partial (15) (36 N/A)	84% Yes (56) 13% Partial (9) 3% No (2) (40 N/A)
135. Have the staff been trained on the behavior support plan?	75% Yes (44) 19% Partial (11) 7% No (4) (42 N/A)	70% Yes (56) 24% Partial (19) 6% No (5) (31 N/A)	76% Yes (55) 21% Partial (15) 3% No (2) (38 N/A)	86% Yes (54) 13% Partial (8) 2% No (1) (44 N/A)	83% Yes (60) 15% Partial (11) 1% No (10) (36 N/A)	83% Yes (55) 15% Partial (10) 2% No (1) (41 N/A)
136. Does the person receive behavioral services consistent with his/her needs?	70% Yes (42) 20% Partial (12) 10% No (6) (41 N/A)	79% Yes (64) 17% Partial (14) 4% No (3) (30 N/A)	82% Yes (59) 15% Partial (11) 3% No (2) (38 N/A)	77% Yes (49) 17% Partial (11) 6% No (4) (43 N/A)	81% Yes (58) 17% Partial (12) 3% No (2) (36 N/A)	85% Yes (58) 10% Partial (7) 4% No (3) (39 N/A)

Question	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	2010 (sample=107)
137. Are behavior support services integrated into the ISP?	57% Yes (34) 30% Partial (18) 13% No (8) (41 N/A)	56% Yes (45%) 39% Partial (31) 5% No (4) (31 N/A)	48% Yes (34) 35% Partial (25) 17% No (12) (39 N/A)	57% Yes (36) 29% Partial (18) 14% No (9) (44 N/A)	68% Yes (49) 25% Partial (18) 7% No (5) (36 N/A)	54% Yes (36) 34% Partial (23) 12% No (8) (40 N/A)
ADAPTIVE EQUIPMENT/AUGMENTIVE COMMUNICATION						
138. Has the person received all adaptive equipment needed?	75% Yes (57) 22% Partial (17) 3% No (2) (25 N/A)	56% Yes (54) 43% Partial (41) 1% No (1) (15 N/A)	76% Yes (71) 24% Partial (22) (17 N/A)	79% Yes (70) 21% Partial (19) (18 N/A)	84% Yes (68) 16% Partial (13) (27 N/A)	83% Yes (78) 17% Partial (16) (13 N/A)
139. Has the person received all assistive technology needed?	44% Yes (27) 41% Partial (25) 15% No (9) (40 N/A)	49% Yes (35) 46% Partial (33) 6% No (4) (39 N/A)	52% Yes (38) 42% Partial (31) 5% No (4) (37 N/A)	68% Yes (53) 26% Partial (20) 6% No (5) (29 N/A)	71% Yes (55) 25% Partial (19) 4% No (3) (31 N/A)	72% Yes (59) 23% Partial (10) 5% No (4) (25 N/A)
140. Has the person received all communication assessments and services?	46% Yes (39) 44% Partial (37) 10% No (8) (17 N/A)	52% Yes (46) 39% Partial (34) 9% No (8) (23 N/A)	48% Yes (44) 44% Partial (40) 8% No (7) (19 N/A)	68% Yes (65) 22% Partial (21) 9% No (9) (12 N/A)	75% Yes (69) 24% Partial (22) 1% No (1) (16 N/A)	75% Yes (75) 21% Partial (21) 4% No (4) (7 N/A)