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I. INTRODUCTION

A. Community Practice Review History and Methodology

The Community Practice Review (CPR)¹ has been conducted since 1993. Since the beginning the scoring methodology has remained the same. With very few exceptions, the Protocol questions have remained the same since the beginning as well. In 2008 one question was dropped when DDS changed a requirement.² Also, over the years we have clarified different points contained in a question in an effort to make it clear what information was or was not received.³ These few changes were suggested by DDS and/or providers and agreed upon by the parties.

In 2008 “notes” of clarification were added to every scored and interview question. This addition was recommended by Department of Health (DOH), Developmental Disability Services Division (DDS) and Providers. This was done so that the criteria expected and being applied for every score would be clearly indicated. At the start of every CPR year the DOH/DDS and the Jackson Parties are invited to suggest changes or additions to the *notes* in an effort to keep the interpretation of all of the questions up to date with current DDS terminology as well as to address/clarify any questions which providers found to be confusing the previous year.

In 2005, in an effort to enable providers and others to fully prepare for the Community Practice Review, the entire Review protocol was placed on the internet. In 2008 and following, the above cited “notes” of clarification were also made available on the Internet. Thus all questions asked during a review, as well as the precise criteria applied, have been available at all times to all interested parties; i.e. individuals receiving services, families/guardians, providers, DDS and others. This “open book” approach allows DDS and providers to be continuously examining and improving service practice. It also allows everyone to know precisely the content and expectations of the Community Practice Review so there should be no surprises.

Prior to 2004 the previous Community Monitor used the term “Red Alert” to identify a person who was found to have urgent health or related needs. A specific definition was not published for this term. In 2004 the current Community Monitor began using the terms “Immediate Needs” and “Special Needs” to identify people with urgent health or related needs along with published definitions for both categories. As part of Judge Parker’s October 2012 Order, he asked the Community Monitor to review the definitions of Immediate and Special Needs with the Jackson Parties and change them as needed. That was done and the definitions used during the 2013 CPR reflect those changes as proposed and agreed by the Jackson Parties⁴.

DOH/DDS employees have always and continue to function as CPR Reviewers and are jointly trained by the Community Monitor and DDS CPR staff. Case Judges chosen by the Community Monitor have always functioned as a quality control/inter-rater reliability safeguard. Case Judges are also trained with reviewers and must demonstrate the ability to be a reviewer before further training and approval to be a Case Judge.

¹ Previously referred to as the Community Systems Review.

² ISPs are no longer required to be reviewed every 6 months.

³ For example, Q. 41 asks, “Did the direct services staff have training on the provider’s complaint process and on abuse, neglect and exploitation?” There are two issues contained in one question so Question 41 was split into 41.a. which asks “Did direct service staff have training on the provider’s complaint process?” and “41.b.” Did the direct service staff have training on how to and to whom to report abuse, neglect and exploitation?”. Other questions were similarly split for purposes of clarity.

⁴ The definitions used during 2013 and the changes are listed on page 13.

Individual findings and recommendations have always been provided after every regional review. These findings are reviewed by the Case Judge, Community Monitor, regional office staff, the individual and his/her team prior to becoming final. Prior to 2004 the Community Monitor met with representatives of the individual's team to review the findings and recommendations prior to them becoming final. Since 2005 the Community Monitor meets with the individual and the entire team along with regional and state DDSD representatives prior to closing a review. This gives the person and those most familiar with him/her the opportunity to provide additional/missed information, to suggest alternative recommendations and/or object to a finding or recommendation directly with the Community Monitor.

The sample to be reviewed in each region is provided by the Community Monitor at least 45 days in advance of each regional review. Individual findings and recommendations are issued during the onsite review week, the Community Monitor meets with the regional staff the Friday of the review week and then meets again with the individual and his/her team within three weeks of the review. Final regional reports are issued within 30 days of the close of a review.

B. 2013 Community Practice Review

During the 2013 Community Practice Review, supports and services offered to 103 individuals were reviewed.⁵ Last year services for 109 individuals were reviewed. The numbers in the following chart were provided by DDSD and provide a comparison of the number of findings by topical area identified during the CPR last year (2011/2012) and this year (2013).

Chart #1: Number of 2013 CPR Findings by Topic Area

| Topic area | 2011/2012 Number of Findings | 2013 Number of Findings |
|---|---------------------------------|----------------------------|
| Adequacy of Planning/ISP | 327 | 411 |
| Health Care/Health Care Coordination ⁶ | 370 | 321 |
| Case Management and Guardianship | 177 | 188 |
| Direct Care Services | 171 | 151 |
| Expectation of Growth/Quality of Life | 103 | 84 |
| Adaptive Equipment | 81 | 62 |
| Good News Notes/Thank you | 140 | 156 |

Like last year, this report will look behind these numbers in an effort to identify and learn from more detailed information. This report focuses on the issues in four topic areas listed above which received the most findings/recommendations: Health/Health Care Coordination; Adequacy of Planning/ISP, Case Management and Supported Employment.

The information which follows summarizes the three top issues identified and the number of class members for whom these issues were relevant. In addition, the providers supporting these class members are also identified. It is hoped that this information will be useful to both providers and to DDSD as they work together to analyze, prioritize and improve practice throughout New Mexico.

⁵ Scores for 102 individuals reviewed were recorded. Findings and recommendations for 103 individuals were issued.

⁶ DDSD uses the terminology "Health and Wellness" which matches the Findings and Recommendations Form in the Community Practice Review.

II. HEALTH CARE/HEALTH CARE COORDINATION

A. Improvements

As part of the process of moving individuals to the community from Los Lunas and Ft. Stanton, DOH/DDSD initiated policies and procedures intended to minimize the risk of aspiration for people, especially during meal times. These precautions included policies, procedures and services such as the Supports and Assistance for Feeding and Eating (SAFE) Clinic. Nevertheless, instances of aspiration pneumonia and acquired pneumonia among class members continued to increase along with preventable hospitalizations and, in some cases, deaths.

At the urging of the 706 Expert, beginning in 2008 the DOH/DDSD once again focused thinking and resources on the development of 24-hour intervention strategies intended to reduce the instances and impact of aspiration. Some of these efforts included the development of products such as Aspiration Risk Management Policy/Procedures⁷ (2008) and aspiration related training materials (2008). These efforts expanded to include prevention and fact finding conducted, in part, through a contract with Continuum of Care to provide aspiration assessments of individuals through a temporary Aspiration Clinical Team (2008/2009). This team reviewed class members and offered a status assessment along with recommendations to each individual's team.

In 2009, at the urging of Magistrate Judge Molzen, a recommended Aspiration Pilot was initiated by DOH/DDSD which focused on individuals at high risk of aspiration chosen and agreed to by the parties. The Clinical Services Bureau worked with therapists, consultants, providers, provider nurses, case managers, individuals, guardians and others to develop what became the Comprehensive Aspiration Risk Management Plan (2010), Aspiration Risk Screening Tool (2010) and Aspiration Risk Management Policy/Procedures (2010). The Clinical Services Bureau also added an aspiration risk management nurse who works closely with therapists, nurses and teams as they develop and implement individual Comprehensive Aspiration Risk Management Plans (CARMPs).

One of the reports provided weekly by DOH/DDSD is the Out of Home Placement Report which identifies, in part, class members by name who have been moved out of their home, where they were moved and why. A review of these reports from 2010 to September 2013 provide hopeful information as it relates to the reduction of aspiration related deaths as well as what appears to be the increase in the identification and treatment of aspiration pneumonia.

As the chart below demonstrates, there have been no aspiration pneumonia related deaths reported since 2011 while the identification and treatment of aspiration pneumonia has increased since then. In 2011 there were 8 people hospitalized 8 times with a diagnosis of aspiration pneumonia, in 2012, 7 people were hospitalized 10 times with a diagnosis of aspiration pneumonia and so far in 2013, 10 people have been hospitalized 13 times for aspiration pneumonia. The recognition by providers of the symptoms of aspiration and the initiation of informed treatment interventions (including ER/Hospitalization) appears to have increased significantly. This is the beginning of what is hoped to be an expanding trend. Everyone is to be recognized and thanked for the initiatives and oversight which have resulted in these early findings.

⁷ Updating the original 2004 policy.

**Chart #2: Hospitalizations and Deaths of those
Diagnosed with Aspiration Pneumonia, 2010 to 9/2013**

| () = Number of times to hospital | 2010 | 2011 | 2012 | To 9/2013 | Total |
|--|-----------|-----------|----------|-----------|-----------------------|
| # of Persons who died who had a diagnosis of Aspiration Pneumonia | 6 | 2 | 0 | 0 | 8 |
| # of Persons hospitalized with a diagnosis of Aspiration Pneumonia | 7 (12x) | 8 (8x) | 7 (10x) | 10 (13x) | 33 |
| Total | 13 | 10 | 7 | 10 | 41⁸ |

B. Overview of 2013 Health Related Findings

96 of the 103 individuals (93%) had health related findings identified as part of their 2013 CPR individual findings and recommendations.

Chart #3: Number of Health Care Related Issues Identified by Class Member and by Region

| Region | Number of Health Care Issues Identified by Class Member ⁹ | | | | | | | Total # Reviewed | Average # Of Issues Per Person | |
|--------------------|--|-----------|-----------|-----------|-----------|----------|----------|-------------------------|-----------------------------------|------------|
| | 0 | 1-2 | 3-4 | 5-6 | 7-8 | 9-10 | 11-13 | | | |
| Metro 1 | 2 | 11 | 7 | 3 | 2 | 1 | | 82 | 25 | 3.3 |
| Metro 2 | 3 | 6 | 3 | 7 | 3 | 2 | | 99 | 23 | 4.3 |
| Metro Total | 5 | 17 | 10 | 10 | 5 | 3 | | 181 | 48 | 3.8 |
| SW | | 4 | 7 | 1 | 3 | | 1 | 69 | 16 | 4 |
| NE | 2 | 4 | 6 | 2 | | | | 37 | 14 | 2.6 |
| NW | | 5 | 2 | | 2 | 1 | | 36 | 10 | 3.6 |
| SE | | 4 | 3 | 5 | 1 | | 1 | 68 | 15 | 4.5 |
| Total | 7 | 34 | 28 | 18 | 11 | 4 | 2 | 391¹⁰ | 103 | |

As this chart illustrates, only 7 class members were found to have no identified, unaddressed health issues. Thirty-five class members were found to have from 5 to 13 health related issues identified. This does not minimize any health related issues addressed in this review. As we examine some of the information behind these numbers, it is important to start by recognizing the following agencies that support individuals with no identified and unaddressed health issues.

⁸ This is a duplicated count. The actual number of individual class members is 24.

⁹ This does not identify every issue/finding. Some were not counted due to duplication or other unique issue.

¹⁰ This is the number of identified issues; some findings had more than one issue addressed.

Chart #4: Class Members with No Identified Health Care Issues by Agency/Region

| Region | # with no ID Unaddressed Health Issues | Residential Agency | Day Agency | Case Management Agency |
|--------|--|---------------------|-------------------|------------------------|
| Metro | 5 | Bright Horizons | Connections | Blue Sky |
| | | Dungarvin | Dungarvin | Unidas |
| | | Expressions of Life | LaVida | A Step Above |
| | | LLCP - Belen | LLCP- Belen | Unidas |
| | | SuVida | SuVida | A Step Above |
| NE | 2 | R-Way | Phame | Visions |
| | | Community Options | Community Options | Visions |

Chart #5: Health Care Findings Including Individuals with Immediate and/or Special Needs, Incident Reports Filed and Repeat Findings by Provider Agency

Highest average findings are highlighted in yellow.

| RESIDENTIAL () = number in review | Immd () = Repeat Findings | Special () = Repeat Findings | IR Filed | # Health Find. () = Repeat Findings | Avg # of Findings | DAY Agency | Immd () = Repeat Findings | Special () = Repeat Findings | IR Filed | Health Find. () = Repeat Findings | Avg # of Findings |
|--|-------------------------------|----------------------------------|-------------|--|-------------------------|-----------------------|-------------------------------|----------------------------------|-------------|---------------------------------------|----------------------|
| Agencies with 10 or More People in the Sample | | | | | | | | | | | |
| Tresco (10) | 1 | 1 | | 32 (2) | 3.4 | Adelante (16) | | 10 (2) | 1 | 42 (3) | 3.3 |
| Adelante (9) | | 6 (2) | 1 | 21 (1) | 3.1 | LLCP (10) | 1 | 1 (1) | | 38 (5) | 4 |
| LLCP (8) | 1 | | | 29 (4) | 3.8 | Tresco (10) | 1 | 1 | | 32 (2) | 3.4 |
| Agencies with 5 to 9 People in the Sample | | | | | | | | | | | |
| ARCA (6*) | | 5 | | 25 (1) | 5 | Connections (5) | 1 | 2 | | 12 (1) | 3 |
| The New Beginnings (5) | 1 | 3 | | 17 (1) | 4.2 | ARCA (4*) | 1 | 4 | | 27 | 8 |
| Agencies with 3 to 4 People in the Sample | | | | | | | | | | | |
| Tobosa (4) | | | | 14 (1) | 3.5 | AWS (4) | | | | 15 (3) | 3.8 |
| AWS (4) | | | | 12 (2) | 3 | Tobosa (4) | | | | 14 (1) | 3.5 |
| Dungarvin (4) | 4 | 1 (1) | | 8 | 3.3 | Share Your Care (4) | | 3 | | 10 | 3.3 |
| PRS (3) | 3 | 1 | | 9 | 4.3 | Dungarvin (3) | 4 | 1 | | 7 | 4 |
| Expressions of Life (3) | | | | 8 (2) | 2.7 | ENMRSH (3) | | | | 7 (1) | 2.3 |
| ENMRSH (3) | | | | 7 (1) | 2.3 | PMS/Shield (3) | | | | 9 | 3 |
| Tungland (3) | | | | 7 | 2.3 | PRS (3) | 3 | 1 | | 3 | 2.3 |
| | | | | | | Su Vida (3) | | | | 2 (1) | .67 |
| Agencies with 2 People in the Review | | | | | | | | | | | |
| Leaders (2) | | 1 (1) | | 9 (3) | 5 | CDD (2) | | 1 | | 9 (1) | 5 |
| CDD (2) | | 1 | | 9 (1) | 5 | Leaders (2) | | 1 (1) | | 9 (3) | 5 |
| DSI (2) | | 1 | | 7 (5) | 4 | DSI (2) | | 1 | | 7 (5) | 4 |
| NNMQC (2) | 1 (1) | | | 6 (1) | 3.5 | Life Roots (2) | | | | 6 (1) | 3 |
| Esperanza (2) | | | | 5 (1) | 2.5 | Esperanza (2) | | | | 5 (1) | 2.5 |
| Community Options (2) | | | | 4 (1) | 2 | Community Options (2) | | | | 4 (1) | 2 |

| RESIDENTIAL () = number in review | Immd () = Repeat Findings | Special () = Repeat Findings | IR Filed | # Health Find. () = Repeat Findings | Avg # of Findings | DAY Agency | Immd () = Repeat Findings | Special () = Repeat Findings | IR Filed | Health Find. () = Repeat Findings | Avg # of Findings |
|---------------------------------------|-------------------------------|----------------------------------|-------------|--|-------------------------|---------------------------|-------------------------------|----------------------------------|-------------|---------------------------------------|----------------------|
| High Desert (2) | 2 (1) | | | 3 (2) | 2.5 | ESEM (2) | | | | 3 | 1.5 |
| At Home Advocacy (2) | | | | 3 (1) | 1.5 | CFC (2) | | | | 3 | 1.5 |
| ESEM (2) | | | | 3 | 1.5 | Alegria (2) | | | | 3 (1) | 1.5 |
| Bright Horizons (2) | | | | 2 | 1 | High Desert (2) | 2 (1) | | | 3 (2) | 2.5 |
| Agencies with 1 Person in the Sample | | | | | | | | | | | |
| Nezy Care (1) | | 1 | | 6 (2) | 7 | Nezy Care (1) | | 1 | | 6 (2) | 7 |
| Supporting Hands (1) | | | | 4 (1) | 4 | Cornucopia (1) | | | | 6 (1) | 6 |
| Empowerment (1) | | | | 4 (1) | 4 | Active Solutions (1) | | 2 | | 5 | 7 |
| ZEE (1) | 1 | 1 (1) | | 4 | 6 | ZEE (1) | 1 | 1 (1) | | 4 | 6 |
| TLC (1) | | 1 | | 4 | 5 | Supporting Hands (1) | | | | 4 (1) | 4 |
| New Pathways (1) | | 2 | | 4 | 6 | Empowerment (1) | | | | 4 (1) | 4 |
| Alegria (1) | | | | 3 (1) | 3 | Expressions Unlimited (1) | | | | 3 | 3 |
| Expressions Unlimited (1) | | | | 3 | 3 | Ensuenos (1) | | | 1 | 3 | 4 |
| Ensuenos (1) | | | 1 | 3 | 4 | Family Options (1) | 1 | 1 | | 2 | 4 |
| Onyx (1) | 1 | | | 3 | 4 | Ramah Care (1) | | | | 2 | 2 |
| Family Options (1) | 1 | 1 | | 2 | 5 | Lessons of Life (1) | | | 1 | 2 | 3 |
| Ramah Care (1) | | | | 2 | 2 | Casa Alegre (1) | | | | 2 | 2 |
| Lessons of Life (1) | | | 1 | 2 | 3 | People Centered (1) | | | | 2 | 2 |
| Casa Alegre (1) | | | | 2 | 2 | Phame (1) | | | | 0 | 0 |
| Optihealth (1) | | | | 2 | 2 | CARC (1) | | | | 2 | 2 |
| CARC (1) | | | | 2 | 2 | A Better Way (1) | | | | 2 (1) | 2 |
| Alianza (1) | | | | 1 (1) | 1 | ABQSFTD (1) | | | | 2 (1) | 2 |
| Advantage Communications (1) | | | | 1 | 1 | Door of Opportunity (1) | | | | 1 | 1 |
| Door of Opportunity (1) | | | | 1 | 1 | Las Cumbres (1) | 1 (1) | | | 1 | 2 |
| Su Vida (1) | | | | 0 | 0 | The New Beginnings (1) | | 1 | | 0 | 1 |
| R-Way (1) | | | | 0 | 0 | La Vida Felicidad (1) | | | | 0 | 0 |

Chart #6: Health Care Findings Including Immediate and/or Special Needs Incident Reports Filed and Repeat Findings by Case Management Agency

| CASE MANAGEMENT | Immd () = Repeat Findings | Special () = Repeat Findings | IR Filed | Health Findings | Repeat Health Findings |
|--------------------------|-------------------------------------|-------------------------------------|-------------|--------------------|---------------------------|
| SCCM (11) | 4 | 3 | | 41 | 4 |
| Unidas (17) | 2 | 1 | | 40 | 4 |
| Carino (11) | 1 | 9 (1) | | 33 | 1 |
| J&J (11) | 2 (1) | 1 (1) | | 32 | 6 |
| Visions (9) | 1 (1) | | 1 | 28 | 5 |
| Peak (7*) | 4 | 4 (1) | 1 | 20 | 4 |
| A New Vision (5) | | 2 | | 16 | 2 |
| A Step Above (5) | 1 | 1 (1) | | 15 | 1 |
| Amigo (4) | | 1 (1) | 1 | 14 | 2 |
| Excel (6) | | | | 13 | 2 |
| NMBHI (3) | 1 | 2 | | 11 | 1 |
| Blue Sky (2) | | | | 8 | 1 |
| NMQCM (4) | | 1 | | 10 | 3 |
| PRMC (5) | | | | 7 | 1 |
| Keetoni (1) | | | | 5 | 1 |
| DDSD (2) | | | | 3 | |
| Friends Forever (1) | | | | 4 | 1 |
| Unique Opportunities (1) | | 1 | | 2 | |

These numbers are important as DDSD and others attempt to identify providers for whom technical assistance and/or other corrective action is needed. Further, these numbers can be used as a complement to other data sources in an effort to zero in on specific issues and then identify where limited resources need to be allocated. The following information is intended to assist in that effort.

Like last year, the majority of the specific health related issues identified in 2013 cluster into two categories: Not following up as needed, and, incorrect, inconsistent and/or missing information in key health documents.

Not following up as needed relates, primarily, to three areas involving preventative and diagnostic assessments, fact finding and follow up. Issues are, therefore, clustered into those three categories for further study:

- **Not following up on recommendations made by specialists/clinicians.** For example, not getting further diagnostic testing/assessments when it is recommended or not gathering information related to an issue per recommendations (e.g., tracking weights, fluid/food intake, seizures, etc.).
- **Not following up when the individual exhibits symptoms.** For example, when someone is exhibiting pain no evidence found that the team attempted to identify the source, if someone's weight decreases dramatically for no intentional reason no evidence that the team is attempting to identify why.
- **Not following up on acquiring assessments/interventions recommended for individuals of a given age/gender.** This relates to not perusing diagnostics and preventative assessments (or alternatives) recommended for the general population given age and gender (e.g., PAP, Mammogram, Colonoscopy, PSA).

Not following recommendations provided by physicians, specialists and other clinicians is an extremely serious issue and can have potentially grave, if not lethal, health consequences for individuals being served. Without appropriate medical assessments, providers, case managers and DDS cannot address the individual's chronic or acute medical needs.

While not all recommendations for individuals made by physicians and/or specialists are found to be the most appropriate by some teams, the findings identified and reported here are those where it was found that members of the team appear to NOT KNOW about the recommendation(s) and have NOT ACTED on the recommendation. It is imperative for the health and welfare of individuals served for individual team members and team collectively to KNOW and ACT in order to address individual's acute and chronic medical needs, to improve each person's quality of life and to sustain life.

In addition, recommended assessments, including those required by DDS, are expected to be acquired timely, used to ensure active and effective health care oversight and to influence individualized and informed planning for each person served. As evidenced by the following summary, the acquisition of needed assessments has been and continues to be an elusive outcome for a significant number and, historically, for a majority of class members. As the numbers below illustrate, this is not a new issue and, as previous reports confirm, stretches back to 2004 and earlier.

Chart #7: Are Assessments Acquired and Used?

| Question (Question # reference questions in the CPR Protocol) | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|---|---|---|---|---|---|---|
| 57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts? | 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% Yes (63) 42% Partial (46) | 45% Yes (46) 55% Partial (56) |
| 58. Did the team arrange for and obtain the needed, relevant assessments? | 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) | 41% Yes (45) 58% Partial (63) 1% No (1) | 37% Yes (38) 63% Partial (64) |
| 59. Are the assessments adequate for planning? | 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 (43) 1% No (1) | 48% Yes (52) 52% Partial (57) | 34% Yes (35) 66% Partial (67) |
| 60. Were the recommendations from assessments used in planning? | 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) | 43% Yes (47) 56% Partial (61) 1% No (1) | 37% Yes (38) 62% Partial (63) 1% No (1) |

In addition to not following up as needed, many other health related issues have been identified which can directly impact on the adequacy of health care services and supports. Those identified in this summary report include:

Information is wrong, inconsistent and/or missing relates to information contained in documents intended to guide staffs response with and for the individual and include the CARMP, Health Care Plan, Medical Emergency Response Plan and/or e-Chat/Therap.

Two other categories are also identified and include *inconsistent* (identified for the person throughout his/her file) and/or *inaccurate diagnosis* identified in the file. The other area identified is **Medication Administration/Management**. This category includes issues such as medication required not being available, medication required not given as ordered, errors on the Medication Administration Form (MAR) which might include the wrong medication listed, medication ordered missing and not listed or the amount or type of medication does not match the doctor's orders.

The following chart provides a summary of the issues identified in this area during the 2013 CPR.

Chart #8: Major Categories of Health Care Issues Identified

| Issue | # of Class Members | % of 103 Class Members Reviewed | # of Issues |
|--|--------------------|---------------------------------|-------------|
| Diagnosis: Not consistent/Not accurate | 17 | 16.5% | |
| Not Following up As Needed | 77 | 75% | |
| ▪ Assessments/Follow up not completed as recommended | 53 | | 77 |
| ▪ Not following up to acquire assessments/alternatives | 50 | | 97 |
| ▪ Not investigating symptoms | 18 | | 22 |
| Information is wrong, inconsistent and/or missing | 49 | 48% | |
| ▪ Health Care Plan | 20 | | 20 |
| ▪ Medical Emergency Response Plan (MERP) | 19 | | 19 |
| ▪ CARMP (Aspiration Plan) | 22 | | 78 |
| ▪ e-Chat | 6 | | 6 |
| Medication Administration/Management | 19 | 18.5% | 26 |

This report has identified numbers, by provider, in an effort to enable the prioritization of providers needing direct and swift intervention. This report has also identified specific issues which come up most frequently in an effort to focus attention and intervention. It is also important to focus on those Direct Support Professionals who are really the day-to-day experts in terms of knowing the individual, influencing the person, enabling the person and protecting the person.

Some of the findings relevant to those who were identified as "knowing the person best" follow. The following represents the 2013 findings with respect to what reviewers found after interviews, observations and extensive file review.

Chart #9: Results of Identified Health Related Questions in the 2013 CPR Protocol

| Question (Numbers reference the question in the CPR Protocol) | Statewide # & % Yes |
|---|----------------------------|
| Q. #54. Overall, were the team members interviewed able to describe the person's health-related needs? (Res Q#48: 67/66%) (Day Q#38: 64/63%) (CM Q#30: 73/72%) | 40 (39%) 2011: 43 (39%) |
| Q. #55. Is there evidence that the IDT discussed the person's health-related issues? | 65 (64%) 2011: 70 (64%) |
| Q. #56: ... Are the person's health supports/needs being adequately addressed? | 31 (30%) 2011: 39 (36%) |

Based on these findings, there are questions which illustrate issues:

Question: Are those responsible for day to day and monthly monitoring aware of the person's health related needs so that they can appropriately support and protect the person? For 61% of those reviewed the answer is no.

Question: Is the team discussing the person health-related issues completely?
For 36% of those reviewed the answer is no. For 64%, the answer is yes

Question: Are class members health support needs being adequately addressed?
For 70% of the class members the answer is no. Since "adequate" is the criteria instead of a higher standard these results are extremely important to address as quickly and as effectively as possible.

C. Physical and Behavioral Regression

Jackson Class Members are aging, so being on alert for and adequately responding to changes in physical, behavioral and/or functional abilities is essential. Question #119 in the CPR Protocol asks if Class Members have experienced physical regression. Question #120 seeks to determine who has experienced behavioral and/or functional regression. Question # 121 seeks, for those who have experienced regression, to determine if the regression is being adequately addressed by the team.

As the following chart illustrates those for whom only physical regression occurred (15), 9 or 60% had the regression adequately addressed. Six or 40% did not. While higher numbers are expected, this is a significant increase over the 6% who had their regression adequately addressed last year. In the other two categories, there has been a decrease in the numbers who had their regression adequately addressed from last year. For both those for whom physical and behavioral regression has occurred and those for whom only behavioral or functional regression has occurred 63% and 50% respectively had been adequately addressed. Last year the numbers were significantly higher.

Chart #10: Adequately Addressing Physical and/or Behavioral Regression
 Questions #119, #120 and #121 in the CPR Protocol

| Region | Total # experiencing Regression | # for whom physical and behavioral regression has occurred | Adequately Addressed? | # for whom only physical regression has occurred (Q.119) | Adequately Addressed? | # for whom only behavioral or functional regression has occurred (Q.#120) | Adequately Addressed? |
|-----------|---------------------------------|--|-----------------------|--|-----------------------|---|-----------------------|
| Metro | 17 of 47 (36%) | 7 | 6 (86%) ¹¹ | 5 | 4 (80%) ¹² | 5 | 2 (40%) ¹³ |
| NE | 9 of 14 (64%) | 3 | 2 (67%) ¹⁴ | 3 | 1 (33%) ¹⁵ | 3 | 2 (67%) ¹⁶ |
| NW | 5 of 10 (50%) | 3 | 1 (33%) ¹⁷ | 2 | 2 | 0 | N/A |
| SE | 4 of 15 (24%) | 1 | 1 (100%) | 0 | N/A | 3 | 2 (67%) ¹⁸ |
| SW | 8 of 16 (50%) | 2 | 0 (0%) ¹⁹ | 5 | 2 (40%) ²⁰ | 1 | 0 (0%) ²¹ |
| Total | | 16 | 10 (63%) | 15 | 9 (60%) | 12 | 6 (50%) |
| Last Year | | 38 | 35 (92%) | 16 | 1 (6.3%) | 5 | 5 (100%) |

¹¹ Those not adequately addressed are served by: Residential: Advantage Communication (1); Case Management: Unidas: (1)

¹² Those not adequately addressed are served by: Residential: LLCP (1); Case Management: NMQCM (1)

¹³ Those not adequately addressed are served by: Residential: Adelante (1), Expressions Unlimited (1), The New Beginnings (1); Case Management: A New Vision (1), Unidas (1), Friends Forever (1)

¹⁴ Those not adequately addressed are served by: Residential: AWS (1); Case Management: Visions (1)

¹⁵ Those not adequately addressed are served by: Residential: AWS (2); Case Management: Visions (2)

¹⁶ Those not adequately addressed are served by: Residential: Ensuenos (1); Case Management: Visions (1)

¹⁷ Those not adequately addressed are served by: Residential: DSI (1), Dungarvin (1); Case Management: Peak (2)

¹⁸ Those not adequately addressed are served by: Residential: CARC (1); Case Management: SERO (1)

¹⁹ Those not adequately addressed are served by: Residential: PRS (1), Tresco (1); Case Management: SCCM (2)

²⁰ Those not adequately addressed are served by: Residential: Lessons of Life (1), Tresco (1), PRS (1); Case Management: Peak (1), SCCM (1), Unidas (1)

²¹ Those not adequately addressed are served by: Residential: Tresco (1); Case Management: SCCM (1)

III. IMMEDIATE AND SPECIAL HEALTH RELATED FINDINGS

Definition for those with Immediate Needs. Class Members identified as “*needing immediate attention*” are persons for whom urgent health, safety, environment and/or abuse/neglect/exploitation issues were identified which the team is not successfully addressing in a timely fashion²².

Definition for those with Special Attention Needs²³: Class Members identified as “*needing special attention*” are individuals for whom issues have been identified that, if not effectively addressed, are likely to become an urgent health and safety concern, *in the near future*²³.

As summarized below, there were 7 individuals identified with Immediate Needs during the 2013 CPR, 18 individuals were identified with Special Attention Needs and 4 individuals for whom Incident Reports were filed.

Chart #11: Number of Individuals with Immediate/Special Needs by Region

| 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 | | 2 | 2 | 2 | 1 | 4 | 11 |
| Special | 9 | 3 | 2 | 3 | 1 | 3 | 21 |
| Incident Reports | 1 | 2 | 1 | 1 | | | 5 |

Chart #12: Number of Issues Identified for People with Immediate and/or Special Needs By Region²⁴.

| Issue | Metro | SW | SE | NE | NW | Total |
|---|-------|----|----|----|----|-------|
| Not Following Recommendations | 6 | 1 | 1 | 1 | 3 | 12 |
| Not Following Up or Lack of Timely F/U on Symptoms or Health Related Issues | 4 | 3 | | 1 | 4 | 12 |
| Aspiration | 5 | 1 | 1 | | 4 | 11 |
| Medication/MAR Issue | 2 | 1 | 1 | 2 | | 6 |
| Plans Missing, Inconsistent or Inaccurate | 3 | 2 | | 1 | | 6 |
| Staff Don't Know (health related issue) | 1 | | | | | 1 |
| Turnover of several team members | 1 | | | | | 1 |
| IR's Filed | 1 | | | 1 | | 2 |
| Agency should have filed IR but didn't | | | | 1 | 1 | 2 |

²² **Agreed Changes to the Definition for those with Immediate Needs.** Class Members identified as “*needing immediate attention*” are persons for whom urgent health, safety, environment and/or abuse/neglect/exploitation issues were identified which the team is not (the words “*actively in the process of*” were taken out) successfully addressing in a timely fashion.

²³ “*in the near future*” was added to the definition.

²⁴ For greater detail see Attachment A.

**Chart #13: Number of Issues Identified for People with Immediate and/or Special Needs
by Provider and Case Management Agency**

| Agency | Not following Rec's | Lack of Timely F/U | Aspiration | Med/MAR Issues | Plans Missing, Inconsistent, Inaccurate | IR's Filed | IR's Should have been filed | Total |
|--------------------------|---------------------|--------------------|------------|----------------|---|------------|-----------------------------|-------|
| Active Solutions | | | 1 | 1 | 1 | | | 3 |
| Adelante | 1 | 3 | 2 | | 2 | 1 | | 9 |
| ARCA | 1 | 1 | 2 | | 2 | | | 6 |
| CDD | | | | 1 | | | | 1 |
| Connections | | 1 | | 1 | | | | 2 |
| Disability Services | | 1 | | | | | | 1 |
| Dungarvin | 2 | 1 | 4 | | | | | 7 |
| Ensuenos | | | | | | | 1 | 1 |
| Family Options | 1 | 1 | | | 1 | | | 3 |
| High Desert | | | 1 | 1 | | | | 2 |
| Las Cumbres | | | | 1 | | 1 | | 2 |
| Leaders | 2 | | | | | | | 2 |
| LLCP | 1 | 1 | | | | | | 2 |
| New Pathways | | 1 | | | | | | 1 |
| NNMQC | | | | 1 | | 1 | | 2 |
| Nezzy Care | 1 | | | 1 | 1 | | | 3 |
| Onyx | | | | 1 | | | | 1 |
| PMS/Shield | 1 | | | | | | 1 | 2 |
| PRS | 1 | | 1 | | 1 | | | 3 |
| Share Your Care | 2 | | 1 | 1 | 1 | | | 5 |
| The New Beginnings | 1 | | 2 | 1 | 1 | | | 5 |
| Transitional Life Styles | 1 | | | | | | | 1 |
| Tresco | | 2 | | | | | | 2 |
| Tungland | 1 | | | | | | 1 | 2 |
| Zee | | 2 | | | | | | 2 |
| Case Management | | | | | | | | |
| Amego | | | | | | 1 | | 1 |
| A New Vision | 1 | | 1 | | | | | 2 |
| ASACM | | 2 | | | | | | 2 |
| Blue Sky | | 1 | | | | | | 1 |
| BMHI-CBS | | | | 1 | | | | 1 |
| Carino | 1 | 2 | 2 | 1 | 3 | | | 9 |
| Excel | 1 | | | | | | | 1 |
| J&J | 2 | | 1 | 1 | | | | 4 |
| NMBHI | 1 | 1 | | | 1 | | | 3 |
| NMQCM: | 1 | | | | | | | 1 |
| Peak | 2 | 3 | 5 | | | | | 10 |
| SCCM | 1 | 3 | 1 | 1 | 2 | | | 8 |
| Unidas | 2 | | | 1 | | | | 3 |
| Unique Opportunities | | | 1 | | | | | 1 |
| Visions | | | | 1 | | 1 | 2 | 4 |

IV. OVERVIEW OF HEALTH FINDINGS

- Services and supports to 103 individuals were reviewed during the 2013 CPR (page 2).
- DDS identified 321 health related findings during this review (page 2)

Finding #1: The DDS 2008 initiative focused on reducing instances of aspiration appears to have resulted in the elimination of aspiration pneumonia related deaths reported since 2011 and increased the identification and treatment of aspiration pneumonia since then (page 3 & 4).

Finding #2: 5 individuals in Metro and 2 individuals in the NE had no identified, unaddressed health related findings/issues (page 5).

Finding #3: 96 of the 103 individuals (93%) in the 2013 CPR had health related issues identified (page 4).

Findings by Region Follow

Finding #4: The Southeast Region had the highest average number of health related findings per person (4.5 per person, page 4) followed by the Southwest (4 per person), Metro (3.8 per person); then the Northwest (3.6 per person); and NE (2.6 per person). The numbers reflected below begin with agencies with more than 1 person in the review. The agency serving one person in the review for each region with the most findings is also listed.

- Residential agencies from the **Southeast** Region with the highest average number of health related findings per person include:
 - Leaders had 2 people in the review with 9 health related findings (1 Special, repeat) for an average of 5 per person.
 - Tabosa had 4 people in the review with 14 health related findings for an average of 3.5 per person.
 - High Desert had 1 person in the review with 3 findings (2 Immediate, 1 repeat) or an average of 3 per person.
 - Casa Alegre and CARC both had 1 person in the review with 2 findings for each person.
- Case Management agencies from the **Southeast** Region with the highest average number of health related findings included:
 - J&J had 11 people in the review with 32 health related findings (2 Immediate, 7 repeat; 1 Special, repeat) or an average of 3.2 per person.
 - PRMC had 3 people in the review with 7 health related findings or an average of 2.3 findings per person.
- Residential agencies from the **Southwest** Region with the highest average number of health related findings per person include:
 - PRS had 3 people in the review with 9 findings for an average of 4.3 findings per person.
 - Tresco had 10 people in the review with 32 findings for an average of 3.4 findings per person.
 - Nezy Care had 1 person in the review (2 repeat, 1 Special) with 7 health related findings.
- Case Management agencies from the **Southwest** Region with the highest average number of health related findings per person include:
 - SCCM had 11 people in the review with 48 findings (4 Immediate, 3 Special) or an average of 4.4 findings per person.
 - Peak had 2 people in the review with 5 findings (1 IR filed), or an average of 2.5 findings per person.
 - Unidas had 3 people in the review with 7 findings or an average of 2.3 findings per person.
- Residential agencies from the **Metro** Region with the highest average number of health related findings per person include:
 - ARCA had 6 people in the review with 30 health related findings (1 repeat, 5 Special) or an average of 5 findings per person.
 - The New Beginnings had 5 people in the review with 21 health related findings (1 repeat, 1 Immediate, 3 Special) or an average of 4.2 findings per person.

- LLCP had 8 people in the review with 30 findings (1 Immediate, 4 repeat) or an average of 3.8 findings per person.
- New Pathways had 1 person in the review with 6 findings (2 Special).
- Case Management agencies from the **Metro** Region with the highest average number of health related findings per person include:
 - Blue Sky had 2 people in the review with 8 health related findings (1 repeat) or an average of 4 findings per person.
 - Carino had 11 people in the review with 43 health related findings (1 repeat, 1 Immediate, 9 Special – 1 repeat) or 3.9 findings per person.
 - Amigo had 4 people in the review with 15 health related findings (2 repeat, 1 Special – repeat) or 3.8 findings per person.
- Residential agencies from the **Northwest** Region with the highest average number of health related findings per person include:
 - DSI had 2 people in the review with 8 health related findings (5 repeat, 1 Special) or an average of 4 findings per person.
 - Tungland had 3 people in the review with 7 health related findings or an average of 2.3 per person.
 - Dunganvin had 1 person in the review with 10 health related findings (4 Immediate, 1 Special).
- Case Management Agencies from the **Northwest** Region with the highest average number of health related findings per person include:
 - Peak had 2 people in the review with 16 health related findings (5 repeat, 4 Immediate, 2 Specials-1 repeat) or an average of 8 findings per person.
 - A Step Above had 1 person in the review with 4 health related findings (1 Immediate, 1 Special-repeat).
- Residential agencies from the **Northeast** Region who had the highest average number of health related findings per person include:
 - CDD had 2 people in the review with 10 health related findings (1 repeat, 1 Special) or an average of 5 findings per person.
 - NNMQC had 2 people in the review with 7 health related findings (1 repeat, 1 Immediate-repeat) or an average of 3.5 per person.
 - AWS had 4 people in the review with 12 health related findings (2 repeat) or an average of 3 per person.
- Case Management Agencies from the **Northeast Region** who had the highest average number of health related findings per person include:
 - NMBHI had 3 people in the review with 14 health related findings (1 repeat, 1 Immediate, 2 Special) or an average of 4.7 findings per person.
 - Visions had 9 people in the review with 30 health related findings (6 repeat, 1 Immediate-repeat) or an average of 3.3 findings per person.
 - Keetoni had 1 person in the review with 5 health related findings (1 repeat).

Finding #5: Those for whom only physical regression occurred (15), 9 or 60% had the regression adequately addressed. Six or 40% did not. This is a significant increase over the 6% who had their regression adequately addressed last year.

Finding #6: Those for whom physical and behavioral regression occurred, 10 or 63% had their regression adequately addressed. This is a decrease of 29% from last year.

Finding #7: Those for whom behavioral or functional regression has occurred, 6 or 50% had their regression adequately addressed. This is a decrease of 50% from last year.

V. INDIVIDUAL SERVICE PLAN (ISP)

A. Planning Context

Each individual has an Individual Service Plan (ISP) which serves as a form of contract between the class member and his/her team. This contract is intended to identify what the person's background/experiences have been as well as to identify strengths, needs, challenges and interests. Based on this information, the person/team identifies what the individual wants to do/accomplish (Vision/Outcomes), then providers identify what they are going to do to enable these wishes to come true (Teaching and Support Strategies and Action Plans). During the Community Practice Review several areas related to the class member's Individual Service Plan (ISP) are examined and include:

The *planning process*, which identifies who helped develop the plan and what information was used to shape the content of the plan.

The *required content of the plan*, which includes, in part, the person's Vision, Outcomes, Teaching and Support Strategies and Action Plans.

The *implementation of the ISP*, which focuses on whether or not the ISP (contract) is being implemented and carried out as the Team intended.

Last year there were 109 people included in the review with 327 findings identified for the ISP/Planning area. This year, there were 103 people with 411 findings which makes it the area with the highest number of issues/findings identified in 2013.

The information and charts contained in this section are provided to assist both the regions as well as individual agencies in identifying where they need to focus training, technical assistance and corrective action.

B. Overview of 2013 ISP Content Findings: Vision, Outcomes, Action Plans and Teaching and Support Strategies

During the 2013 CPR, 13 (13%) of the 102 ISPs reviewed were found to be adequate to meet the person's needs. Twenty-eight (27%) individuals were found to have a program of the level of intensity adequate to meet the person's needs.

This section starts with a look at the adequacy of the ISP content with a focus on Vision Statements, Outcomes, Action Plans and Teaching and Support Strategies.

Of the 102 people whose ISPs were reviewed and scored, 7 did not have issues identified in these four areas. Five of these seven individuals were supported in Metro and 2 were supported in the Southeast.

- The Metro agencies supporting these 5 individuals include: At Home Advocacy, Expressions Unlimited, The New Beginnings, Adelante, Su Vida and LLCP.
- The case management agencies were Unidas, Friends Forever and Amigo.
- The SE agencies supporting these 2 individuals include: Tabosa and Esperanza. The case management agency was J&J.

Chart #12, which follows, identifies specific sections of the ISP which were more frequently found to have issues/findings. The chart shows the number of people, by region, whose ISPs were found to have issues/findings in the topic area (e.g. Teaching and Support Strategies). The specific question(s) in the CPR Protocol which relates to this issue are also identified.

Chart #14: Most Frequently Identified Issues with the ISP
Based on an unduplicated count of individuals with identified issues in these content areas

| Issue | Metro | NE | NW | SE | SW | Total |
|--|-------|----|----|----|----|-------|
| Total Reviewed by Region | 47 | 14 | 10 | 15 | 16 | 102 |
| Vision is not adequate and/or not used as the basis for Outcome development. (Q#64, Q#65 & Q.#66) | 20 | 10 | 5 | 7 | 10 | 52 |
| Outcomes don't address major needs or don't contain detail so the team knows when outcomes have been achieved. (Q. #67, Q. #68. & Q. #69.) | 34 | 12 | 5 | 8 | 12 | 71 |
| Action Plans weren't specific and relevant to assisting the person in achieving his/her outcomes. (Q.#70) | 26 | 10 | 5 | 7 | 10 | 58 |
| Teaching and Support Strategies weren't sufficient to ensure consistent implementation and/or information from ancillary providers missing. (Q. #71 & Q.#72) | 36 | 13 | 6 | 11 | 13 | 79 |

Based on this information, there are significant issues in the majority of areas of the ISP.

52 (51%) people did not have vision statements found to be adequate for use in the development of individual outcomes;

71 (70%) people did not have outcomes which addressed the individual's major needs or did not contain detail needed to enable those implementing the outcomes to know when they had been achieved;

58 (57%) people didn't have Action Plans which were specific and relevant to assist the person in achieving his/her outcomes; and

79 (77%) people didn't have Teaching and Support Strategies which were sufficient to ensure consistent implementation or information from ancillary (therapists) was missing.

As summarized here, Teaching and Support Strategies and individual Outcomes are inadequate for the majority of those reviewed.

Fundamentally, the individual's vision statements need to be robust and reflect personal expectations of growth, individual interest and opportunities. Then measurable Outcomes, Teaching and Support Strategies and Action Plans can be developed.

C. ISP Content Findings²⁵: Residential

To enable the regions to support and assist specific providers who may be having problems with these specific areas (Vision Statements, Outcomes, Action Plans, Teaching and Support Strategies) in the ISP and/or with verifying the implementation of ISPs the following information may be helpful.

Chart #15 focuses on residential agencies, Chart #16 focuses on agencies providing day services and Chart #17 focuses on Case Management agencies. The columns in each of these charts are numbered and contain the following information.

²⁵ This area continues to focus on and explore the findings regarding Vision Statements, Outcomes, Action Plans and Teaching and Support Strategies.

- Column #1: The name of the residential, day or case management agency.
- Column #2: Number of Jackson Class Members (JCM) in the sample by agency.
- Column #3: Number of JCM with issues identified related to the "Vision" sections of the ISP²⁶.
- Column #4: Number of JCM with issues identified related to the "Outcome" sections of the ISP⁴.
- Column #5: Number of JCM with issues identified related to the "Action Plan" sections for the ISP⁴.
- Column #6: Number of JCM with issues identified related to the "Teaching and Support Strategies" section of the ISP⁴.

Chart #15: ISP Content, Residential Agencies
Based on an unduplicated count of individuals with identified issues in these content areas

| #1 | #2 | #3 | #4 | #5 | #6 | #1 | #2 | #3 | #4 | #5 | #6 | #1 | #2 | #3 | #4 | #5 | #6 |
|-------------------------|-------|--------|----------|--------------|------|-----------------------|-------|--------|----------|--------------|------|---------------------|-------|--------|----------|--------------|------|
| Residential Agency | # JCM | Vision | Outcomes | Action Plans | T&SS | Residential Agency | # JCM | Vision | Outcomes | Action Plans | T&SS | Residential Agency | # JCM | Vision | Outcomes | Action Plans | T&SS |
| Adelante | 9 | 5 | 7 | 6 | 8 | Dungarvin | 4 | 4 | 2 | 2 | 4 | NNMOC | 2 | 1 | 2 | 2 | 2 |
| Advantage Communication | 1 | 0 | 0 | 0 | 1 | Empowerment | 1 | 1 | 1 | 1 | 0 | Onyx | 1 | 1 | 1 | 1 | 1 |
| Alegria | 1 | 1 | 1 | 0 | 1 | ENMRSH | 3 | 2 | 3 | 1 | 2 | Optihealth | 1 | 0 | 1 | 0 | 1 |
| Alianza | 1 | 0 | 0 | 0 | 1 | Ensuenos | 1 | 1 | 1 | 1 | 1 | PRS | 3 | 2 | 3 | 2 | 3 |
| ARCA | 5 | 3 | 4 | 3 | 4 | ESEM | 2 | 1 | 1 | 1 | 2 | Ramah Care Services | 1 | 0 | 0 | 0 | 1 |
| At Home Advocacy | 2 | 1 | 1 | 1 | 1 | Esperanza | 2 | 1 | 1 | 1 | 1 | R-Way | 1 | 0 | 0 | 0 | 1 |
| AWS | 4 | 4 | 4 | 2 | 3 | Expressions of Life | 3 | 1 | 2 | 2 | 3 | Su Vida | 1 | 0 | 1 | 0 | 0 |
| Bright Horizon | 2 | 0 | 2 | 2 | 2 | Expressions Unlimited | 1 | 0 | 0 | 0 | 0 | Supporting Hands | 1 | 1 | 1 | 1 | 0 |
| CARC | 1 | 0 | 0 | 0 | 1 | Family Options | 1 | 1 | 1 | 1 | 1 | The New Beginnings | 5 | 2 | 4 | 2 | 3 |
| Casa Alegre | 1 | 0 | 0 | 1 | 1 | High Desert | 2 | 1 | 1 | 2 | 2 | TLC | 1 | 0 | 1 | 0 | 1 |
| CDD | 2 | 2 | 2 | 2 | 2 | Leaders | 2 | 1 | 1 | 2 | 1 | Tobosa | 4 | 1 | 1 | 1 | 3 |
| Community Options | 2 | 0 | 2 | 2 | 2 | Lessons of Life | 1 | 0 | 0 | 1 | 1 | Tresco | 10 | 8 | 8 | 5 | 7 |
| Door of Opportunity | 1 | 1 | 1 | 0 | 1 | LLCP | 8 | 2 | 6 | 5 | 5 | Tungland | 3 | 2 | 2 | 2 | 2 |
| DSI | 2 | 1 | 1 | 0 | 0 | New Pathways | 1 | 0 | 0 | 1 | 1 | ZEE | 1 | 0 | 1 | 1 | 1 |
| | | | | | | Nezzy Care | 1 | 0 | 0 | 1 | 1 | | | | | | |

²⁶ Questions explored in these and the following day and case management chart continue to be Q. 64 to Q.69 and Q. 70 to Q.72 in the protocol.

D. ISP Content Findings: Day/Employment Agencies

The following chart contains the same information except that it relates to day/employment provider agencies. The column information is the same.

Chart #16: Issues with ISP Content, Day Agencies
Based on an unduplicated count of individuals with identified issues in these content areas

| #1 | #2 | #3 | #4 | #5 | #6 | #1 | #2 | #3 | #4 | #5 | #6 | #1 | #2 | #3 | #4 | #5 | #6 |
|------------------------|-------|--------|----------|--------------|-----|-----------------------|-------|--------|----------|--------------|-----|---------------------|-------|--------|----------|--------------|-----|
| Day Agency | # JCM | Vision | Outcomes | Action Plans | T&S | Day Agency | # JCM | Vision | Outcomes | Action Plans | T&S | Day Agency | # JCM | Vision | Outcomes | Action Plans | T&S |
| A Better Way of Living | 1 | 1 | 1 | 1 | 1 | DSI | 2 | 1 | 1 | 0 | 0 | LLCP | 10 | 2 | 7 | 5 | 6 |
| ABQSFTD | 1 | 1 | 1 | 1 | 1 | Dungarvin | 3 | 3 | 2 | 2 | 3 | Nezzy Care | 1 | 0 | 0 | 1 | 1 |
| Active Solutions | 1 | 0 | 0 | 0 | 1 | Empowerment | 1 | 1 | 1 | 1 | 0 | People Centered | 1 | 1 | 1 | 1 | 1 |
| Adelante | 16 | 5 | 11 | 10 | 15 | ENMRSH | 3 | 2 | 3 | 1 | 2 | Phame | 1 | 0 | 0 | 0 | 1 |
| Alegria | 2 | 1 | 1 | 1 | 2 | Ensuenos | 1 | 1 | 1 | 1 | 1 | PMS/Shield | 3 | 2 | 2 | 2 | 2 |
| Arca | 3 | 2 | 2 | 1 | 3 | ESEM | 2 | 1 | 1 | 1 | 2 | PRS | 3 | 2 | 3 | 2 | 3 |
| AWS | 4 | 4 | 4 | 2 | 3 | Esperanza | 2 | 1 | 1 | 1 | 1 | Ramah Care Services | 1 | 0 | 0 | 0 | 1 |
| CARC | 1 | 0 | 0 | 0 | 1 | Expressions Unlimited | 1 | 0 | 0 | 0 | 0 | Share Your Care | 4 | 2 | 2 | 0 | 4 |
| Casa Alegre | 1 | 0 | 0 | 1 | 1 | Family Options | 1 | 1 | 1 | 1 | 1 | Su Vida | 3 | 0 | 1 | 0 | 1 |
| CDD | 2 | 2 | 2 | 2 | 2 | High Desert | 2 | 1 | 1 | 2 | 2 | Supportive Hands | 1 | 1 | 1 | 1 | 0 |
| CFC | 2 | 1 | 2 | 1 | 2 | La Vida Felicidad | 1 | 0 | 1 | 1 | 1 | The New Beginnings | 1 | 1 | 1 | 1 | 0 |
| Community Options | 2 | 0 | 2 | 2 | 2 | Las Cumbres | 1 | 0 | 1 | 1 | 1 | Tobosa | 4 | 1 | 1 | 1 | 3 |
| Connections | 5 | 2 | 4 | 3 | 5 | Leaders | 2 | 1 | 1 | 2 | 1 | Tresco | 10 | 8 | 8 | 5 | 7 |
| Cornucopia | 1 | 1 | 1 | 1 | 0 | Lessons of Life | 1 | 0 | 0 | 1 | 1 | ZEE | 1 | 0 | 1 | 1 | 1 |
| Door of Opportunity | 1 | 1 | 1 | 0 | 1 | LifeRoots | 2 | 2 | 2 | 2 | 2 | | | | | | |

E. ISP Content Findings: Case Management Agencies

Case management agencies are responsible for facilitating the development of the ISPs and conducting monthly monitoring to ensure the person is making progress and that services in the ISP are being implemented as intended. The chart which follows identifies the sections of the ISP found to have issues, just as in the charts above.

Chart #17: Issues with ISP Content, Case Management Agencies

Based on an unduplicated count of individuals with identified issues in these content areas

| #1 | #2 | #3 | #4 | #5 | #6 | #1 | #2 | #3 | #4 | #5 | #6 |
|-----------------|-------|--------|----------|--------------|------|----------------------|-------|--------|----------|--------------|------|
| Case Management | # JCM | Vision | Outcomes | Action Plans | T&SS | Case Management | # JCM | Vision | Outcomes | Action Plans | T&SS |
| A New Vision | 5 | 2 | 4 | 3 | 5 | Keetoni | 1 | 1 | 1 | 1 | 1 |
| A Step Above | 5 | 3 | 5 | 4 | 3 | NMBHI | 3 | 3 | 3 | 3 | 3 |
| Amigo | 4 | 0 | 2 | 1 | 3 | NMQCM | 4 | 2 | 3 | 2 | 2 |
| Blue Sky | 2 | 1 | 2 | 2 | 1 | Peak | 6 | 3 | 4 | 4 | 4 |
| Carino | 11 | 5 | 10 | 7 | 11 | PRMC | 3 | 2 | 3 | 1 | 2 |
| DDSD | 2 | 1 | 1 | 1 | 2 | SCCM | 11 | 8 | 8 | 5 | 9 |
| Excel | 6 | 3 | 2 | 3 | 4 | Unidas | 17 | 8 | 10 | 9 | 12 |
| Friends Forever | 1 | 0 | 0 | 0 | 0 | Unique Opportunities | 1 | 0 | 1 | 1 | 1 |
| J&J | 11 | 5 | 5 | 6 | 8 | Visions | 9 | 5 | 7 | 5 | 8 |

F. Lack of Consistent Implementation of the ISP

Implementation data is reviewed to see if the ISP is being implemented as intended by the person and his/her team. Providers have the primary responsibility for ensuring that the ISP is implemented consistent with the ISP, the needs of the individual and their pace and method of learning. Case Managers are responsible for monthly monitoring to ensure that progress is being made and the Outcomes are being consistently implemented. Nevertheless, challenges to consistent implementation of the ISP and/or verification of implementation through documentation of what the class member is doing, when he/she is doing it, and his/her reaction to the event/instruction continue.

Implementation data is reviewed to see if the ISP is being implemented as intended by the person and his/her team. There are questions in the protocol which focus on implementation. For example:

Question # 79. For those ISPs which are found to be adequate, are they being implemented?

This question focuses on those ISPs which were found to be adequate (content/paper compliance) and then probes to see if they were being implemented. In this case, 13 ISPs were found to be adequate and of those, 7 (54%) were being implemented.

Question # 80a. For those ISPs which were not found to be adequate, are they being implemented?

This question identifies those ISPs which had problems identified with the content to see if they were being implemented. Of the 89 ISPs which were found to be partially adequate, 38 (38%) were being implemented consistent with ISP direction.

As illustrated below, statewide, 59% of the ISPs were not being fully or consistently implemented.

Chart #18: ISP Not Consistently Implemented as Intended

| Issue | Metro | NE | NW | SW | SE | Total |
|---|-------------|------------|------------|------------|-------------|-------------|
| Total Reviewed by Region | 47 | 14 | 10 | 15 | 16 | 102 |
| Number of ISPs, regardless of quality, that were not being fully implemented. | 25 (51%) | 9 (64%) | 6 (60%) | 9 (60%) | 10 (63%) | 59 (59%) |

ISPs are also reviewed to ensure that outcomes have been developed and implemented in all life areas (Live, Work/Learn, relationships/fun) for which the individual receives services funded by the Medicaid waiver²⁷. For the second year in a row a number of ISPs were identified that did not have outcomes in each of the three life domains in spite of the fact that DD Waiver Services were received and paid for in all areas. This issue was identified, primarily, in the one region last year (SE) and two regions this year (SE and SW)²⁸.

The following charts (#19 and #20) identify by provider agency and then case management agency the number of individuals identified in 2013 with part or all of their ISP not implemented.

Chart #19: Residential and Day Provider Agencies with ISPs Not Being Fully Implemented

| Region | Agency | # of Ind. Reviewed in Residential Services | # of Ind. Reviewed in Day but not Residential | # with Implementation Issues |
|--------|---|--|---|------------------------------|
| Metro | 24 of 47 people reviewed (51%) had part of his/her ISP not implemented. | | | |
| | A Better Way of Living | | 1 | 1 |
| | ABQSFTD | | 1 | 1 |
| | Active Solutions | | 1 | 0 |
| | Adelante | 9 | 7 | 7 |
| | Advantage Communication | 1 | | 1 |
| | Alegria | 1 | 1 | 1 |
| | Alianza | 1 | | 0 |
| | Arca | 5 | 1 | 3 |
| | At Home Advocacy | 2 | | 2 |
| | Bright Horizon | 2 | | 0 |

²⁷ Title 7, Chapter 26, Part 5, of the New Mexico Administrative Code (NMAC) (7.26.5.14. C.(2)) says, in part, "Outcomes are required for any life area for which the individual receives services funded by the developmental disabilities Medicaid waiver."

²⁸ There were 9 people in the SE region without outcomes in all three areas of the ISP last year. This year there is one 1 person in the SE and 1 person in the SW region that had outcomes identified in only two domain areas instead of the three required.

| Region | Agency | # of Ind. Reviewed in Residential Services | # of Ind. Reviewed in Day but not Residential | # with Implementation Issues |
|--------|---|--|---|------------------------------|
| | CFC | | 2 | 1 |
| | Connections | | 5 | 2 |
| | Cornucopia | | 1 | 0 |
| | Dungarvin | 3 | | 2 |
| | Expressions of Life | 3 | | 2 |
| | Expressions Unlimited | 1 | | 0 |
| | La Vida Felicidad | | 1 | 1 |
| | LifeRoots | | 2 | 1 |
| | LLCP | 8 | 3 | 8 |
| | New Pathways | 1 | | 0 |
| | Onyx | 1 | | 1 |
| | Optihealth | 1 | | 1 |
| | Share Your Care | | 4 | 1 |
| | Su Vida | 1 | 2 | 1 |
| | Supporting Hands | 1 | | 1 |
| | The New Beginnings | 5 | | 2 |
| | TLC | 1 | | 0 |
| NE | 8 of 14 people reviewed (57%) had part of his/her ISP not implemented. | | | |
| | AWS | 4 | 1 | 2 |
| | CDD | 2 | | 1 |
| | Community Options | 1 | | 1 |
| | Ensuenos | 1 | | 0 |
| | ESEM | 2 | | 2 |
| | Family Options | 1 | | 1 |
| | Las Cumbres | | 1 | 1 |
| | NNMQC | 2 | | 1 |
| | People Centered | | 1 | 1 |
| | Phame | | 1 | 1 |
| | R-Way | 1 | | 1 |
| NW | 7 of 10 people reviewed (70%) had part of his/her ISP not implemented. | | | |
| | DSI | 2 | | 2 |
| | Dungarvin | 1 | | 1 |
| | Empowerment | 1 | | 1 |
| | High Desert | 1 | | 1 |
| | Presbyterian Med. Svcs/Shield | | 3 | 1 |
| | Ramah Care Services | 1 | | 1 |
| | Tungland | 3 | | 1 |
| | ZEE | 1 | | 1 |
| SE | 12 of 15 people reviewed (60%) had part of his/her ISP not implemented. | | | |
| | CARC | 1 | | 1 |
| | Casa Alegre | 1 | | 0 |
| | Door of Opportunity | 1 | | 1 |
| | ENMRSH | 3 | | 2 |

| Region | Agency | # of Ind. Reviewed in Residential Services | # of Ind. Reviewed in Day but not Residential | # with Implementation Issues |
|--------|---|--|---|------------------------------|
| | Esperanza | 2 | | 1 |
| | High Desert | 1 | | 1 |
| | Leaders | 2 | | 2 |
| | Tobosa | 4 | | 4 |
| SW | 10 of 16 people reviewed (63%) had part of his/her ISP not implemented. | | | |
| | Community Options | 1 | | 0 |
| | Lessons of Life | 1 | | 0 |
| | Nezzy Care | 1 | | 0 |
| | PRS | 3 | | 3 |
| | Tresco | 10 | | 7 |

Chart #20: Case Management Agencies with ISPs Not Being Fully Implemented

| Agency | # in Sample | # with Implementation Issues |
|---------------------------------------|-------------|------------------------------|
| Metro Case Management Agencies | | |
| A New Vision | 5 | 2 |
| A Step Above | 3 | 0 |
| Amigo | 4 | 1 |
| Blue Sky | 2 | 0 |
| Carino | 11 | 7 |
| Friends Forever | 1 | 0 |
| NMOCM | 4 | 1 |
| Peak | 2 | 2 |
| Unidas | 14 | 10 |
| Unique Opportunities | 1 | 1 |
| NE Case Management Agencies | | |
| DDSD | 1 | 1 |
| Keetoni | 1 | 1 |
| NMBHI | 3 | 2 |
| Visions | 9 | 4 |
| NW Case Management Agencies | | |
| A Step Above | 2 | 1 |
| Excel | 6 | 4 |
| Peak | 2 | 2 |
| SE Case Management Agencies | | |
| DDSD | 1 | 1 |
| J&J | 11 | 9 |
| PRMC | 3 | 2 |
| SW Case Management Agencies | | |

| Agency | # in Sample | # with Implementation Issues |
|--------|-------------|------------------------------|
| Peak | 2 | 1 |
| SCCM | 11 | 8 |
| Unidas | 3 | 1 |

G. Findings

This information has been provided to inform providers, case managers and DDS of the nature and frequency with which specific issues were identified during the 2013 Review. It is hoped that this information will be used to recognize good practice and to ensure that providers act consistently so that class members have ISPs which reflect their needs, interests, strengths and that these ISPs are consistently and completely implemented.

Finding #8: During the 2013 CPR, 13 (13%) of the 102 ISPs reviewed were found to be adequate to meet the class member's needs (Q. 78). This represents an assessment of the correlation between the class members needs/interests and the level to which those needs have been addressed in the ISP.

Finding #9: Seven (7) individuals reviewed during the 2013 CPR did not have issues identified in ISP Content areas of Vision Statement, Outcome, Action Plans and Teaching and Support Strategies. Five of these seven individuals were supported in Metro and two were supported in the Southeast.

- The agencies supporting the 5 individuals receiving services in Metro include: At Home Advocacy, Expressions Unlimited, The New Beginnings, Adelante, Su Vida and LLCP. The case management agencies were Unidas, Friends Forever and Amigo.
- The agencies supporting these 2 individuals in the Southeast include: Tobosa and Esperanza. The case management agency was J&J.

Finding #10: Twenty-eight (27%) individuals were found to have a program of the level of intensity adequate to meet the person's needs²⁹.

- 13 of these 28 people were served by agencies in the Metro region. The Day/Residential provider agencies include: A Better Way of Living, Active Solution, Adelante, Albuquerque School for the Deaf, ARCA, At Home Advocacy, CFC, Connections, Dungarvin, LLCP, Onyx Share Your Care, Su Vida and The New Beginnings. The case management agencies were A Step Above, Amigo, Carino, Friends Forever, Unidas and Unique Opportunities.
- The Northeast region had agencies supporting 3 of these individuals. The agencies are AWS, ESEM and People Centered. The case management agency was Visions.
- The Northwest region had agencies supporting 3 of these individuals. The agencies are DSI, High Desert, PMS/Shield and Tungland. The case management agencies are Excel and Peak.
- 4 of these 28 people were served by agencies in the Southeast region, specifically Door of Opportunity, High Desert and Tobosa. The case management agency was J&J.
- Agencies in the Southwest Region served 5 of these individuals. These agencies were Community Options, PRS and Tresco. The case management agencies were SCCM and Unidas.

Finding #11: Statewide, 59% of the ISPs reviewed were not being fully or consistently implemented.

²⁹ These individuals scored "Yes" on Q. 147 in the protocol.

VI. CASE MANAGEMENT

A. Case Management: An Essential Safeguard

Case Managers serve as an essential safeguard for people with Intellectual/Developmental Disabilities (I/DD). The need for advocacy on behalf of class members is woven through each of the case managers primary functions: maintaining eligibility; the facilitation and development of the ISP; coordination of and communication with team members; monitoring to ensure that services and supports needed by the individual are received timely and as intended; reporting when there are issues which need attention; and following up to ensure continuity and effectiveness of services.

B. Case Management Improvements Continue: Knowing the Individual, training and describing health related needs.

Central to being an effective case manager *is knowing the individual*. Historically, case managers have scored well on Question #26, "Does the case manager "know" the person?" Since 2007 the score for this question has been consistently above 88%. When answering this question, reviewers look to see if the Case Manager thoroughly describes the person's preferences, needs and circumstances; including information describing the individual's method/style of communication, personality, likes, dislikes; the individual's general routine; activities, things in the individual's life; significant events that occurred or are occurring which have an impact on the individual and what s/he is doing or plans to do. Reviewers also look for a description of strengths, positive attributes, things to build on, such as communication method; work ethic; skills s/he possesses; willingness to try things; willingness to participate in activities; etc. During the 2013 Community Practice Review, 97 of the 102 (95%) class members reviewed had case managers who knew them well. As shown in Chart #19 below, 14 of 18 (78%) Case Management Agencies³⁰ scored 100% on this question. No agency scored under 75%.

Another area which has scored well, above 78% since 2007, is the receipt of *training for Case Managers*. Question #28 asks if case managers receive training on the topics needed to assist him/her in meeting the needs of the class member being reviewed. The 2013 CPR found that 82 (80%) of 102 case managers had received the training needed. The expectations regarding this question are noted in the protocol as: "...We want the Case Manager to have person-specific information so they are an informed advocate/monitor. For example, if (the class member) has specific eating requirements due to risk of aspiration, we would expect the Case Manger to have received training regarding issues that impact this person such as: positioning during eating; eating utensils needed and how they are to be used; the pace at which eating is safe for this person, etc. ..."

Another critical area is the ability of case managers to *describe health related needs* of the individual they support. Question #30 asks, "Was the case manager able to describe the person's health related needs?" Case Managers are expected to provide some information which indicates that they know the person's status regarding aspiration. We also expect statements of clinical diagnoses, such as seizure disorder, high blood pressure, diabetes; symptoms the person has displayed; diagnoses the person has and what is being done to address them. In 2007, 59% of the case managers were able to describe the health related needs of class members being reviewed. In 2010 62% were able to do so, and in 2013 the number had increased to 72%. This is recognized and applauded and is also one that is hoped will continue to increase.

C. Concerns Continue: Monitoring, Follow Up and Documentation

Question #32 asks, "Does the case management record contain documentation that *the case manager is monitoring and tracking the delivery of services* as outlined in the ISP?" In 2013 the answer was 'yes' for 25 case managers (25%, a decrease from 41% in 2011). The expectation here is that the Case Manager's contact notes, the site visit forms

³⁰ This includes DDSD which provides Case Management Services to individuals in the NE and SE regions.

and overall record verify two monthly visits, one of them in the home. As a part of these visits, the case manager is to monitor a number of things, including the provision of needed services and the implementation of the ISP. The Case Management record should also show that if the class member is not getting a service that is noted in the ISP, there is documentation that the case manager is following-up to get the service in place.

Another question which addresses monitoring, follow up and documentation is Question #83 which asks, “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”? Twenty-one case management records (21%, down from 39% in 2011) were found to contain such documentation. When probing for the answer to this question, it is expected that there will be evidence that Case Managers have monitored the implementation of the ISP by reviewing progress notes and monthly/quarterly reports from each provider; quarterly/six-month reports from therapists; and document findings in monthly Case Manager site visit forms. Case Managers are expected to monitor to ensure that outcomes/action plans have been met (not just worked on) and if not met that there is a plan (e.g. reason to continue or have an IDT meeting to revise the outcome, action steps or strategies) which notes issues/progress. Case Management monitoring of ISP/Service implementation is an extremely important safeguard, especially in light of the finding that 59 of the 102 ISPs reviewed were not being fully implemented.

One of the most important questions in the Case Management section is Question #33. “Does the case manger provide case management services at the level needed by this person”? Consideration is given to the degree (timeliness and effectiveness) to which recommendations have been followed up on, services have been provided in line with the person’s needs and barriers have been identified, addressed and eliminated or reduced to the extent possible. If the person is not getting a service that is noted in the ISP and there is no evidence that the case manager is following-up in a timely way to get the service in place that would be noted as a deficiency. During the 2013 CPR, 38 of those reviewed (37%, down from 41% in 2011) were found to have case managers providing services at the level needed.

D. Findings by Case Management Agency

A summary of the results of some of the questions discussed above follows. Case Management Agencies are listed in alphabetical order.

Chart #21: Findings by Case Management Agency

| Agency | # in Sample | # Yes on Q26 | # Yes on Q30 | # Yes on Q32 | # Yes on Q33 | # Yes on Q83 | # Yes on Q78 ³¹ |
|-----------------|-------------|--------------|--------------|--------------|--------------|--------------|----------------------------|
| A New Vision | 5 | 5 (100%) | 2 (40%) | 1 (20%) | 2 (40%) | 3 (60%) | 0 (0%) |
| A Step Above | 5 | 5 (100%) | 4 (80%) | 1 (20%) | 1 (20%) | 1 (20%) | 1 (20%) |
| Amigo | 4 | 4 (100%) | 3 (75%) | 1 (25%) | 3 (75%) | 0 (0%) | 1 (25%) |
| Blue Sky | 2 | 2 (100%) | 2 (100%) | 1 (50%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Carino | 11 | 10 (91%) | 10 (91%) | 2 (18%) | 8 (73%) | 0 (0%) | 0 (0%) |
| DDSD/NE/SE | 2 | 2 (100%) | 1 (50%) | 0 (0%) | 1 (50%) | 0 (0%) | 0 (0%) |
| Excel | 6 | 5 (83%) | 3 (50%) | 2 (33%) | 3 (50%) | 2 (33%) | 1 (17%) |
| Friends Forever | 1 | 1 (100%) | 0 (0%) | 1 (100%) | 1 (100%) | 0 (0%) | 0 (0%) |
| J&J | 11 | 11 (100%) | 8 (73%) | 4 (36%) | 3 (38%) | 2 (18%) | 3 (27%) |
| Keetoni | 1 | 1 (100%) | 0 (0%) | 1 (100%) | 0 (0%) | 0 (0%) | 0 (0%) |
| NMBH/CBS | 3 | 3 (100%) | 3 (100%) | 0 (0%) | 3 (100%) | 0 (0%) | 0 (0%) |
| NMQCM | 4 | 4 (100%) | 3 (75%) | 1 (25%) | 0 (0%) | 0 (0%) | 1 (25%) |
| Peak | 6 | 6 (100%) | 4 (67%) | 1 (17%) | 2 (33%) | 1 (17%) | 1 (17%) |

³¹ Question 78 asks: Overall, is the ISP adequate to meet the person’s needs? This is a determination about the quality of the components of the ISP, not how or if it is implemented.

| Agency | # in Sample | # Yes on Q26 | # Yes on Q30 | # Yes on Q32 | # Yes on Q33 | # Yes on Q83 | # Yes on Q78 ³¹ |
|----------------------|-------------|--------------|--------------|--------------|--------------|--------------|----------------------------|
| PRMC | 3 | 3 (100%) | 3 (100%) | 1 (33%) | 1 (33%) | 1 (33%) | 0 (0%) |
| SCCM | 11 | 10 (91%) | 10 (91%) | 1 (9%) | 3 (38%) | 2 (18%) | 1 (9%) |
| Unidas | 17 | 15 (88%) | 14 (82%) | 6 (35%) | 4 (24%) | 6 (35%) | 2 (12%) |
| Unique Opportunities | 1 | 1 (100%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Visions | 9 | 9 (100%) | 3 (33%) | 2 (22%) | 3 (33%) | 2 (22%) | 1 (11%) |

Another way to review the same information is to list agencies based on numbers of individuals in the sample and to review their overall scores, e.g., how many 100% rating they received, how many 75% to 100% ratings and so on.

Chart #22: Findings Displayed by Number of People in the Sample

| Agency | # in Sample | # Yes on Q26 | # Yes on Q30 | # Yes on Q32 | # Yes on Q33 | # Yes on Q83 | # of 100% | # 75% to 99% | # 51% to 74% | # 50% or below |
|---|-------------|--------------|--------------|--------------|--------------|--------------|-----------|--------------|--------------|----------------|
| Agencies with 10 or more individuals in the sample | | | | | | | | | | |
| Unidas | 17 | 15 (88%) | 14 (82%) | 6 (35%) | 4 (24%) | 6 (35%) | | 2 | | 3 |
| Carino | 11 | 10 (91%) | 10 (91%) | 2 (18%) | 8 (73%) | 0 (0%) | | 2 | 1 | 2 |
| J&J | 11 | 11 (100%) | 8 (73%) | 4 (36%) | 3 (38%) | 2 (18%) | 1 | | 1 | 3 |
| SCCM | 11 | 10 (91%) | 10 (91%) | 1 (9%) | 3 (38%) | 2 (18%) | | 2 | | 3 |
| Agencies with 5 to 9 individuals in the sample | | | | | | | | | | |
| Visions | 9 | 9 (100%) | 3 (33%) | 2 (22%) | 3 (33%) | 2 (22%) | 1 | | | 4 |
| Excel | 6 | 5 (83%) | 3 (50%) | 2 (33%) | 3 (50%) | 2 (33%) | | 1 | | 4 |
| Peak | 6 | 6 (100%) | 4 (67%) | 1 (17%) | 2 (33%) | 1 (17%) | 1 | | 1 | 3 |
| A New Vision | 5 | 5 (100%) | 2 (40%) | 1 (20%) | 2 (40%) | 3 (60%) | 1 | | 1 | 3 |
| A Step Above | 5 | 5 (100%) | 4 (80%) | 1 (20%) | 1 (20%) | 1 (20%) | 1 | 1 | | 3 |
| Agencies with 3 to 4 individuals in the sample | | | | | | | | | | |
| Amigo | 4 | 4 (100%) | 3 (75%) | 1 (25%) | 3 (75%) | 0 (0%) | 1 | 2 | | 1 |
| NMQCM | 4 | 4 (100%) | 3 (75%) | 1 (25%) | 0 (0%) | 0 (0%) | 1 | 1 | | 3 |
| NMBHI/CBS | 3 | 3 (100%) | 3 (100%) | 0 (0%) | 3 (100%) | 0 (0%) | 3 | | | 2 |
| PRMC | 3 | 3 (100%) | 3 (100%) | 1 (33%) | 1 (33%) | 1 (33%) | 2 | | | 3 |
| Agencies with 1 to 2 individuals in the sample | | | | | | | | | | |
| Blue Sky | 2 | 2 (100%) | 2 (100%) | 1 (50%) | 0 (0%) | 0 (0%) | 2 | | | 3 |
| DDSD/NE/SE | 2 | 2 (100%) | 1 (50%) | 0 (0%) | 1 (50%) | 0 (0%) | 1 | | | 4 |
| Friends Forever | 1 | 1 (100%) | 0 (0%) | 1 (100%) | 1 (100%) | 0 (0%) | 3 | | | 2 |
| Keetoni | 1 | 1 (100%) | 0 (0%) | 1 (100%) | 0 (0%) | 0 (0%) | 2 | | | 3 |
| Unique Opportunities | 1 | 1 (100%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 1 | | | 4 |

E. Findings

This information is provided to inform case management agencies and DDS of the nature and frequency with which specific issues were identified during the 2013 Review. It is hoped that this information will be used to recognize good practice and to ensure that case management agencies act consistently so class members are equally supported and protected statewide.

Finding #12: 97 of 102 (95%) class members reviewed had case managers who knew them well. (Q. #26)

Finding #13: 82 (80%) of 102 class members had case managers who had received training on the topics needed to assist in meeting his/her needs. (Q. #28)

Finding #14: 73 (72%) of class members had case managers who could describe the person health related needs. (Q. #30)

Finding #15: 25 (25%) of case managers' records contained documentation verifying monitoring and tracking the delivery of services outlined in the ISP. This is down from 41% in 2011. (Q. #32)

Finding #16: 21 (21%) of the case manager's progress notes or other documentation in the record reflect the status of the goal and services of the key life areas stated in the ISP. This is down 18% compared to 2011. (Q. #83)

Finding #17: 38 of 102 class members (37%) were found to have Case Managers who provided services at the level needed. (Q. #33)

To adequately and effectively address and continue to improve case management services consistent with class member's needs, effort at the case management agency, region and state level needs to occur. DDS can negotiate and manage change at the provider level through multiple tools such as regulation, performance contracts, incentives, technical assistance and effectiveness analysis. The most effective support/intervention needs to be made based on a partnership between DDS and case management agencies to ensure that changes are embraced, effective and sustained long term.

VII. SUPPORTED EMPLOYMENT

As DDS outlines in their Medicaid Waiver Standards of 2007³², "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 2012 Standards state that the objective of "Community Integrated Employment is to provide supports to DDW recipients that result in community employment in jobs which increase economic independence, self-reliance, social connections and the ability to grown in a career".

Supported Employment continues to be a focus of the Jackson proceedings, and has been repeatedly addressed in Community Practice Reviews. During the 2013 CPR, 76 of the 102 people reviewed (75%) were recommended for a Vocational Assessment and/or personal interest profile with the intent that these 'discovery' processes would result in purposeful and meaningful days including employment, when possible. Of those 76 people, 48 (63%) received an assessment, and 12 of the assessments (16%) conformed to DOH regulations. Of the 102 people reviewed, 64 were found to need supported employment; 13 of those (20%) were engaged in employment according to DOH standards.

The goal should be to ensure that individuals are supported to receive integrated employment services based on each individual's specific strengths, preferences, capacities, needs and desires. Promoting employment on an individual and systemic level helps people to engage fully in their communities and benefit from the services offered. Current and historic data indicates this is not happening for the majority of class members.

With the increase in disengagement activities which includes, in part, the work of the "119 Work Group" also known as the Individual Employment Work Group, Arc Guardians have stepped forward as the first group of Employment and Meaningful Life Advocates. These Advocates have agreed to 'champion work' exploration and work experiences for identified individuals who are or might be interested in work. DDS intends to support and expand this pool of advocates along with a compliment of 'mentors' who will function as a resource to individuals and teams interested in jobs. It is hoped that this initiative will energize and support individuals and teams so that the number of individuals in jobs they like and are successful in expands.

DDS has also entered into an agreement with the University of New Mexico, Center for Development and Disability. This multifaceted initiative focuses on individual, team and systemic employment initiatives which can be created, nurtured and sustained long term so that the New Mexico Employment First policy becomes a practical and integrated reality for everyone wanting to work and those teams supporting them.

As the following numbers show, acquiring good functional vocational assessments and creating meaningful Career Development Plans which result in integrated employment is a reality that has not been realized for the majority of Jackson Class Members.

³² Jackson Class Members continue services under the 2007 Waiver Standards.

Chart #23: Historic Supported Employment Disengagement Data

| Question | 2000 | 2001 | 2002 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2013 |
|---|------|------|------|------|------|------|------|------|------|------|------|------|
| Need an employment assessment? | 64% | 100% | 88% | 82% | 58% | 77% | 74% | 66% | 71% | 73% | 65% | 75% |
| Need supported employment? | 57% | 29% | 59% | 53% | 51% | 66% | 58% | 55% | 53% | 56% | 45% | 63% |
| Receive supported employment assessment? | 100% | 100% | 100% | 86% | 83% | 79% | 60% | 62% | 70% | 71% | 58% | 63% |
| Assessment conforms to DOH Regulations? | 89% | 71% | 87% | 15% | 39% | 26% | 35% | 30% | 39% | 29% | 28% | 16% |
| Has a Career Development Plan? | 38% | 100% | 30% | 14% | 25% | 23% | 31% | 20% | 37% | 17% | 33% | 8% |
| Is supported employment provided in line with requirements? | 38% | 75% | 30% | 25% | 21% | 22% | 31% | 10% | 30% | 23% | 14% | 20% |

Finding #18: During the 2013 CPR, 76 of the 102 people reviewed (75%) were recommended for a Vocational Assessment and/or personal interest profile with the intent that these 'discovery' processes would result in purposeful and meaningful days including employment, when possible.

Finding #19: Of the 76 people recommended for a Vocational Assessment, 48 (63%) received an assessment, and 12 of the assessments (16%) conformed to DOH regulations.

Finding #20: Of the 102 people reviewed, 64 were found to need supported employment; 13 of those (20%) were engaged in employment according to DOH standards.

VIII. Good News: Overall Consistent and Improving Areas

During the past four Community Practice Reviews (2009, 2010, 2011 and 2013), each region has shown consistently high scores in specific areas.

Two areas that were consistently high, overall, for all five regions are *Satisfaction and Quality of Life*. Many of these questions are not applicable to all people reviewed during the CPR, or the answer cannot be determined due to an individual's unavailability or inability to answer the questions. Therefore, the percentage scores often are based on a small portion of the total number of individuals reviewed. In these areas, the CPR probes if the person has the opportunity to make *informed choices* (Q#88), if the individual *finds their guardian, case manager, day and residential support staff to be helpful* and gets along with them (Q#96, #105, #111, #112)³³. Day to day issues, such as *honoring cultural preferences, providing adequate food and drink, available transportation, and sufficient personal money* (Q#102, #108, #109 and #110) are also reviewed, and have been found over the years to score high in all regions. There are many other questions in the Satisfaction and Quality of Life categories; not every region scored over 80% every single time in the past four CPRs, but overall in these areas, there is much to be recognized and appreciated statewide, in these areas.

In addition to Satisfaction and Quality of Life, some regions have shown significant improvement in other specific areas, either improving incrementally during each of the four reviews, or showing improvement from 2011 to 2013. More detail on that is provided by region in the following narrative as well as the attached tables.

A. Metro Region

Case Management: With regard to Case Management, four questions have all scored over 80% in the Metro region. This shows that the region has Case Managers who "know" the person they support and are adequately available to that person (Q#26 and #29). Also, Metro region Case Managers receive the training and support needed to assist them (Q#28 and #34).

Day support service staff identified as knowing the person best were interviewed and demonstrated that they did "know" the person they support, were able to describe their responsibilities and had training on the agency's complaint and ANE processes. These areas (Q#35, #39 and #41) all scored over 80% during the last four CPRs. Also scoring very high – over 90% in the last four CPRs – was Q#43, regarding the cleanliness and safety of the person's day/employment environment. Showing significant improvement from 2011 to 2013 (up to 85% from 66%) was the Day direct staff's expectation of growth for the person they support.

Home Living: The homes of the individuals in the Metro review were, overall, found to be safe and offer a good quality of life for the past four CPRs (Q#47 and #53). Residential support service staff interviewed and identified as knowing the person best were found to "know" the person they support and had training on the agency's complaint and ANE processes. These areas (Q#44 and #51) all scored over 80% during the last four CPRs. For the past three CPR years, Metro Residential staff scored over 80% on Q#45, #46 and #49. Specifically, they have adequate input into the ISP, they received training on implementing the ISP, and were able to describe their responsibilities in supporting the individual.

Adaptive Equipment/Communication: Both continued progress and improvement are noted for Metro region with regard to adaptive equipment, assistive technology and communication assessments and services (Q#138, #139 and #140). These areas all scored over 80% in 2013; adaptive equipment has been consistently over 80% for the past four CPRs; and the other two areas crossed the 80% threshold this year.

³³ "Q" followed by a number identifies the specific question(s) in the protocol.

Adequacy of Planning and Services: has also shown improvement in a few specific areas over the past few CPRs. Individuals in the Metro region have all had ISP documents in the past four CPRs (100% all four years, Q#61). This year, over 82% have adequate Crisis Prevention Plans (Q#73) and 82% also reflect how the person will get to their work/day activities (Q#75). Over the past four years, over 80% of the ISPs contained the individual's health/medical care information and their prescribed medications (Q#74 and #76).

Over 90% of the ISP documents reviewed in the Metro region have, for the past four CPRs, addressed the life areas required by DOH regulations (Q#141). During the past four years there has been continual improvement in the ISP scores related to having a vision section that is based on a long-term view (Q#142: 2009: 68%; 2013: 79%); to the individual having access to generic services and supports (Q#144: 2009:72%; 2013: 85%); and to the individual being adequately integrated in the community (Q#145: 2009: 57%; 2013; 81%). Over the past three years, over 80% of the individuals in Metro region have received the services and support specifically recommended in their ISPs (Q#143).

B. Northeast Region

Case Management: three questions have all scored over 80% for the past four CPRs in the Northeast region. The questions reveal that the region has Case Managers who “know” the person they support and are adequately available to that person (Q#26 and #29). Also, Northeast region Case Managers receive the level of support needed to assist them (Q#34).

Day Direct support staff providing day services in the Northeast region also consistently “know” the person they support (Q#35) scoring over 80% during the last four CPRs. Also scoring very high – over 90% in the last four CPRs – was Q#43, regarding the cleanliness and safety of the person's day/employment environment.

Home Living: The homes of the individuals in the Northeast region were found to be safe and offer a minimal quality of life for the past four CPRs (Q#47 and #53). Residential support service staff also consistently “know” the person they support and had training on the agency's complaint and ANE processes. These areas (Q#44 and #51) all scored over 80% during the last four CPRs. Improvement has been shown with staff receiving training on implementing the ISP, from 67% in 2011 to 86% in 2013 (Q#46).

Team Process: Northeast region teams improved in meeting as needed; from 71% in 2011 to 85% in 2013 (Q#116).

Behavior support plans have also improved in the Northeast region, specifically for those that are developed out of the behavior support assessment (Q#134: 70% in 2011; 100% in 2013). Staff training on the behavior support plan has been consistently over 80% for the last four CPRs (Q#135).

Communication: Continued improvement is noted for the Northeast region with regard to communication assessments and services (Q#140). The region was at 58% in 2010, and improved to 100% this year.

Adequacy of Planning and Services has also shown improvement in a few specific areas over the past few CPRs. Northeast region individuals have all had ISP documents in the past four CPRs (100% all four years, Q#61). For the past three CPRs, over 80% of ISPs reflect how the person will get to their work/day activities (Q#75). Over the past four years, over 80% of the ISPs detail how the individual obtains their prescribed. (Q #76).

Generic Services: Most individuals in the Northeast region have had access to generic services and supports as shown in the past four CPRs, all scoring over 80% (Q#144), and there has been a significant increase in the number of people being adequately integrated in the community (Q#145: 2011: 53%; 2013; 79%). Over the past four years, over 80% of the individuals in Northeast region have received the services and support specifically recommended in their ISPs (Q#143).

C. Northwest Region

Case Management: With regard to Case Management, five questions have all scored over 80% in the Northwest region. Most Case Managers “know” the person they support and are adequately available to that person (Q#26 and #29). For the past four CPRs, Northwest region Case Managers receive the training and support needed to assist them in doing their job to meet the needs of the individual (Q#28 and #34). Also, most Case Managers were found to have an appropriate expectation of growth for the person (Q#31).

Day support service staff in the Northwest region also “know” the person they support and could describe the person's health related needs. Staff were able to describe their responsibilities and had training on the agency's complaint and ANE processes. These areas (Q#35, #38, #39 and #41) all scored over 80% during the 2013 CPR. Also scoring consistently high – over 80% in the last four CPRs – was Q#43, regarding the cleanliness and safety of the person's day/employment environment. The Northwest region Day staff showed increasing knowledge of the ISP procedure. For the last three CPRs, 80% of staff had input in the ISP; in 2013 100% of staff had training on implementing the ISP and 80% had training in the ISP process (Q#36, #37, #40). Over the last four CPRs, the Northwest region Day staff have been consistent (over 80% all four years) in having and appropriate expectation of growth for the person they support (Q#42).

Home Living: The homes of the individuals in the Northwest region were found to be safe and offer a minimal quality of life for the past four CPRs (Q#47 and #53). Residential support service staff in the Northwest region also consistently “know” the person they support, were able to describe the person's health related needs and were able to describe their responsibilities in providing care for the individual. These areas (Q#44, #48 and #49) all scored over 80% during the last two CPRs. The Northwest region Residential staff, like the Day staff, showed increasing knowledge of the ISP procedure. For the last two CPRs, at least 80% of staff had input in the ISP, had training on implementing the ISP and had training in the ISP process (Q#45, #46, #50). Over the last four CPRs, the Northwest region Residential staff have been consistent (over 80% all four years) in having an appropriate expectation of growth for the person each supports (Q#52).

Team Process: With regard to Team process, Northwest region teams were found to meet as needed for 88% of individuals and 90% of people had teams who adequately communicated between meetings (Q#116 and #117).

Behavior Supports: For individuals who were found to need Behavioral Support Services, scores in this area of the protocol have been very high in the Northwest region for the second CPR in a row. 100% of behavioral assessments have been completed, 100% of plans are developed out of the behavior support assessment, 100% of staff have been trained on the plans, and 100% of individuals reviewed have received behavioral support services consistent with their needs. (Q#133, #134, #135, #136).

Adaptive Equipment: Improvement is noted for the Northwest region with regard to adaptive equipment (Q#138) which increased to 89% in 2013 (60% in 2011).

Adequacy of Planning and Services has also shown improvement in a few specific areas over the past few CPRs. Northwest region individuals have all had ISP documents in the past three CPRs (100% all three years, Q#61). For the past two years, over 80% of ISPs have contained adequate Crisis Prevention Plans, information regarding the individual's health/medical care information, how the person will get to their work/day activities, and how the person will obtain their prescribed medications (Q#73, #74, #75, and #76). Consistent improvement has been found in the long-term vision sections (Q#64: 2010: 60%, 2011: 70%, 2013: 80% and Q#65: 2010: 50%, 2011: 90%, 2013: 80%) and the Vision sections are increasingly being used as the basis for outcome development (Q#66: 2010: 70%, 2011: 80%, 2013: 90%)

For the last four CPRs, over 80% of the ISP documents reviewed in the Northwest region have addressed the life areas required by DOH regulations (Q#141). For the past two years at least 80% of ISPs have a vision section that is based on a long-term view (Q#142), at least 80% of individuals have had access to generic services and supports have been adequately integrated in the community (Q#144 and #145).

D. Southeast Region

Case Management: In the Southeast region, three Case Management questions scored over 80%. Most Case Managers “know” the person they support and are adequately available to that person (Q#26 and #29). Also, most Case Managers receive the support needed to assist them in doing their job (Q#34).

Day/Employment: Over 80% of Day/employment support staff in the Southeast region also “know” the person they support and were trained on implementing the person’s ISP (Q#35 and #37). For the last four CPRs most (over 80%) were able to describe their responsibilities in providing care/support to the person; and in 2013 80% were found to have training on the agency’s complaint and ANE processes (Q#39 and #41). Also scoring consistently high – over 80% in the last four CPRs – was Q#43, regarding the cleanliness and safety of the person’s day/employment environment.

Home Living: The homes of the individuals in the Southeast region were found to be safe and offer a minimal quality of life over 80% of the time for the past four CPRs (Q#47 and #53). Residential support service staff in the Southeast region also consistently “know” the person they support (Q#44). Training on the ISP process and the provider’s complaint and ANE processes were found to be over 80% for Residential staff in 2013 (Q#50 and #51).

Team Process: With regard to Team process, Southeast region teams were found to meet as needed for over 80% of individuals in each of the last four CPR years. For that same time period, over 80% of teams were found to have adequate communication between meetings (Q#116 and #117).

Communication: Improvement is noted for the Southeast region with regard to communication assessment and services (Q#140) which increased to 86% in 2013 (77% in 2011).

Southeast region individuals have all had ISP documents in the past four CPRs (100% all four years, Q#61). Also in the past four CPR years, over 80% of ISPs have contained information regarding the individual’s health/medical care information, how the person will get to their work/day activities, and how the person will obtain their prescribed medications (Q#74, #75, and #76). For the last three CPRs, over 80% of Southeast region ISPs have integrated the recommendations and/or objectives of ancillary providers (Q#72).

Generic Services: Over 80% of the individuals in the Southeast region have, for the last three CPRs, had access to generic services and supports and have been adequately integrated in the community (Q#144 and #145). Improvement is noted in ISPs when addressing the life areas required by DOH regulations (Q#141, 44% in 2011, 73% in 2013).

E. Southwest Region

Case Management: With regard to Case Management, five questions have all scored over 80% in the Southwest region. Most Case Managers “know” the person they support, were adequately available to that person, and were able to describe the person’s health related needs (Q#26, #29 and #30). For the past four CPRs, Southwest region Case Managers receive the training and support needed to assist them in doing their job to meet the needs of the individual (Q#28 and #34).

Day support service staff in the Southwest region also “know” the person they support and could describe the person’s health related needs. Staff were able to describe their responsibilities and had training on the agency’s complaint and ANE processes. These areas (Q#35, #38, #39 and #41) all scored over 80% during the 2013 CPR. Also scoring consistently high – over 90% in the last four CPRs – was Q#43, regarding the cleanliness and safety of the person’s day/employment environment.

Home Living: The homes of the individuals in the Southwest region were found to be safe and offer a minimal quality of life for the past four CPRs (Q#47 and #53, over 80% all four years). Residential support service staff in the Southwest region also “know” the person they support and had training on the provider’s complaint and ANE processes (Q#44 and #51).

Employment: The Southwest region, in 2013, provided 100% of all Supported Employment Assessment determined to be needed (Q#126)!

Behavior: For the past four CPRs, individuals who were found to need Behavior Support Services, have received generally very high scores in the Southwest region for the past four CPRs. In 2013 specifically, 100% of behavioral assessments have been completed, 100% of plans are developed out of the behavior support assessment, 88% of staff have been trained on the plans, and 88% of individuals have received behavioral support services consistent with their needs (Q#133, #134, #135, #136).

Adaptive Equipment: During the last two CPRs, over 80% of people in the Southwest region who needed adaptive equipment were found to have it (Q#138).

Adequacy of Planning and Services has consistently high scores in a few specific areas over the past four CPRs. Southwest region individuals have all had ISP documents in the past four CPRs (100% all three years, Q#61). Also, over 80% of ISPs have contained information regarding the individual's health/medical care information, how the person will get to their work/day activities, and how the person will obtain their prescribed medications (Q#74, #75, and #76). The Vision sections are most often than not being used as the basis for outcome development (Q#66: 2010: 71%, 2011: 94%, 2013: 88%).

For the past four CPRs, over 80% of the ISP documents reviewed in the Southwest region have addressed the life areas required by DOH regulations (Q#141). There has been a significant increase in the number of individuals in the Southwest region who have had access to generic services and supports (Q#144: 2011: 72%; 2013: 81%) and also an increase in the number of people being adequately integrated in the community (Q#145: 2011: 56%; 2013: 75%). Over the past two years, over 80% of individuals in the Southwest region have received the services and support specifically recommended in their ISPs (Q#143).

Specific Questions and the results by year and by region are in the appendix.

Appendix A: Immediate and Special Needs by Issue and Region
Available by Request: Contains individually identifiable information
Those authorized to receive a copy and who would like one should contact the Community Monitor
785-258-2214 or rpaltd@aol.com

Appendix B: Immediate and Special Needs with Provider Detail

| Issue | Metro | SW | SE | NE | NW | NE | Total | Providers: Res/Day | Providers CM |
|---|-------|----|----|----|----|----|-------|--|---|
| Not Following Recommendations | 6 | 1 | 1 | 1 | 3 | | 12 | Adelante: 1 ARCA: 1 Dungarvin: 2 Family Options: 1 Leaders: 2 LLCP: 1 PRS: 1 The New Beginnings: 1 Transitional Life Styles: 1 Tungland: 1 Share Your Care: 2 PMS/Shield: 1 | A New Vision: 1 Carino: 1 Excel: 1 J&J: 2 NMBHI: 1 NMOCM: 1 Peak: 2 SCCM: 1 Unidas: 2 |
| Not Following Up or Lack of Timely F/U on Symptoms or Health Related Issues | 4 | 3 | | 1 | 4 | | 12 | Adelante: 3 ARCA: 1 Connections: 1 Disability Services: 1 Dungarvin: 1 Family Options: 1 LLCP: 1 New Pathways: 1 Nezzy Care: 1 Tresco: 2 Zee: 2 | ASACM: 2 Blue Sky: 1 Carino: 2 NMBHI: 1 Peak: 3 SCCM: 3 |
| Aspiration | 5 | 1 | 1 | | 4 | | 11 | Adelante: 2 ARCA: 2 Active Solutions: 1 Dungarvin: 4 High Desert: 1 The New Beginnings: 2 Share Your Care: 1 PRS: 1 | A New Vision: 1 Carino: 2 J&J: 1 Peak: 5 SCCM: 1 Unique Opportunities: 1 |
| Medication/MAR Issue | 2 | 1 | 1 | 2 | | | 6 | Active Solutions: CDD:1 Connections: 1 High Desert: 1 NMOC: 1 | BMHI-CBS: 1 Carino: 1 J&J: 1 SCCM: 1 Unidas: 1 |

| Issue | Metro | SW | SE | NE | NW | NE | Total | Providers: Res/Day | Providers CM |
|--|-------|----|----|----|----|----|-------|--|----------------------------------|
| | | | | | | | | Las Cumbres: 1 Nezzy Care: 1 Onyx: 1 Share Your Care: 1 The New Beginnings: 1 | Visions: 1 |
| Plans Missing, Inconsistent or Inaccurate | 3 | 2 | | 1 | | | 6 | Adelante: 2 ARCA: 2 Active Solutions: 1 Family Options: 1 The New Beginnings: 1 Share Your Care: 1 Nezzy Care: 1 PRS: 1 | Carino: 3 SCCM: 2 NMBHI: 1 |
| Staff Don't Know (health related issue(s)) | 1 | | | | | | 1 | Adelante: 1 | Amigo: 1 |
| Turnover of several team members | 1 | | | | | | 1 | | |
| IR's Filed | 1 | | | 1 | | | 2 | Adelante: 1 NNMQC: 1 Las Cumbres: 1 | Amigo: 1 Visions: 1 |
| Agency should have filed IR but didn't | | | | 1 | 1 | | 2 | Ensuenos: 1 Tungland: 1 PMS/Shield: 1 | Visions: 2 |

Appendix C: 6-Year CPR Health Data, by Question

| Question | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|--|---|---|---|---|---|---|
| 30. Was the case manager able to describe the person's health related needs? | 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) | 73% Yes (80) 27% Partial (29) | 72% Yes (73) 28% Partial (29) |
| 38. Was the [day/employment] direct service staff able to describe the person's health related needs? | 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) | 60% Yes (65) 40% Partial (44) | 63% Yes (64) 35% Partial (36) 2% No (2) |
| 48. Was the residential service staff able to describe the person's health related needs? | 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) | 72% Yes (78) 28% Partial (31) | 66% Yes (67) 33% Partial (34) 1% No (1) |
| 54. Overall, were the team members interviewed able to describe the person's health-related needs? | 30% Yes (33) 70% Partial (77) | 27% Yes (29) 73% Partial (78) | 32% Yes (35) 68% Partial (73) | 38% Yes (41) 62% Partial (66) | 39% Yes (43) 61% Partial (66) | 39% Yes (40) 61% Partial (62) |
| 55. Is there evidence that the IDT discussed the person's health-related issues? | 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) | 64% Yes (70) 36% Partial (39) | 64% Yes (65) 36% Partial (37) |
| 56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed? | 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) | 36% Yes (39) 63% Partial (69) 1% No (1) | 30% Yes (31) 66% Partial (67) 4% No (4) |

Appendix D: 2013 CPR Health Data, by Question and Provider

For questions #54, #55 and #56, the percentage provided uses the data from the larger number of individuals;
 e.g., for Adelante, the scores for all 16 individuals who receive Day services are considered: rather than just the 9 who are provided Residential services.

| Agency | # in Residential Services | # in Day Services | 38. Day staff describe health related needs? | 48. Residential staff describe health related needs? | 54. ...team members described health-related needs? | 55. ...IDT discussed health-related issues? | 56. ... health supports/needs being adequately addressed? |
|--------------------------|---------------------------|-------------------|--|--|---|---|---|
| Tresco | 10 | 10 | 60% | 50% | 50% | 70% | 40% |
| Adelante | 9 | 16 | 69% | 56% | 44% | 80% | 19% |
| LLCP | 8 | 10 | 70% | 38% | 70% | 80% | 30% |
| ARCA | 5 | 3 | 100% | 100% | 0% | 80% | 0% |
| The New Beginnings | 5 | 1 | 100% | 100% | 40% | 40% | 20% |
| AWS | 4 | 4 | 25% | 75% | 50% | 100% | 100% |
| Dungarvin | 4 | 3 | 67% | 50% | 50% | 50% | 25% |
| Tobosa | 4 | 4 | 75% | 75% | 0% | 100% | 100% |
| ENMRSH | 3 | 3 | 67% | 67% | 67% | 67% | 0% |
| Expressions of Life | 3 | 0 | n/a | 67% | 67% | 67% | 67% |
| PRS | 3 | 3 | 33% | 100% | 33% | 33% | 0% |
| Tungland | 3 | 0 | n/a | 100% | 33% | 67% | 33% |
| At Home Advocacy | 2 | 0 | n/a | 100% | 0% | 50% | 50% |
| Bright Horizons | 2 | 0 | n/a | 100% | 0% | 50% | 100% |
| CDD | 2 | 2 | 0% | 50% | 0% | 100% | 50% |
| Community Options | 2 | 2 | 100% | 50% | 50% | 0% | 0% |
| DSI | 2 | 2 | 50% | 10% | 0% | 100% | 100% |
| ESEM | 2 | 2 | 100% | 100% | 0% | 50% | 0% |
| Esperanza | 2 | 2 | 0% | 0% | 0% | 100% | 50% |
| High Desert | 2 | 2 | 0% | 50% | 0% | 0% | 50% |
| Leaders | 2 | 2 | 100% | 50% | 0% | 50% | 50% |
| NNMQC | 2 | 0 | n/a | 50% | 0% | 100% | 50% |
| ZEE | 2 | 2 | 0% | 0% | 100% | 50% | 0% |
| Advantage Communications | 1 | 0 | n/a | 100% | 0% | 0% | 0% |
| Alegria | 1 | 2 | 100% | 100% | 50% | 50% | 0% |
| Alianza | 1 | 0 | n/a | 100% | 0% | 100% | 0% |
| CARC | 1 | 1 | 100% | 100% | 0% | 0% | 0% |
| Casa Alegre | 1 | 1 | 100% | 0% | 100% | 0% | 0% |
| Door of Opportunity | 1 | 1 | 0% | 100% | 100% | 100% | 100% |
| Ensuenos | 1 | 1 | 0% | 0% | 100% | 100% | 0% |
| Expressions Unlimited | 1 | 1 | 100% | 100% | 0% | 0% | 0% |
| Family Options | 1 | 1 | 100% | 0% | 0% | 0% | 0% |
| Lessons of Life | 1 | 1 | 100% | 100% | 100% | 100% | 0% |
| New Pathways | 1 | 0 | n/a | 100% | 100% | 100% | 100% |
| Nezzy Care | 1 | 1 | 100% | 100% | 100% | 100% | 0% |
| Onyx | 1 | 0 | n/a | 0% | 0% | 0% | 0% |
| Optihealth | 1 | 0 | n/a | 100% | 0% | 100% | 0% |
| Ramah Care | 1 | 1 | 100% | 100% | 0% | 100% | 0% |
| R-Way | 1 | 0 | n/a | 100% | 0% | 0% | 100% |

| Agency | # in Residential Services | # in Day Services | 38. Day staff describe health related needs? | 48. Residential staff describe health related needs? | 54. ...team members described health-related needs? | 55. ...IDT discussed health-related issues? | 56. ... health supports/needs being adequately addressed? |
|------------------------|---------------------------|-------------------|--|--|---|---|---|
| Su Vida | 1 | 3 | 100% | 0% | 0% | 33% | 0% |
| Supporting Hands | 1 | 1 | 0% | 0% | 100% | 100% | 0% |
| TLC | 1 | 0 | n/a | 100% | 50% | 50% | 25% |
| A Better Way of Living | 0 | 1 | 0% | n/a | 0% | 100% | 100% |
| ABQSFTD | 0 | 1 | 0% | n/a | 0% | 100% | 100% |
| Active Solutions | 0 | 1 | 0% | n/a | 0% | 0% | 0% |
| CFC | 0 | 2 | 100% | n/a | 0% | 100% | 50% |
| Connections | 0 | 5 | 80% | n/a | 40% | 60% | 40% |
| Cornucopia | 0 | 1 | 100% | n/a | 0% | 100% | 0% |
| La Vida Felicidad | 0 | 1 | 100% | n/a | 100% | 0% | 100% |
| Las Cumbres | 0 | 1 | 0% | n/a | 0% | 100% | 100% |
| LifeROOTS | 0 | 2 | 100% | n/a | 100% | 50% | 0% |
| People Centered | 0 | 1 | 100% | n/a | 100% | 100% | 100% |
| Phame | 0 | 1 | 100% | n/a | 0% | 0% | 100% |
| PMS/Shield | 0 | 3 | 33% | n/a | 33% | 67% | 67% |
| Share Your Care | 0 | 4 | 75% | n/a | 25% | 50% | 50% |

| CM Agency | # | 30. CM describe health related needs? | 54. ...team members described health-related needs? | 55. ...IDT discussed health-related issues? | 56. ... health supports/needs being adequately addressed? |
|----------------------|----|---------------------------------------|---|---|---|
| A New Vision | 5 | 40% | 2 (40%) | 5 (100%) | 4 (80%) |
| A Step Above | 5 | 80% | 3 (60%) | 2 (40%) | 0 (0%) |
| Amigo | 4 | 75% | 2 (50%) | 4 (100%) | 0 (0%) |
| Blue Sky | 2 | 100% | 0 (0%)0% | 1 (50%) | 1 (50%) |
| Carino | 11 | 91% | 5 (55%) | 7 (64%) | 2 (18%) |
| DDSD | 2 | 50% | 0 (0%) | 1 (50%) | 0 (0%) |
| Excel | 6 | 50% | 1 (17%) | 4 (67%) | 3 (50%) |
| Friends Forever | 1 | 0% | 1 (100%) | 0 (0%) | 0 (0%) |
| J&J | 11 | 73% | 4 (36%) | 6 (55%) | 4 (36%) |
| Keetoni | 1 | 0% | 0 (0%) | 1 (100%) | 0 (0%) |
| NMBHI | 3 | 100% | 0 (0%) | 2 (67%) | 1 (33%) |
| NMQCM | 4 | 75% | 2 (50%) | 3 (75%) | 0 (0%) |
| Peak | 6 | 67% | 2 (33%) | 5 (83%) | 2 (33%) |
| PRMC | 3 | 100% | 2 (67%) | 2 (67%) | 0 (0%) |
| SCCM | 11 | 91% | 7 (64%) | 7 (64%) | 4 (36%) |
| Unidas | 17 | 82% | 5 (29%) | 8 (47%) | 4 (24%) |
| Unique Opportunities | 1 | 0% | 0 (0%) | 1 (100%) | 0 (0%) |
| Visions | 9 | 33% | 3 (33%) | 6 (67%) | 6 (67%) |

Appendix E: 2013 CPR Therapy Findings

| Detail of issues by Region/Statewide | | | | | | | |
|--------------------------------------|-----|-------|----|----|----|----|-------|
| | | Metro | NE | NW | SE | SW | State |
| Therapy is/was Missing | PT | 0 | 1 | 2 | 0 | 2 | 5 |
| | SLP | 3 | 0 | 1 | 1 | 0 | 5 |
| | OT | 1 | 1 | 0 | 2 | 2 | 5 |
| | BT | 2 | 1 | 1 | 0 | 0 | 5 |
| Therapy could be reduced | PT | 0 | 0 | 0 | 0 | 0 | 0 |
| | SLP | 0 | 0 | 0 | 0 | 0 | 0 |
| | OT | 0 | 0 | 0 | 0 | 0 | 0 |
| | BT | 2 | 1 | 0 | 0 | 0 | 3 |
| Not at ISP/IDT meeting(s) | PT | 0 | 0 | 0 | 0 | 0 | 0 |
| | SLP | 1 | 0 | 0 | 0 | 0 | 1 |
| | OT | 1 | 0 | 1 | 1 | 0 | 3 |
| | BT | 0 | 0 | 0 | 0 | 0 | 0 |
| Assessment missing | PT | 1 | 1 | 0 | 1 | 1 | 5 |
| | SLP | 2 | 0 | 1 | 1 | 0 | 4 |
| | OT | 1 | 1 | 1 | 2 | 0 | 6 |
| | BT | 2 | 0 | 0 | 1 | 0 | 3 |
| Assessment Late/Needs update | PT | 0 | 0 | 0 | 0 | 0 | 0 |
| | SLP | 0 | 0 | 0 | 1 | 0 | 1 |
| | OT | 2 | 0 | 0 | 0 | 0 | 2 |
| | BT | 1 | 1 | 0 | 1 | 0 | 3 |
| Assmt not measurable | PT | 0 | 0 | 0 | 0 | 0 | 0 |
| | SLP | 0 | 0 | 0 | 0 | 0 | 0 |
| | OT | 0 | 0 | 1 | 0 | 0 | 1 |
| | BT | 1 | 0 | 0 | 1 | 0 | 2 |
| Plan Late/ Missing | PT | 0 | 1 | 1 | 0 | 2 | 4 |
| | SLP | 1 | 1 | 0 | 1 | 1 | 4 |
| | OT | 0 | 1 | 0 | 1 | 0 | 2 |
| | BT | 2 | 1 | 0 | 3 | 0 | 6 |
| Plan not Specific | PT | 0 | 0 | 1 | 0 | 0 | 1 |
| | SLP | 0 | 0 | 0 | 0 | 0 | 0 |
| | OT | 0 | 0 | 0 | 0 | 0 | 0 |
| | BT | 0 | 2 | 0 | 1 | 0 | 3 |
| Plan not Implemented | PT | 0 | 1 | 0 | 0 | 1 | 2 |
| | SLP | 0 | 0 | 0 | 0 | 1 | 1 |
| | OT | 0 | 0 | 0 | 0 | 1 | 1 |
| | BT | 0 | 0 | 0 | 0 | 0 | 0 |
| Plan has errors/needs revision | PT | 0 | 0 | 0 | 1 | 0 | 1 |
| | SLP | 0 | 0 | 1 | 0 | 0 | 1 |
| | OT | 0 | 0 | 0 | 0 | 0 | 0 |
| | BT | 2 | 0 | 0 | 2 | 0 | 4 |
| Data Not Tracked/ | PT | 1 | 0 | 0 | 0 | 0 | 1 |

| Detail of issues by Region/Statewide | | | | | | | |
|--------------------------------------|--------------|-----------|-----------|-----------|-----------|-----------|------------|
| | | Metro | NE | NW | SE | SW | State |
| Accurate | SLP | 0 | 0 | 0 | 0 | 0 | 0 |
| | OT | 1 | 0 | 0 | 0 | 0 | 1 |
| | BT | 0 | 1 | 0 | 4 | 0 | 5 |
| Staff cannot access rec's | PT | 1 | 0 | 0 | 0 | 0 | 1 |
| | SLP | 1 | 0 | 0 | 0 | 0 | 1 |
| | OT | 1 | 0 | 0 | 0 | 1 | 2 |
| Staff Need Trained | BT | 1 | 0 | 0 | 0 | 0 | 1 |
| | PT | 0 | 1 | 0 | 0 | 0 | 1 |
| | SLP | 1 | 0 | 0 | 0 | 0 | 1 |
| Rec's/Info not in ISP | OT | 1 | 0 | 0 | 0 | 1 | 2 |
| | BT | 1 | 0 | 0 | 0 | 1 | 2 |
| | PT | 1 | 1 | 3 | 0 | 0 | 5 |
| Rec's not in T&SS/incorrect | SLP | 0 | 0 | 2 | 0 | 0 | 2 |
| | OT | 2 | 0 | 2 | 0 | 1 | 5 |
| | BT | 1 | 0 | 0 | 0 | 1 | 2 |
| T&SS Not Specific | PT | 1 | 1 | 2 | 0 | 0 | 4 |
| | SLP | 4 | 1 | 1 | 0 | 1 | 7 |
| | OT | 3 | 0 | 1 | 0 | 0 | 4 |
| Crisis Plan Needed/ Missing | BT | 3 | 0 | 0 | 0 | 1 | 4 |
| | PT | 0 | 0 | 0 | 0 | 0 | 0 |
| | SLP | 2 | 0 | 1 | 0 | 0 | 3 |
| Aspiration Related | OT | 1 | 0 | 1 | 0 | 0 | 2 |
| | BT | 3 | 0 | 1 | 0 | 0 | 4 |
| | PT | 0 | 0 | 0 | 0 | 0 | 0 |
| Aspiration Related | SLP | 0 | 0 | 0 | 0 | 0 | 0 |
| | OT | 0 | 0 | 0 | 0 | 0 | 0 |
| | BT | 3 | 0 | 0 | 0 | 0 | 3 |
| Aspiration Related | Not in BSP | 1 | 0 | 0 | 0 | 0 | 1 |
| | CARMP Errors | 2 | 0 | 0 | 0 | 0 | 2 |
| TOTAL | | 61 | 19 | 25 | 25 | 17 | 149 |

| Number of JCM with Therapy Findings | | | | |
|-------------------------------------|--------|------------|-------------|----------|
| Region | Sample | # JCM ID'd | % of Sample | # issues |
| Metro | 47 | 29 | 62% | 63 |
| NE | 14 | 9 | 64% | 19 |
| NW | 10 | 10 | 100% | 25 |
| SE | 15 | 11 | 73% | 26 |
| SW | 16 | 9 | 56% | 17 |
| STATE | 102 | 68 | 67% | 150 |

| Number of Issues By Therapy Type/Region | | | | | |
|---|----|-----|----|----|-------|
| Region | PT | SLP | OT | BT | Total |
| Metro | 6 | 17 | 15 | 25 | 63 |
| NE | 7 | 2 | 3 | 7 | 19 |
| NW | 9 | 7 | 7 | 2 | 25 |
| SE | 2 | 4 | 6 | 14 | 26 |
| SW | 6 | 3 | 6 | 2 | 17 |
| STATE | 30 | 33 | 37 | 50 | 150 |

Appendix F: Number of Repeat Findings/Recommendations by Agency – 2013 and 2011

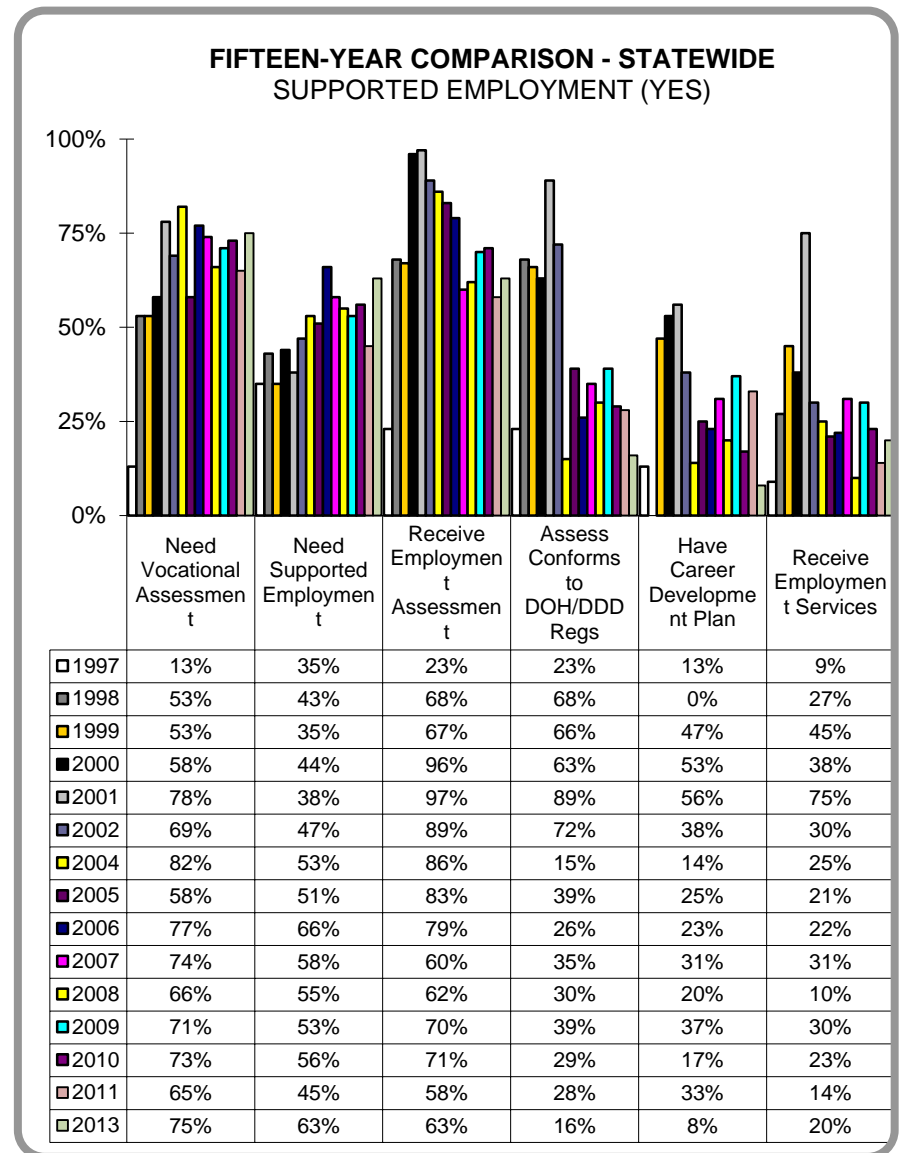
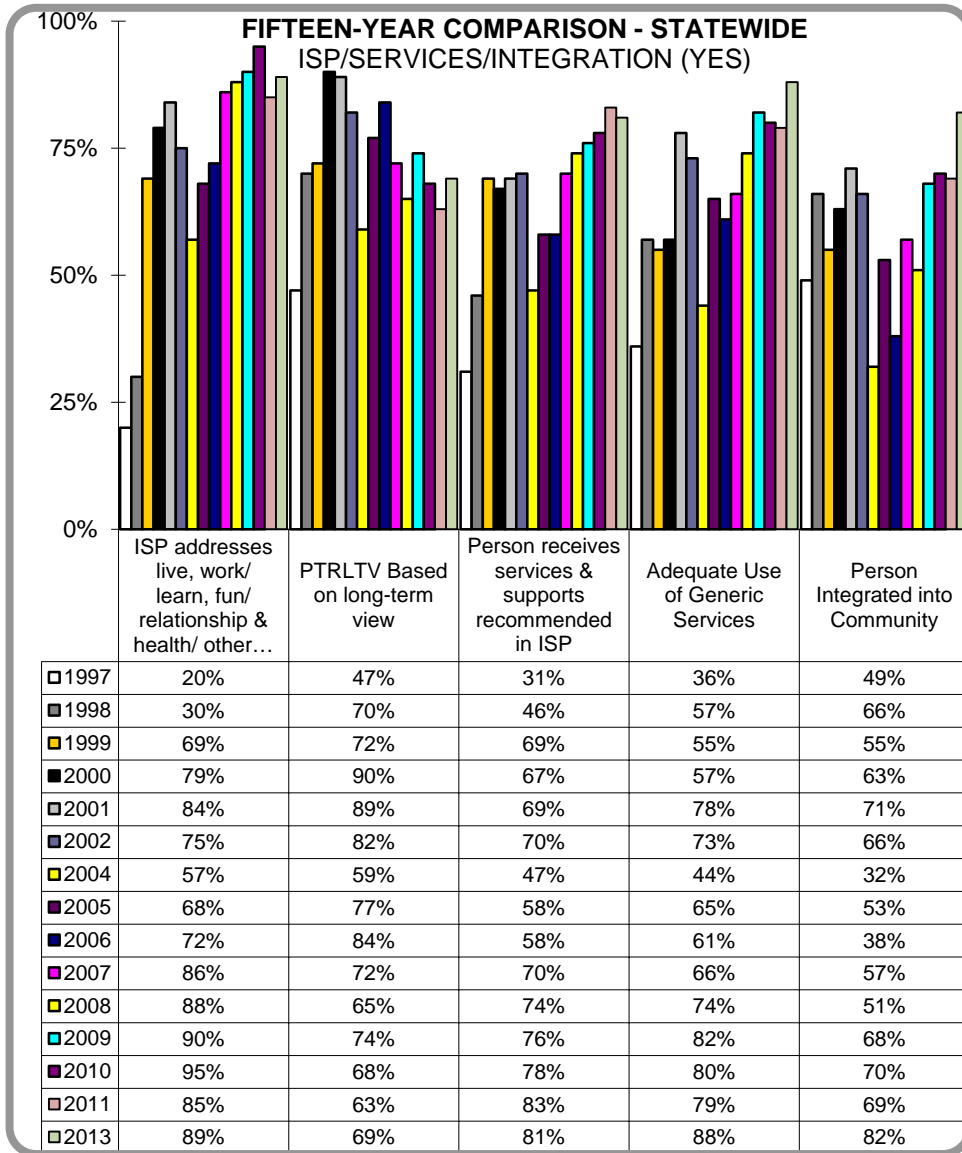
Note: If the number of Repeat Findings/Recommendations goes up or down it cannot automatically be seen as “improvement” or “decline” for that agency as there are instances of multiple reviews and changes in agencies by JCMs. However, this does provide information that can be used by the Regions to determine “why” a repeat finding/recommendations has been identified. The challenge is to “fix” an issue in a sustainable way for all people in that agency not just “close” it for one person.

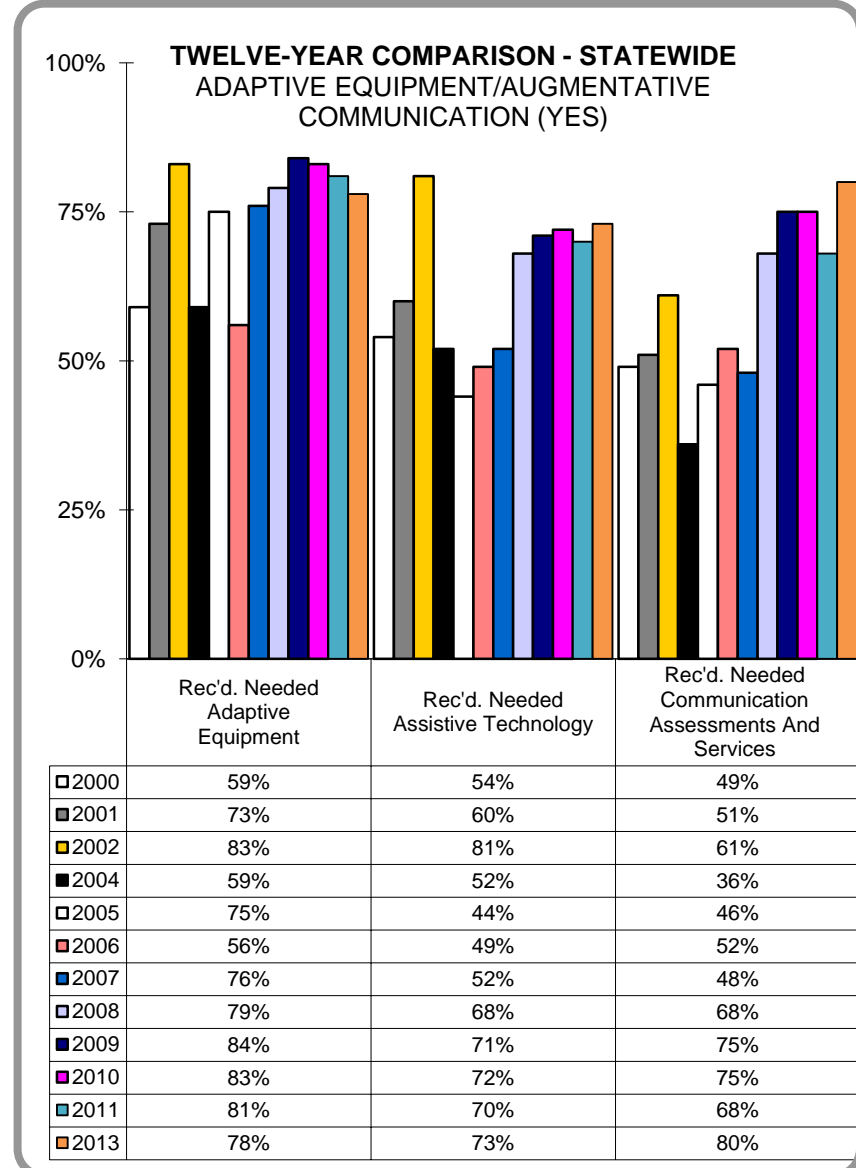
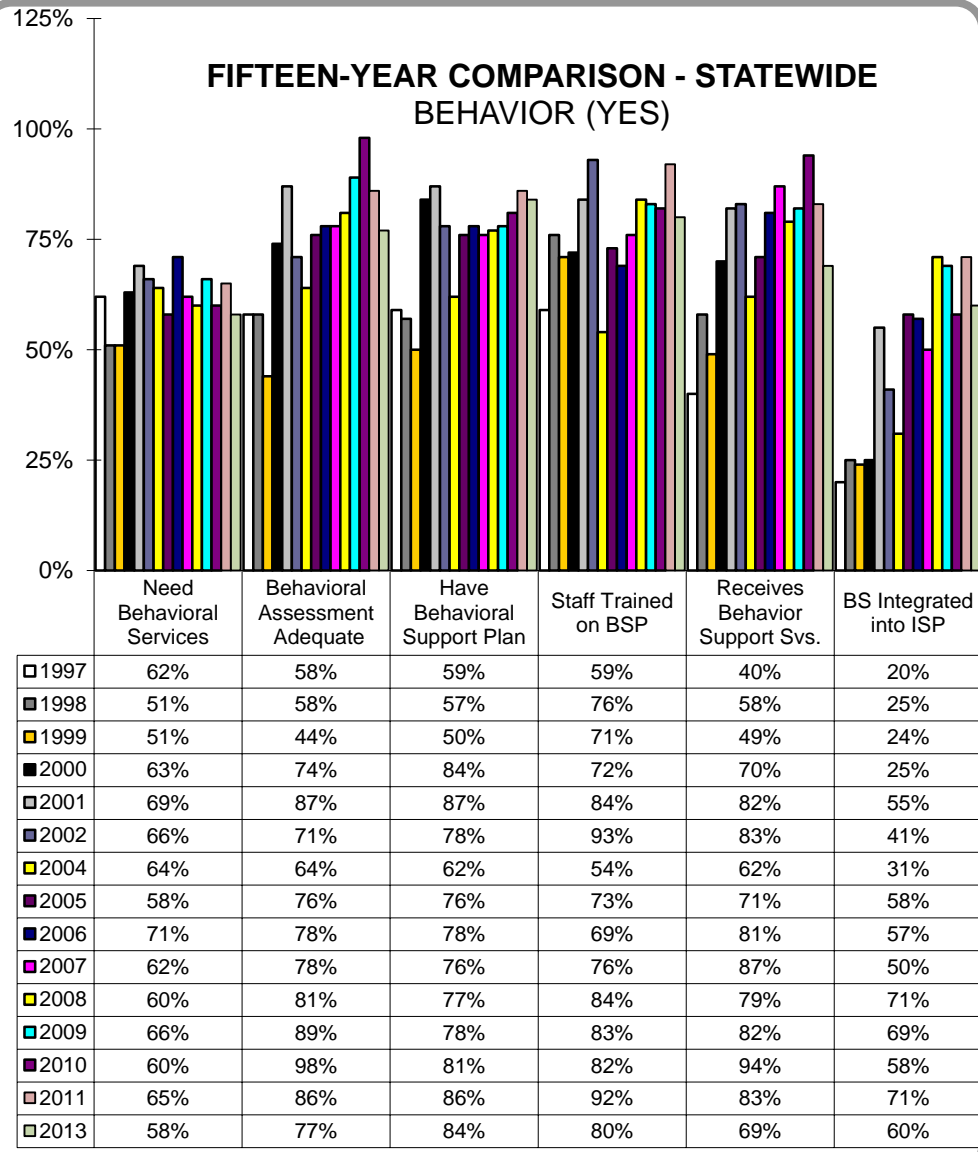
| RESIDENTIAL (# in 2013 Sample) | # 2013 Repeats N/A =Agency not reviewed that year | # 2011 Repeats |
|-----------------------------------|--|----------------|
| A Better Way | N/A | 1 |
| Achievements | N/A | 8 |
| Adelante (9) | 12 | 9 |
| Advantage Communications (1) | 2 | 2 |
| Advocacy Partners | N/A | 1 |
| Alegria (1) | 5 | 1 |
| Alianza (1) | 1 | N/A |
| ARCA (6) | 4 | 6 |
| At Home Advocacy (2) | 2 | 1 |
| AWS (4) | 10 | 5 |
| Bright Horizons (2) | 5 | 0 |
| CARC (1) | 0 | 3 |
| Casa Alegre (1) | 1 | 3 |
| CDD (2) | 4 | 3 |
| Community Options (2) | 7 | 6 |
| Door of Opportunity (1) | 1 | 1 |
| DSI (2) | 12 | 2 |
| Dungarvin (4) | 8 | 10 |
| Empowerment (1) | 2 | 0 |
| ENMRSH (3) | 3 | 7 |
| Ensuenos (1) | 1 | 0 |
| ESEM (2) | 5 | 3 |
| Esperanza (2) | 7 | 1 |
| Expressions of Life (3) | 6 | 2 |
| Expressions Unlimited (1) | 3 | N/A |
| Family Options (1) | 1 | 3 |
| High Desert (2) | 15 | 3 |
| Leaders (2) | 10 | 1 |
| Lessons of Life (1) | 1 | 3 |
| LifeQuest | N/A | 5 |
| LLCP (8) | 19 | 12 |
| New Pathways (1) | 1 | N/A |
| Nezzy Care (1) | 6 | N/A |
| NNMOC (2) | 5 | 2 |
| Onyx (1) | 0 | N/A |
| Opportunity Center | N/A | 3 |
| Optihealth (1) | 1 | 5 |
| PRS (3) | 5 | 4 |
| Ramah Care (1) | 3 | 1 |
| R-Way (1) | 0 | 3 |
| Safe Harbor | N/A | 2 |
| Silver Linings | N/A | 4 |
| Su Vida (1) | 2 | 0 |
| Supporting Hands (1) | 3 | N/A |
| The New Beginnings (5) | 7 | 1 |
| TLC (1) | 2 | 2 |
| Tobosa (4) | 15 | 6 |
| Tresco (10) | 7 | 13 |
| Tungland (3) | 9 | 4 |
| ZEE (1) | 5 | 0 |
| TOTAL | 218 | 152 |

| DAY Agency (# in 2013 Sample) | # 2013 Repeats N/A =Agency not reviewed that year | # 2011 Repeats |
|---|--|----------------|
| A Better Way (1) | 1 | 4 |
| ABOSFTD (1) | 1 | N/A |
| Active Solutions (1) | 0 | 2 |
| Adelante (16) | 25 | 20 |
| Alegria (2) | 5 | N/A |
| ARCA (4) | 2 | N/A |
| AWS (4) | 12 | 5 |
| CARC (1) | 0 | 0 |
| Casa Alegre (1) | 1 | 3 |
| CDD (2) | 3 | 2 |
| CFC (2) | 1 | 2 |
| Community Options (2) | 7 | 6 |
| Connections (5) | 8 | 11 |
| Cornucopia (1) | 1 | 0 |
| Door of Opportunity (1) | 1 | 1 |
| DSI (2) | 11 | 2 |
| Dungarvin (3) | 7 | 5 |
| Empowerment (1) | 2 | N/A |
| ENMRSH (3) | 3 | 7 |
| Ensuenos (1) | 1 | 0 |
| ESEM (2) | 2 | 3 |
| Esperanza (2) | 7 | 1 |
| Expressions Unlimited (1) | 8 | N/A |
| Family Options (1) | 1 | 3 |
| High Desert (2) | 15 | 3 |
| La Vida Felicidad (1) | 2 | 0 |
| Las Cumbres (1) | 2 | 2 |
| Leaders (2) | 12 | 1 |
| Lessons of Life (1) | 1 | 3 |
| LifeQuest | N/A | 5 |
| Life Roots (2) | 5 | 2 |
| LLCP (10) | 23 | 12 |
| Nezzy Care (1) | 6 | N/A |
| New Pathways | N/A | 1 |
| Opportunity Center | N/A | 3 |
| People Centered (1) | 1 | N/A |
| Phame (1) | 0 | 3 |
| PMS/Shield | 11 | 3 |
| PRS (3) | 5 | 4 |
| Ramah Care (1) | 3 | 1 |
| RCI | N/A | 1 |
| Safe Harbor | N/A | 2 |
| Share Your Care (4) | 2 | 7 |
| Silver Linings | N/A | 4 |
| Su Vida (3) | 4 | 0 |
| Supporting Hands (1) | 3 | N/A |
| The New Beginnings (1) | 3 | N/A |
| Tobosa (4) | 15 | 6 |
| Tresco (10) | 7 | 14 |
| Very Special Arts | N/A | 1 |
| ZEE (1) | 5 | 0 |
| Total #Repeats in 2013 = 218 Total #Repeats in 2011 = 152 (Day totals reflect higher # as some JCM have two agencies) | | |

| CASE MANAGEMENT (# in 2013 Sample) | # 2013 Repeats N/A =Agency not reviewed that year | # 2011 Repeats |
|---------------------------------------|--|----------------|
| A New Vision (5) | 10 | 5 |
| A Step Above (5) | 12 | 1 |
| Amigo (4) | 11 | 2 |
| Blue Sky (2) | 3 | 3 |
| Carino (11) | 7 | 2 |
| DDSD (2) | 8 | 2 |
| Excel (6) | 15 | 9 |
| Friends Forever (1) | 3 | 1 |
| J&J (11) | 43 | 15 |
| Keelsoni (1) | 3 | 4 |
| NMBHI (3) | 5 | 6 |
| NMOCM (4) | 12 | 11 |
| Peak (7) | 21 | 21 |
| PRMC (5) | 3 | 8 |
| Purple Cow | N/A | 2 |
| SCCM (11) | 13 | 25 |
| Unidas (17) | 29 | 23 |
| Unique Opportunities (1) | 2 | 1 |
| Visions (9) | 18 | 10 |
| TOTAL | 218 | 152 |

Appendix G: Historic Disengagement Charts, Statewide





Appendix H: CPR Data Tables

| Question | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|---|---|---|---|---|---|---|
| Case Management | | | | | | |
| 26. Does the case manager "know" the person? | 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) | 94% Yes (102) 6% Partial (7) | 95% Yes (97) 5% Partial (5) |
| 27. Does the case manager understand his/her role/job? | 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) | 55% Yes (60) 45% Partial (49) | 51% Yes (52) 49% Partial (50) |
| 28. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person? | 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) | 85% Yes (93) 15% Partial (16) | 80% Yes (82) 20% Partial (20) |
| 29. Is the case manager available to the person? | 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) | 87% Yes (95) 13% Partial (14) | 86% Yes (88) 14% Partial (14) |
| 30. Was the case manager able to describe the person's health related needs? | 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) | 73% Yes (80) 27% Partial (29) | 72% Yes (73) 28% Partial (29) |
| 31. Does the case manager have an appropriate expectation of growth for this person? | 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) | 69% Yes (75) 29% Partial (32) 2% No (2) | 64% Yes (65) 35% Partial (36) 1% No (1) |
| 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? | 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) | 41% Yes (45) 58% Partial (63) 1% No (1) | 25% Yes (25) 75% Partial (77) |
| 33. Does the case manager provide case management services at the level needed by this person? | 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) | 41% Yes (45) 57% Partial (62) 2% No (2) | 37% Yes (38) 63% Partial (64) |
| 34. Does the case manager receive the type and level of support needed to do his/her job? | 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) | 92% Yes (100) 8% Partial (9) | 91% Yes (93) 9% Partial (9) |
| Day Services | | | | | | |
| 35. Does the day/employment direct services "know" the person? | 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) | 95% Yes (104) 5% Partial (5) | 92% Yes (94) 8% Partial (8) |
| 36. Does the direct service staff have adequate input into the person's ISP? | 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) | 73% Yes (80) 25% Partial (27) 2% No (2) | 56% Yes (57) 39% Partial (40) 5% No (5) |

| Question | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|--|---|--|---|---|---|--|
| 37. Did the direct service staff receive training on implementing this person's ISP? | 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) | 83% Yes (91) 17% Partial (18) | 81% Yes (83) 19% Partial (19) |
| 38. Was the direct service staff able to describe this person's health related needs? | 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) | 60% Yes (65) 40% Partial (44) | 63% Yes (64) 35% Partial (36) 2% No (2) |
| 39. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? | 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) | 82% Yes (89) 18% Partial (20) | 81% Yes (83) 19% Partial (19) |
| 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? | 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) | 95% Yes (104) 5% Partial (5) | 93% Yes (95) 7% Partial (7) |
| 39.b. Can the direct service staff describe his/her responsibilities in implementing the person's ISP goals/objectives/outcomes/action plans? | 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) | 83% Yes (91) 17% Partial (18) | 87% Yes (89) 13% Partial (13) |
| 40. Did the direct service staff have training in the ISP process? | 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 (2) (2 not scored) | 79% Yes (86) 18% Partial (20) 3% No (3) | 77% Yes (79) 20% Partial (20) 3% No (3) |
| 41. Did the direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation? | 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) | 88% Yes (96) 12% Partial (13) | 85% Yes (87) 14% Partial (14) 1% No (1) |
| 41.a. Have training on the provider's complaint process? | 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) | 93% Yes (101) 6% Partial (6) 2% No (2) | 91% Yes (93) 7% Partial (7) 2% No (2) |
| 41.b. Have training on how and to whom to report abuse, neglect and exploitation? | 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) | 94% Yes (103) 6% Partial (6) | 91% Yes (93) 7% Partial (7) 2% No (2) |
| 42. Does the direct service staff have an appropriate expectation of growth for this person? | 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) | 65% Yes (71) 32% Partial (35) 3% No (3) | 75% Yes (77) 23% Partial (23) 2% No (2) |
| 43. Is the day/employment environment generally clean, free of safety hazards and conducive to the work/activity intended? | 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 (5) (2 CND) (3 not scored) | 97% Yes (105) 3% Partial (3) (1 CND) | 97% Yes (98) 2% Partial (2) 1% No (1) (1 N/A) |
| Residential | | | | | | |
| 44. Does the residential direct services staff "know" the | 89% Yes (98) | 84% Yes (90) | 89% Yes (95) | 89% Yes (95) | 97% Yes (106) | 97% Yes (99) |

| Question | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|--|---|--|---|---|---|---|
| person? | 11% Partial (12) | 16% Partial (17) | 11% Partial (12) (1 not scored) | 11% Partial (12) | 3% Partial (3) | 3% Partial (3) |
| 45. Does the direct service staff have adequate input into the person's ISP? | 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) | 72% Yes (78) 27% Partial (29) 2% No (2) | 75% Yes (77) 20% Partial (20) 5% No (5) |
| 46. Did the direct service staff receive training on the implementing this person's ISP? | 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) | 84% Yes (92) 16% Partial (17) | 81% Yes (83) 18% Partial (18) 1% No (1) |
| 47. Is the residence safe for individuals (void of hazards)? | 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 not scored) | 96% Yes (105) 3% No (3) (1 not scored) | 91% Yes (93) 9% No (9) |
| 48. Was the residential direct service staff able to describe this person's health-related needs? | 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) | 72% Yes (78) 28% Partial (31) | 66% Yes (67) 33% Partial (34) 1% No (1) |
| 49. Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? | 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) | 79% Yes (86) 21% Partial (23) | 77% Yes (79) 23% Partial (23) |
| 49.a. Was the staff able to provide specific information regarding the person's daily activities? | 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) | 91% Yes (99) 9% Partial (10) | 96% Yes (98) 4% Partial (4) |
| 49.b. Can the direct service staff describe his/her responsibilities in implementing the person's ISP goals & objectives? | 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) | 81% Yes (88) 19% Partial (21) | 79% Yes (80) 21% Partial (21) |
| 50. Did the residential direct service staff have training in the ISP process? | 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) | 76% Yes (83) 23% Partial (25) 1% No (1) | 72% Yes (73) 22% Partial (22) 7% No (7) |
| 51. Did the residential direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation? | 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) | 88% Yes (96) 12% Partial (13) | 84% Yes (86) 16% Partial (16) |
| 51.a. Have training on the provider's complaint process? | 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) | 93% Yes (101) 5% Partial (5) 3% No (3) | 89% Yes (91) 9% Partial (9) 2% No (2) |
| 51.b. Have training on how and to whom to report abuse, neglect and exploitation? | 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) | 91% Yes (99) 7% Partial (8) 2% No (2) | 94% Yes (96) 5% Partial (5) 1% No (1) |
| 52. Does the residential direct service staff have an | 68% Yes (75) | 65% Yes (70) | 71% Yes (76) | 81% Yes (86) | 72% Yes (78) | 68% Yes (69) |

| Question | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|---|---|---|--|---|---|---|
| appropriate expectation of growth for this person? | 31% Partial (34) 1% No (1) | 29% Partial (31) 6% No (6) | 28% Partial (30) 1% No (1) (1 not scored) | 18% Partial (19) 1% No (1) (1 not scored) | 26% Partial (28) 3% No (3) | 32% Partial (33) |
| 53. Does the person's residential environment offer a minimal level of quality of life? | 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) | 95% Yes (104) 4% Partial (4) (1 not scored) | 91% Yes (93) 9% Partial (9) |
| Health | | | | | | |
| 54. Overall, were the team members interviewed able to describe the person's health-related needs? | 30% Yes (33) 70% Partial (77) | 27% Yes (29) 73% Partial (78) | 32% Yes (35) 68% Partial (73) | 38% Yes (41) 62% Partial (66) | 39% Yes (43) 61% Partial (66) | 39% Yes (40) 61% Partial (62) |
| 55. Is there evidence that the IDT discussed the person's health-related issues? | 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) | 64% Yes (70) 36% Partial (39) | 64% Yes (65) 36% Partial (37) |
| 56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed? | 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) | 36% Yes (39) 63% Partial (69) 1% No (1) | 30% Yes (31) 66% Partial (67) 4% No (4) |
| Assessments | | | | | | |
| 57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts? | 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% Yes (63) 42% Partial (46) | 45% Yes (46) 55% Partial (56) |
| 58. Did the team arrange for and obtain the needed, relevant assessments? | 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) | 41% Yes (45) 58% Partial (63) 1% No (1) | 37% Yes (38) 63% Partial (64) |
| 59. Are the assessments adequate for planning? | 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 (43) 1% No (1) | 48% Yes (52) 52% Partial (57) | 34% Yes (35) 66% Partial (67) |
| 60. Were the recommendations from assessments used in planning? | 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) | 43% Yes (47) 56% Partial (61) 1% No (1) | 37% Yes (38) 62% Partial (63) 1% No (1) |
| Adequacy of planning | | | | | | |
| 61. Is there a document called an Individual Service Plan (ISP) that was developed within the last year? | 99% Yes (109) 1% No (1) | 100% Yes (107) | 99% Yes (107) 1% No (1) | 100% Yes (107) | 100% Yes (109) | 100% Yes (102) |
| 62. Was the ISP developed by an appropriately constituted IDT? | 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) | 50% Yes (54) 50% Partial (55) | 48% Yes (49) 52% Partial (53) |
| 63. For any team members not physically present at the IDT meeting, is there evidence of their participation in the | 35% Yes (29) 40% Partial (33) | 36% Yes (28) 36% Partial (28) | 53% Yes (44) 28% Partial (23) | 56% Yes (45) 40% Partial (32) | 45% Yes (38) 44% Partial (37) | 31% Yes (24) 56% Partial (44) |

| Question | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|---|--|--|--|--|--|--|
| development of the ISP? | 24% No (20) (28 N/A) | 28% No (22) (29 CN/D) | 19% Yes (16) (25 N/A) | 5% No (4) (26 N/A) | 11% No (9) (25 N/A) | 13% No (10) (24 N/A) |
| 64. Overall, is the long-term vision adequate? | 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) | 55% Yes (60) 41% Partial (45) 4% No (4) | 60% Yes (61) 38% Partial (39) 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? | 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) | 70% Yes (76) 28% Partial (30) 3% No (3) | 75% Yes (76) 25% Partial (26) |
| 66*. Overall, is Vision Section of the ISP used as the basis for outcome development? | 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) | 82% Yes (89) 17% Partial (18) 2% No (2) | 75% Yes (77) 24% Partial (24) 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? | 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) | 66% Yes (72) 28% Partial (31) 6% No (6) | 57% Yes (58) 35% Partial (36) 8% No (8) |
| 68*. Overall, are the ISP outcomes related to achieving the person's long-term vision? | 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) | 73% Yes (80) 24% Partial (26) 3% No (3) | 62% Yes (63) 35% Partial (36) 3% No (3) |
| 69*. Overall, do the ISP outcomes address the person's major needs? | 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) | 61% Yes (67) 36% Partial (39) 3% No (3) | 68% Yes (69) 29% Partial (30) 3% No (3) |
| 70*. Overall, are the Action Plans specific and relevant to assisting the person in achieving his/her outcomes? | 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) | 49% Yes (53) 42% Partial (46) 9% No (10) | 43% Yes (44) 54% Partial (55) 3% No (3) |
| 71*. Overall, are the Teaching and Support strategies sufficient to ensure consistent implementation of the services provided? | 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) | 43% Yes (47) 52% Partial (57) 5% No (5) | 29% Yes (30) 64% Partial (65) 7% No (7) |
| 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? | 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) | 48% Yes (52) 44% Partial (47) 8% No (9) (1 N/A) | 42% Yes (41) 53% Partial (52) 5% No (5) (4 N/A) |
| 73*. If needed, does the ISP contain a specific Crisis Prevention Plan that meets the person's needs? | 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) | 76% Yes (80) 24% Partial (25) (4 N/A) | 77% Yes (74) 22% Partial (21) 1% No (1) (6 N/A) |
| 73a. If needed, does the ISP contain a specific Crisis | Added in 2011 | | | | 87% Yes (33) | 77% Yes (23) |

| Question | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|---|---|---|---|---|--|--|
| Prevention Plan for dangerous behavior that meets the person's needs? | | | | | 11% Partial (4) 3% No (1) (71 N/A) | 20% Partial (6) 3% No (1) (72 N/A) |
| 73b. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? | Added in 2011 | | | | 68% Yes (73) 30% Partial (32) 2% No (2) (3 N/A) | 73% Yes (71) 26% Partial (25) 1% No (1) (5 N/A) |
| 74*. Does the ISP contain information regarding primary health (medical) care? | 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) | 90% Yes (98) 10% Partial (11) | 87% Yes (89) 12% Partial (12) 1% No (1) |
| 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) | 92% Yes (100) 6% Partial (7) 2% No (2) | 93% Yes (95) 6% Partial (6) 1% No (1) |
| 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) | 95% Yes (104) 3% Partial (3) 2% No (2) | 90% Yes (92) 8% Partial (8) 2% No (2) |
| 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 activities? | 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) | 87% Yes (47) 6% Partial (3) 7% No (4) (55 N/A) | 88% Yes (42) 10% Partial (5) 2% No (1) (54 N/A) |
| 76. Does the ISP reflect how the person will obtain prescribed medications? | 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) | 90% Yes (98) 7% Partial (8) 3% No (3) | 90% Yes (92) 9% Partial (9) 1% No (1) |
| 77. Does the ISP contain a list of adaptive equipment needed and who will provide it? | 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) | 42% Yes (43) 48% Partial (49) 10% No (10) (7 N/A) | 49% Yes (46) 44% Partial (43) 4% No (4) (9 N/A) |
| 78. Overall, is the ISP adequate to meet the person's needs? | 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) | 28% Yes (30) 72% Partial (79) | 13% Yes (13) 87% Partial (89) |
| 79. If #78 is rated "2", is the ISP being implemented? | 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) | 73% Yes (22) 27% Partial (8) (79 N/A) | 54% Yes (7) 46% Partial (6) (89 N/A) |

| Question | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|---|---|---|--|---|---|--|
| 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) | 39% Yes (31) 58% Partial (46) 3% No (2) (30 N/A) | 38% Yes (34) 61% Partial (54) 1% No (1) (13% N/A) |
| 80b. If there is no ISP, or if #78 is rated "0" or "1", are current services adequate to meet the person's needs? | 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) | 28% Yes (22) 72% Partial (57) (30 N/A) | 33% Yes (29) 67% Partial (60) (13 N/A) |
| 81. Overall, were the direct service staff trained on the implementation of the ISP? | 59% Yes (65) 41% Partial (45) | 60% Yes (64) 40% Partial (43) | 64% Yes (69) 36% Partial (39) | 66% Yes (71) 34% Partial (36) | 72% Yes (78) 28% Partial (31) | 69% Yes (70) 31% Partial (32) |
| 82. Overall, were the direct service staff able to describe their responsibilities in providing daily care/support to the person? | 55% Yes (60) 45% Partial (50) | 51% Yes (55) 49% Partial (53) | 56% Yes (61) 44% Partial (47) | 64% Yes (69) 36% Partial (38) | 69% Yes (75) 31% Partial (34) | 68% Yes (69) 32% Partial (33) |
| 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? | 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) | 39% Yes (42) 60% Partial (65) 2% No (2) | 21% Yes (21) 75% Partial (76) 5% No (5) |
| Expectations of Growth | | | | | | |
| 84. Based on all of the evidence, in the opinion of the reviewer, has the person achieved progress in the past year? | 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) | 64% Yes (70) 35% Partial (38) 1% No (1) | 68% Yes (69) 30% Partial (31) 2% No (2) |
| 85. Overall, does the IDT have an appropriate expectation of growth for this person? | 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) (1 not scored) | 46% Yes (50) 54% Partial (59) | 51% Yes (52) 49% Partial (50) |
| Quality of Life | | | | | | |
| 86. Was the person provided the assistance and support needed to participate meaningfully in the planning process? | 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) | 86% Yes (94) 14% Partial (15) | 85% Yes (86) 14% Partial (14) 1% No (1) (1 CND) |
| 87. Is the person offered a range of opportunities for participation in each of the life areas? | 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) | 73% Yes (75) 27% Partial (28) (6 CND) | 84% Yes (81) 16% Partial (15) (6 CND) |
| 88. Does the person have the opportunity to make informed choices? | 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) | 81% Yes (44) 19% Partial (10) (55 CND) | 79% Yes (34) 21% Partial (9) (59 CND) |
| 89. About where and with whom to live? | 90% Yes (35) 10% Partial (4) (71 CND) | 71% Yes (30) 19% Partial (8) 10% No (4) | 82% Yes (37) 16% Partial (7) 2% No (1) | 86% Yes (38) 9% Partial (4) 5% No (2) | 86% Yes (38) 11% Partial (5) 2% No (1) | 85% Yes (33) 13% Partial (5) 3% No (1) |

| Question | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|--|---|--|---|--|---|---|
| | | (65 CND) | (63 CND) | (63 CND) | (65 CND) | (63 CND) |
| 90. About where and with whom to work/spend his/her day? | 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) | 89% Yes (40) 11% Partial (5) (64 CND) | 86% Yes (37) 14% Partial (6) (59 CND) |
| 91. About where and with whom to socialize/spend leisure time? | 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) | 89% Yes (39) 11% Partial (5) (65 CND) | 90% Yes (36) 10% No (4) (62 CND) |
| 92. Does the evidence support that providers do not prevent the person from pursuing relationships and are respecting the rights of this person? | 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) | 96% Yes (98) 4% Partial (4) (7 CND) | 98% Yes (97) 2% Partial (2) (3 CND) |
| 93. Overall, were the direct service staff interviewed trained on the provider's complaint process and on abuse, neglect and exploitation? | 62% Yes (68) 38% Partial (42) | 61% Yes (65) 39% Partial (42) | 62% Yes (67) 38% Partial (41) | 75% Yes (80) 25% Partial (27) | 78% Yes (85) 22% Partial (24) | 75% Yes (76) 25% Partial (26) |
| 94. Does this person and/or guardian have adequate access to the available complaint processes/procedures? | 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) | 96% Yes (102) 3% Partial (3) 1% No (1) (3 CND) | 92% Yes (90) 7% Partial (7) 1% No (1) (4 CND) |
| 95. Does this person know his/her guardian? | 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) | 98% Yes (46) 2% No (1) (62 CND) | 100% Yes (46) (1 N/A, 55 CND) |
| 96. Does this person believe the guardian is helpful? | 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) | 100% Yes (16) (93 CND) | 93% Yes (13) 7% No (1) (1 N/A, 87 CND) |
| 97. What is the level of participation of the legal guardian in this person's life and service planning? | 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) | 42% Active (46) 44% Moderate (48) 13% Limited (14) 1% None (1) | 38% Active (39) 43% Moderate (43) 19% Limited (19) (1 N/A) |
| 98. In the Reviewer's opinion, does the person need a friend advocate? | 9% Yes (10) 91% No (100) | 8% Yes (9) 92% No (98) | 6% Yes (6) 94% No (102) | 7% Yes (8) 93% No (99) | 7% Yes (8) 93% No (101) | 3% Yes (3) 97% No (99) |
| 99. Does the person have a friend advocate? | 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) | 13% Yes (1) 88% No (7) (101 N/A) | 0% Yes 100% No (3) (99 N/A) |
| 100. If the person is retired, does he/she have adequate opportunities to engage in activities of interest during the day? | 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) | 77% Yes (23) 23% Partial (7) (79 N/A) | 71% Yes (15) 24% Partial (5) 5% No (1) |

| Question | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|---|---|---|--|---|---|---|
| | | | | | | (80 N/A, 1 CND) |
| 101. Does the person have daily choices/appropriate autonomy over his/her life? | 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) | 78% Yes (85) 21% Partial (23) 1% No (1) | 79% Yes (81) 18% Partial (18) 3% No (3) |
| 102. Have the person's cultural preferences been accommodated? | 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) | 94% Yes (100) 5% Partial (5) 1% No (1) (3 CND) | 96% Yes (96) 4% Partial (4) (2 CND) |
| 103. Is the person treated with dignity and respect? | 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) | 70% Yes (76) 30% Partial (33) | 70% Yes (71) 30% Partial (31) |
| Satisfaction | | | | | | |
| 104. Overall, is the person satisfied with the current services? | 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) | 89% Yes (31) 11% Partial (4) (74 CND) | 85% Yes (23) 15% Partial (4) (75 CND) |
| 105. Does the person get along with the case manager? | 100% Yes (22) (87 CND) | 100% Yes (15) (92 CND) | 95% Yes (21) 5% Partial (1) (86 CND) | 100% Yes (16) (91 CND) | 100% Yes (21) (88 CND) | 100% Yes (13) (89 CND) |
| 106. Does the person find the case manager helpful? | 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) | 100% Yes (11) (98 CND) | 100% Yes (10) (92 CND) |
| 107. Does the legal guardian find the case manager helpful? | 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) | 93% Yes (90) 5% Partial (5) 2% No (2) (12 CND) | 93% Yes (81) 6% Partial (5) 1% No (1) (1 NA, 14 CND) |
| 108. Does the person have adequate food and drink available? | 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) | 99% Yes (101) 1% Partial (1) (7 CND) | 100% Yes (99) (3 CND) |
| 109. Does the person have adequate transportation to meet his/her needs? | 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) | 96% Yes (105) 4% Partial (4) | 93% Yes (95) 7% Partial (7) |
| 110. Does the person have sufficient personal money? | 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) | 91% Yes (98) 9% Partial (10) (1 CND) | 93% Yes (93) 7% Partial (7) (2 CND) |
| 111. Does the person get along with their day program/employment staff? | 100% Yes (65) (45 CND) | 97% Yes (63) 3% Partial (2) | 99% Yes (70) 1% Partial (1) | 100% Yes (58) (1 N/A, 48 CND) | 100% Yes (61) (48 CND) | 97% Yes (62) 3% Partial (2) |

| Question | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|--|--|---|---|--|---|---|
| | | (1 N/A, 41 CND) | (1 N/A, 36 CND) | | | (38 CND) |
| 112. Does the person get along with the residential provider staff? | 100% Yes (76) (34 CND) | 100% Yes (73) (34 CND) | 99% Yes (78) 1% Partial (1) (29 CND) | 100% Yes (75) (32 CND) | 99% Yes (75) 1% Partial (1) (33 CND) | 99% Yes (77) 1% Partial (1) (24 CND) |
| Team Process | | | | | | |
| 113. Is there evidence that the ISP was reviewed by the IDT within the last six months? | Question Removed | | | | | |
| 114. Are the individual members of the IDT following up on their responsibilities? | 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) | 30% Yes (33) 67% Partial (73) 3% No (3) | 22% Yes (22) 78% Partial (80) |
| 115. If there is evidence of team conflict, has the team made efforts to build consensus? | 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) | 75% Yes (30) 25% Partial (10) (69 N/A) | 71% Yes (22) 16% Partial (5) 13% No (4) (71 N/A) |
| 116. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs? | 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) | 78% Yes (81) 22% No (23) (4 N/A, 1 CND) | 74% Yes (67) 26% No (24) (8 N/A, 3 CND) |
| 117. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? | 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) | 75% Yes (82) 24% Partial (26) 1% No (1) | 77% Yes (79) 22% Partial (22) 1% No (1) |
| 118. Do you recommend Team Process Training for this IDT? | 6% Yes (7) 94% No (103) | 7% Yes (7) 93% No (100) | 10% Yes (11) 90% Partial (97) | 13% Yes (14) 87% No (93) | 5% Yes (5) 95% No (104) | 7% Yes (7) 93% No (95) |
| 119. Is there evidence or documentation of physical regression in the last year? | 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) | 50% Yes (54) 50% No (54) (1 CND) | 31% Yes (31) 69% No (70) (1 CND) |
| 120. Is there evidence or documentation of behavioral or functional regression in the last year? | 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) | 35% Yes (38) 65% No (71) | 28% Yes (28) 72% No (73) (1 CND) |
| 121. If #119 or 120 is Yes, is the IDT adequately addressing the regression? | 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) | 67% Yes (41) 30% Partial (18) 3% No (2) (48 N/A) | 58% Yes (25) 37% Partial (16) 5% No (2) (59 N/A) |
| 122. Has the person changed residential/day services in the last year? If Yes, was the change: | 19% Yes (21) 81% No (89) | 17% Yes (18) 83% No (89) | 19% Yes (21) 81% No (87) | 17% Yes (18) 83% No (89) | 24% Yes (26) 76% No (83) | 16% Yes (16) 84% No (86) |
| 122a. Planned by the IDT? | 76% Yes (16) 19% Partial (4) 5% No (1) | 72% Yes (13) 22% Partial (4) 6% No (1) | 68% Yes (15) 23% Partial (5) 9% No (2) | 78% Yes (14) 11% Partial (2) 11% No (2) | 81% Yes (21) 12% Partial (3) 8% No (2) | 89% Yes (17) 5% Partial (1) 5% No (1) |

| Question | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|--|---|---|--|---|---|---|
| | (89 N/A) | (89 N/A) | (86 N/A) | (89 N/A) | (83 N/A) | (83 N/A) |
| 122b. Appropriate to meet needs? | 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) | 88% Yes (23) 12% Partial (3) (83 N/A) | 84% Yes (16) 16% Partial (3) (83 N/A) |
| 123. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person? | 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) | 35% Yes (38) 65% Partial (71) | 18% Yes (18) 81% Partial (83) 1% No (1) |
| Supported Employment | | | | | | |
| 124. Has the IDT, or the reviewer recommended a supported employment assessment for the person? | 74% Yes (81) 26% No (29) | 66% Yes (71) 34% No (36) | 71% Yes (77) 29% No (31) | 73% Yes (78) 27% No (29) | 65% Yes (71) 35% No (38) | 75% Yes (76) 25% No (26) |
| 125. In the opinion of the IDT or the reviewer, does the person need supported employment? | 58% Yes (64) 42% No (46) | 55% Yes (59) 45% No (48) | 53% Yes (57) 47% No (51) | 56% Yes (60) 44% No (47) | 45% Yes (49) 55% No (60) | 63% Yes (64) 37% No (38) |
| 126. Did the person receive a supported employment assessment? | 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) | 58% Yes (41) 28% No (30) (38 N/A) | 63% Yes (48) 37% No (28) (26 N/A) |
| 127. Does the supported employment assessment conform to the DOH regulations? | 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) | 29% Yes (20) 23% Partial (16) 48% No (33) (40 N/A) | 16% Yes (12) 45% Partial (34) 39% No (29) (27 N/A) |
| 128. Does the person have a career development plan (based on assessments) that meets the person's needs? | 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) | 29% Yes (16) 36% Partial (20) 35% No (19) (54 N/A) | 7% Yes (5) 34% Partial (23) 59% No (40) (34 N/A) |
| 129. Is the person engaged in supported employment? | 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) | 36% Yes (18) 64% No (32) (59 N/A) | 36% Yes (23) 64% No (41) (38 N/A) |
| 130. Is the supported work provided in accordance with the following? | 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) | 14% Yes (7) 28% Partial (14) 58% No (29) (59 N/A) | 20% Yes (13) 13% Partial (8) 67% No (43) (38 N/A) |
| 130a. At least a 10-hour work week? | 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) | 20% Yes (10) 80% No (40) (59 N/A) | 23% Yes (15) 77% No (49) (38 N/A) |
| 130b. Person earns at least ½ of minimum wage? | 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) | 36% Yes (18) 64% No (32) (59 N/A) | 31% Yes (20) 69% No (44) (38 N/A) |
| 130c. Work setting is at least 50% non-handicapped co-workers? | 44% Yes (29) 56% No (37) | 24% Yes (14) 76% No (45) | 41% Yes (24) 56% No (31) | 37% Yes (23) 63% No (40) | 36% Yes (18) 64% No (32) | 31% Yes (20) 69% No (44) |

| Question | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|--|---|--|--|--|---|---|
| | (44 N/A) | (48 N/A) | (53 N/A) | (44 N/A) | (59 N/A) | (38 N/A) |
| 130d. There is a reasonable expectation that the job will continue? | 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) | 34% Yes (17) 66% No (33) (59 N/A) | 33% Yes (21) 67% No (43) (38 N/A) |
| Behavior | | | | | | |
| 131. Is the person considered by the IDT to need behavior services now? | 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) | 68% Yes (72) 32% No (34) (3 N/A) | 57% Yes (55) 43% No (41) (6 N/A) |
| 132. In the opinion of the reviewer, does the person need behavior services? | 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) | 65% Yes (69) 35% No (37) (3 N/A) | 58% Yes (55) 42% No (40) (7 N/A) |
| 133. Have adequate behavioral assessments been completed? | 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) | 80% Yes (59) 16% Partial (12) 4% No (3) (35 N/A) | 77% Yes (44) 16% Partial (9) 7% No (4) (45 N/A) |
| 134. Does the person have behavior support plans developed out of the behavior assessments that meet the person's needs? | 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) | 89% Yes (64) 8% Partial (6) 3% No (2) (37 N/A) | 86% Yes (48) 11% Partial (6) 4% No (2) (46 N/A) |
| 135. Have the staff been trained on the behavior support plan? | 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) | 92% Yes (66) 7% Partial (5) 1% No (1) (37 N/A) | 80% Yes (45) 16% Partial (9) 4% No (2) (46 N/A) |
| 136. Does the person receive behavioral services consistent with his/her needs? | 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) | 77% Yes (57) 19% Partial (14) 4% No (3) (35 N/A) | 67% Yes (38) 30% Partial (17) 4% No (2) (45 N/A) |
| 137. Are behavior support services integrated into the ISP? | 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) | 68% Yes (49) 28% Partial (20) 4% No (3) (37 N/A) | 59% Yes (33) 34% Partial (19) 7% No (4) (46 N/A) |
| Adaptive Equipment | | | | | | |
| 138. Has the person received all adaptive equipment needed? | 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) | 81% Yes (81) 19% Partial (19) (9 N/A) | 78% Yes (72) 21% Partial (19) 1% No (1) (10 N/A) |
| 139. Has the person received all assistive technology needed? | 52% Yes (38) 42% Partial (31) 5% No (4) | 68% Yes (53) 26% Partial (20) 6% No (5) | 71% Yes (55) 25% Partial (19) 4% No (3) | 72% Yes (59) 23% Partial (19) 5% No (4) | 70% Yes (59) 29% Partial (24) 1% No (1) | 73% Yes (49) 25% Partial (17) 2% No (1) |

| Question | 2007 (sample=110) | 2008 (sample=107) | 2009 (sample=108) | 2010 (sample=107) | 2011 (sample=109) | 2013 (sample=102) |
|--|---|---|---|--|---|---|
| | (37 N/A) | (29 N/A) | (31 N/A) | (25 N/A) | (25 N/A) | (35 N/A) |
| 140. Has the person received all communication assessments and services? | 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) | 68% Yes (65) 32% Partial (31) (13 N/A) | 80% Yes (72) 18% Partial (16) 2% No (2) (12 N/A) |
| Individual Service Planning | | | | | | |
| 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? | 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) | 85% Yes (93) 15% Partial (16) | 89% Yes (91) 10% Partial (10) 1% No (1) |
| 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? | 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) | 63% Yes (69) 32% Partial (35) 5% No (5) | 69% Yes (70) 29% Partial (30) 2% No (2) |
| 143. Does the person receive services and supports recommended in the ISP? | 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) | 83% Yes (90) 17% Partial (19) | 81% Yes (83) 19% Partial (19) |
| 144. Does the person have adequate access to and use of generic services and natural supports? | 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) | 79% Yes (86) 21% Partial (23) | 88% Yes (90) 12% Partial (12) |
| 145. Is the person adequately integrated into the community? | 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) | 69% Yes (75) 29% Partial (32) 2% No (2) | 82% Yes (84) 18% Partial (18) |
| Summary | | | | | | |
| 146. Overall, is the ISP adequate to meet the person's needs? | 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) | 28% Yes (30) 72% Partial (79) | 13% Yes (13) 87% Partial (89) |
| 147. Is the program of the level of intensity adequate to meet this person's needs? | 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) | 28% Yes (30) 72% Partial (79) | 27% Yes (28) 72% Partial (73) 1% No (1) |