



A. Jackson Class Member Demographics – Metro3 Region

At the time the sample was selected for the Metro3 Review, there were 150 Active Jackson Class Members in the Metro Region. Seventeen individuals were chosen to be part of the review sample.

Chart #1: Active Class Member Demographics in the Metro Region

| Age | | Ethnicity | | Day Service Type | |
|--------------|----|-----------------|----|---------------------------------|-----|
| 30-39 | 3 | Hispanic | 69 | Adult Habilitation (AH) | 115 |
| 40-49 | 28 | Caucasian | 57 | Adult Hab/Suppl Empl (SE) | 17 |
| 50-59 | 57 | Native American | 16 | Adult Hab/Community Access (CA) | 7 |
| 60-69 | 46 | Black | 8 | Community Access | 2 |
| 70-79 | 14 | | | Supported Employment | 3 |
| 80+ | 2 | | | None | 2 |
| Average Age: | 58 | | | Mi Via & Private Pay | 4 |

| Gender | |
|--------|----|
| Male | 91 |
| Female | 59 |

| Residential Service Type | |
|--------------------------|-----|
| Supported Living | 114 |
| Family Living | 32 |
| Mi Via & Private Pay | 4 |

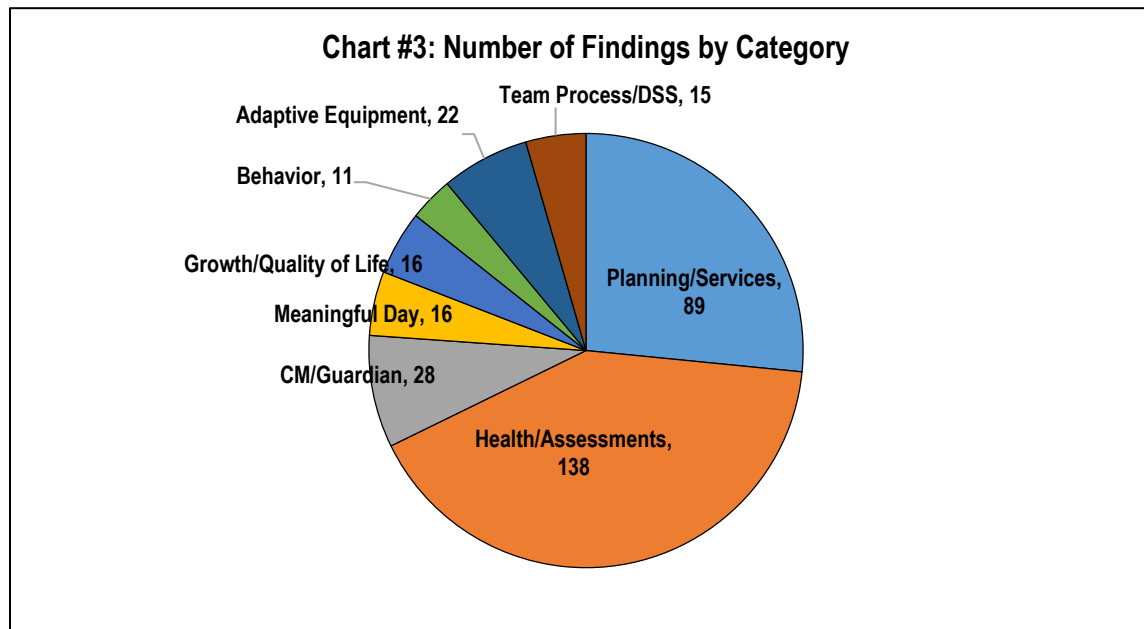
Chart #2: Agencies Serving Class Members in the Metro Region:

| Case Management | A New Vision (12) | A Step Above (22) | Amigo (11) | Carino (24) | NMQCM (15) | Peak (15) | Unidas (41) |
|-----------------|--------------------------|---------------------|----------------------|---------------------|------------------------------|----------------|-----------------|
| | Unique Opportunities (7) | | | | | Mi Via (3) | Private Pay (1) |
| Residential | A Better Way (1) | Abilities First (1) | Active Solutions (1) | Adelante (33) | Advantage Communications (1) | Alegria (2) | Alianza (1) |
| | Alta Mira (1) | Arca (15) | At Home Advocacy (4) | Bright Horizons (6) | Community Options (1) | Cornucopia (2) | Dungarvin (8) |

| | | | | | | | |
|--|-------------------------|---------------------------|-----------------------|------------------------------|-----------------------|---------------------------|------------------|
| | Expressions of Life (7) | Expressions Unlimited (1) | La Vida Felicidad (1) | Life Mission (2) | LLCP (33) | MaxCare (2) | New Pathways (1) |
| | Onyx (2) | Optihealth (5) | Su Vida (3) | The New Beginnings (11) | TLC (2) | Mi Via (3) | Private Pay (1) |
| Day <i>*Note some JCMs have more than one Day provider</i> | A Better Way (4) | Active Solutions (3) | Adelante (52) | Advantage Communications (1) | Advocacy Partners (1) | Alianza (2) | Arca (2) |
| | Bright Horizons (4) | CFC (8) | Community Options (1) | Cornucopia (3) | Dungarvin (6) | Expressions Unlimited (2) | La Vida (2) |
| | LifeRoots (5) | LLCP (31) | Mandy's Farm (2) | MaxCare (1) | New Pathways (1) | NONE (2) | Onyx (2) |
| | OptiHealth (2) | Share Your Care (7) | Su Vida (4) | The New Beginnings (6) | | Mi Via (3) | Private Pay (1) |

B. Most Frequently Identified Findings by Category

The Metro3 Region had a total of 335 Findings and Recommendations. The table below shows what categories they fall into.



C. Most Frequently Identified Findings by Category

IQR Findings include the identification of good and exemplary as well as deficient practice. Findings are developed by the reviewer, reviewed by a Case Judge, the Community Monitor, Regional Office and State DDS and DHI Staff, the individual and his/her Team before they become final. The expectation is that the identified issue will be resolved not only for the individual but, if applicable, for everyone in that agency, and resolved in a way that is sustainable so that the identified issue remains “fixed”.

Of the 335 Findings and Recommendations in the Metro3 Region Review, there were 70 Recommendations that were identified as repeated within the last ten years. The category where the repeats are most frequent is in the area of Planning and Services, followed by Health/Assessments and Case Management/Guardianship.

| Chart #4: Repeat Findings by Area and Residential Provider | | | | | | | | | | | |
|--|-----------|-----------------|------------|-----------|--------------|----------|----------|------------|----------|--------------------|-----------|
| Area | Arca | Bright Horizons | Cornucopia | Dungarvin | Exp. of Life | LLCP | MaxCare | OptiHealth | Su Vida | The New Beginnings | Total |
| Adaptive Equipment / Augmentative Comm | | | 1 | 2 | 1 | | | | 1 | | 5 |
| Behavior | 1 | | | | | | | | | 2 | 3 |
| Case Manager/ Guardian | 1 | 2 | 1 | 1 | | 1 | 1 | 1 | | | 8 |
| Expectations of Growth/ Quality of Life | 2 | | | | | 1 | | | | | 3 |
| Health/Assessments | 3 | | 1 | 4 | | 1 | 1 | 2 | | 2 | 14 |
| Meaningful Day | 1 | | 1 | 1 | 1 | 1 | | | 1 | | 6 |
| Planning and Services | 5 | | 3 | 3 | 1 | 4 | 3 | | 1 | 10 | 30 |
| Team Process/DSS | | | | | | 1 | | | | | 1 |
| TOTAL | 13 | 2 | 7 | 11 | 3 | 9 | 5 | 3 | 3 | 14 | 70 |

| Chart #5: Repeat Findings by Area and Case Management Agency | | | | | | | | | |
|--|--------------|--------------|----------|-----------|----------|----------|-----------|-----------|--|
| Area | A New Vision | A Step Above | Amigo | Carino | NMQCM | Peak | Unidas | Total | |
| Adaptive Equipment / Augmentative Communication | | | 1 | 1 | | 1 | 2 | 5 | |
| Behavior | | 2 | | | 1 | | | 3 | |
| Case Manager/ Guardian | 1 | 3 | | 1 | | 1 | 2 | 8 | |
| Expectations of Growth/Quality of Life | | | | 1 | 1 | | 1 | 3 | |
| Health/Assessments | | 4 | 3 | 3 | 1 | 1 | 2 | 14 | |
| Meaningful Day | | | 1 | 2 | 1 | | 2 | 6 | |
| Planning and Services | 4 | 10 | 3 | 4 | 1 | 1 | 7 | 30 | |
| Team Process/DSS | 1 | | | | | | | 1 | |
| TOTAL | 6 | 19 | 8 | 12 | 5 | 4 | 16 | 70 | |

D. Immediate and Special Findings

There were seventeen (17) Class Members reviewed in the Metro3 Region as part of the 2018 IQR. Eleven (11) individuals (65% of the total sample) were found to have immediate and/or special findings. Nine individuals (53% of the sample) were found to have Immediate Needs. Five of these nine also had Special Findings. Two additional individuals (12% of the sample) were found to have Special Needs (there were a total of seven individuals with Special Needs). There were a total of nineteen (19) Immediate findings and nine (9) Special findings. Details of the issues of these findings are available in the table below.

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

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

Chart #6: Immediate/Special Identified Individual Issues – 2018 IQR Metro3

| Reg | CM | Res | Day | Immd | Spec | IR | Issue |
|--------------------------------|--------------|------------|------------|------|------|----|---|
| Health Oversight Issues | | | | | | | |
| Metro3 | A Step Above | Optihealth | Optihealth | | X | | Some eChat information is incorrect. Also, while bowel tracking is being done, it is unclear what, if anything, occurs as a result of the information gathered. <ul style="list-style-type: none"> • 6d on the e-chat dated 6/5/18 states there are no issues with Constipation. Indv. has a diagnosis of Constipation. • Per the Registered Dietician reports of 5/22/18 and 5/19/17 PG should have a bowel movement every 1-2 days, which is currently being tracked. • Total instances tracked from 6/16/17 to 6/7/18 of no bowel movement for 2 days or longer is 51. (There are 40 total instances of three days or longer where no BM was tracked.) The range of instances with no bowel movement is from 2 days to 12 days. • Indv. does not have a HCP for Constipation. |
| Metro3 | Carino | Arca | None | X | | | MERPs do not have Indvs DNR/DNI advance directives information. The plans refer staff to hospice nursing but still require staff to perform CPR. |
| Metro3 | Carino | LLCP | LLCP | X | | | Indv. has been diagnosed with acute renal failure. The file is missing some tracking for Intake and output including: Missing intake 2018: 1/25/18, 3/3/18, 3/8, 3/10, 3/12, 3/19, 3/22, 3/23, 3/25/, 3/26, 4/3, 4/8, 4/15, 4/16, 5/4, 5/17, 7/4. Missing intake and void 2018: 1/29/18, 4/5/18 |
| Metro3 | Amigo | Dungarvin | Dungarvin | | X | | On June 28, 2017, Indv. moved to Albuquerque to be closer to medical specialists to address her challenging behaviors and health needs. Indv. transitioned to Dungarvin on 6/28/17 and moved into an Airbnb apartment (landlord problem which was unexpected), then moved to a small casita/apartment (another Airbnb on Lopez) and then to a home with her current housemates. Delay in psychiatric/behavioral support: § June 28, 2017: Moved to ABQ § June 29, 2017 PRN order for Ativan (administered 14 x's over a 4 month period); § 2/15/17 and 8/15/17 PRN Psychotropic medication plan § August 30, 2017: BSC Assessment § September 29, 2017: Initial psychiatric appointment; § May 14, 2018: changed psychiatrists Current lack of stable, consistent Team Members: § June 28, 2017: Move to ABQ § October 27, 2017: Case Manager resigned; § August 2018: Case Manager resigned temporary CM Supervisor filling in; § Customized Community Supports Staff changing; § Changed CCS provider to Dungarvin; § Residential staff turnover is currently an issue. |

| Reg | CM | Res | Day | Immd | Spec | IR | Issue |
|--------|--------------|--------------------|--------------------|------|------|----|---|
| Metro3 | Amigo | Dungarvin | Dungarvin | X | | | Per the nursing interview, Indv. went to the ER for pain and lower leg extremity swelling. She would not allow a full diagnostic a D-Dimer came back positive. The doctor had a suspicion of DVT and started her on Xarelto as a precaution. Since August 10, 2018 Indv. has, primarily, been in a wheelchair without ambulation which may impact on blood clot formation. |
| Metro3 | Amigo | Dungarvin | Dungarvin | X | | | Indv. is experiencing chronic and debilitating pain with knee and lower extremity swelling. A TEASC evaluation was completed 6/28/18 but did not address Indv.'s pain which staff report interferes with her daily life. Indv. has been prescribed a Fentanyl Patch for pain since 7/1/17. In addition, she has been receiving multiple PRN medication for pain including Oxycodone (recently discontinued). She continues to use a fentanyl patch daily along with 1000mg a day of Tylenol, Voltaraen Gel, lidocaine, and Meloxcan (in addition to PRN acetaminophen) for pain. Per Indv. nurse, a request maybe made to increase the dosage of the fentanyl patch. Staff still report that she is frequently in pain. Indv. has been using a wheelchair almost constantly since 8/10/18 due to pain and swelling. |
| Metro3 | A New Vision | LLCP | LLCP | | X | | There were 75 days in the documentation provided (1/1/18 – 7/2/18) with no entry for number of BM's, roughly 42% of this period. He has two Individual Care Plans that direct staff to notify the nurse after 24 hours with no BM. On 7/2/18 he was admitted to the hospital for Seizures Secondary to Constipation and/or Aspiration Pneumonia. There are no entries in the BM tracking log for 6/30/18 and 7/1/18. Per the Nurse's Interview, there are issues because there is a paper log as well as Therap. She did not know if he had BMs on either of those days. |
| Metro3 | A Step Above | The New Beginnings | The New Beginnings | X | | | Numerous issues indicated that the team may not know and has not adequately discussed Indv. diagnoses and health related issues. These include: A. Inconsistent and/or incorrect listing of diagnosis. • ISP lists only 7 diagnoses of the more than 30 identified on eChat and other documents • CIA of 7/24/17 lists diagnosis of seizure and indicates Indv. has a helmet to protect from falls during seizure (but refuses to wear it). No evidence found in any other document that Indv. has a diagnosis or history of seizure. • eChat (item 22b) indicates no known hearing impairment. Audiological Assessment of 9/6/16 indicates "high frequency sensorineural hearing loss in each ear" • More than 10 diagnoses are listed in other documents provided for this review that are not listed in eChat including mood disorder, depression, psychosis, depressive disorder with psychotic features, organic brain syndrome, Myopia, bilateral age related nuclear cataract, high frequency sensorineural hearing loss, Mycoses, thrombocytopenia. • Individual data section of Nursing quarterly and semiannual reports list Developmental Disability: "Autism, other" No diagnosis of autism listed in the eChat diagnosis list or found in any other documents (other than nursing quarterlies) submitted for this review B. Nursing Reports and health related documents contain inaccurate and/or incomplete information. • Individual data section of Nursing quarterly and semiannual reports indicate Dietary guidelines= 2300 cal day diet. Nutrition reports indicates nutrient requirements as 1600-2000 calories. • See CARMP related issues in #1. C. Team members don't know or report accurate information. • CM, SLP, Nurse and other staff report during interview that they were unaware of findings and recommendations from Audiological Assessment of 9/6/16. • The SLP reported during interview that Indv. level of aspiration risk is "high"; the BSC reported, during interview, that Indv. level of aspiration risk is "low". ARST indicates moderate level of aspiration risk. • SLP reported, during interview, that she was unaware of diet recommendations from Nutritionist. • CM, Day and Residential staff did not identify Indv. hearing loss, mental health diagnoses and other diagnoses that are not included on the eChat diagnosis list. • CM was not aware of status of recommendation to consider surgery for rectal prolapse D. Team Members not following Dr.'s recommendations or not following up timely. See Finding Below |
| Metro3 | A Step Above | The New Beginnings | The New Beginnings | X | | | Nursing staff have not provided and documented consistent oversight of IM's health needs. A. Nursing staff do not know of health concerns: • Nurse, during interview, was unaware of status of action or follow up regarding recommendation of surgery for rectal prolapse contained in surgical consult of 3/6/18. • Nursing note of 6/29/18 indicates that nurse was not aware that Indv. fractured 2 ribs (diagnosed by x-ray on 6/20/18) until 6/27/18. B. Nursing Reports incomplete/late. • Nursing quarterly reports provide no summary of health status. • Nursing quarterly and semi-annual reports are not timely and do not include information to document nursing oversight: • Nursing quarterly for 9/1/17-2/28/17 entered 6/21/18, nearly 4 months after end of report period. Report states "no data for immunizations, no data for infection tracking, no data for labs, no data for respiratory treatment, no data for skin/wound care. Report provides no data on intake/elimination • Nursing quarterly for 12/1/17-2/28/17 entered 6/14/18. Report states "no data for intake and elimination, no data for lab tests, no weight data, no data for respiratory treatment, No data for skin/wound assessment..." |

| Reg | CM | Res | Day | Immd | Spec | IR | Issue |
|---|--------------|--------------------|--------------------|------|------|----|---|
| | | | | | | | <ul style="list-style-type: none"> • Nursing quarterly for 9/1/17-11/30/17 entered 6/14/18. Report states "no data for intake and elimination, no data for lab tests...no data for respiratory treatment, No data for skin/wound assessment..." • Nursing quarterly for 2/1/18-4/30/18 entered 6/6/18 . Report states "no data for appointments, no data for weight, no data for intake and elimination, no data for lab tests, no data for vital signs, no data for respiratory treatment, No data for skin/wound assessment..." • Semi-Annual report for 9/1/17-2/28/18 was entered 6/21/18. Report states "no data for immunizations, no data for infection tracking, no data for labs, no data for respiratory treatment, no data for skin/wound care." C. Nursing Oversight/Follow up not provided as needed. • No evidence of review of weekly pulse oximeter data was found in any nursing report (HCP for Respiratory treatment indicates staff to check O2 sats weekly) • Nurse reports, during interview that he has not received report from echocardiogram ordered by cardiologist on 5/15/18. • Quarterly aspiration risk assessment conducted on 9/19/17 was entered on 11/3/17. Report states next assessment due December 2017. No other quarterly aspiration risk assessments were provided for this review except ARST of 6/6/18. D. Required MERPS not available: eChat summary indicates MERPs for aspiration is required. No MERPs for aspiration was provided for this review E. HCP Content is Inconsistent/Unclear: • HCP for constipation/rectal prolapse indicates staff are to notify nurse if Indv. "has not responded to medication bowel regimen" but does not give any specific information regarding a specific time frame for response (eg. 3 days without BM) • HCP for oral hygiene indicates staff to assist Indv. with toothbrushing 2x/day. CARMP indicates 3x/day • HCP for Psychotropic medication monitoring provides very general instructions such as staff to monitor for side effects and call nurse if side effects noted but no indication of specific side effects that might be expected from Indv. psychotropic meds. • HCP for Psychotropic Medication monitoring indicates Indv. receives PRN meds and states "staff is to familiarize themselves with these medications and orders associated with use and when to HOLD other medications when as needed medications are used. Call nurse for any questions on all medication concerns." HCP should provide staff with specific instructions regarding the medication orders and when to hold other meds rather than simply state that staff should "familiarize themselves". |
| Metro3 | A Step Above | The New Beginnings | The New Beginnings | X | | | <p>Reports and records indicate that medication is not being consistently administered as prescribed or that administration is accurately documented.</p> <ul style="list-style-type: none"> • Report from Bella Vida walk in clinic on 3/22/18, where Indv. was seen due to fever, states "Did not complete Amoxicillin. Needs full 10 days". Amoxicillin for 10 days had been prescribed to treat strep throat on previous visit to clinic on 3/2/18. • During home visit on 7/24/18, the MAR grid for Fluticasone Propionate 50mcg/actuation spray suspension was initialed for 7/25/18 • During home visit on 7/24/18 the MAR checks for accuracy 5x a week had not been initialed since 7/20/18. • During home visit on 7/24/18 Promethazine DM, ordered for 5 ml every 4-6 hours PRN for cough was not listed on MAR. • During home visit on 7/24/18 MAR indicates Indv. should receive Calcium carbonate 200 mg. chewable tablets, 1-2 tabs PRN nte 8 tabs in 24 hrs. Calcium carbonate tabs in IM drug box were 750 mg tabs. • During home visit on 7/24/18, MAR indicates Indv. should receive Ventolin HFA 90mcg/actuation HFN aerosol 2 puffs every 6 hrs. PRN for wheezing, shortness of breath. No Ventolin inhalers were present in Indv. drug box. Staff report Indv. was unable to effectively use the inhaler and that the use of Ventolin inhalers had been discontinued. It was however still listed on the MAR and orders clearly discontinuing the use of the inhalers were not found during this review. |
| Medication/Side Effects | | | | | | | |
| Metro3 | Carino | Arca | None | | X | | Indv. psychiatrist has discussed decreasing her Risperdal (1.5.17; 1.23.18) and discontinuing the drug (4.23.18) based on a black box warning for Alzheimer's. No additional action regarding this medication has been noted. |
| Not following orders/recommendations | | | | | | | |
| Metro3 | Amigo | Dungarvin | Dungarvin | X | | | As a part of a CT of her cervical spine (October 8, 2017) it was recommended that Indv. receive a thyroid ultrasound due to "several discreet thyroid nodules". There is no evidence that this has been completed. |
| Metro3 | A New Vision | LLCP | LLCP | X | | | Indv. Urologist recommended that he receive an annual ultrasound. His last reported ultrasound took place 17 months ago (4.11.17). |
| Metro3 | A Step Above | The New Beginnings | The New Beginnings | X | | | <p>Indv. identified health needs have not been consistently addressed in a timely fashion:</p> <p>A. Not following up on ER/Urgent Care Recommendations.</p> <ul style="list-style-type: none"> • Not following Discharge Orders: ER visit 4/4/18, DC summary recommended to see PCP in 1 day. Next PCP visit 4/10/18. • Not following up on fractures: x-ray report of 6/21/18 found fracture of 7th and 10th ribs and "possible atelectasis versus infiltrate in the left lateral costophrenic angle" and recommended "correlation with clinical picture. GER for this incident reports FU w/ PCP to occur on 7/5/18. No evidence of this appointment found in documents submitted for this review. Nurse reports, during interview on 7/17/18, that no follow up has occurred as of that date. • Urgent care visit on 12/11/17 (for cough, runny nose) recommended FU w/ PCP. Next PCP visit document provided for this review is from 2/7/18. |

| Reg | CM | Res | Day | Immd | Spec | IR | Issue |
|--|--------------|------------|------------|------|------|----|---|
| | | | | | | | <ul style="list-style-type: none"> • Report from Bella Vida walk in clinic on 3/22/18, where Indv. was seen due to fever, states "Did not complete Amoxicillin. Needs full 10 days". Amoxicillin for 10 days had been prescribed to treat strep throat on previous visit to clinic on 3/2/18. B. Not following up on Doctor/Specialist Recommendations/Dental issues. • Not following up on surgical consult on 3/6/18 indicates that Indv. may need surgery for rectal prolapse. No evidence found of any follow up on this recommendation. Nurse, during interview, was unaware if any follow up had occurred. • Not following PCP and cardiologist recommendations: for low salt diet have been included in any plans or instructions to staff who prepare Indv. meals. • PCP recommended, on 4/10/18, that Indv. go on a low-salt diet. Annual Nutrition Evaluation of 4/26/18 does not mention anything about a low-sodium diet. • Cardiologist recommended to limit salt intake on 5/15/18. No evidence of Indv. being on low salt diet. • Not acquiring dental follow up timely: Dental appointment report of 4/3/17 states, "C#31-still missing crown as previously documented." No documentation found of why crown had not been replaced, if or if a temporary crown had been placed. Residential nurse did not know why the missing crown had not been addressed for two dental appts. C. Preventative screens and immunizations not acquired: <ul style="list-style-type: none"> • Preventative Screens not acquired per orders: Nurse reports during interview, that Indv. has not received Guaiac stool this year (recommended annually by PCP) • No AIMS documents provided since 9/28/17. • Nurse reports during interview, that Indv. has not received pneumonia vaccine that nurse reports is recommended for people over the age of 55. D. Not Following Health Care Plan: Nurse, during interview, reports that June vital signs/O2 saturation data indicated one day in which O2 sats were 86%. Nurse stated he was not notified and that per HCP staff should have called nurse. |
| Symptoms/Issues not being followed up | | | | | | | |
| Metro3 | Carino | LLCP | LLCP | X | | | According to 12.5.17 and 6.16.18 ISP, "Indv. has an Enlarged prostate". Staff reports that this is causing him great pain. It is reported to be the size of a baseball and Indv. is typically unable to sit for long periods of time. Guardian wishes not to have Indv. go through the invasive procedure of a biopsy, which his urologist & PCP recommended against. While the team recognizes Guardian's wishes, the team would like to identify other non-invasive procedures that would allow for an accurate diagnosis. Follow-up will continue with Presbyterian urology clinic. |
| Metro3 | Unidas | Cornucopia | Cornucoipa | X | | | Indv.'s weight is not regularly obtained. He has not had regular access to a wheelchair scale. His last accurate weight in our record was taken at his 06.23.2017 physical - did not get in for 2018 physical yet. He was then 111 pounds. His suggested weight range is 112-136 pounds. He is seen quarterly by RD, but she has not been obtaining weights. She reported his weight in her 06.17.2017 assessment as 120 pounds and carried that weight over to her next three assessments, 09.24.2017, 12.05.2017, and 03.19.2018. Indv. was taken to Continuum of Care on 07.13.2018 and his weight was taken for the first time in over a year. He is down to 95 pounds, BMI of 17.4, which places him in the underweight category. He returned to Continuum of Care on 07.20.2018 and his weight had gone up to 96.88 pounds. During the onsite visit, Indv. niece reported that his height is closer to 5'7" than the 5'3" (63") reported on the nutrition reports, meaning that his BMI is lower than what is listed above and his suggested weight range may also be incorrect. |
| Metro3 | Unidas | Cornucopia | Cornucoipa | | X | | Indv. has developed severe contractures over the past several years, which are believed to be related to an exacerbation of his Hepatitis C. His tone is severe, and his hands are now contracted to the point that he cannot use them. He no longer has use of his legs except to assist in stand-pivot transfers, and his FLP reports she has noticed recently that he seems to have more trouble getting his feet flat on the floor. There is no evidence that Indv. has been considered or trialed on Baclofen or Botox therapy, the two most common interventions for managing spasticity. |
| Metro3 | A New Vision | LLCP | LLCP | X | | | Indv. has been losing weight with no identified cause. The 7.31.18 Quarterly Nutritional Evaluation indicates that his Ideal Weight Range is 102 to 137#. In July 2013 his weight is reported to have been 119 lbs. In February 2018 it was reported to have been 112 lbs. At the time of the Team meeting with the Community Monitor, it was reported to be 91 lbs (9.12.18). |
| Metro3 | A New Vision | LLCP | LLCP | | X | | Indv. OT indicated that he has had a sensitive area of his mouth (left side) for some time. It is unclear if this sensitivity is due to a cracked tooth (#21), periodontal disease, or a bone issues and whether or not this sensitivity has been reported to his dentist. Indv. went 10 months between his last 2 dental appointments when, according to Team members, he is to be seen every 6 months. |
| Aspiration/CARMP Issues | | | | | | | |
| Metro3 | A Step Above | Optihealth | Optihealth | X | | | <p>Indv. is a high aspiration risk and there are issues with the CARMP.</p> <ul style="list-style-type: none"> • The CARMP states (page 5) that PG sleeps with a 30° incline in the head of her bed, however, per observation in the home, the bed was flat and when asked if the head elevated or stayed flat was told that it stays flat. • The CARMP lists liquids should be honey consistency, yet there is not a commercial thickener or specific additive identified on the CARMP 6/7/18, the e-chat 6/4/18 or the May, June or July MARs. • The CARMP of 6/7/18, lists honey thickened liquids and an amount of ¼ ounce to be given at a time. (pg. 2) • Per the Health Care Reports (quarterly Nursing reports) of 6/4/18 and 2/27/18, it lists Dietary guidelines as "one ounce drinks" • Per the Teaching and Support Strategies for ISP meeting date 7/10/17, Modified to begin implementation 8/30/17 for the WORK outcome pg. 2 states "Drinks need to be in ½ ounce increments." |

| Reg | CM | Res | Day | Immd | Spec | IR | Issue |
|-------------------------------|--------------|--------------------|--------------------|------|------|----|--|
| | | | | | | | <ul style="list-style-type: none"> Per the Health Care Plan for Overweight, drinks are to be limited to one ounce. Per nursing interview, Indv. is "limited to 1 ounce at a time". Per the Speech Therapist interview Indv. is given 1 ounce at a time. No liquid amount is listed on the Nutritional annual report of 5/22/18, or the Modified Barium Swallow report of 10/12/17. Upon interview and on-site review, the amount of liquid is not measured. The thickened liquid is poured into a cup. Both Residential and Day staff stated that Indv. is given 1 ounce at a time. |
| Metro3 | A Step Above | The New Beginnings | The New Beginnings | X | | | <p>According to the BSC quarterly report dated 5/7/18, Indv. CARMP has been revised to restrict use of ice and straws due to risks for choking. At the home the CARMP dated 5/14/18 did not include this revision.</p> <p>Day staff indicated that she thought it was in the CARMP, and she stated that she does not allow Indv. to have ice or straws with drinks when out in community. It is unknown if other staff have received this information.</p> |
| Metro3 | Peak | Dungarvin | Active Solutions | | X | | <p>Indv. is a moderate aspiration risk. A new CARMP was received while the reviewer was onsite on 8/14/18 that contained different information than the previous CARMP (2/1/18) reviewed.</p> <ul style="list-style-type: none"> CARMP dated 7/20/18 states on page 3 that liquids should be thin. She should be given 1 oz. of liquid in the nose cup at one time. Per observation in the home and at her Day program, Indv. was given more than the recommended amount of 1 ounce. At Day program the cup was filled to a tape mark on the cup (estimated to be 2 to 3 ounces), and at Residential a full nose cup of thickened liquid was given to Indv. (estimated 3 to 4 ounces) Per the CARMP, liquids are thin; per observation, Thick-it was used both at Day Program and Residential. Per observation, meats were ground. Per the CARMP all food is chopped. The CARMP 7/20/18 states 65 oz. (pg. 2) of fluid a day and 1200 Calories a day. The Nursing Health Care Report 6/20/18 states 84 ounces of fluid a day; the Nutritionist reports 7/13/18 and 4/4/18 states 64 ounces a day, and 1500 calories a day. Per onsite interview with Residential, Caloric intake is 1500 calories a day. |
| Metro3 | A Step Above | The New Beginnings | The New Beginnings | X | | | <p>The CARMP does not provide consistent and accurate information/instructions</p> <ul style="list-style-type: none"> CARMP of 6/8/18, health monitoring section marks the item Use Pulse Oximeter as "NA". HCP for respiratory treatment (dated 6/6/18) states "take pulse oximetry weekly per protocoland more often if needed...If pulse oximetry less than 90% on ordered O2 call on call nursing!" CARMP indicates "chopped diet" (1/2 inch, uncooked elbow macaroni size pieces) cooked to soft consistency. The SLP assessment of 6/2/17 that Indv. "requires a soft diet". Nutrition assessment of 5/27/17 indicates Indv. should receive "moist pea size ground or chopped meats." Since chopped, ground and soft are all different diet textures, the use of all three terms in various documents makes it unclear what diet texture IM should receive and unclear if CARMP accurately reflects the correct diet texture. Nutrition description of pea size meats conflicts with CARMP description of 1/2 inch uncooked elbow macaroni size pieces. CARMP of 6/8/18 lists the adaptive eating equipment as, "small (teaspoon) size spoon, divided plate, sippy cup or (straw with DSP support only). Then, under presentation of food, it states, Indv. food to be placed "in a dish" rather than a divided plate. Staff report during site visit that Indv. prefers to eat most food from a bowl. CARMP oral hygiene strategies section #11 q. #5: "Mouthwash or other prescribed solution (s) such as fluoride or anti-microbial agents: not at this time." MAR of May 2018 indicates Chlorhexidine 12% Mouthwash is prescribed by PCP for oral hygiene. CARMP Oral hygiene item #4, bullet #2 states that brushing time is for two minutes and item #11 q. #7 states that brushing time is 5 minutes. |
| Missing/Gap in Therapy | | | | | | | |
| Metro3 | A Step Above | MaxCare | MaxCare | | | X | <p>Indv. communication and behavior needs are not being adequately or timely addressed.</p> <ul style="list-style-type: none"> Per interview and correspondence, Indv. current SLP only "addresses" the CARMP which, in this case means she reviews the CARMP in advance of the annual ISP Meeting and "monitor his meals in the day program". CM states possible need for SLP services to address communication. Indv. continues to be non-verbal with communication issues. BSC discontinued services 1/17. Indv. has behaviors which continue to require the use of psychotropic medications. There have been multiple incidents where he "drops" to the floor which may put him at risk of injury. There is no evidence that the team has discussed the need to be reassessed by BSC. |
| Metro3 | A New Vision | LLCP | LLCP | X | | | <p>Indv. can no longer walk and bare weight as in the past. It was confirmed that he use to walk from his home to the post office box in front of his home, he would stand and pivot, he would be able to stretch his body out and would walk the pool for 5 to 10 minutes during the aquatic PT session. He is no longer walking at all, he is not able to stretch out, he is not doing daily ROM exercises and he is not participating in aquatic PT (which is hoped to start again). Indv. has not had aquatic PT in three months during which time his mobility has significantly decreased.</p> |
| Case Management Issues | | | | | | | |
| Metro3 | Unidas | Cornucopia | Cornucoipa | | | X | <p>Indv. case manager, while knowledgeable about his services and supports and able to verbally report on Indv. status and follow up on issues, does not demonstrate certain elements of job performance required by DDSD policy:</p> <ul style="list-style-type: none"> Indv. Case Manager has submitted site visit forms with limited to no information in the 17 items which are to be probed. |

| Reg | CM | Res | Day | Immd | Spec | IR | Issue |
|--------------|--------------|------------|------------|------|------|----|---|
| | | | | | | | <ul style="list-style-type: none"> • Indv. case manager has failed to draft and distribute meeting minutes for any of the four meetings held in the past year. • Indv. case manager has not visited Indv. in any community location besides the day services building in the past year. |
| Other | | | | | | | |
| Metro3 | Amigo | Arca | Adelante | X | | | <p>According to the ISP, the guardian's interview and the residential record, Indv. has an advance medical directive and a DNR in place. This information is not in the day services record and the nurse for day service is not aware of the advance medical directive or the DNR. Additionally, the residential services nurse is not aware of the advance medical directive or the DNR. This DNR was not found during the day hab visit. The Advance Directives/DNR found in the home book was a copy that was cut into 2 parts to fit in the book and was not easily deciphered or readable.</p> |
| Metro3 | A Step Above | Optihealth | Optihealth | X | | | <p>There is confusion regarding DNR status and guardianship.</p> <ul style="list-style-type: none"> • Indv. is High aspiration risk and High acuity. Per nursing interview (#15A) "she has always aspirated, but now she is aspirating on everything" • There is a NM MOST DNR in the file dated 8/5/15 signed by her sister FC, who is currently a co-guardian. • During the nursing interview 7/16/18 Nursing stated there is not a DNR and that the brother GG, co-guardian, has stated verbally that he wants "everything possible done for her if something were to happen." • During the nursing interview 7/16/18, when discussing the Seizure HCP nursing stated that if Indv. stops breathing staff would do "CPR as trained". • During the Case Manager interview, the CM stated there is not a DNR, and guardian GG wants everything done for his sister if needed. • The ISP from 5/29/18 (pg. 14) states there is a DNR and that it is posted in Indv. room. The ISP for 18/19 was not available for review. Per the Case manager interview, the DNR is no longer posted in Indv. room. • On-site interview at Day habilitation stated Indv. does have a DNR, and they will not do anything but call 911 if something were to happen. The DNR was not located on premises. • On-site interview at Residential stated Indv. does have a DNR and produced a copy of the NM MOST DNR that is in record. It is not located in Indv. room, but is in their medical book. It was produced quickly and staff stated that all staff know where it is. • There are 3 co-guardians listed in the file; RG, FC, GG. RG, is deceased. GG sent a letter to the file to not be included in the IQR interview process. FC was not contacted, but it is her signature on the DNR. Per onsite interviews there is another sister BG who is also a guardian, or is planning to be a co-guardian. • Co-guardian GG has been given the advanced directive form per nursing interview, but it has not yet been returned. • There is also Corporate Guardianship papers, 8/24/16, in the file, as being started, and updated letter from NMDDPC 5/29/18 is in the file. |

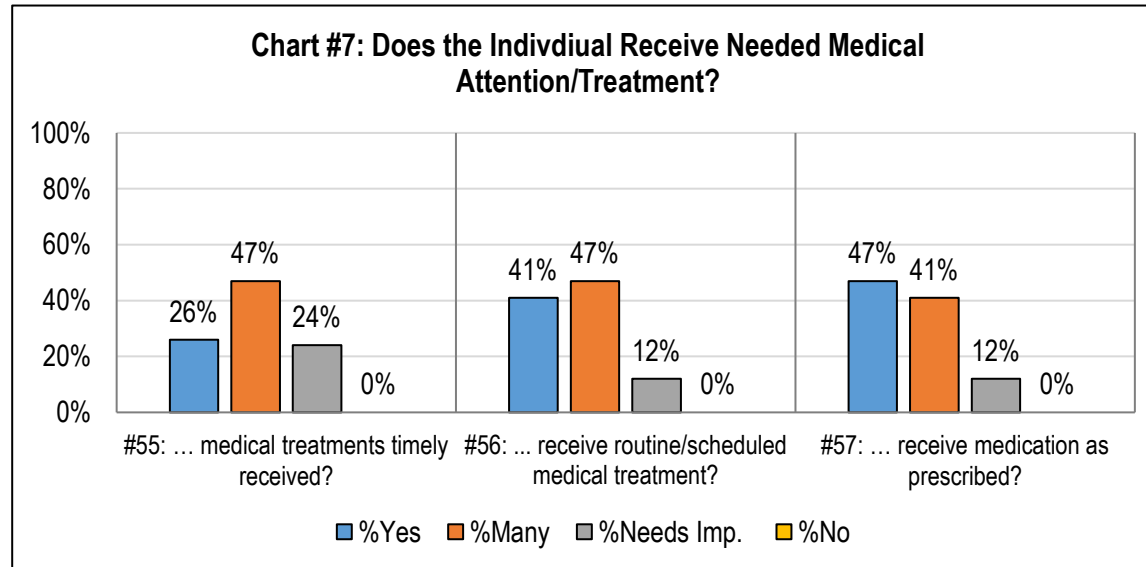
E. Health, Assessments and Overall Wellness

There is a series of scored questions in the IQR protocol that specifically relate to the medical attention received by the class members. The charts which follow detail the findings based on related questions which are summarized first.

Question #55: Are all of the individual's needed medical treatments timely received?

Question #56: Does the individual receive routine/scheduled medical treatment?

Question #57: Does the individual receive medication as prescribed?



Ensuring individuals have the medical treatment they require includes scheduling and obtaining needed assessments, and using the information from those assessments to influence treatment and inform future planning. The IQR also evaluates the assessments needed by the individual and obtained by the teams as summarized below.

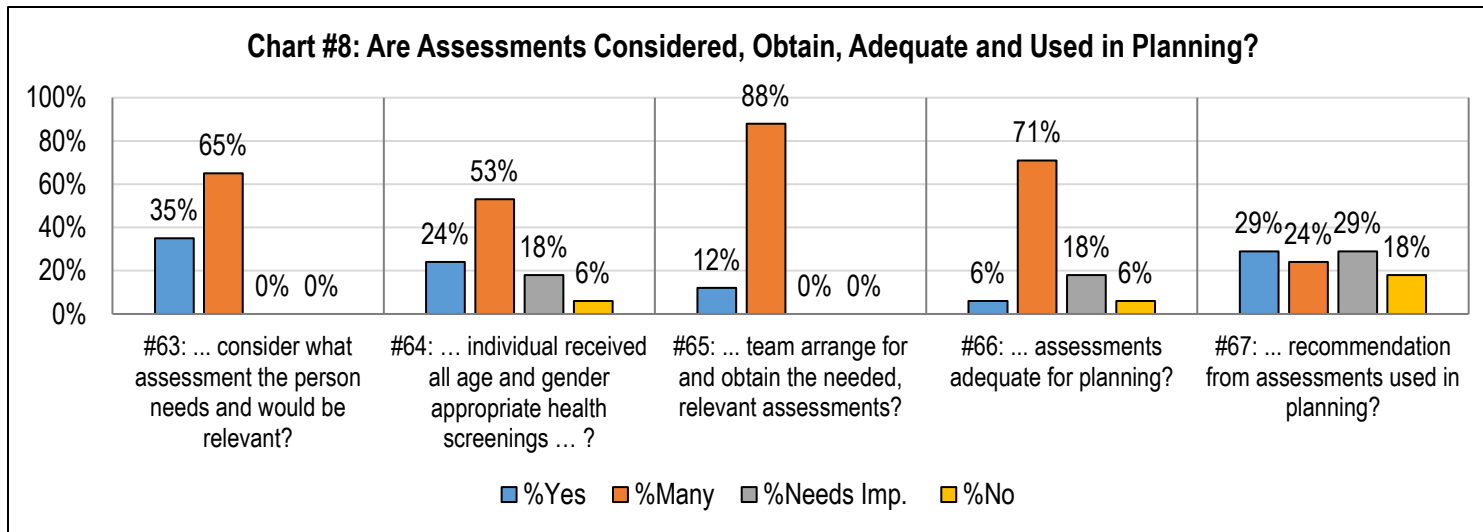
Question #63: Did the team consider what assessment the person needs and would be relevant to the Team's planning efforts?

Question #64: Has the individual received all age and gender appropriate health screenings, in accordance with national best practice and/or as recommended by his/her PCP or other health care professionals?

Question #65: Did the team arrange for and obtain the needed, relevant assessments?

Question #66: Are the assessments adequate for planning?

Question #67: Were the recommendation from assessments used in planning?



Beyond the protocol questions, a letter of Findings and Recommendations is issued for each class member. This letter is developed by the reviewer, reviewed by the Case Judge, Community Monitor, Regional and State DDSD and DHI staff, the individual and his/her team prior to becoming final. The table below summarizes some of the issues which were identified. It is important to note that the indications are number of issues found; not the number of findings. For example, if one individual was found to have a Medication Administration Record (MAR) which called for the administration of a medication for which a doctors order was not found AND was also found to have been given a medication twice a day when the doctor's order called for one time a day, that might be ONE finding regarding medication but TWO different issues.

Chart #9: Type of Issues identified by Residential Agency

| Area | Residential Agency (# in sample): | | | | | | | | | | Total |
|---|-----------------------------------|---------------------|----------------|---------------|-------------------------|----------|-------------|----------------|-------------|------------------------|-------|
| | Arca (4) | Bright Horizons (1) | Cornucopia (1) | Dungarvin (2) | Expressions of Life (1) | LLCP (2) | MaxCare (2) | Optihealth (1) | Su Vida (1) | The New Beginnings (2) | |
| Specialty Consult not completed (e.g., TEASC, Special needs Clinic) | | | 1 | | | 2 | 1 | | | | 4 |
| AIMS/other TD screen not done | | 1 | | 2 | 1 | 1 | | | | 1 | 6 |
| Audiology/ABR: Not Current/Missing/Inaccurate | 1 | | | | | | | | | | 1 |
| Vision: Not Current/Missing/Inaccurate | | | | | | | | | | 1 | 1 |
| Dental: Assessment missing/needed | 2 | | | | | 1 | | | | 2 | 5 |
| MERPs/HCPs Not found/not specific/incorrect | 8 | 6 | 4 | 5 | 2 | 2 | | | | 4 | 31 |

| Residential Agency (# in sample): | | | | | | | | | | | |
|--|----------|---------------------|----------------|---------------|-------------------------|----------|-------------|----------------|-------------|------------------------|-------|
| Area | Arca (4) | Bright Horizons (1) | Cornucopia (1) | Dungarvin (2) | Expressions of Life (1) | LLCP (2) | MaxCare (2) | Optihealth (1) | Su Vida (1) | The New Beginnings (2) | Total |
| MAAT incorrect/inconsistent | | | | | | | | 1 | | | 1 |
| CIA does not list all diagnoses | | | | | 1 | | | | | | 1 |
| MAR/Medication/Dr. Order do not match | 1 | | 3 | | 1 | 5 | | 1 | | 2 | 12 |
| Medication on MAR not found in home | | | | | | 1 | | | | 1 | 2 |
| Med in home was not on MAR | | | | | | 1 | | | | | 1 |
| Meds not administered/given as required | | | | | | | 1 | | | 3 | 4 |
| Expired meds found in med box/home | 2 | | | | | | | | | | 2 |
| eChat incorrect/incomplete (# of inaccuracies) | 17 | 1 | 11 | 26 | 1 | 5 | 8 | 5 | | 10 | 84 |
| HepC vaccine not done (healthfinder.gov) | 1 | | | | 1 | 1 | | 1 | | | 4 |
| Shingles vaccine not done (healthfinder.gov) | 1 | | | 1 | 1 | 1 | | | | | 4 |
| Pneumonia vaccine not done (healthfinder.gov) | | | | 1 | 1 | 1 | | | | 1 | 5 |
| Colon cancer screen not done (healthfinder.gov) | 1 | | | 2 | | 1 | | 1 | | 2 | 7 |
| TDap not completed as recommended (healthfinder) | 1 | | | | 1 | 1 | | | | | 3 |
| HIV Testing not completed (healthfinder.gov) | | | | | 1 | | | | | | 1 |
| Flu vaccine not done (healthfinder.gov) | 1 | | | 1 | | | | | | | 2 |
| Dexa/Bone Density not done (healthfinder.gov) | | | | 1 | | 1 | | 1 | | | 3 |
| Mammogram/Pap not done (healthfinder.gov) | | | | 2 | | | | | | | 2 |
| ARST contains inaccurate info | | | | | 2 | | | | | | 2 |
| CARMP inaccurate/incomplete/not current | 6 | 3 | | 3 | | 4 | | 3 | | 6 | 25 |
| MTP not implement correctly | | | | 3 | | | | | | | 3 |
| Inconsistency between HCP/CARMP/MERP/eChat/MAR/Plans | 5 | 1 | 1 | 2 | 7 | 2 | | 4 | | 8 | 30 |
| Failed to follow CARMP | | | | | | | | 1 | | | 1 |
| Recommended Swallow study not done | 1 | | | | | | | | | | 1 |

| Residential Agency (# in sample): | | | | | | | | | | | |
|--|-----------|---------------------|----------------|---------------|-------------------------|-----------|-------------|----------------|-------------|------------------------|--------------|
| Area | Arca (4) | Bright Horizons (1) | Cornucopia (1) | Dungarvin (2) | Expressions of Life (1) | LLCP (2) | MaxCare (2) | Optihealth (1) | Su Vida (1) | The New Beginnings (2) | Total |
| X-Ray, MRI, Ultrasound, other follow up exam not complete as recommended | 1 | | | 1 | | 2 | | | | | 4 |
| Labs missing (PSA, pre-Physical, pre-Neuro appt. etc.) | 2 | | | 1 | | | | | | | 3 |
| Totals | 51 | 12 | 20 | 51 | 20 | 32 | 10 | 18 | 0 | 41 | 255 |

For health care coordination, oversight and monitoring, I/DD services rely heavily on nurses, primary care physicians and referrals to needed specialists. Nurses and the supports they can provide are essential for the protection and healthy living of class members. Relevant scored protocol questions related directly to nursing include:

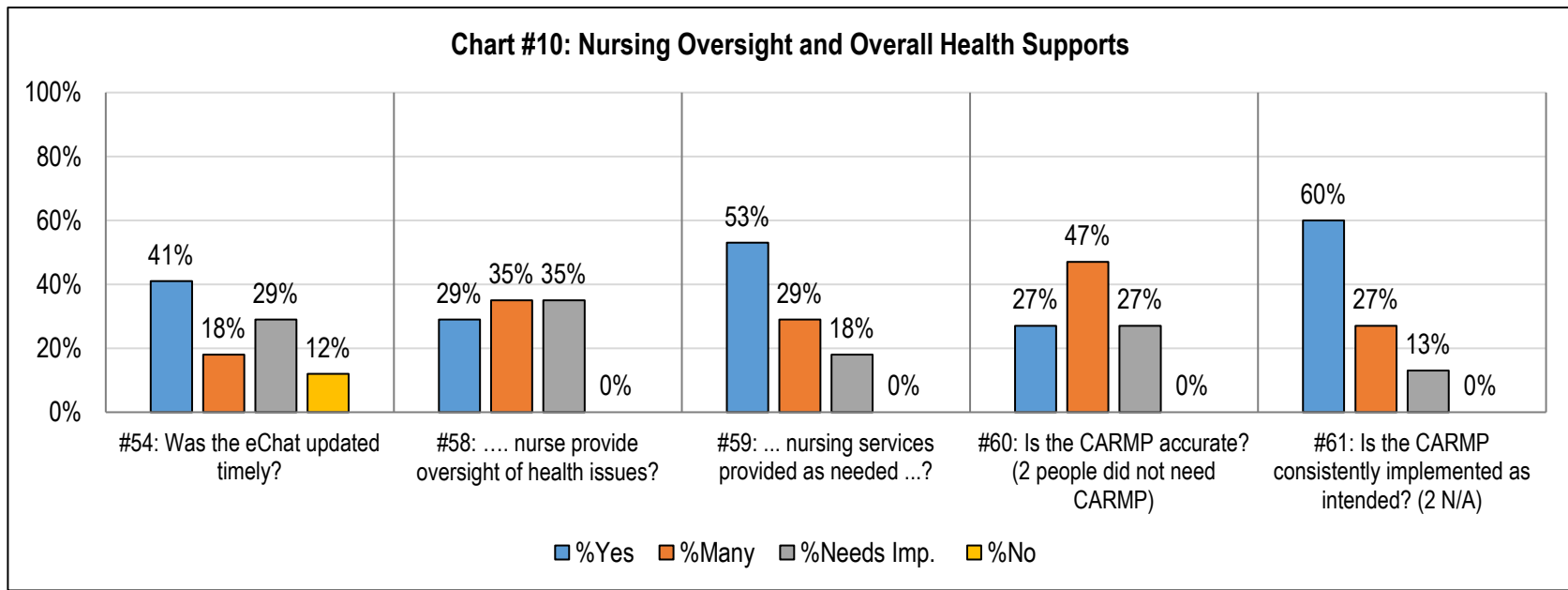
Question #54: Was the eChat updated timely?

Question #58: Does my nurse provide oversight of health issues (i.e. weight records, vitals, lab reports, PRN medication use, seizure records) in order to ensure accuracy, identify and respond to new issues?

Question #59: Are nursing services provided as needed by the individual?

Question #60: Is the CARMP accurate?

Question #61: Is the CARMP consistently implemented as intended?



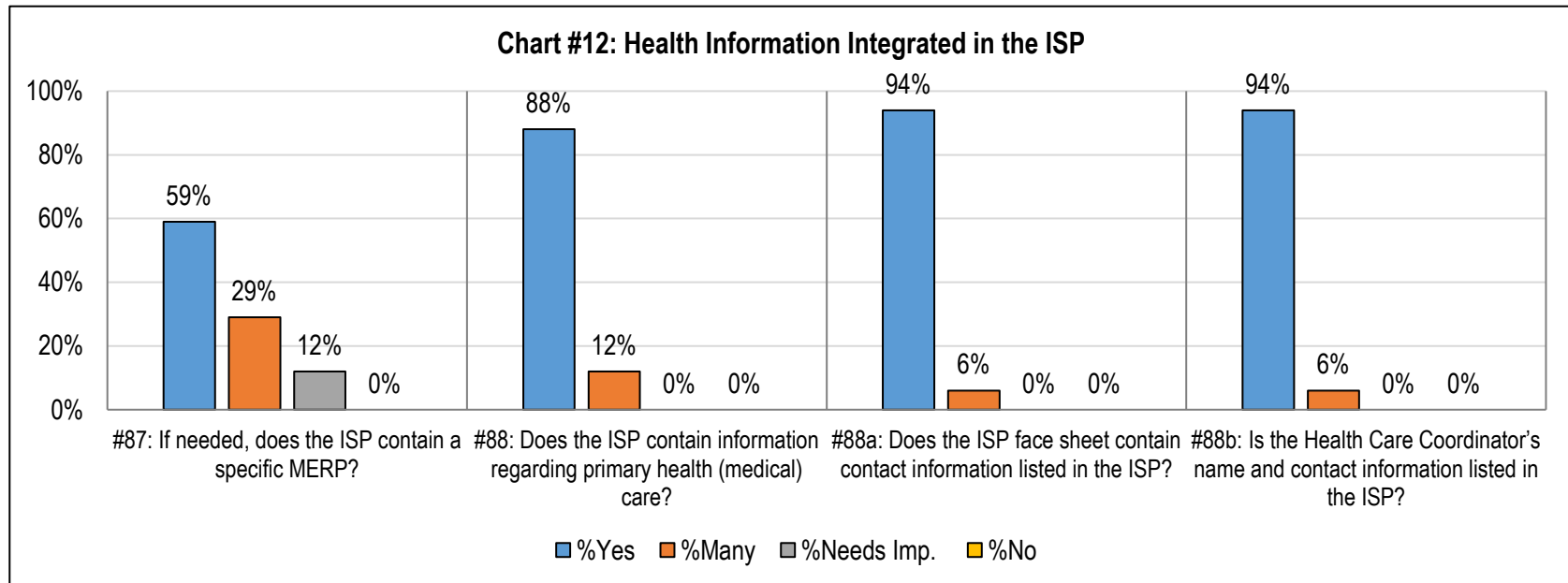
Oversight provided by nurses is a critical safeguard for Jackson Class Members, direct support professionals and their supervisors. The table below provides specific details, by Residential provider, of nursing related issues identified during the 2018 IQR. Again, this represents the number of issues found; not the number of findings.

Chart #11: Type of Nursing Related Issues Identified by Residential Provider

| Area | Residential Agency (# in sample): | | | | | | | | | | Total |
|--|-----------------------------------|---------------------|----------------|---------------|-------------------------|----------|-------------|----------------|-------------|------------------------|-----------|
| | Arca (4) | Bright Horizons (1) | Cornucopia (1) | Dungarvin (2) | Expressions of Life (1) | LLCP (2) | MaxCare (2) | Optihealth (1) | Su Vida (1) | The New Beginnings (2) | |
| Nursing Annual/Quarterly report not timely completed | 1 | | | 2 | | 1 | | | 1 | 6 | 11 |
| Nursing not providing info to team/PCP as needed | | | | | 1 | | | | | 5 | 6 |
| Nurse report not accurate/missing information | | | | 4 | 4 | 1 | | | | 5 | 14 |
| Nurse not Monitoring as required | | | | | | | | | 1 | | 1 |
| Totals | 1 | 0 | 0 | 6 | 5 | 2 | 0 | 0 | 2 | 16 | 32 |

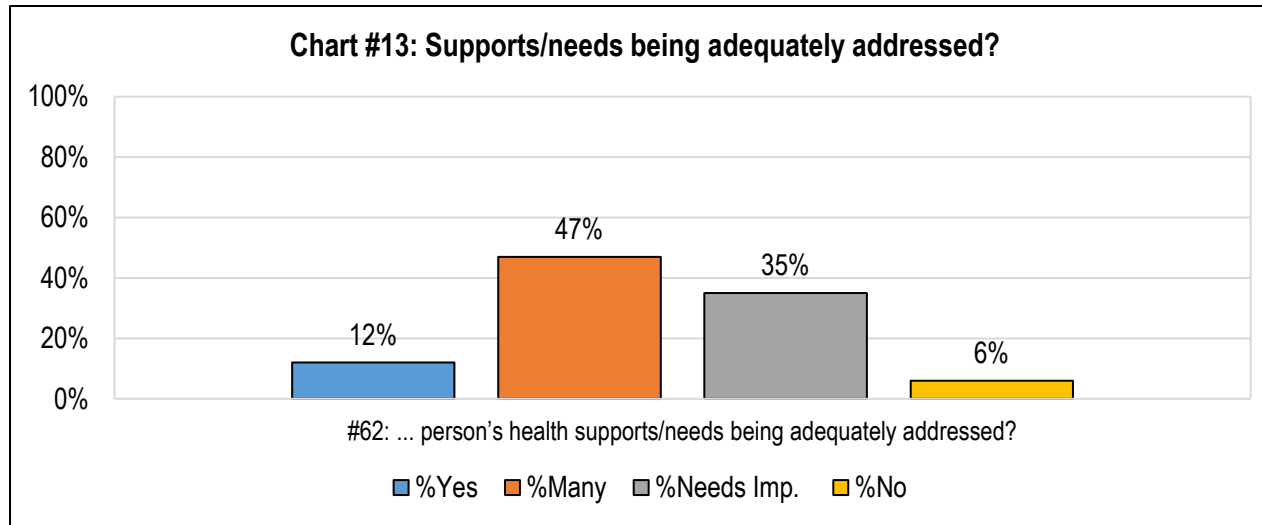
In addition to the issues and questions noted above, the individual's nurse is responsible, with the assistance of the rest of the Team, to assure that the documents presented and created for planning, such as the ISP, are accurate and thorough and contain the needed plans and information required. The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

- Question #87: If needed, does the ISP contain a specific MERP?
- Question #88: Does the ISP contain information regarding primary health (medical) care?
- Question #88a: Does the ISP face sheet contain contact information listed in the ISP?
- Question #88b: Is the Health Care Coordinator's name and contact information listed in the ISP?



There are many components to ensuring the health and safety of individuals with I/DD. These components vary and are unique to each individual. While the scored protocol questions cannot encompass each and every issue, it does allow for a general score that measures the adequacy of response to the individual's overall health needs. That question is **#62: Are the person's health supports/needs being adequately addressed?**

As noted in the chart below, for the 17 people scored in the Metro3 review, two (2) individuals had their health supports/needs adequately addressed (12%). There were eight people who had many of their needs addressed (47%), six are receiving supports that need improvement (35%), and one person does not have their health supports/needs being met (6%).



As noted, beyond the scored protocol questions, the Findings Letters issued for each class member in a review provides person-specific detail about the issues which impact the answer to protocol question #62. This includes the adequacy and incorporation of needed care plans (CARMP, MERP, HCPs) into the Team's planning process, and other areas to ensure the health and safety of the individual being reviewed. Again, it is important to note that the indications are number of issues found; not the number of findings in the Findings letters. For example, if one individual had a finding that noted four different inconsistencies in that person's MERP, that would be counted as a "4", for the number of issues, not just a "1" for the individual to whom the findings apply.

Chart #14: Issues Found Which Affect the Adequacy of Health Care Provision, by Provider

| Area | Residential Agency (# in sample): | | | | | | | | | | Total |
|---|-----------------------------------|---------------------|----------------|---------------|-------------------------|----------|-------------|----------------|-------------|------------------------|-------|
| | Arca (4) | Bright Horizons (1) | Cornucopia (1) | Dungarvin (2) | Expressions of Life (1) | LLCP (2) | MaxCare (2) | Optihealth (1) | Su Vida (1) | The New Beginnings (2) | |
| Weight not tracked/inconsistent | | | 1 | | | | | 1 | | | 2 |
| Bowel/bladder/fluid tracking not consistent /not done | 1 | | | 1 | | 2 | | 2 | | | 6 |
| Repositioning not done as required | | | | 1 | | | | | | | 1 |
| Vitals tracking not consistent/incomplete | | | | 1 | | | | | | | 1 |
| Seizure tracking not consistent | | | | | | | | 1 | | | 1 |
| PT Evaluation does not identify baseline/progress | | | | | | | 2 | | | | 2 |
| PT Report (Annual/Semi) inaccurate/inadequate | 1 | | | | | | 1 | | | | 2 |

| Residential Agency (# in sample): | | | | | | | | | | | |
|---|----------|---------------------|----------------|---------------|-------------------------|----------|-------------|----------------|-------------|------------------------|-----------|
| Area | Arca (4) | Bright Horizons (1) | Cornucopia (1) | Dungarvin (2) | Expressions of Life (1) | LLCP (2) | MaxCare (2) | Optihealth (1) | Su Vida (1) | The New Beginnings (2) | Total |
| OT Report (Annual/Semi) inaccurate/inadequate | 1 | | | | 1 | | | | | 1 | 3 |
| OT Evaluation does not identify baseline/progress | | | | | 3 | 2 | | | | | 5 |
| OT services not provided as needed/ gap in services | 1 | | | | | | | | | | 1 |
| SLP Report (Annual/Semi) inaccurate/inadequate | 2 | | | | | | 1 | | | | 3 |
| SLP Eval not provided for review/missing | | | | | | | 1 | | 1 | | 2 |
| SLP Evaluation/Report does not identify baseline/progress | | 1 | | | 1 | 1 | 1 | | | | 4 |
| Behavior Eval does not identify baseline/progress | | | | | 1 | | 2 | | 1 | | 4 |
| Behavior Report inaccurate/inadequate | | | | 1 | | | 3 | | 3 | | 7 |
| BSC Report (Annual/Semi) missing/not provided or late | | | | 1 | | | | | 1 | 1 | 3 |
| BSC services not provided as needed/ gap in services | | | | | | | 1 | | | | 1 |
| Behavior Eval not provided for review/missing | | | | | | | 1 | | | | 1 |
| Total # of Issues | 6 | 1 | 1 | 5 | 6 | 5 | 13 | 4 | 6 | 2 | 49 |

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

Before a plan can be implemented, it must first be created. The ISPs that provide details regarding the individuals' visions and outcomes are supposed to be developed by an Interdisciplinary Team that includes the Individual and those who know and provide supports to that person. This includes the Case Manager, Guardian, the Direct Support Staff, Therapists, Nurse, and any additional persons who are needed to ensure the implementation of the Plan. The 2018 IQR protocol specifically probes many of the aspects of the planning process, including detail of who participates in plan creation. The chart below details the answers to related questions in the 2018 review.

Question #70: Was the ISP developed by an appropriately constituted IDT?

Question #71: For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP?

Question #35: Did the [day/employment] direct service staff have input into the person's ISP?

Question #43: Did the [residential] staff have input into the person's ISP?

Question #100: Was the person provided the assistance and support needed to participate meaningfully in the planning process?

Chart #15: Participation in the ISP planning meeting

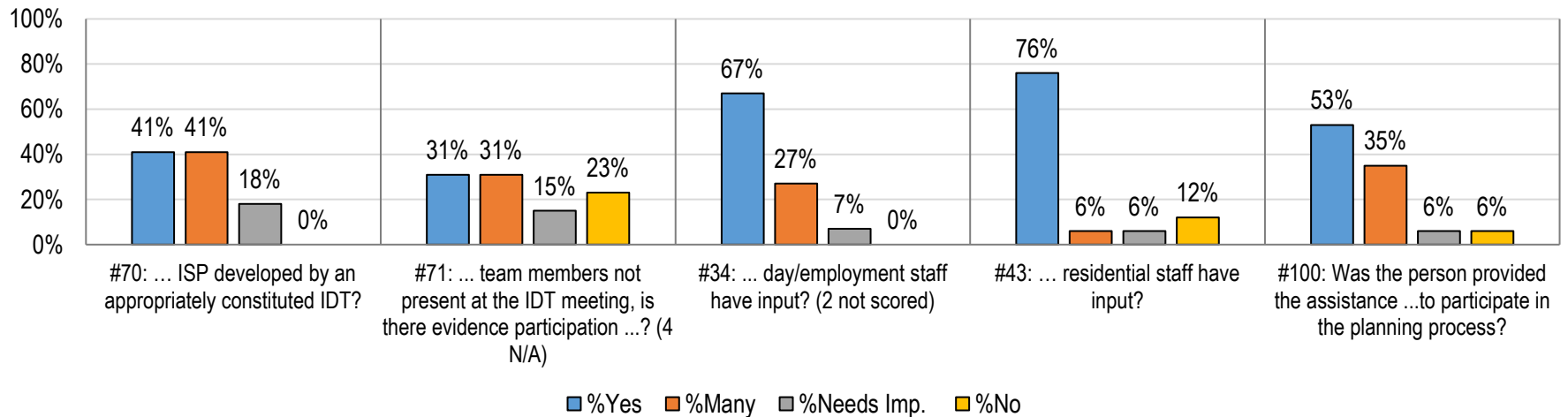


Chart #16: ISP Development Participation, by Provider

| Res. Agency (# in sample) | Question | | | | |
|------------------------------|------------------------------|--|--------------------------------|----------------------------------|--|
| | #70 | #71 | #34 | #43 | #100 |
| Arca (4) | 50% Yes (2) 50% Many (2) | 50% Yes (2) 25% Needs Imp (1) 25% No (1) | 100% Yes (3) (1 not scored) | 75% Yes (3) 25% Many (1) | 25% Yes (1) 50% Many (2) 25% Needs Imp (1) |
| Bright Horizons (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% No (1) | 0% Yes 100% Many (1) |
| Cornucopia (1) | 100% Yes (1) | (1 N/A) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| Dungarvin (2) | 0% Yes 100% Needs Imp (2) | 0% Yes 50% Many (1) 50% No (1) | 0% Yes 100% Needs Imp (2) | 50% Yes (1) 50% Needs Imp (1) | 50% Yes (1) 50% No (1) |
| Expressions of Life (1) | 100% Yes (1) | (1 N/A) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| LLCP (2) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 100% Yes (2) | 100% Yes (2) | 100% Yes (2) |
| MaxCare (2) | 0% Yes 100% Many (2) | 50% Yes (1) 50% Many (1) | 100% Yes (2) | 100% Yes (2) | 100% Yes (2) |

| Res. Agency (# in sample) | Question | | | | |
|------------------------------|----------------------------------|---|---|---------------------------|-------------------------|
| | #70 | #71 | #34 | #43 | #100 |
| Optihealth (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) |
| Su Vida (1) | 100% Yes (1) | (1 N/A) | (1 not scored) | 100% Yes (1) | 100% Yes (1) |
| The New Beginnings (2) | 50% Yes (1) 50% Needs Imp (1) | 0% Yes 100% Needs Imp (1) (1 N/A) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 50% Yes (1) 50% No (1) | 0% Yes 100% Many (2) |

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

| CM Agency (# in sample) | Question | | | | |
|----------------------------|------------------------------|---|---|---|---|
| | #70 | #71 | #34 | #43 | #100 |
| A New Vision (2) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) | 100% Yes (2) | 100% Yes (2) | 100% Yes (2) |
| A Step Above (3) | 0% Yes 100% Needs Imp (3) | 0% Yes 33% Many (1) 33% Needs Imp (1) 33% No (1) | 0% Yes 100% Needs Imp (3) | 67% Yes (2) 33% No (1) | 0% Yes 100% Many (3) |
| Amigo (2) | 0% Yes 100% Many (2) | 0% Yes 100% No (2) | 50% Yes (1) 50% Many (2) | 50% Yes (1) 50% Needs Imp (1) | 0% Yes 50% Needs Imp (1) 50% No (1) |
| Carino (4) | 100% Yes (4) | 100% Yes (2) (2 N/A) | 67% Yes (2) 33% Many (1) (1 not scored) | 50% Yes (2) 25% Many (1) 25% No (1) | 75% Yes (3) 25% Many (1) |
| NMQCM (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Imp (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) |
| Peak (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 100% Yes (1) |
| Unidas (4) | 75% Yes (3) 25% Many (1) | 100% Yes (2) (2 N/A) | 100% Yes (3) (1 not scored) | 100% Yes (4) | 75% Yes (3) 25% Many (1) |

One foundational component of an individual's ISP is the Long Term Vision, which summarizes what the individual wants to accomplish in the near future (3 to 5 years) in each life area. To that end, Outcomes are to be developed by the Team in a way that results in an accomplishable path to the visions. The 2018 IQR protocol specifically

probes the content of identified visions as well as the content and clarity of related outcomes. The chart below details the findings related to identified questions for class members ISPs in the 2018 review.

- Question #73: Overall, does the long term vision show expectations for growth and skill building?
- Question #169: Does the person have an ISP that contains a complete Vision Section that is based on a long term view?
- Question #74: Overall, does the ISP give adequate guidance to achieving the person's long term vision?
- Question #82: Overall, are the ISP outcomes related to achieving the person's long term vision?
- Question #83: Overall, do the ISP outcomes address the person's major needs?
- Question #81: Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcomes have been achieved?

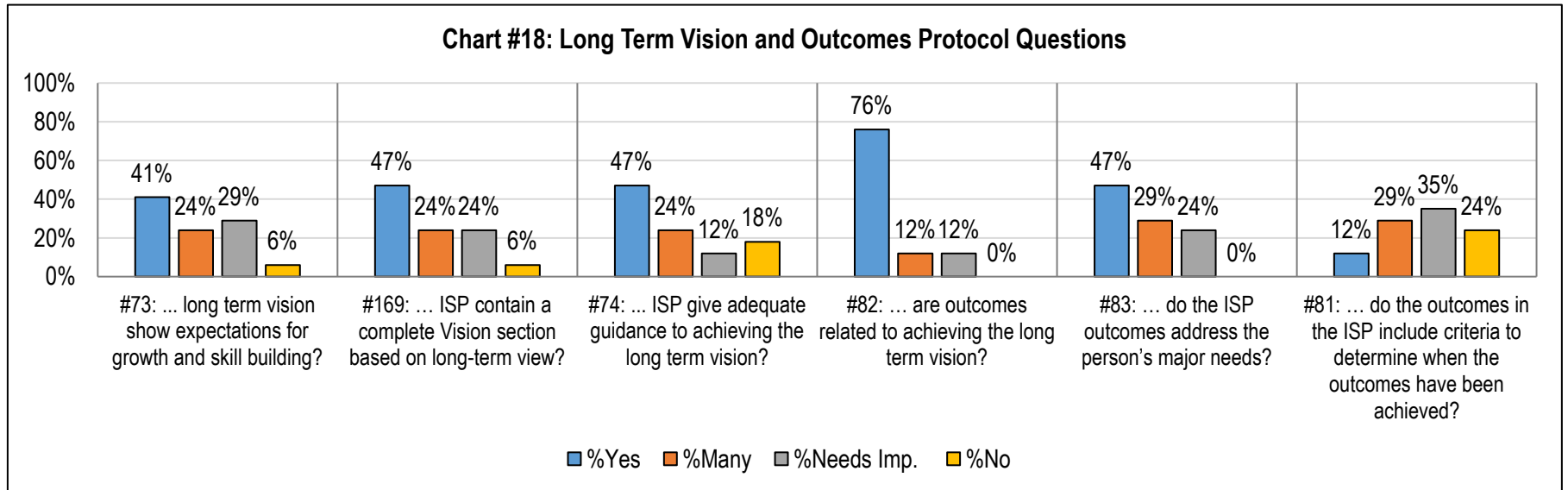


Chart #19: Vision and Outcome Scores, by Residential Agency

| Res. Agency (# in sample) | Question | | | | | |
|------------------------------|--|--|---|-----------------------------|---|---|
| | #73 | #169 | #74 | #82 | #83 | #81 |
| Arca (4) | 25% Yes (1) 25% Many (1) 25% Needs Imp (1) 25% No (1) | 25% Yes (1) 25% Many (1) 50% Needs Imp (2) | 25% Yes (1) 25% Many (1) 50% No (2) | 75% Yes (3) 25% Many (1) | 0% Yes 25% Many (1) 75% Needs Imp (3) | 0% Yes 75% Needs Imp (3) 25% No (1) |
| Bright Horizons (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes | 100% Yes (1) | 100% Yes (1) | 0% Yes |

| Res. Agency (# in sample) | Question | | | | | |
|------------------------------|---|---|---|----------------------------------|---|---|
| | #73 | #169 | #74 | #82 | #83 | #81 |
| | | | 100% Many (1) | | | 100% No (1) |
| Cornucopia (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) |
| Dungarvin (2) | 0% Yes 100% Needs Imp (2) | 0% Yes 50% Needs Imp (1) 50% No (1) | 0% Yes 50% Needs Imp (1) 50% No (1) | 50% Yes (1) 50% Needs Imp (1) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 0% Yes 50% Needs Imp (1) 50% No (1) |
| Expressions of Life (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) |
| LLCP (2) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 100% Yes (2) | 100% Yes (2) | 50% Yes (1) 50% Many (1) |
| MaxCare (2) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 0% Yes 50% Many (1) 50% Needs Imp (1) |
| Optihealth (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Su Vida (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Needs Imp |
| The New Beginnings (2) | 50% Yes (1) 50% Needs Imp (1) | 50% Yes (1) 50% Needs Imp (1) | 50% Yes (1) 50% Needs Imp (1) | 50% Yes (1) 50% Needs Imp (1) | 50% Yes (1) 50% Many (1) | 0% Yes 50% Many (1) 50% No (1) |

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

| CM Agency (# in sample) | Question | | | | | |
|----------------------------|--|--|--|----------------------------------|------------------------------|---|
| | #73 | #169 | #74 | #82 | #83 | #81 |
| A New Vision (2) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 100% Yes (2) | 0% Yes 100% Many (2) |
| A Step Above (3) | 33% Yes (1) 33% Many (1) 33% Needs Imp (1) | 33% Yes (1) 33% Many (1) 33% Needs Imp (1) | 33% Yes (1) 33% Many (1) 33% Needs Imp (1) | 67% Yes (2) 33% Needs Imp (1) | 33% Yes (1) 67% Many (2) | 0% Yes 33% Many (1) 67% No (2) |
| Amigo (2) | 0% Yes 50% Needs Imp (1) 50% No (1) | 0% Yes 50% Needs Imp (1) 50% No (1) | 0% Yes 100% No (2) | 100% Yes (2) | 0% Yes 100% Needs Imp (2) | 0% Yes 25% Needs Imp (1) 25% No (1) |
| Carino (4) | 75% Yes (3) | 75% Yes (3) | 75% Yes (3) | 75% Yes (3) | 75% Yes (3) | 25% Yes (1) |

| CM Agency (# in sample) | Question | | | | | |
|----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|--|--|
| | #73 | #169 | #74 | #82 | #83 | #81 |
| | 25% Many (1) | 25% Many (1) | 25% Many (1) | 25% Many (1) | 25% Needs Imp (1) | 50% Many (2) 25% Needs Imp (1) |
| NMQCM (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Imp (1) |
| Peak (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Imp (1) |
| Unidas (4) | 75% Yes (3) 25% Many (1) | 75% Yes (3) 25% Many (1) | 75% Yes (3) 25% Many (1) | 100% Yes (4) | 50% Yes (3) 25% Many (1) 25% Needs Imp (1) | 25% Yes (1) 50% Needs Imp (2) 25% No (1) |

Additional components of an individual's ISP include Action Steps, which should be written in measurable terms, in sequential order which logically leads to the achievement of the related outcome. The data gathered during the implementation of the Action Steps should also be written in measurable terms, so team members can review them and determine if measurable progress toward the outcome is being made. The chart below details the findings related to specific questions which probe the action steps and data collection for class members ISPs in the 2018 review.

- Question #75: Is measurable data kept which verifies the consistent implementation of each of the action steps?
- Question #76: Does the data kept identify what the person does so a determination can be made regarding the progress/lack of progress?
- Question #77: Is each action step in the ISP implemented at a frequency that enables the person to learn new skills?
- Question #78: If the person is not successful in achieving action steps, has the team tried to determine why, and change their approach as needed?
- Question #79: If the person achieves action steps, does the team move to the next in a progress of steps or develops a new one?
- Question #80: Has the person made measurable progress on action steps during the past year?

Chart #21 Data Measurability and Action Steps

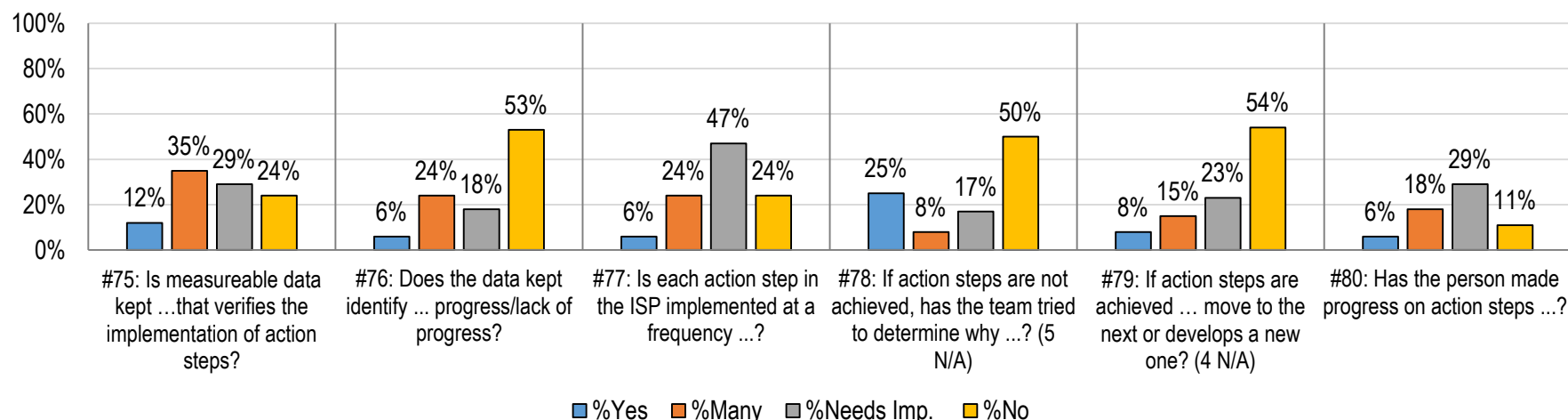


Chart #22: Data and Related ISP Action Step Scores by Residential Agency

| Res. Agency (# in sample) | Question | | | | | |
|------------------------------|---|---|---|---|---|---|
| | #75 | #76 | #77 | #78 | #79 | #80 |
| Arca (4) | 0% Yes 25% Many (1) 25% Needs Imp (1) 50% No (2) | 0% Yes 50% Needs Imp (2) 50% No (2) | 0% Yes 75% Needs Imp (3) 25% No (1) | 33% Yes (1) 33% Needs Imp (1) 33% No (1) (1 N/A) | 0% Yes 33% Many (1) 33% Needs Imp (1) 33% No (1) | 0% Yes 25% Needs Imp (1) 75% No (3) |
| Bright Horizons (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Cornucopia (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | (1 N/A) | (1 N/A) | 100% Yes (1) |
| Dungarvin (2) | 0% Yes 50% Needs Imp (1) 50% No (1) | 0% Yes 100% No (2) | 0% Yes 50% Needs Imp (1) 50% No (1) | 0% Yes 100% No (2) | 0% Yes 100% No (2) | 0% Yes 50% Needs Imp (1) 50% No (1) |
| Expressions of Life (1) | 100% Yes (1) | 0% Yes 100% No (1) | 0% Yes 100% Many (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) |
| LLCP (2) | 0% Yes | 50% Yes (1) | 50% Yes (1) | 50% Yes (1) | 100% Yes (1) | 0% Yes |

| | Question | | | | | |
|------------------------------|------------------------------|--------------------------------------|---|----------------------------|---|---|
| Res. Agency (# in sample) | #75 | #76 | #77 | #78 | #79 | #80 |
| | 50% Many (1) 50% No (1) | 50% Many (1) | 50% Many (1) | 50% Many (1) | (1 N/A) | 50% Many (1) 50% No (1) |
| MaxCare (2) | 0% Yes 100% Many (2) | 0% Yes 50% Many (1) 50% No (1) | 0% Yes 50% Needs Imp (1) 50% No (1) | 50% Many (1) 50% No (1) | 0% Yes 50% Needs Imp (1) 50% No (1) | 0% Yes 50% Needs Imp (1) 50% No (1) |
| Optihealth (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Imp (1) |
| Su Vida (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | (1 N/A) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| The New Beginnings (2) | 0% Yes 100% Many (2) | 0% Yes 50% Many (1) 50% No (1) | 0% Yes 50% Many (1) 50% Needs Imp (1) | (2 N/A) | 0% Yes 100% No (1) (1 N/A) | 0% Yes 50% Many (1) 50% Needs Imp (1) |

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

| | Question | | | | | |
|----------------------------|---|--------------------------------------|---|---|---|---|
| CM Agency (# in sample) | #75 | #76 | #77 | #78 | #79 | #80 |
| A New Vision (2) | 0% Yes 50% Many (1) 50% No (1) | 0% Yes 100% Many (2) | 0% Yes 50% Many (1) 50% No (1) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Needs Imp (1) (1 N/A) | 0% Yes 100% No (2) |
| A Step Above (3) | 0% Yes 33% Many (1) 67% Needs Imp (2) | 0% Yes 33% Many (1) 67% No (2) | 0% Yes 33% Many (1) 33% Needs Imp (1) 33% No (1) | 0% Yes 50% Needs Imp (1) 50% No (1) (1 N/A) | 0% Yes 50% Many (1) 50% No (1) (1 N/A) | 0% Yes 67% Many (2) 33% Needs Imp (1) |
| Amigo (2) | 0% Yes 100% No (2) | 0% Yes 100% No (2) | 0% Yes 50% Needs Imp (1) 50% No (1) | 0% Yes 100% No (1) (1 N/A) | 0% Yes 50% Needs Imp (1) 50% No (1) | 0% Yes 100% No (2) |
| Carino (4) | 25% Yes (1) 50% Many (2) 25% No (1) | 25% Yes (1) 75% No (3) | 25% Yes (1) 25% Many (1) 50% Needs Imp (2) | 33% Yes (1) 33% Needs Imp (1) 22% No (1) (1 N/A) | 33% Yes (1) 33% Needs Imp (1) 22% No (1) (1 N/A) | 0% Yes 25% Many (1) 25% Needs Imp (1) 50% No (2) |
| NMQCM (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| Peak (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Imp (1) |

| CM Agency (# in sample) | Question | | | | | |
|----------------------------|--|---|---|--------------------------------------|---|--|
| | #75 | #76 | #77 | #78 | #79 | #80 |
| Unidas (4) | 25% Yes (1) 50% Many (2) 25% Needs Imp (1) | 0% Yes 25% Many (1) 50% Needs Imp (2) 25% No (1) | 0% Yes 25% Many (1) 75% Needs Imp (3) | 50% Yes (1) 50% No (1) (2 N/A) | 0% Yes 33% Many (1) 67% No (2) (1 N/A) | 25% Yes (1) 50% Needs Imp (2) 25% No (1) |

In addition to the components listed above, the Teaching and Support Strategies (TSS) are also an integral part of the ISP. T&SS should be developed by the residential and/or day provider responsible for implementing the T&SS. Input from others such as therapists should be included as needed. WDSIs are developed by therapists as a complement to the T&SS. All T&SS and WDSIs should provide guidance for those direct support professionals who support the person in achieving his/her Vision/Outcomes. The following protocol questions in the 2018 IQR relate to the T&SS and implementation of the ISP.

Question #84: Overall, are the T&SS sufficient to ensure consistent implementation of the services planned?

Question #85: Overall, are the recommendations and/or objectives/strategies of ancillary provider integrated into the ISP?

Question #97: Overall, do the progress notes or other documentation in the record reflect the status of the outcomes and services of the key life areas stated in the ISP?

Question #96: Overall, were the direct service staff able to describe their responsibilities in providing daily care/supports to the person?

Question #95: Overall, was the direct service staff trained on the implementation of this person's ISP?

Question #93/94a: Is the ISP being implemented?

Chart #24: T&SS and Implementation

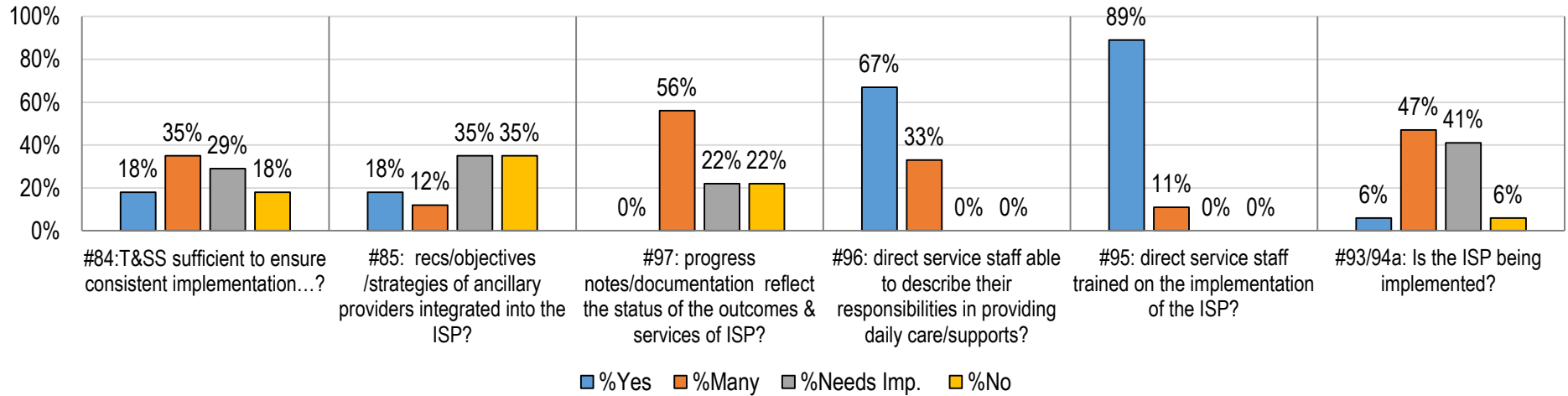


Chart #25: T&SS and ISP Implementation Scores by Residential Agency

| Res. Agency (# in sample) | Question | | | | | |
|------------------------------|---|---|---|-------------------------|-----------------------------|---|
| | #84 | #85 | #97 | #96 | #95 | #94a |
| Arca (4) | 0% Yes 50% Many (2) 25% Needs Imp (1) 25% No (1) | 0% Yes 50% Needs Imp (2) 50% No (2) | 0% Yes 75% Needs Imp (3) 25% No (1) | 100% Yes (4) | 75% Yes (3) 25% Many (1) | 0% Yes 100% Needs Imp (4) |
| Bright Horizons (1) | 0% Yes 100% Needs Imp (1) | 100% Yes (1) | 0% Yes 100% Needs Imp (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Cornucopia (1) | 0% Yes 100% Needs Imp (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) |
| Dungarvin (2) | 0% Yes 100% No (2) | 0% Yes 100% No (2) | 0% Yes 100% No (2) | 0% Yes 100% Many (2) | 100% Yes (2) | 0% Yes 50% Needs Imp (1) 50% No (1) |

| Res. Agency (# in sample) | Question | | | | | |
|------------------------------|---|---|---|-----------------------------|-------------------------|---|
| | #84 | #85 | #97 | #96 | #95 | #94a |
| Expressions of Life (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 100% Yes (1) |
| LLCP (2) | 100% Yes (2) | 50% Yes (1) 50% Many (1) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 100% Yes (2) | 100% Yes (2) | 0% Yes 50% Many (1) 50% Needs Imp (1) |
| MaxCare (2) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 0% Yes 50% Needs Imp (1) 50% No (1) | 0% Yes 100% Many (2) | 100% Yes (2) | 100% Yes (2) | 0% Yes 100% Many (2) |
| Optihealth (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Su Vida (1) | 0% Yes 100% Many (1) | 0% Yes 100% No (1) | 100% Yes (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) |
| The New Beginnings (2) | 50% Yes (1) 50% Needs Imp (1) | 0% Yes 100% Needs Imp (2) | 0% Yes 50% Many (1) 50% No (1) | 50% Yes (1) 50% Many (1) | 100% Yes (2) | 0% Yes 50% Many (1) 50% Needs Imp (1) |

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

| CM Agency (# in sample) | Question | | | | | |
|----------------------------|--|--|---|-----------------------------|-----------------------------|---|
| | #84 | #85 | #97 | #96 | #95 | #94a |
| A New Vision (2) | 50% Yes (1) 50% Many (1) | 0% Yes 50% Many (1) 50% No (1) | 0% Yes 100% Many (2) | 100% Yes (2) | 100% Yes (2) | 0% Yes 100% Many (2) |
| A Step Above (3) | 33% Yes (1) 33% Many (1) 33% Needs Imp (1) | 33% Yes (1) 33% Many (1) 33% Needs Imp (1) | 0% Yes 33% Many (1) 67% Needs Imp (2) | 33% Yes (1) 67% Many (2) | 33% Yes (1) 67% Many (2) | 0% Yes 100% Many (3) |
| Amigo (2) | 0% Yes 50% Needs Imp (1) 50% No (1) | 0% Yes 50% Needs Imp (1) 50% No (1) | 0% Yes 100% No (2) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 0% Yes 50% Needs Imp (1) 50% No (1) |
| Carino (4) | 25% Yes (1) 50% Many (2) 25% Needs Imp (1) | 25% Yes (1) 75% Needs Imp (3) | 0% Yes 25% Many (1) 50% Needs Imp (2) 25% No (1) | 100% Yes (4) | 75% Yes (3) 25% Many (2) | 25% Yes (1) 75% Needs Imp (3) |
| NMQCM (1) | 0% Yes | 0% Yes | 0% Yes | 100% Yes (1) | 100% Yes (1) | 0% Yes |

| CM Agency (# in sample) | Question | | | | | |
|----------------------------|---|---|--|-------------------------|--------------|---|
| | #84 | #85 | #97 | #96 | #95 | #94a |
| | 100% No (1) | 100% No (1) | 100% Needs Imp (1) | | | 100% Needs Imp (1) |
| Peak (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% Many (2) | 100% Yes (1) | 0% Yes 100% Needs Imp (1) |
| Unidas (4) | 0% Yes 50% Many (2) 50% Needs Imp (2) | 25% Many (1) 25% Needs Imp (1) 50% No (2) | 25% Yes (1) 50% Many (2) 25% Needs Imp (1) | 100% Yes (4) | 100% Yes (4) | 0% Yes 75% Many (3) 25% Needs Imp (1) |

As evidenced above, the different components of each person's ISP are evaluated. Based on that analysis, an overview of the adequacy of ISP content as well as implementation and effectiveness of the ISP can be determined. There are multiple questions in the 2018 IQR protocol that probe these items, and the level of intensity of services that individuals in the review receive.

Question #72: Does my ISP contain current and accurate information?

Question #133: Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?

Question #92/173: Overall, is the ISP adequate to meet the person's needs?

Question #170: Does the person receive services and supports recommended in the ISP?

Question #94b: Are current services adequate to meet the person's needs?

Question #174: Is the total program of the level of intensity adequate to meet this person's needs?

Chart #27: ISP and Services are current and adequate

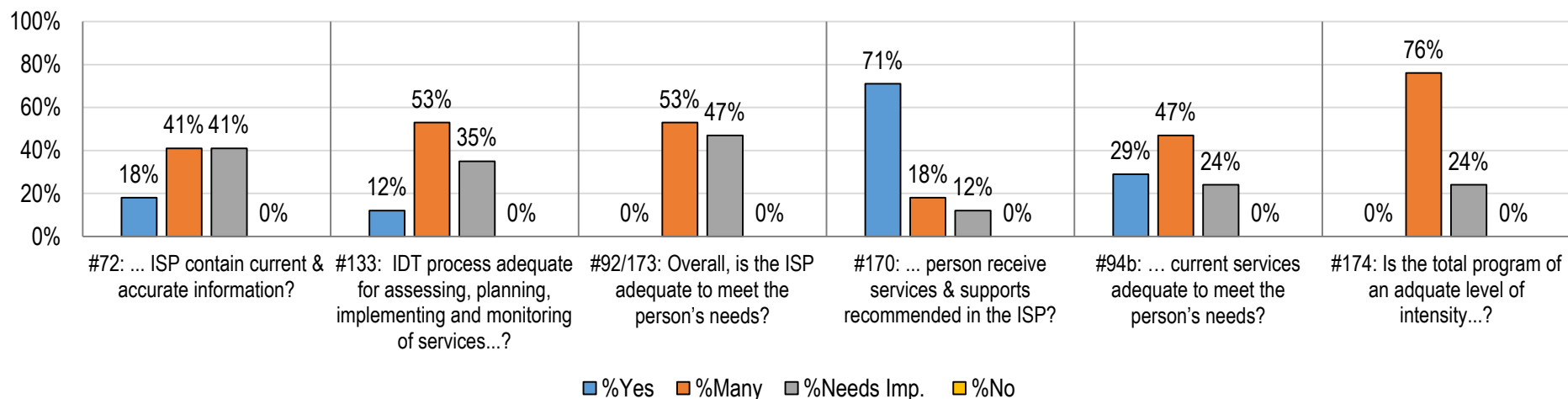


Chart #28: ISP Content and Adequacy Scores, by Residential Agency

| Res. Agency (# in sample) | Question | | | | | |
|------------------------------|--|--|------------------------------|----------------------------------|--|---|
| | #72 | #133 | #92/173 | #170 | #94b | #174 |
| Arca (4) | 25% Yes (1) 25% Many (1) 50% Needs Imp (2) | 25% Yes (1) 25% Many (1) 50% Needs Imp (2) | 0% Yes 100% Needs Imp (4) | 75% Yes (3) 25% Many (1) | 50% Yes (2) 25% Many (1) 25% Needs Imp (1) | 0% Yes 50% Many (2) 50% Needs Imp (2) |
| Bright Horizons (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Cornucopia (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Dungarvin (2) | 50% Yes (1) 50% Needs Imp (1) | 0% Yes 100% Needs Imp (2) | 0% Yes 100% Needs Imp (2) | 50% Yes (1) 50% Needs Imp (1) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 0% Yes 50% Many (1) 50% Needs Imp (1) |
| Expressions of Life (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |

| Res. Agency (# in sample) | Question | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|---|---|
| | #72 | #133 | #92/173 | #170 | #94b | #174 |
| LLCP (2) | 0% Yes 100% Many (2) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Many (2) | 100% Yes (2) | 100% Yes (2) | 0% Yes 100% Many (2) |
| MaxCare (2) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) | 50% Yes (1) 50% Many (1) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 0% Yes 100% Many (2) |
| Optihealth (1) | 0% Yes 100% Many (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Su Vida (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Many (1) |
| The New Beginnings (2) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 0% Yes 100% Needs Imp (2) | 0% Yes 100% Needs Imp (2) | 100% Yes (2) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 0% Yes 50% Many (1) 50% Needs Imp (1) |

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

| CM Agency (# in sample) | Question | | | | | |
|----------------------------|---|--|---|----------------------------------|--|---|
| | #72 | #133 | #92/173 | #170 | #94b | #174 |
| A New Vision (2) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) | 100% Yes (2) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Many (2) |
| A Step Above (3) | 0% Yes 33% Many (1) 67% Needs Imp (2) | 0% Yes 33% Many (1) 67% Needs Imp (2) | 0% Yes 67% Many (2) 33% Needs Imp (1) | 67% Yes (2) 33% Needs Imp (1) | 0% Yes 100% Many (3) | 0% Yes 100% Many (3) |
| Amigo (2) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 0% Yes 100% Needs Imp (2) | 50% Yes (1) 50% Needs Imp (1) | 0% Yes 50% Many (1) 50% Needs Imp (1) | 0% Yes 50% Many (1) 50% Needs Imp (1) |
| Carino (4) | 0% Yes 75% Many (3) 25% Needs Imp (1) | 25% Yes (1) 50% Many (2) 25% Needs Imp (1) | 0% Yes 50% Many (2) 50% Needs Imp (2) | 50% Yes (2) 50% Many (2) | 25% Yes (1) 25% Many (2) 50% Needs Imp (2) | 0% Yes 75% Many (3) 25% Needs Imp (1) |
| NMQCM (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% Needs Imp (1) |
| Peak (1) | 100% Yes (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 0% Yes 100% Many (1) |
| Unidas (4) | 50% Yes (2) | 25% Yes (1) | 0% Yes | 75% Yes (3) | 50% Yes (2) | 0% Yes |

| | Question | | | | | |
|----------------------------|-----------------------------------|--------------|-----------------------------------|--------------|-----------------------------------|-----------------------------------|
| CM Agency (# in sample) | #72 | #133 | #92/173 | #170 | #94b | #174 |
| | 25% Many (1) 25% Needs Imp (1) | 75% Many (3) | 75% Many (3) 25% Needs Imp (1) | 25% Many (1) | 25% Many (1) 25% Needs Imp (1) | 75% Many (3) 25% Needs Imp (1) |

G. Case Management

Case Management services are intended to be person-centered and are key to enabling people to pursue their desired life outcomes while gaining independence and access to needed services and supports. While the number of findings in the 2018 Metro3 Region IQR in the Case Management area are the third highest of the findings area, the region scored well on some of the case management questions. The charts below detail the related findings.

Question #24: Does the case manager “know” the person?

Question #25: Does the case manager understand his/her role/job?

Question #26: Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person?

Question #27: Is the case manager available to the person?

Question #28: Was the case manager able to describe the person’s health related needs?

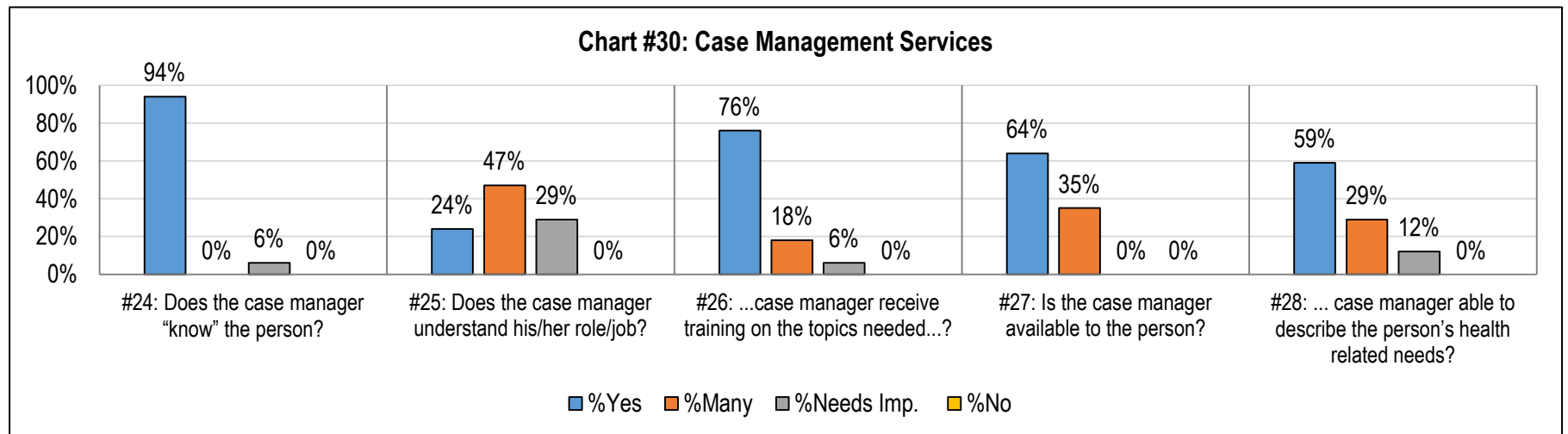


Chart #31: Case Management Scores, by Case Management Agency

| CM Agency (# in sample) | Question | | | | |
|----------------------------|----------------------------------|--|----------------------------------|-----------------------------|--|
| | #24 | #25 | #26 | #27 | #28 |
| A New Vision (2) | 100% Yes (2) | 0% Yes 100% Many (2) | 100% Yes (2) | 100% Yes (2) | 100% Yes (2) |
| A Step Above (3) | 67% Yes (2) 33% Needs Imp (1) | 0% Yes 67% Many (2) 33% Needs Imp (1) | 67% Yes (2) 33% Needs Imp (1) | 100% Yes (3) | 33% Yes (1) 33% Many (1) 33% Needs Imp (1) |
| Amigo (2) | 100% Yes (2) | 100% Many (2) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) | 50% Yes (1) 50% Many (1) |
| Carino (4) | 100% Yes (4) | 50% Yes (2) 25% Many (1) 25% Needs Imp (1) | 75% Yes (3) 25% Many (1) | 50% Yes (2) 50% Many (2) | 25% Yes (1) 50% Many (2) 25% Needs Imp (1) |
| NMQCM (1) | 100% Yes (1) | 0% Yes 100% Needs Imp (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 100% Yes (1) |
| Peak (1) | 100% Yes (1) | 0% Yes 100% Needs Imp (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 100% Yes (1) |
| Unidas (4) | 100% Yes (4) | 50% Yes (2) 50% Many (1) 50% Needs Imp (1) | 75% Yes (3) 25% Many (1) | 75% Yes (3) 25% Many (1) | 75% Yes (3) 25% Many (1) |

Question #29: Does the case manager have an appropriate expectation of growth for this person?

Question #30: Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP?

Question #31: Does the case manager provide case management services at the level needed by this person?

Question #32: Does the case manager receive the type of level of support needed to do his/her job?

Chart #32: Case Management Services, continued

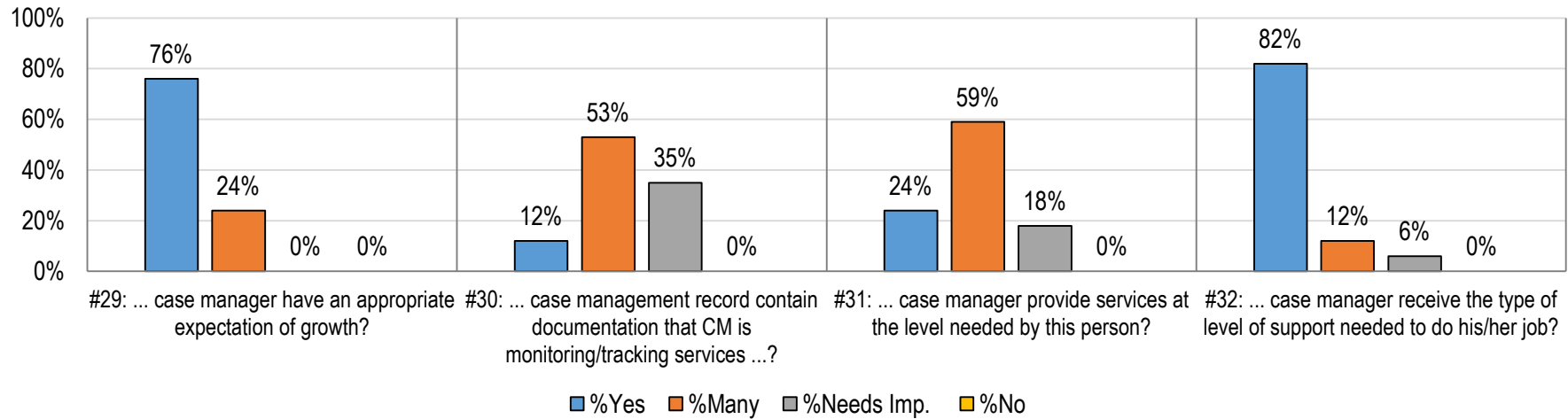


Chart #33: Case Management Scores, by Case Management Agency

| CM Agency (# in sample) | Question | | | |
|----------------------------|-----------------------------|---|--|----------------------------------|
| | #29 | #30 | #31 | #32 |
| A New Vision (2) | 100% Yes (2) | 50% Yes (1) 50% Many (1) | 100% Yes (2) | 100% Yes (2) |
| A Step Above (3) | 100% Yes (3) | 0% Yes 100% Needs Imp (3) | 0% Yes 33% Many (1) 67% Needs Imp (2) | 67% Yes (3) 33% Needs Imp (1) |
| Amigo (2) | 50% Yes (1) 50% Many (1) | 0% Yes 100% Many (2) | 0% Yes 100% Many (2) | 100% Yes (2) |
| Carino (4) | 100% Yes (4) | 0% Yes 75% Many (2) 25% Needs Imp (1) | 25% Yes (1) 50% Many (2) 25% Needs Imp (1) | 75% Many (3) 25% Many (1) |
| NMQCM (1) | 0% Yes 100% Many (1) | 100% Yes (1) | 0% Yes 100% Many (1) | 100% Yes (1) |
| Peak (1) | 0% Yes | 0% Yes | 0% Yes | 0% Yes |

| CM Agency (# in sample) | Question | | | |
|----------------------------|-----------------------------|---|-----------------------------|---------------|
| | #29 | #30 | #31 | #32 |
| | 100% Many (1) | 100% Needs Imp (1) | 100% Many (1) | 100% Many (1) |
| Unidas (4) | 75% Yes (3) 25% Many (1) | 0% Yes 75% Many (3) 25% Needs Imp (1) | 25% Yes (1) 75% Many (2) | 100% Yes (4) |

H. Supported Employment

Access to competitive integrated employment enables an individual to engage in community life, increase personal resources, improve self-sufficiency and contribute back to the community. The 2018 Waiver Standards emphasize that, “employment should be the first consideration. If someone does not choose employment, the decision should be based on informed choice”. Making an informed choice about employment is an individualized process. All people have unique histories and backgrounds, which means that some people may have limited experiences and will require more information to make a decision about employment while others may have a rich and varied employment history and can make an informed choice based on that history.

There are multiple components that make up the process of ensuring Informed Choice. These are probed as part of the Individual Quality Review, and detailed in the tables below. The questions in this section have been updated for 2018 IQR Protocol and reflect questions negotiated with the Parties. Provided in the charts below is the information regarding the participation of the Jackson Class Members in the Metro3 2018 IQR in Supported Employment related areas.

1. Components of Informed Choice: Assessment

Question #134. Does (Name) have a current Person Centered Assessment?

Question #135. Did this assessment address vocational interests, abilities and needs?

Question #136. Did the individual participate personally in the Person Centered Assessment?

Question #137. Did the Guardian participate in the Person Centered Assessment?

Question #138. Is the individual engaged in the Informed Choice Project?

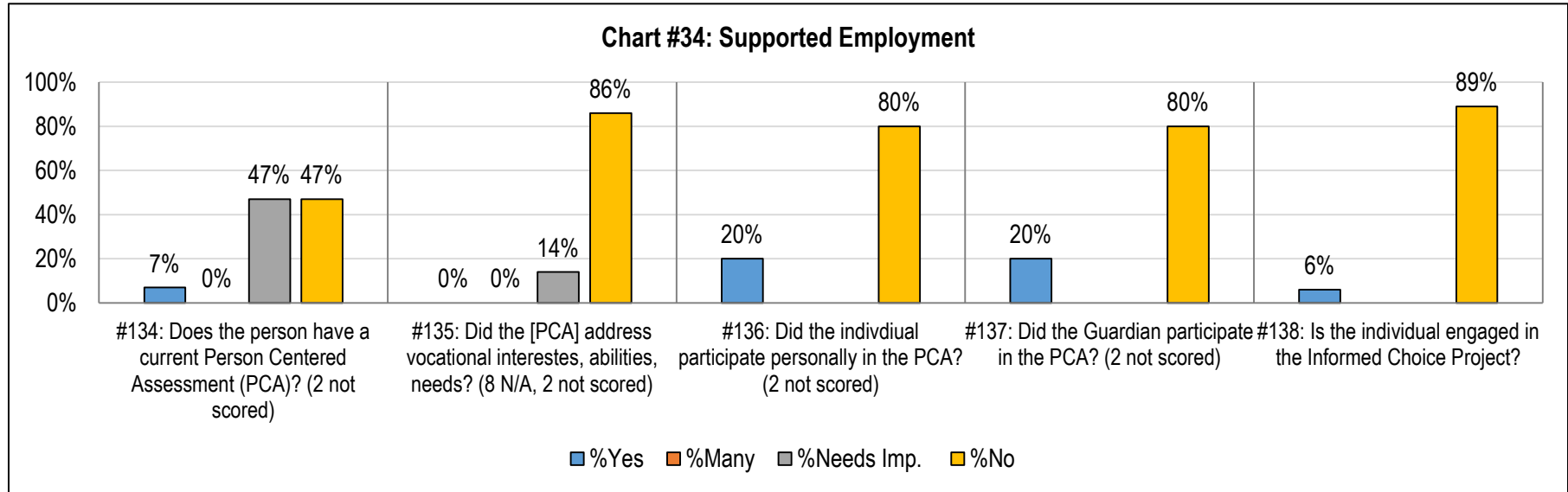


Chart #35: Supported Employment Scores by Provider Agency

| Res. Agency (# in sample) | Question | | | | |
|------------------------------|---|---|---|---|---------------------------|
| | #134 | #135 | #136 | #137 | #138 |
| Arca (4) | 0% Yes 67% Needs Imp (2) 33% No (1) (1 Not Scored) | 0% Yes 50% Needs Imp (1) 50% No (1) (1 Not scored) | 0% Yes 100% No (3) (1 Not scored) | 33% Yes 67% No (2) (1 Not scored) | 25% Yes (1) 75% No (3) |
| Bright Horizons (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| Cornucopia (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| Dungarvin (2) | 0% Yes 50% Needs Imp (1) 50% No (1) | 0% Yes 100% No (1) (1 N/A) | 0% Yes 100% No (2) | 0% Yes 100% No (2) | 0% Yes 100% No (2) |
| Expressions of Life (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) | 100% Yes (1) | 100% Yes (1) | 0% Yes 100% No (1) |
| LLCP (2) | 0% Yes | | 0% Yes | 0% Yes | 0% Yes |

| Res. Agency (# in sample) | Question | | | | |
|------------------------------|---|----------------------------------|-----------------------|---------------------------|-----------------------|
| | #134 | #135 | #136 | #137 | #138 |
| | 50% Needs Imp (1) 50% No (1) | (2 N/A) | 100% No (2) | 100% No (2) | 100% No (2) |
| MaxCare (2) | 50% Yes (3) 50% Needs Imp (1) | 0% Yes 100% No (1) (1 N/A) | 100% Yes (2) | 50% Yes (1) 50% No (1) | 0% Yes 100% No (2) |
| Optihealth (1) | 0% Yes 100% No (1) | (1 N/A) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| Su Vida (1) | (1 Not Scored) | (1 Not Scored) | (1 Not Scored) | (1 Not Scored) | 0% Yes 100% No (1) |
| The New Beginnings (2) | 0% Yes 50% Needs Imp (1) 50% No (1) | (2 N/A) | 0% Yes 100% No (2) | 0% Yes 100% No (2) | 0% Yes 100% No (2) |

Chart #36: Supported Employment Scores by Case Management Agency

| CM Agency (# in sample) | Question | | | | |
|----------------------------|---|--|---|---|------------------------------|
| | #134 | #135 | #136 | #137 | #138 |
| A New Vision (2) | 50% Yes (1) 50% Needs Imp (1) | 0% Yes 100% No (1) (1 N/A) | 50% Yes (1) 50% No (1) | 50% Yes (1) 50% No (1) | 0% Yes 100% No (2) |
| A Step Above (3) | 0% Yes 33% Needs Imp (1) 67% No (2) | 0% Yes 100% No (1) (2 N/A) | 0% Yes 100% No (3) | 0% Yes 100% No (3) | 0% Yes 100% No (3) |
| Amigo (2) | 0% Yes 100% No (2) | (2 N/A) | 0% Yes 100% No (2) | 0% Yes 100% No (2) | 0% Yes 100% No (2) |
| Carino (4) | 0% Yes 33% Needs Imp (1) 67% No (2) (1 Not Scored) | 0% Yes 100% No (1) (2 N/A, 1 Not Scored) | 33% Yes (1) 67% No (2) (1 Not Scored) | 33% Yes (1) 67% No (2) (1 Not Scored) | 0% Yes 100% No (4) |
| NMQCM (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 100% Yes (1) |
| Peak (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) |
| Unidas (4) | 0% Yes | 0% Yes | 33% Yes (1) | 33% Yes (1) | 0% Yes |

| CM Agency (# in sample) | Question | | | | |
|----------------------------|---|--|------------------------------|------------------------------|-------------|
| | #134 | #135 | #136 | #137 | #138 |
| | 67% Needs Imp (2) 33% No (1) (1 Not scored) | 50% Needs Imp (1) 50% No (1) (1 N/A, 1 Not scored) | 67% No (2) (1 Not scored) | 67% No (2) (1 Not scored) | 100% No (4) |

2. **Components of Informed Choice: Information and Experience**

- Question #139. Has the individual been offered the opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities?
- Question #140. If #139 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section?
- Question #141. If #139 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs?
- Question #142. Has the Guardian had the opportunity to gain information on how the individual responded during job exploration activities such as volunteering and/or trial work experiences?
- Question #143. Has the individual received information regarding the range of employment options available to him/her?
- Question #144. Has the Guardian received information regarding the range of employment options available for the individual?

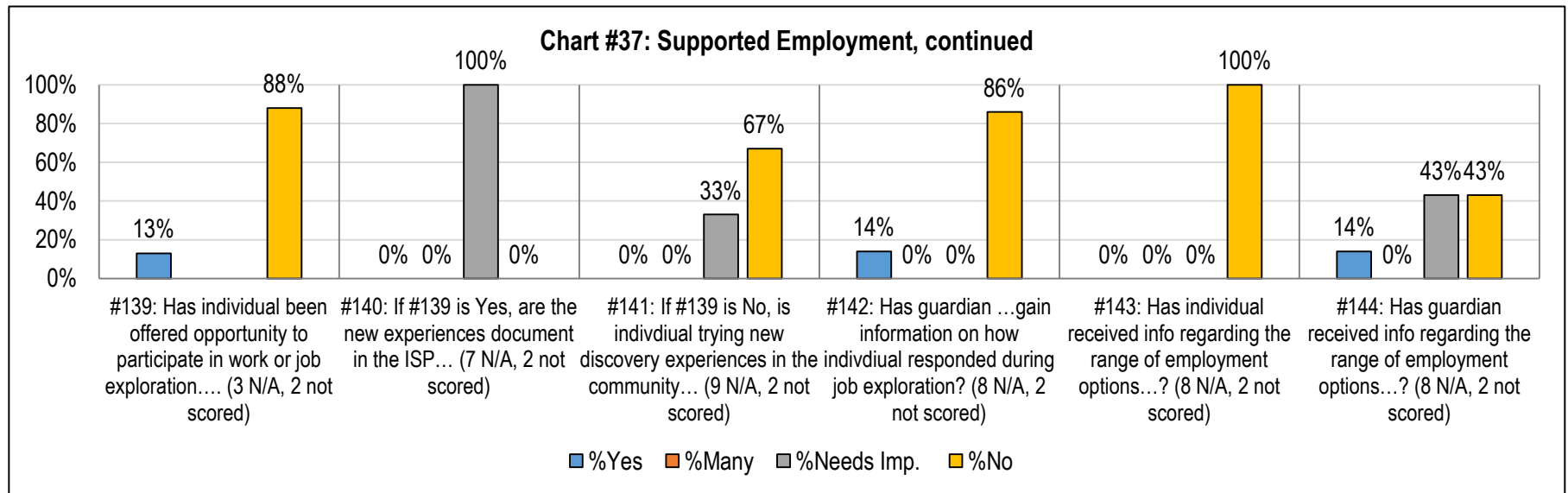


Chart #38: Supported Employment Scores by Provider Agency

| Res. Agency (# in sample) | Question | | | | | |
|------------------------------|---|--|---|---|---|---|
| | #139 | #140 | #141 | #142 | #143 | #144 |
| Arca (4) | 50% Yes (1) 50% No (1) (1 N/A, 1 Not Scored) | 0% Yes 100% Needs Imp (1) (2 N/A, 1 Not Scored) | 0% Yes 100% No (1) (2 N/A, 1 Not Scored) | 0% Yes 100% No (2) (1 N/A, 1 Not Scored) | 0% Yes 100% No (2) (1 N/A, 1 Not Scored) | 50% Yes (1) 50% No (1) (1 N/A, 1 Not Scored) |
| Bright Horizons (1) | 0% Yes 100% No (1) | (1 N/A) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| Cornucopia (1) | 0% Yes 100% No (1) | (1 N/A) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| Dungarvin (2) | 0% Yes 100% No (1) (1 N/A) | (2 N/A) | 0% Yes 100% No (1) (1 N/A) | 0% Yes 100% No (1) (1 N/A) | 0% Yes 100% No (1) (1 N/A) | 0% Yes 100% Needs Imp (1) (1 N/A) |
| Expressions of Life (1) | 0% Yes 100% No (1) | (1 N/A) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Imp (1) |
| LLCP (2) | 0% Yes 100% No (1) (1 N/A) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) |
| MaxCare (2) | 0% Yes 100% No (1) (1 N/A) | (2 N/A) | 0% Yes 100% No (1) (1 N/A) | 100% Yes (1) (1 N/A) | 0% Yes 100% No (1) (1 N/A) | 100% Yes (1) (1 N/A) |
| Optihealth (1) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) |
| Su Vida (1) | (1 Not Scored) | (1 Not Scored) | (1 Not Scored) | (1 Not Scored) | (1 Not Scored) | (1 Not Scored) |
| The New Beginnings (2) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) |

Chart #39: Supported Employment Scores by Case Management Agency

| CM Agency (# in sample) | Question | | | | | |
|----------------------------|----------------------------------|---------|---|----------------------------------|----------------------------------|----------------------------------|
| | #139 | #140 | #141 | #142 | #143 | #144 |
| A New Vision (2) | 0% Yes 100% No (1) (1 N/A) | (2 N/A) | 0% Yes 100% No (1) (1 N/A) | 100% Yes (3) (1 N/A) | 0% Yes 100% No (1) (1 N/A) | 100% Yes (3) (1 N/A) |
| A Step Above (3) | 0% Yes 100% No (1) (2 N/A) | (3 N/A) | 0% Yes 100% Needs Imp (1) (2 N/A) | 0% Yes 100% No (1) (2 N/A) | 0% Yes 100% No (1) (2 N/A) | 0% Yes 100% No (1) (2 N/A) |
| Amigo (2) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) |
| Carino (4) | 0% Yes | | 0% Yes | 0% Yes | 0% Yes | 0% Yes |

| CM Agency (# in sample) | Question | | | | | |
|----------------------------|--|------------------------------|--|--|--|--|
| | #139 | #140 | #141 | #142 | #143 | #144 |
| | 100% No (2) (1 N/A, 1 Not Scored) | (3 N/A, 1 Not Scored) | 100% Needs Imp (1) (2 N/A, 1 Not Scored) | 100% No (1) (2 N/A, 1 Not Scored) | 100% No (1) (2 N/A, 1 Not Scored) | 100% Needs Imp (1) (2 N/A, 1 Not Scored) |
| NMQCM (1) | 100% Yes (1) | 0% Yes 100% Needs Imp (1) | (1 N/A) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| Peak (1) | 0% Yes 100% No (1) | (1 N/A) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Imp (1) |
| Unidas (4) | 0% Yes 100% No (2) (1 N/A, 1 Not Scored) | (3 N/A, 1 Not Scored) | 0% Yes 100% No (2) (1 N/A, 1 Not Scored) | 0% Yes 100% No (2) (1 N/A, 1 Not Scored) | 0% Yes 100% No (2) (1 N/A, 1 Not Scored) | 0% Yes 50% Needs Imp (1) 50% No (1) (1 N/A, 1 Not Scored) |

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

Question #145. If there are barriers to employment, has the Team, including the individual, addressed how to overcome those barriers to employment and integrating clinical info, AT, & therapies as necessary...

Question #146. If there are barriers to employment, has the Team addressed with the Guardian how to overcome those barriers to employment and integrating clinical info, AT, & therapies as necessary...?

Question #147. Has the individual participated in work or volunteer activities during the past year?

Question #148. Has the individual identified what type of work or volunteer activities he/she would like to do?

Question #149. Does the Guardian support him/her working?

Chart #40: Supported Employment, continued

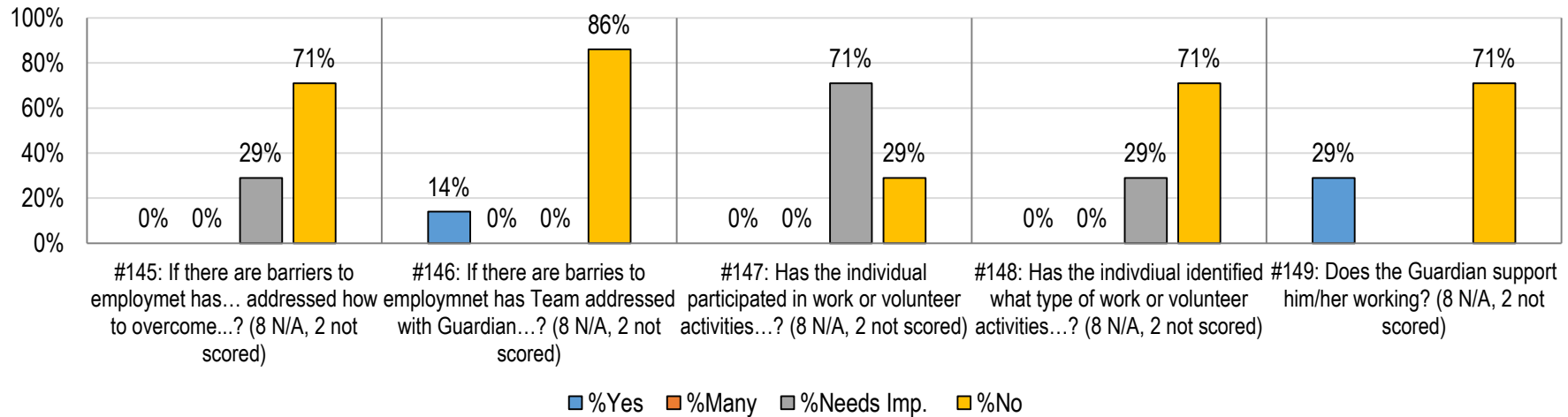


Chart #41: Supported Employment Scores by Provider Agency

| Res. Agency (# in sample) | Question | | | | |
|------------------------------|----------------------------------|----------------------------------|---|---|----------------------------------|
| | #145 | #146 | #147 | #148 | #149 |
| Arca (4) | | | | | |
| Bright Horizons (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| Cornucopia (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| Dungarvin (2) | 0% Yes 100% No (1) (1 N/A) | 0% Yes 100% No (1) (1 N/A) | 0% Yes 100% Needs Imp (1) (1 N/A) | 0% Yes 100% Needs Imp (1) (1 N/A) | 0% Yes 100% No (1) (1 N/A) |
| Expressions of Life (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| LLCP (2) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) |
| MaxCare (2) | 0% Yes 100% No (1) (1 N/A) | 100% Yes (1) (1 N/A) | 0% Yes 100% Needs Imp (1) (1 N/A) | 0% Yes 100% No (1) (1 N/A) | 0% Yes 100% No (1) (1 N/A) |

| Res. Agency (# in sample) | Question | | | | |
|------------------------------|----------------|----------------|----------------|----------------|----------------|
| | #145 | #146 | #147 | #148 | #149 |
| Optihealth (1) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) | (1 N/A) |
| Su Vida (1) | (1 Not Scored) | (1 Not Scored) | (1 Not Scored) | (1 Not Scored) | (1 Not Scored) |
| The New Beginnings (2) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) |

Chart #42: Supported Employment Scores by Case Management Agency

| CM Agency (# in sample) | Question | | | | |
|----------------------------|---|--|--|--|--|
| | #145 | #146 | #147 | #148 | #149 |
| A New Vision (2) | 0% Yes 100% No (1) (1 N/A) | 100% Yes (1) (1 N/A) | 0% Yes 100% Needs Imp (1) (1 N/A) | 0% Yes 100% No (1) (1 N/A) | 0% Yes 100% No (1) (1 N/A) |
| A Step Above (3) | 0% Yes 100% Needs Imp (1) (2 N/A) | 0% Yes 100% No (1) (2 N/A) | 0% Yes 100% Needs Imp (1) (2 N/A) | 0% Yes 100% No (1) (2 N/A) | 0% Yes 100% No (1) (2 N/A) |
| Amigo (2) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) | (2 N/A) |
| Carino (4) | 0% Yes 100% Needs Imp (1) (2 N/A, 1 Not Scored) | 0% Yes 100% No (1) (2 N/A, 1 Not Scored) | 0% Yes 100% No (1) (2 N/A, 1 Not Scored) | 0% Yes 100% No (1) (2 N/A, 1 Not Scored) | 0% Yes 100% No (1) (2 N/A, 1 Not Scored) |
| NMQCM (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 100% Yes (1) |
| Peak (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% Needs Imp (1) | 0% Yes 100% No (1) |
| Unidas (4) | 0% Yes 100% No (2) (1 N/A, 1 Not Scored) | 0% Yes 100% No (2) (1 N/A, 1 Not Scored) | 0% Yes 50% Needs Imp (1) 50% No (1) (1 N/A, 1 Not Scored) | 0% Yes 100% No (2) (1 N/A, 1 Not Scored) | 50% Yes (1) 50% No (1) (1 N/A, 1 Not Scored) |

4. JCMs Involved in Supported Employment

- Question #150. Is (Name) involved in the DVR Outreach Project?
- Question #151. Is the individual engaged in Supported Employment?
- Question #152. Is the individual working in accordance with the following?
- Question #153. Does the person have a Career Development Plan?

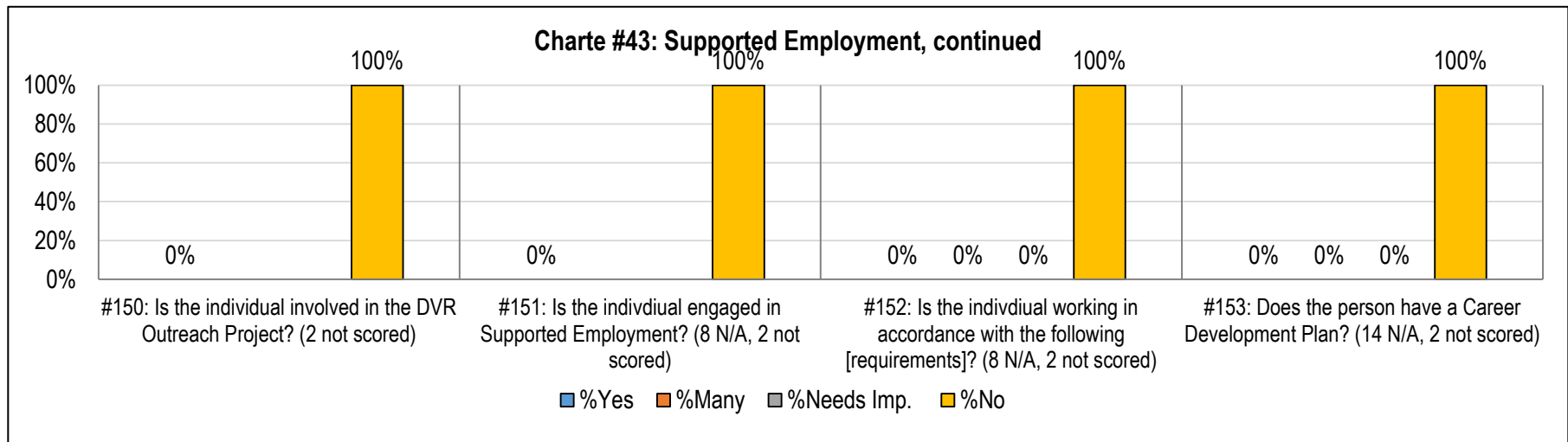


Chart #44: Supported Employment Scores by Provider Agency

| Res. Agency (# in sample) | Question | | | |
|------------------------------|---|--|--|-----------------------|
| | #150 | #151 | #152 | #153 |
| Arca (4) | 0% Yes 100% No (3) (1 Not Scored) | 0% Yes 100% No (2) (1 N/A, 1 Not Scored) | 0% Yes 100% No (2) (1 N/A, 1 Not Scored) | (3 N/A, 1 Not Scored) |
| Bright Horizons (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | (1 N/A) |
| Cornucopia (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) |
| Dungarvin (2) | 0% Yes 100% No (2) | 0% Yes 100% No (1) (1 N/A) | 0% Yes 100% No (1) (1 N/A) | (2 N/A) |
| Expressions of Life (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | (1 N/A) |
| LLCP (2) | 0% Yes 100% No (2) | (2 N/A) | (2 N/A) | (2 N/A) |
| MaxCare (2) | 0% Yes 100% No (2) | 0% Yes 100% No (1) (1 N/A) | 0% Yes 100% No (1) (1 N/A) | (2 N/A) |

| Res. Agency (# in sample) | Question | | | |
|------------------------------|-----------------------|----------------|----------------|----------------|
| | #150 | #151 | #152 | #153 |
| Optihealth (1) | 0% Yes 100% No (1) | (1 N/A) | (1 N/A) | (1 N/A) |
| Su Vida (1) | (1 Not Scored) | (1 Not Scored) | (1 Not Scored) | (1 Not Scored) |
| The New Beginnings (2) | 0% Yes 100% No (2) | (2 N/A) | (2 N/A) | (2 N/A) |

Chart #45: Supported Employment Scores by Case Management Agency

| CM Agency (# in sample) | Question | | | |
|----------------------------|---|--|--|--|
| | #150 | #151 | #152 | #153 |
| A New Vision (2) | 0% Yes 100% No (2) | 0% Yes 100% No (1) (1 N/A) | 0% Yes 100% No (1) (1 N/A) | (2 N/A) |
| A Step Above (3) | 0% Yes 100% No (3) | 0% Yes 100% No (1) (2 N/A) | 0% Yes 100% No (1) (2 N/A) | (3 N/A) |
| Amigo (2) | 0% Yes 100% No (2) | (2 N/A) | (2 N/A) | (2 N/A) |
| Carino (4) | 0% Yes 100% No (3) (1 Not Scored) | 0% Yes 100% No (1) (2 N/A, 1 Not Scored) | 0% Yes 100% No (1) (2 N/A, 1 Not Scored) | (3 N/A, 1 Not Scored) |
| NMQCM (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | (1 N/A) |
| Peak (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | 0% Yes 100% No (1) | (1 N/A) |
| Unidas (4) | 0% Yes 100% No (3) (1 Not Scored) | 0% Yes 100% No (2) (1 N/A, 1 Not Scored) | 0% Yes 100% No (2) (1 N/A, 1 Not Scored) | 0% Yes 100% No (1) (2 N/A, 1 Not Scored) |

I. IQR Scored Protocol Questions

Below are all of the questions in the protocol and the scores of the Metro3 Region Review. The questions that are highlighted below are also included in the data above.

| Question | 2018 (sample=10) |
|--|--|
| CASE MANAGEMENT | |
| 24. Does the case manager “know” the person? CPRQ26; ‘17IQR#8c | 94% Yes (16) 6% Needs Impv (1) |
| 25. Does the case manager understand his/her role/job? CPRQ27 ‘17IQR#16 | 24% Yes (4) 47% Many (8) 29% Needs Impv (5) |
| 26. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person? CPRQ28 | 76% Yes (13) 18% Many (3) 6% Needs Impv (1) |
| 27. Is the case manager available to the person? CPRQ29; ‘17IQR#16a | 64% Yes (11) 35% Many (6) |
| 28. Was the case manager able to describe the person’s health related needs? CPRQ30 | 59% Yes (10) 29% Many (5) 12% Needs Impv (2) |
| 29. Does the case manager have an appropriate expectation of growth for this person? CPRQ31 | 76% Yes (13) 24% Many (4) |
| 30. Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP? CPRQ32; ‘17IQR#16b | 12% Yes (2) 53% Many (9) 35% Needs Impv (6) |
| 31. Does the case manager provide case management services at the level needed by this person? CPRQ33; ‘17IQR#16c | 24% Yes (4) 59% Many (10) 18% Needs Imp (3) |
| 32. Does the case manager receive the type and level of support needed to do his/her job? CPRQ34 | 82% Yes (14) 12% Many (2) 6% Needs Impv (1) |
| EMPLOYMENT AND DAY | |

| Question | 2018 (sample=10) |
|---|---|
| 33. Does the direct services staff "know" the person? CPRQ35; '17IQR#8a | 100% Yes (15) (2 not scored) |
| 34. Does the direct service staff have input into the person's ISP? CPRQ36 | 67% Yes (10) 27% Many (4) 7% Needs Impv (7) (2 not scored) |
| 35. Did the direct service staff receive training on implementing this person's ISP? CPRQ37 | 93% Yes (14) 7% Needs Impv (1) (2 not scored) |
| 36. Was the direct service staff able to describe this person's health-related needs? CPRQ38 | 47% Yes (7) 27% Many (4) 27% Needs Impv (4) (2 not scored) |
| 37. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39 | 67% Yes (10) 33% Many (5) (2 not scored) |
| 37a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a | 93% Yes (14) 7% Many (1) (2 not scored) |
| 37b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ39b | 73% Yes (11) 27% Many (4) (2 not scored) |
| 38. Did the direct service staff have training in the ISP process? CPRQ40 | 60% Yes (9) 13% Many (2) 13% Needs Impv (2) 13% No (2) (2 not scored) |
| 39. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ41 | 93% Yes (14) 7% Many (1) (2 not scored) |
| 40. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42 | 80% Yes (12) 7% Many (1) 7% Needs Impv (1) 7% No (1) (2 not scored) |
| 41. Does the person's day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43 | 80% Yes (12) 20% Many (3) |

| Question | 2018 (sample=10) |
|---|---|
| | (2 not scored) |
| RESIDENTIAL | |
| 42. Does the residential direct services staff “know” the person? CPRQ44; ‘17IQR#8b | 100% Yes (17) |
| 43. Does the direct service staff have input into the person’s ISP? CPRQ45 | 76% Yes (13) 6% Many (1) 6% Needs Impv (1) 12% No (2) |
| 44. Did the direct service staff receive training on implementing this person’s ISP? CPRQ46 | 82% Yes (14) 12% Many (2) 6% Needs Impv (1) |
| 45. Is the residence safe for individuals (void of hazards)? CPRQ47 | 88% Yes (15) 6% Many (1) 6% Needs Impv (1) |
| 46. Was the residential direct service staff able to describe this person’s health-related needs? CPRQ48 | 65% Yes (11) 24% Many (4) 12% Needs Impv (2) |
| 47. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49 | 76% Yes (13) 24% Many (4) |
| 47a. Was the direct service staff able to provide specific information regarding the person’s daily activities? CPRQ49a | 94% Yes (16) 6% Many (1) |
| 47b. Can the direct service staff describe his/her responsibilities in implementing this person’s ISP, including outcomes, action plans, and WDSIs? CPRQ49b | 76% Yes (13) 24% Many (4) |
| 48. Did the residential direct service staff have training in the ISP process? CPRQ50 | 59% Yes (10) 12% Many (2) 6% Needs Impv (1) 24% No (4) |
| 49. Did the direct service staff have training on the provider’s complaint process and how to report abuse, neglect and exploitation? CPRQ51 | 100% Yes (17) |
| 50. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52 | 82% Yes (14) 6% Many (1) 6% Needs Impv (1) 6% No (1) |

| Question | 2018 (sample=10) |
|---|---|
| 51. Does the person's residential environment offer a minimal level of quality of life? CPRQ53 | 88% Yes (15) 6% Many (1) 6% Needs Impv (1) |
| HEALTH | |
| 52. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b | 41% Yes (7) 53% Many (9) 6% Needs Imp (1) |
| 53. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21 | 24% Yes (4) 41% Many (7) 35% Needs Impv (6) |
| 54. Was the eChat updated timely? '17IQR#18g | 41% Yes (7) 18% Many (3) 29% Needs Impv (5) 12% No (2) |
| 55. Are all of the individual's needed medical treatments timely received? 17IQR#19 | 29% Yes (5) 47% Many (8) 24% Needs Impv (4) |
| 56. Does the individual receive routine/scheduled medical treatment? 17IQR#19a | 41% Yes (7) 47% Many (8) 12% Needs Impv (2) |
| 57. Does the individual receive medication as prescribed? 17IQR#19e | 47% Yes (8) 41% Many (7) 12% Needs Impv (2) |
| 58. Does my nurse provide oversight of health needs (i.e. weight records, vitals, lab reports, PRN medication use, seizure records) in order to ensure accuracy, identify and respond to new issues? '17IQR#20b | 29% Yes (5) 35% Many (6) 35% Needs Impv (6) |
| 59. Are nursing services provided as needed by the individual? 17IQR#20 | 53% Yes (9) 29% Many (5) 18% Needs Impv (3) |
| 60. Is the CARMP is accurate? '17IQR#21f | 27% Yes (4) 47% Many (7) 27% Needs Impv (4) (2 N/A) |
| 61. Is the CARMP consistently implemented as intended? | 60% Yes (9) 27% Many (4) 13% Needs Impv (2) |

| Question | 2018 (sample=10) |
|--|--|
| | (2 N/A) |
| 62. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19 | 12% Yes (2) 47% Many (8) 35% Needs Impv (6) 6% No (1) |
| ASSESSMENTS | |
| 63. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts? CPRQ57 | 35% Yes (6) 65% Many (11) |
| 64. Has the individual received all age and gender appropriate health screenings, in accordance with national best practice and/or as recommended by his/her PCP or other health care professionals? '17IQR#18a | 24% Yes (4) 53% Many (9) 18% Needs Imp (3) 6% No (1) |
| 65. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18 | 12% Yes (2) 88% Many (15) |
| 66. Are the assessments adequate for planning? CPRQ59; '17IQR#4f | 6% Yes (1) 71% Many (12) 18% Needs Imp (3) 6% No (1) |
| 67. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5 | 29% Yes (5) 24% Many (4) 29% Needs Imp (5) 18% No (3) |
| 68. For medical, clinical or health related rec's, has a DCF been completed if the individual and/or their guardian/health care decision maker have decided not to follow all or part of an order, rec, or suggestion? '17IQR#5c | 73% Yes (8) 9% Many (1) 18% No (2) (6 N/A) |
| ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES | |
| 69. Is there a document called an Individual Service Plan (ISP) that was developed within the past year? CPRQ61; '17IQR#9 | 100% Yes (17) |
| 70. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3 | 41% Yes (7) 41% Many (7) 18% Needs Impv (3) |
| 71. For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP? CPRQ63; '17IQR#3d | 31% Yes (4) 31% Many (4) |

| Question | 2018 (sample=10) |
|---|---|
| | 15% Needs Impv (2) 23% No (3) (4 N/A) |
| 72. Does my ISP contain current and accurate information? '17IQR#6 | 18% Yes (3) 41% Many (7) 41% Needs Impv (7) |
| 73. Overall, does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b | 41% Yes (7) 24% Many (4) 29% Needs Impv (5) 6% No (1) |
| 74. Overall, does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c | 47% Yes (8) 24% Many (4) 12% Needs Impv (2) 18% No (3) |
| 75. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a | 12% Yes (2) 35% Many (6) 29% Needs Impv (5) 24% No (4) |
| 76. Does the data kept identify what the person does so a determination regarding progress/lack of progress? '17IQR#12b | 6% Yes (1) 24% Many (4) 18% Needs Impv (3) 53% No (9) |
| 77. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c | 6% Yes (1) 24% Many (4) 47% Needs Impv (8) 24% No (4) |
| 78. If the person is not successful in achieving actions steps, has the team tried to determine why, and change their approach if needed? 17IQR#12d | 25% Yes (3) 8% Many (1) 17% Needs Impv (2) 50% No (6) (5 N/A) |
| 79. If the person achieves action steps, does the team move to the next in the progression of steps or develops a new one? '17IQR#12e | 8% Yes (1) 15% Many (2) 23% Needs Impv (3) 54% No (7) (4 N/A) |
| 80. Has the person made measurable progress on actions steps during this past year?'17IQR#13b | 6% Yes (1) 18% Many (3) |

| Question | 2018 (sample=10) |
|--|---|
| | 29% Needs Impv (5) 47% No (8) |
| 81. Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcome(s) have been achieved? CPRQ67; '17IQR#7e | 12% Yes (2) 29% Many (5) 35% Needs Impv (6) 24% No (4) |
| 82. Overall, are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d | 76% Yes (13) 12% Many (2) 12% Needs Impv (2) |
| 83. Overall, do the ISP outcomes address the person's major needs? CPRQ69; '17IQR#7g | 47% Yes (8) 29% Many (5) 24% Needs Impv (4) |
| 84. Overall, are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i | 18% Yes (3) 35% Many (6) 29% Needs Impv (5) 18% No (3) |
| 85. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m | 18% Yes (3) 12% Many (2) 35% Needs Impv (6) 35% No (6) |
| 86. Has the person made measurable progress in therapy this year? '17IQR#13a | 12% Yes (2) 18% Many (3) 35% Needs Impv (6) 35% No (6) |
| 87. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c | 59% Yes (10) 29% Many (5) 12% Needs Impv (2) |
| 88. Does the ISP contain information regarding primary health (medical) care? CPRQ74 | 88% Yes (15) 12% Many (2) |
| 88a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a | 94% Yes (16) 6% Many (1) |
| 88b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b | 94% Yes (16) 6% Needs Impv (1) |
| 89. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76 | 82% Yes (14) 12% Many (2) 6% No (1) |

| Question | 2018 (sample=10) |
|---|---|
| 90. Does the ISP reflect how the person will get to work/day activities, shopping, and social activities? CPRQ75 | 59% Yes (10) 24% Many (4) 18% No (3) |
| 91. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a | 31% Yes (5) 68% Many (6) 19% Needs Impv (3) 13% No (2) |
| 92. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7 | 0% Yes 53% Many (9) 47% Needs Impv (8) |
| 93. Is the ISP being implemented? (If 92 is "3") CPRQ79 '17IQR#12 | 0% Yes (17 N/A) |
| 94a. Is the ISP being implemented? (If 92 is "0", "1", or "2") CPRQ80a '17IQR#12 | 6% Yes (1) 47% Many (8) 41% Needs Impv (7) 6% No (1) |
| 94b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11 | 29% Yes (5) 47% Many (8) 24% Needs Impv (4) |
| 95. Overall, was the direct service staff trained on the implementation of this person's ISP? CPRQ81 | 76% Yes (13) 24% Many (4) |
| 96. Overall, were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82; | 76% Yes (13) 24% Many (4) |
| 97. Overall, do the progress notes or other documentation in the record reflect the status of the outcomes and services of the key life areas stated in the ISP? CPRQ83 | 6% Yes (1) 35% Many (6) 35% Needs Impv (6) 24% No (4) |
| EXPECTATION OF GROWTH AND QUALITY OF LIFE, SATISFACTION | |
| 98. Based on all of the evidence, has the person achieved progress in the past year? CPRQ84; '17IQR#13 | 18% Yes (3) 41% Many (7) 29% Needs Impv (5) 12% No (2) |
| 99. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d | 65% Yes (11) 24% Many (4) 12% Needs Impv (2) |

| Question | 2018 (sample=10) |
|--|---|
| 100. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b | 53% Yes (9) 35% Many (6) 6% Needs Impv (1) 6% No (1) |
| 101. Is the person offered a range of opportunities for participation in each life area? CPRQ87 | 59% Yes (10) 29% Many (5) 12% No (2) |
| 102. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30 | 86% Yes (6) 14% Many (1) (10 CND) |
| 102a. About where and with whom to live? CPRQ89; '17IQR#23c | 75% Many (3) 25% No (1) (13 CND) |
| 102b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d | 80% Yes (8) 10% Many (1) 10% No (1) (7 CND) |
| 102c. About where and with whom to socialize/spend leisure time? CPRQ91 | 89% Yes (8) 11% Many (1) (8 CND) |
| 103. Does the evidence support that providers do not prevent the person from pursuing relationships and are respecting the rights of this person? CPRQ92; '17IQR#31f | 94% Yes (16) 6% Many (1) |
| 104. Overall, were the direct service staff interviewed trained on the provider's complaint process? CPRQ93* | 94% Yes (16) 6% Many (1) |
| 105. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a | 94% Yes (16) 6% No (1) |
| 106. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94 | 76% Yes (13) 24% No (4) |
| 107. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h | 80% Yes (8) 10% Many (1) 10% No (1) (7 CND) |
| 108. If there are restrictions that should be reviewed by HRC, have the restrictions been reviewed (quarterly) and approved (annually) by the HRC? If no, describe why. '17IQR#34i | 38% Yes (5) 23% Many (3) 31% Needs Impv (4) 8% No (1) (4 N/A) |

| Question | 2018 (sample=10) |
|---|---|
| 109. If there are restrictions that should be reviewed by HRC, is a plan to enable the individual to regain his/her rights and reduce or eliminate these restrictions? '17IQR#34j | 8% Yes (1) 23% Many (3) 8% Needs Impv (1) 62% No (8) (4 N/A) |
| 110. Is the person protected from abuse, neglect and exploitation? '17IQR#35 | 71% Yes (12) 24% Many (4) 6% No (1) |
| 111. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b | 36% Yes (4) 27% Many (3) 27% Needs Impv (3) 9% No (1) (6 N/A) |
| 112. Is the individual safe? '17IQR#24 | 88% Yes (15) 6% Many (1) 6% Needs Impv (1) |
| 113. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a | 47% Active (8) 24% Moderate (4) 29% Limited (5) |
| 114. If the person is retired, does he/she have opportunities to engage in activities of interest during the day? CPRQ 100; '17IQR#29b | 43% Yes (3) 57% Many (4) (10 N/A) |
| 115. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30 | 88% Yes (15) 6% Many (1) 6% Needs Impv (1) |
| 116. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e | 94% Yes (16) 6% Many (1) |
| 117. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c | 35% Yes (6) 35% Many (6) 29% Needs Impv (5) |
| 118. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e | 88% Yes (15) 12% Many (2) |
| 119. Does the person have sufficient personal money? CPRQ110 '17IQR#34f | 100% Yes (17) |
| 120. Does the person get along with their day program/employment provider staff? CPRQ111 | 100% Yes (14) (3 CND) |

| Question | 2018 (sample=10) |
|---|--|
| 121. Does the person get along with their residential provider staff? CPRQ112 | 100% Yes (16) (1 CND) |
| TEAM PROCESS | |
| 122. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10 | 18% Yes (3) 71% Many (12) 12% Needs Impv (2) |
| 123. If there is evidence of situations in which the team failed to reach a consensus on the person's service and support needs, has the team made efforts to build consensus? CPRQ 115; '17IQR#17c | 80% Yes (4) 20% Many (1) (12 N/A) |
| 124. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs? CPRQ 116; '17IQR#17d | 29% Yes (5) 53% Many (9) 6% Needs Impv (1) 12% No (2) |
| 125. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117 | 76% Yes (13) 12% Many (2) 12% Needs Impv (2) |
| 126. Do you recommend Dispute Resolution for this IDT? CPRQ118 | 6% Yes (1) 94% No (16) |
| 127. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#14a | 53% Yes (9) 47% No (8) |
| 128. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c | 41% Yes (7) 59% No (10) |
| 129. If #127 OR #128 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; | 70% Yes (7) 30% No (3) (7 N/A) |
| 130. Has the person changed residential/day services in the last year? CPRQ122 | 29% Yes (5) 71% No (12) |
| 131. If #130 is Yes, was the change Planned by the IDT? CPRQ122a | 60% Yes (3) 40% No (2) (12 N/A) |
| 132. If #130 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b | 80% Yes (4) 20% No 91) (12 N/A) |

| Question | 2018 (sample=10) |
|---|---|
| 133. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person? CPRQ123; '17IQR#7n | 12% Yes (2) 53% Many (9) 35% Needs Impv (6) |
| SUPPORTED EMPLOYMENT | |
| 134. Does (Name) have a current Person Centered Assessment? | 7% Yes (1) 47% Needs Impv (7) 47% No (7) (2 not scored) |
| 135. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a | 0% Yes 14% Needs Impv (1) 86% No (6) (8 N/A, 2 not scored) |
| 136. Did the individual participate personally in the Person Centered Assessment? | 20% Yes (3) 80% No (12) (2 not scored) |
| 137. Did the Guardian participate in the Person Centered Assessment? | 20% Yes (3) 80% No (12) (2 not scored) |
| 138. Is the individual engaged in the Informed Choice Project? | 6% Yes (1) 94% No (16) |
| 139. Has the individual been offered the opportunity to participate in work or job exploration including volunteer work and/or trial work opportunities? '17IQR#26e | 13% Yes (1) 88% No (7) (7 N/A) (2 not scored) |
| 140. If #139 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section? | 0% Yes 100% Needs Impv (1) (14 N/A, 2 not scored) |
| 141. If #139 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs? | 0% Yes 33% Needs Impv (2) 67% No (4) (9 N/A) (2 not scored) |
| 142. Has the Guardian had the opportunity to gain information on how the individual responded during job exploration activities such as volunteering and/or trial work experiences? | 14% Yes (1) 86% No (6) (8 N/A) (2 not scored) |

| Question | 2018 (sample=10) |
|--|--|
| 143. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c | 0% Yes 100% No (7) (8 N/A) (2 not scored) |
| 144. Has the Guardian received information regarding the range of employment options available for the individual? | 14% Yes (1) 43% Needs Impv (3) 43% No (3) (8 N/A) (2 not scored) |
| 145. If there are barriers to employment, has the Team, including the individual, addressed how to overcome those barriers to employment and integrating clinical info., AT, & therapies as necessary ... '17IQR#27b | 0% Yes 29% Needs Impv (2) 71% No (5) (8 N/A) (2 not scored) |
| 146. If there are barriers to employment, has the Team addressed with the Guardian how to overcome those barriers to employment and integrating clinical info., AT, & therapies as necessary ...? | 14% Yes (1) 86% No (6) (8 N/A) (2 not scored) |
| 147. Has the individual participated in work or volunteer activities during the past year? | 0% Yes 71% Needs Impv (5) 29% No (2) (8 N/A) (2 not scored) |
| 148. Has the individual identified what type of work or volunteer activities he/she would like to do? | 0% Yes 29% Needs Impv (2) 71% No (5) (8 N/A) (2 not scored) |
| 149. Does the Guardian support him/her working? | 29% Yes (2) 71% No (5) (8 N/A) (2 not scored) |
| 150. Is (Name) is involved in the DVR Outreach Project? | 0% Yes 100% No (15) (2 not scored) |
| 151. Is the individual engaged in Supported Employment? CPRQ129 | 0% Yes 100% No (7) (8 N/A) |

| Question | 2018 (sample=10) |
|---|--|
| | (2 not scored) |
| 152. Is the individual Working in accordance with the following: CPRQ 130 '17IQR#28 | 0% Yes 100% No (7) (8 N/A) (2 not scored) |
| 153. Does the person have a Career Development Plan? CPRQ128 | 0% Yes 100% No (1) (14 N/A) (2 not scored) |
| BEHAVIOR | |
| 154. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d | 71% Yes (12) 29% No (5) |
| 155. Does the person need behavior services now? CPRQ132 '17IQR#11e | 76% Yes (13) 24% No (4) |
| 156. Have behavioral assessments been completed? CPRQ133 | 67% Yes (8) 17% Many (2) 17% Needs Impv (2) (5 N/A) |
| 157. Does the person have a positive behavior support plan developed out of the behavior assessments that meets the person's needs? CPRQ134 '17IQR#5g | 92% Yes (11) 8% Many (1) (5 N/A) |
| 158. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d | 92% Yes (11) 8% Many (1) (5 N/A) |
| 159. If needed, does the person have a Behavior Crisis Intervention Plan that meets the person's needs? CPRQ 73a; '17IQR#5h | 80% Yes (4) 20% Many (1) (12 N/A) |
| 160. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i | 83% Yes (10) 15% Needs Impv (2) (5 N/A) |
| 161. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d | 50% Yes (6) 25% Many (3) 25% No (3) (5 N/A) |

| Question | 2018 (sample=10) |
|--|--|
| ADAPTIVE EQUIPMENT / AUGMENTATIVE COMMUNICATION | |
| 162. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b | 44% Yes (7) 44% Many (7) 13% Needs Impv (2) (1 N/A) |
| 163. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c | 64% Yes (9) 14% Many (2) 21% Needs Impv (3) (3 N/A) |
| 164. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f | 88% Yes (14) 6% Many (1) 6% Needs Impv (1) (1 N/A) |
| 165. Is the person's equipment and technology in good repair?'17IQR#25d | 75% Yes (12) 19% Many (3) 6% Needs Impv (1) (1 N/A) |
| 166. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e | 44% Yes (7) 44% Many (7) 13% Needs Impv (2) (1 N/A) |
| 167. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b | 63% Yes (10) 25% Many (4) 13% Needs Impv (2) (1 N/A) |
| INDIVIDUAL SERVICE PLANNING | |
| 168. Does the person have an ISP that addresses live, work/learn, fun/relationships and health/other that correlates with the person's desires and capabilities, in accordance with DOH Regulations? CPRQ141 '17IQR#7o | 100% Yes (17) |
| 169. Does the person have an ISP that contains a complete Vision Section that is based on a long-term view? CPRQ142 '17IQR#7a | 47% Yes (8) 24% Many (4) 24% Needs Impv (4) 6% No (1) |
| 170. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a | 71% Yes (12) 18% Many (3) 12% Needs Impv (2) |

| Question | 2018 (sample=10) |
|--|--|
| 171. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f | 65% Yes (11) 35% Many (6) |
| 172. Is the person integrated into the community? CPRQ145; '17IQR#29g | 24% Yes (4) 29% Many (5) 41% Needs Impv (7) 6% No (1) |
| 173. Overall is the ISP adequate to meet the person's needs? CPRQ146; '17IQR#7 | 0% Yes 53% Many (9) 47% Needs Impv (8) |
| 174. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36 | 0% Yes 76% Many (13) 24% Needs Impv (4) |