



A. Jackson Class Member Demographics – Southeast Region

At the time the sample was selected for the Southeast Review, there were 25 Active Jackson Class Members in Region. Ten individuals were chosen to be part of the review sample.

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

Gender	
Male	17
Female	8

Age	
30-39	0
40-49	4
50-59	12
60-69	6
70-79	2
80+	1
Average Age:	59

Ethnicity	
Hispanic	11
Caucasian	9
Native American	1
Black	3
Asian	1

Day Service Type	
Adult Habilitation (AH)	16
Adult Hab/Supp Empl (SE)	4
Adult Hab/Community Access (CA)	2
Community Access	2
Mi Via	1

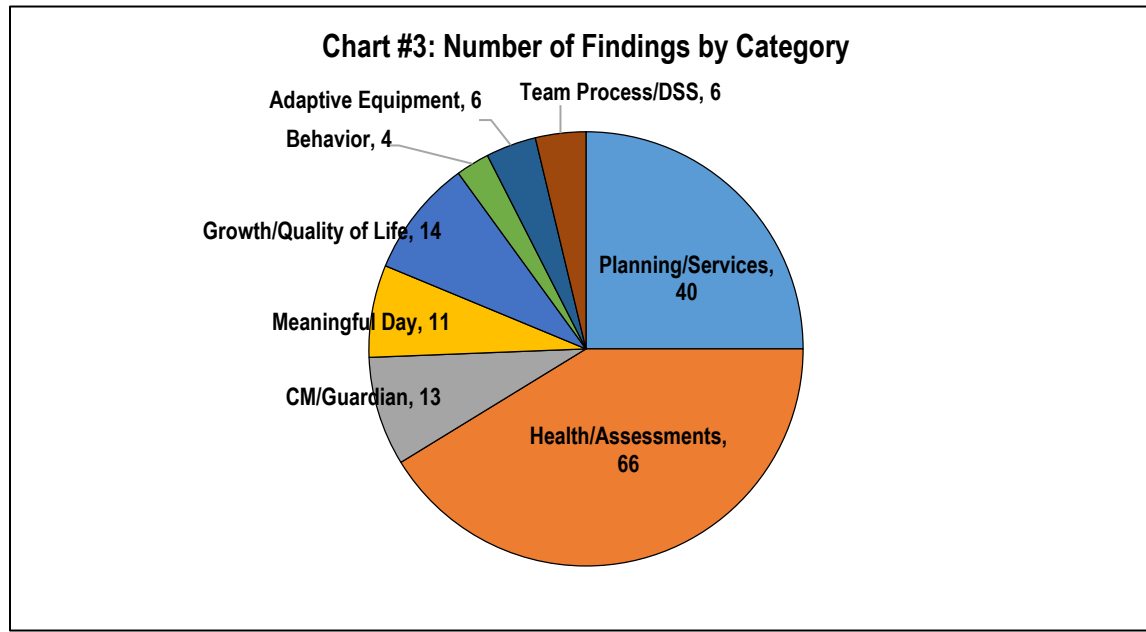
Residential Service Type	
Supported Living	21
Mi Via	1
Independent Living	1
ICF/MR	2

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

Case Management	DDSD (2)	Excel (1)	J&J (21)	Mi Via (1)			
Residential	Aspire (5)	CARC (2)	ENMRSH (5)	Leaders (3)	Mi Via (1)	Nezzy Care (1)	Tobosa (8)
Day	Aspire (5)	CARC (2)	ENMRSH (5)	Leaders (3)	Mi Via (1)	Nezzy Care (1)	Tobosa (8)

B. Most Frequently Identified Findings by Category

The Southeast Region had a total of 160 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 160 Findings and Recommendations in the Southeast Region Review, there were 33 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	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Mi Via (1)	Nezzy Care (1)	Tobosa (3)	Total
Adaptive Equipment / Augmentative Communication							1	1
Behavior							1	1
Case Manager/ Guardian				1		1	4	6
Expectations of Growth/Quality of Life	1			2				3
Health/Assessments				2		3	4	9
Meaningful Day							1	1

Chart #4: Repeat Findings by Area and Residential Provider								
Area	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Mi Via (1)	Nezzy Care (1)	Tobosa (3)	Total
Planning and Services	1	2				4	4	11
Team Process/DSS						1		1
TOTAL	2	2	0	5	0	9	15	33

Chart #5: Repeat Findings by Area and Case Management Agency				
Area	DDSD (1)	Excel (1)	J&J (7)	Total
Adaptive Equipment / Augmentative Communication			1	1
Behavior			1	1
Case Manager/ Guardian			6	6
Expectations of Growth/Quality of Life		1	2	3
Health/Assessments			9	9
Meaningful Day			1	1
Planning and Services	2	1	8	11
Team Process/DSS			1	1
TOTAL	2	2	29	33

D. Immediate and Special Findings

There were ten (10) Class Members reviewed in the Southeast Region as part of the 2018 IQR. Seven individuals (70% of the total sample) were found to have immediate and/or special findings. Five individuals (50% of the sample) were found to have Immediate Needs. One of these five also had Special Findings. Two additional individuals (20% of the sample) were found to have Special Needs (there were a total of three individuals with Special Needs). There were a total of seven Immediate findings and five 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 Southeast

Reg	CM	Res	Day	Immd	Spec	IR	Issue
Health Oversight Issues							
SE	J&J	Tobosa	Tobosa		X		Nursing oversight is inadequate on Healthcare tracking: <ul style="list-style-type: none"> • Intake and Elimination tracking shows 29 instances where there are no bowel movements for 3 or more days from 2/1/17 to 12/31/17. • There is no evidence of a HCP for Constipation.

Reg	CM	Res	Day	Immd	Spec	IR	Issue
							<ul style="list-style-type: none"> Intake and Elimination tracking is missing 8 days in 2017; 0 days in 2018; Temperature tracking is missing 20 entries from 12/2017 to 5/2018; 2017 weight tracking has no weights taken in April, 1 weight taken in May; no weights from 5/15/2017 to 12/8/2017. Weight is missing two entries for weekly checks from 1/5/18 to 5/21/18, and 6 of the 21 days submitted for review were not on the required Monday per the Health Care Plan for weight loss. Individual is refusing manual breast exams which are to be completed by nursing every 6 months. Her last manual exam by nursing was on 5/8/17.
SE	J&J	Tobosa	Tobosa	X			His acuity level is high and his aspiration level is high, consequently he should be receiving monthly nursing oversight. Per the records reviewed there is no documentation of nursing oversight for the period June to September 2017. In addition, a RORA was filed by DDS on 4.13.18 stating that staff attempted to contact nursing for support but were unable to reach/speak with nursing.
SE	J&J	Leaders	Leaders		X		<p>Nursing services were not provided as needed by the individual.</p> <ul style="list-style-type: none"> Nursing Quarterlies dated 4/3/17, 9/6/17 12/20/17, and 3/13/18 and monthly report dated 5/9/17 had no Progress/efficiency of current Care Plan and Goals were noted. The Nursing Monthly dated 6/19/17 has no discussion of a plan for what's next, e.g., goals or changes that may be needed. Nursing Quarterlies dated 9/6/17, 12/20/17, and 3/13/18 have no discussion of a plan for what's next, e.g., goals or changes that may be needed. He has a low acuity rating and is "high" risk for aspiration which requires monthly nursing reports to be completed. There were only 3 monthly nursing reports for 2017 which were 4/3/17, 5/9/17, and 6/19/17. Monthly reports were requested as part of the review.
Medication/Side Effects							
SE	J&J	Tobosa	Tobosa		X		<p>As evidenced by onsite review and documentation of Doctors' orders of medications, there are some discrepancies. There are medications where the order does not match the MAR or prescriptions that do have orders.</p> <ul style="list-style-type: none"> Prescriptions at individual's home that were without a Doctor order (Doctor's orders were requested but not received.): Colace, Levothyroxine, Megestrol Acet, Oxybutynin, Sodium Bicarb, Duoderm Hydroactive Paste, Diazepam, Tucks pads, Xanax. Expired medications at individual's home: Nasal spray- liquid; expired 4/2018. Ibuprofen was not on the residential MAR but was produced as her medication, and did have a Doctor's order. <p>Other discrepancies include:</p> <ul style="list-style-type: none"> Benadryl 25mg dose: per Dr. order 9/13/17 Flury; one to two capsules every 4 to 6 hours: Do not take more than 2 doses in a 24 hour period", Per May 2018 MAR 1 tablet by mouth every evening. Hydrocortisone 1% cream- topical Per Dr. order 9/13/17 Flury; apply a thin layer to affected areas every 4-6 hours. Not to exceed more than 2 doses in a 24 hour period." Per May 2018 MAR: Apply to affected area as needed, not to exceed 2 uses per day Maalox advanced suspension solution, oral On Prescription 9/13/17 by Flury: "do not take more than 24 teaspoons in a 24 hour period"; per May 2018, MAR Take 2-4 TBS (30-60mls) by mouth daily as needed, not to exceed 3 doses in a 24 hour period; Milk of magnesia suspension solution oral: per Doctor's order, 9/13/17; by PCP Flury; "do not exceed the maximum recommended daily dose in a 24hr period. Drink a full glass of liquid with each dose" listed are capsules, tablets or suspension. Per May 2018 MAR Take 2-4 TBS (30-60mls) by mouth daily as needed, not to exceed 3 doses in a 24 hour period Triple antibiotic ointment topical; Per Dr. order 9/13/17, by PCP Flury; not to exceed 2 treatments in a 24 hour period" Per May 2018, MAR Apply to affected area as needed not to exceed 3x a day; Tucks medicated pads were not onsite and staff reported they were discontinued. Per the May 2018 MAR FK has both Xanax 2mg and Diazepam 10mg both prescribed by Dr. Lyons, to be given prior to dental appointments. It is unclear which or both medication should be given.
SE	J&J	Tobosa	Tobosa	X			<p>The following issues need to be clarified regarding individual's current medication orders/MAR:</p> <ul style="list-style-type: none"> Indication is not listed for Guaifenesin 400 mg tablet. Indication is not listed for clear skin cleansing pads. Albuterol 0.083% (PRN), it is not clear whether this medication is given per nebulizer or is an inhaler.

Reg	CM	Res	Day	Immd	Spec	IR	Issue
							<ul style="list-style-type: none"> • Instruction to clean g-tube site 3 times daily is listed as PRN, but looks like it should be done daily. • Oxycodone-Acetaminophen 5-325 (PRN) has no instruction to crush or give per tube. • His Keppra bottle indicates that it is to be given by mouth on the prescription label. Order of 04.03.2018 also contains this error. MAR says to give per tube. • His Tegretol bottle indicates that it is to be given by mouth on the prescription label Order of 04.03.2018 also contains this error. MAR says to give per tube. • His Temazepam card indicates that it is to be given by mouth on the prescription label. Order of 04.03.2018 also contains this error. MAR says to give per tube. • He has an order for non-alcoholic fluoride rinse. The rinse in the house is Crest 3D White, which is non-alcoholic, but not fluoridated. • He has two separate orders for Duoneb currently in effect: one to be administered TID and one for PRN in case of respiratory symptoms. There is only one box in the house for the daily doses. The PRN inhalant appears to be Albuterol, which was also present. • The prescription label on the box of Duoneb say it is to be administered QID. The order/MAR say TID. • The instruction on the prescription label for Lactulose indicates it is to be given once daily PRN. The doctor's order and MAR indicate that it is to be given after no bowel movement for two days. • Order of 04.03.2018 indicates that Nutren is to be given every 2 hours orally. MAR says per tube and it is administered per tube. • Ventolin HFA 9- MCG Inhaler - expired 2.2018 <p>Staff report and record review indicate the team is having issues with the Omeprazole (beads) clogging his tube. PCP recommended adding it to an acidic type liquid which staff are doing but still experience clogging.</p>
Not following orders/recommendations							
SE	Peak	Aspire	Aspire			X	OT services, recommended by DDSD Clinical Services as needed, is not available in the area near individual's home, and a RORI has not been filed by the team. The last Clinical services report was dated 5/9/17 and was a discontinuation report. Individual has severe vision issues and will be moving into a new home soon. The new CM, who started with him on 5/31/18 indicated in her interview that she plans to file a RORI soon.
Symptoms/Issues not being followed up							
SE	Mi Via	Mi Via	Mi Via	X			<p>Lack of follow up and clarity on uterine mass.</p> <p>2009¹: In May 2009, she had her gallbladder removed. At that time, it was discovered that she had a mass on her ovary. She followed up with doctors at MD Anderson in Houston and it was discovered that the mass was not cancerous and operating to remove the mass was not a viable option. She was given instructions to have her doctors in Roswell monitor the mass and follow up if there were further developments.</p> <p>2010²: Vaginal bleeding: Requested information regarding the length, duration and source of individual's (vaginal) bleeding which took place a few weeks ago. Originally thought blood was coming from hemorrhoids for which cream was prescribed by her physician. However, this didn't stop the bleeding. Others felt the blood was coming from her vagina. Once the bleeding stopped, she was not taken back to her physician. Her nurse is aware of this incident so if additional information could be provided that would be very welcome.</p> <p>10.30.12 CPR Immediate Finding: Need CT Scan to check on size of pelvic mass and Liver.</p> <p>11.2.17: Follow-up appointment: has hernia which needs follow up; has uterine mass which needs follow up.</p> <p>11.2.17: Aspire Nursing Progress Notes: Follow up on uterine mass, requested CT Scan.</p> <p>12.2.17: CT Denied. PCP to resubmit request.</p> <p>12.4.17: Urgent Visit. Awaiting CT Scan.</p> <p>1.11.18: CT Still not approved.</p> <p>2.1.18: CT still not approved.</p> <p>4.23.18: CT still pending approval.</p> <p>4.25.18: CT Approved on 4.24.18.</p>

¹ Per 2010 CPR.

² Ibid

Reg	CM	Res	Day	Immd	Spec	IR	Issue
							6.19.18: IQR Interviews, CT Scan still not scheduled, has not occurred.
Aspiration/CARMP Issues							
SE	J&J	Leaders	Leaders	X			There are 4 men living in this home. Three of whom have CARMPs with 1 staff during dinner.
SE	J&J	Tobosa	Tobosa	X			Individual's pulmonologist 2.6.17 visit summary indicates/recommends him to be upright for two hours after tube feeding. His CARMP says 45 minutes. There is no evidence that the team used the decision consultation process to consider the recommendation. There are differences between the oral care routine in the CARMP and the 7/2017 dental recommendations. There is no evidence that the team used the decision consultation process to consider the dental recommendations.
SE	J&J	Tobosa	Tobosa	X			Day Staff did not implement the CARMP correctly during snack time. Day staff presented a peanut butter and jelly burrito to him. He picked up the burrito and took a bite. The reviewer asked if the burrito should be cut up, the staff said no, only meet has to be cut up. Staff was then invited to review the CARMP stating to cut food into quarter size pieces. Staff then cut the burrito into quarter size pieces. Staff also indicated he had been feeding him (the original way) that way since "day one".
SE	J&J	Tobosa	Tobosa		X		<p>There is information on the CARMP 5/14/18 that needs to be clarified:</p> <ul style="list-style-type: none"> CARMP states that food should be chopped (pg. 2) into "Nickel Size Pieces", the Emergency Data Form, 3/20/18, states "the size of a Quarter" and the Person-Centered Assessment 4/20/18 states "pea size pieces" (page 5, 3rd Paragraph), E-Chat states (#8) "bite size pieces". CARMP states no more than 2 ounces of liquid at one time to ensure a safe swallow (pg. 5) yet (pg. 4) states individual "can rinse her mouth after a meal by drinking 4 ounces of clear liquids". CARMP states 2 ounces at a time to drink, e-CHAT 4/9/18 states no more than 2 Tablespoons of liquids at a time (section 8). CARMP does not list positioning for teeth brushing yet MERP for Aspiration states a 90* angle should be maintained. Per the Nurse interview food should be "chopped and cut into 1/2" pieces, nickel size pieces, soft food only." The nurse also stated there was "no specific on amount of fluid at a time". Per the Speech interview, liquids are thin, 2 oz at a time. She can use a straw. The texture is 1/2" Nickel size – food should be served soft and moist with a condiment or sauces.
SE	J&J	Nezzy Care	Nezzy Care	X			The Guardian believes a DNR has been in place since individual was in hospital in 2016 and he states that is his current position for him. There is a document in the residential file signed by the Guardian in 2014 stating that the Guardian has specifically reviewed DNR material and wishes not to sign a DNR. The Case Manager and ISP state he does not have a DNR and is full code, although she indicated there was a DNR during a past hospitalization specifically for that event. The Nurse was vague about his DNR status.

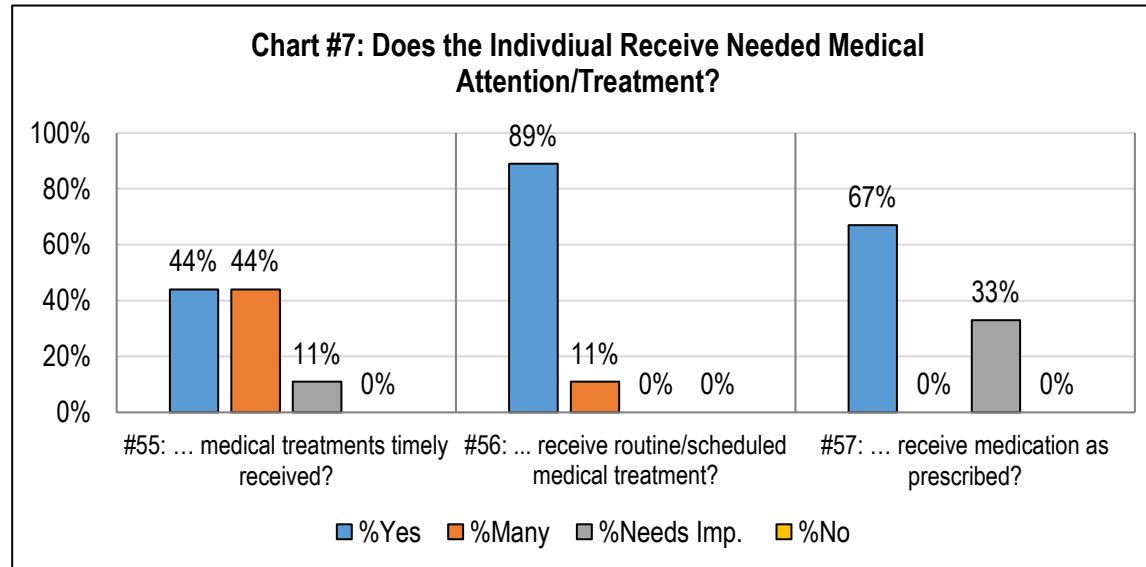
E. Health, Assessments and Overall Wellness

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.

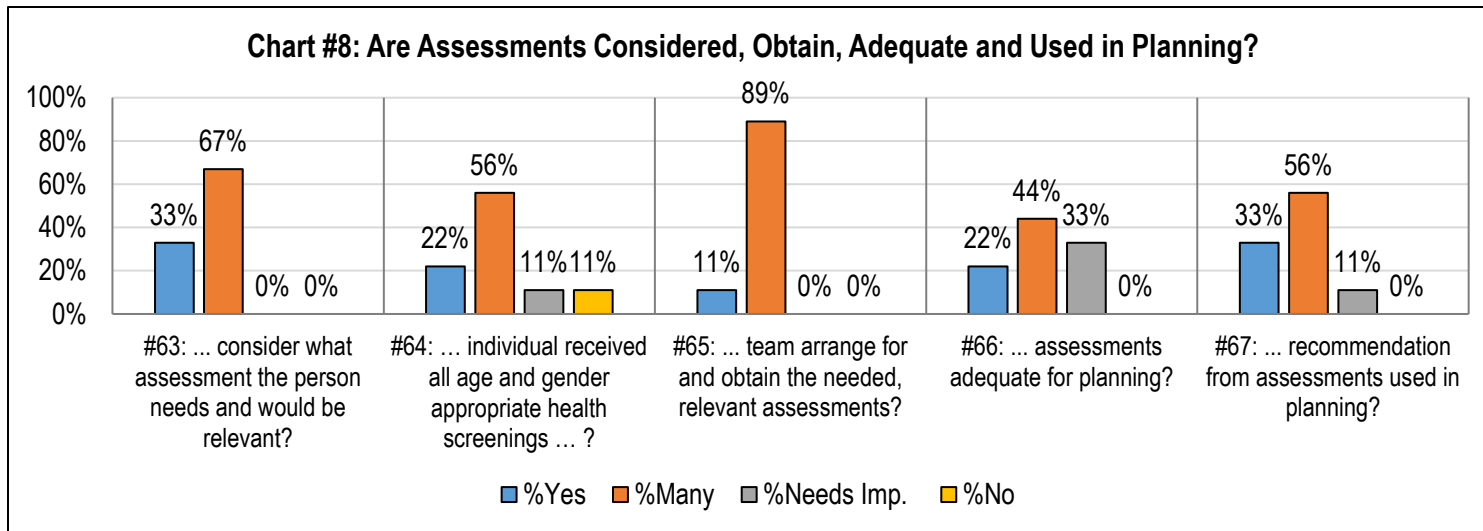
Question #63: Did the team consider what assessment the person needs and would be relevant to the Team's planning efforts?

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
	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Mi Via (1)	Nezzy Care (1)	Tobosa (3)	
Specialty Consult not completed				1				1
Audiology/ABR: Not Current/Missing/Inaccurate	1	1					1	3
Vision: Not Current/Missing/Inaccurate	1	1					1	3
Nutrition: Not Current/Missing/Inaccurate		1						1
Dental: Assessment missing/needed				1	1			2
Bone Density/Dexa: Not Current/Missing/Inaccurate				1			1	2
Annual Physical not accurate/complete							2	2
CT/MRI scan needed					1			1
MERPs/HCPs Not found/not specific/incorrect		2			7		12	21
Meds purpose not listed							2	2
MAR/Medication/Dr. Order do not match						8	22	30

Residential Agency (# in sample):								
Area	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Mi Via (1)	Nezzy Care (1)	Tobosa (3)	Total
Med delivery instructions unclear							2	2
Medication on MAR not found in home							3	3
Medication orders duplicated							1	1
Expired meds found in med box/home							2	2
eChat incorrect/incomplete	2		7				2	11
HepC vaccine not done (healthfinder.gov)		1		1		1	1	4
Shingles vaccine not done (healthfinder.gov)		1					1	2
Pneumonia vaccine not done (healthfinder.gov)		1				1		2
Colon cancer screen not done (healthfinder.gov)			1	1				2
TDap not completed as recommended (healthfinder)			1			1		2
HIV Testing not completed (healthfinder.gov)		1					1	2
Flu vaccine not done (healthfinder.gov)			1					1
CARMP inaccurate/incomplete/not current			2				3	5
Inconsistency between HCP/CARMP/MERP/eChat					7		6	13
Failed to follow CARMP				1			1	2
Labs missing (PSA, pre-Physical, pre-Neuro appt.)							1	1
Totals	4	9	12	6	16	11	65	123

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:

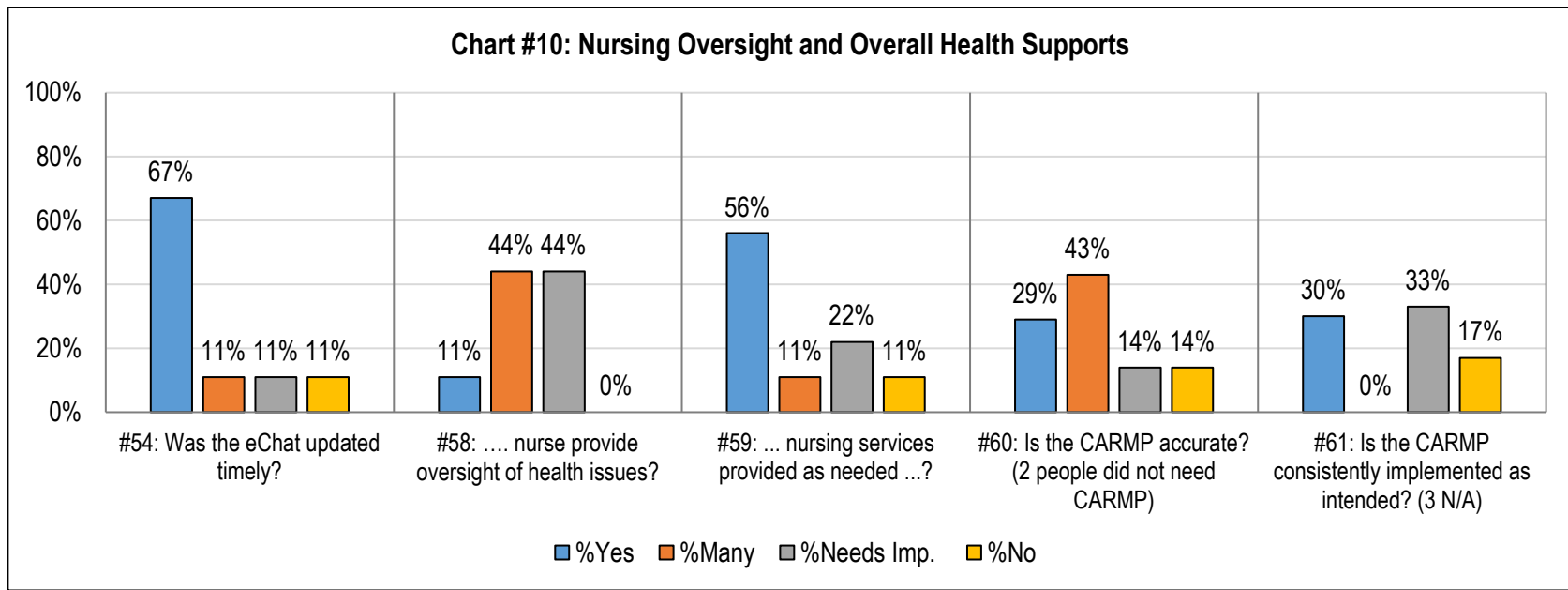
Question #54: Was the eChat updated timely?

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?



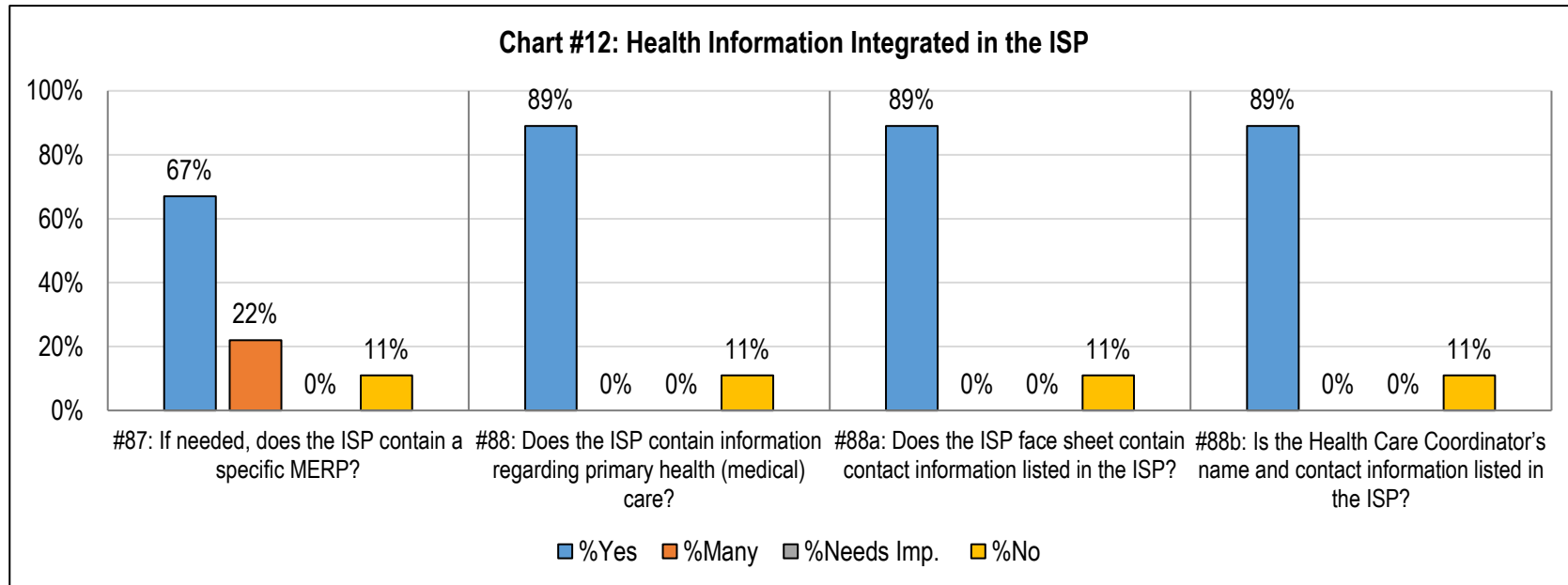
Oversight provided by nurses is a critical safeguard for Jackson Class Members, direct support professionals and their supervisors. The table below provides specific details, by Residential provider, of nursing related issues identified during the 2018 IQR. Again, this represents the number of issues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

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

Area	Residential Agency (# in sample):							Total
	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Mi Via (1)	Nezzy Care (1)	Tobosa (3)	
Nursing Quarterly report not timely completed						4		4
Nursing not providing info to team/PCP as needed							2	2
Nurse report not accurate/missing information			2	3			2	7
Nurse not Monitoring as required	1			2			3	6
Nurse needs to increase communication	2						4	6
Totals	3	0	2	5	0	4	11	25

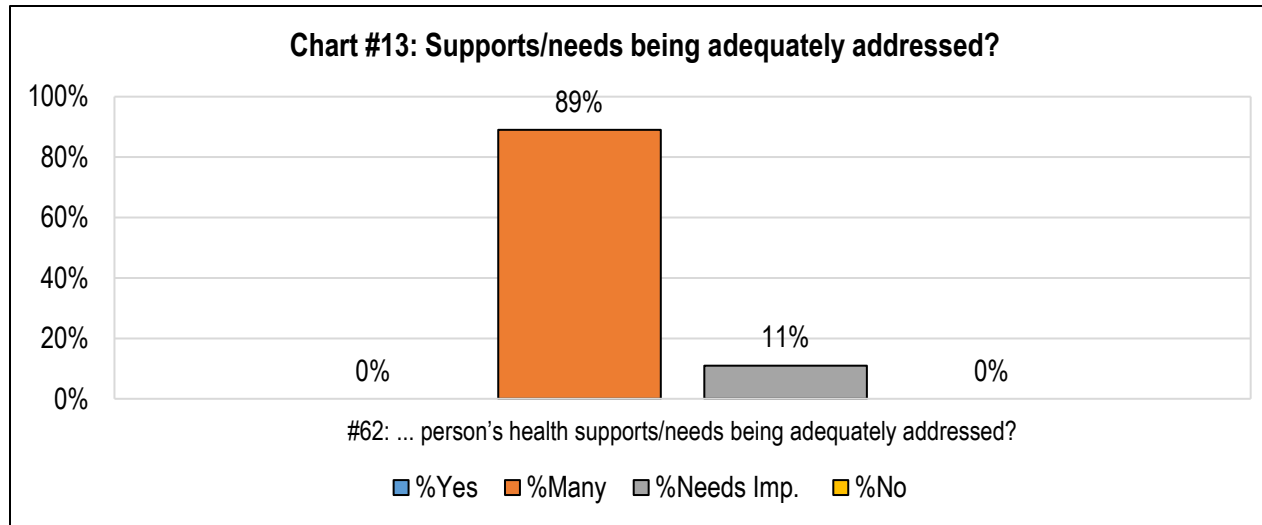
In addition to the issues and questions noted above, the individual's nurse is responsible, with the assistance of the rest of the Team, to assure that the documents presented and created for planning, such as the ISP, are accurate and thorough and contain the needed plans and information required. The 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 9 people scored in the Southeast review, no individual had their health supports/needs adequately addressed. There were eight people who had many of their needs addressed (89%), and one is receiving supports that need improvement (11%).



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
	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Mi Via (1)	Nezzy Care (1)	Tobosa (3)	
Weight not tracked/inconsistent							2	2
Bowel/bladder/fluid tracking not consistent	2			1			8	11
Sodium Tracking not inconsistent/inaccurate						1		1
Vitals tracking not consistent/incomplete							2	2
Seizure tracking not consistent					1			1
PT Evaluation Needed							1	1
PT Evaluation does not identify baseline/progress							3	3
PT Report (Annual/Semi) inaccurate/inadequate							2	2
PT Report (Annual/Semi) missing/not provided		1					1	2
OT Evaluation Needed	1						1	2
OT Report (Annual/Semi) missing/not provided		2						2
SLP Report (Annual/Semi) inaccurate/inadequate				2			3	5

Residential Agency (# in sample):								
Area	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Mi Via (1)	Nezzy Care (1)	Tobosa (3)	Total
SLP Eval not provided for review/missing		2				1		3
SLP Evaluation does not identify baseline/progress							2	2
Behavior Eval does not identify baseline/progress	2					1	5	8
Behavior Report inaccurate/inadequate						1		1
Behavior Eval not provided for review/missing							1	1
Total # of Issues	5	5	0	3	1	4	31	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?

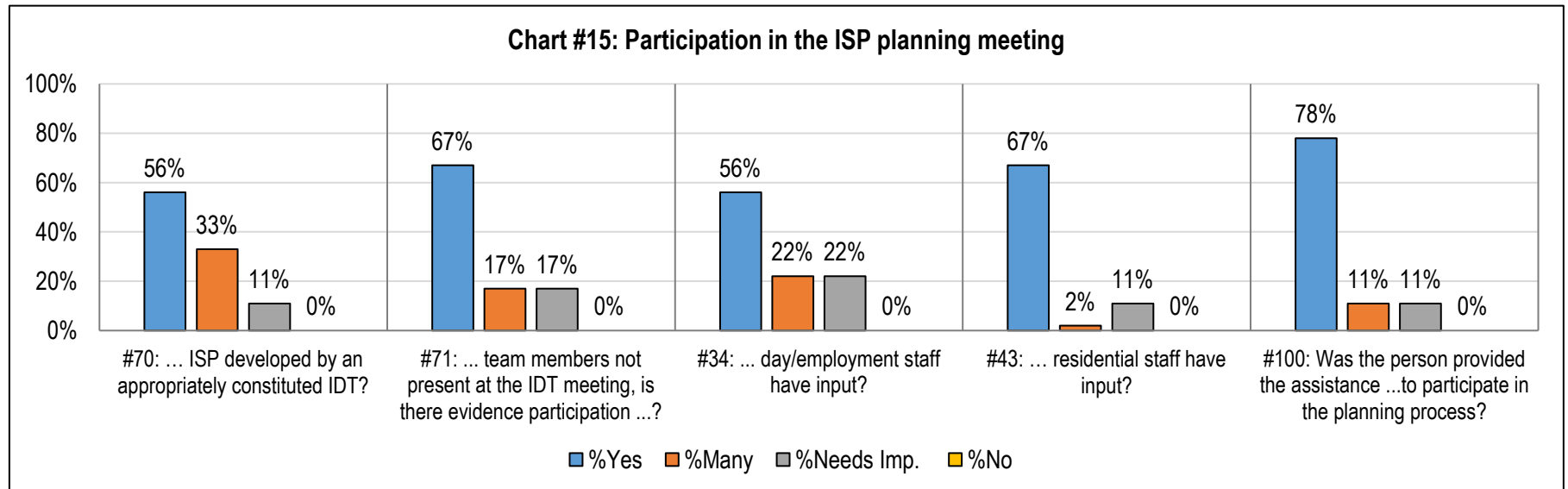


Chart #16: ISP Development Participation, by Provider

Question	Residential Agency (# in sample):					
	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (3)
Q# 70	100% Yes (1)	100% Yes (1)	100% Yes (2)	100% Yes (1)	100% Yes (1)	67% Yes (2) 33% Needs Imp (1)
Q# 71	(1 N/A)	0% Yes 100% Needs Imp (1)	100% Yes (2)	100% Yes (1)	0% Yes 100% Many (1)	67% Yes (2) 33% Many (1)
Q# 34	100% Yes (1)	0% Yes 100% Needs Imp (1)	100% Yes (2)	100% Yes (1)	0% Yes 100% Many (1)	33% Yes (1) 33% Many (1) 33% Needs Imp (1)
Q# 43	100% Yes (1)	100% Yes (1)	(3 N/A)	100% Yes (1)	0% Yes 100% Many (1)	50% Yes (1) 50% Needs Imp (1) (1 N/A)
Q# 100	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (2)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 67% Many (2) 33% Needs Imp (1)

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

Question	Case Management Agency (# in sample):		
	DDSD (1)	Excel (1)	J&J (7)
Q# 70	100% Yes (1)	100% Yes (1)	43% Yes (3) 43% Many (3) 14% Needs Imp (1)
Q# 71	100% Yes (1)	(1 N/A)	60% Yes (3) 20% Many (1) 20% Needs Imp (1) (2 N/A)
Q# 34	0% Yes 100% Needs Imp (1)	100% Yes (1)	57% Yes (4) 29% Many (2) 14% Needs Imp (1)
Q# 43	0% Yes 100% Needs Imp (1)	100% Yes (1)	71% Yes (5) 29% Many (2)
Q# 100	100% Yes (1)	0% Yes 100% Many (1)	86% Yes (6) 14% Needs Imp (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?

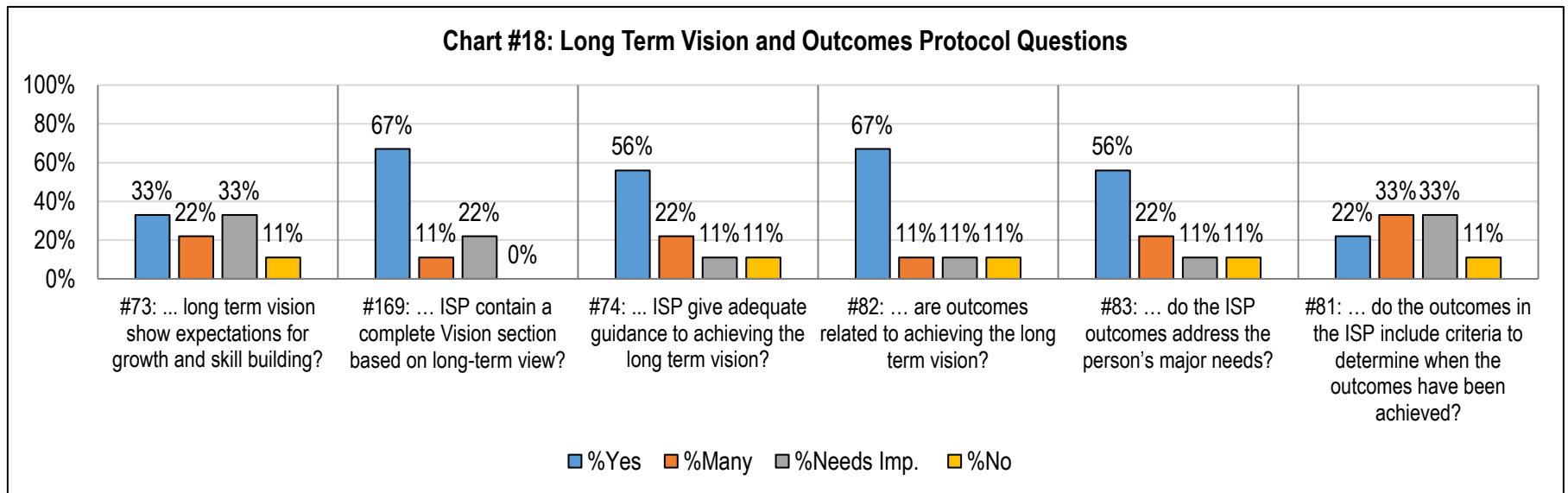


Chart #19: Vision and Outcome Scores, by Residential Agency

Question	Residential Agency (# in sample):					
	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Nezy Care (1)	Tobosa (3)
Q# 73	0% Yes 100% Many (1)	0% Yes 100% No (1)	100% Yes (2)	0% Yes 100% Needs Imp (1)	0% Yes 100% Many (1)	33% Yes (1) 67% Needs Imp (2)
Q# 169	0% Yes 100% Many (1)	0% Yes 100% Needs Imp (1)	100% Yes (2)	100% Yes (1)	100% Yes (1)	67% Yes (2) 33% Needs Imp (1)

	Residential Agency (# in sample):					
Question	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (3)
Q# 74	100% Yes (1)	0% Yes 100% No (1)	100% Yes (2)	100% Yes (1)	0% Yes 100% Many (1)	33% Yes (1) 33% Many (1) 33% Needs Imp (1)
Q# 82	100% Yes (1)	0% Yes 100% No (1)	100% Yes (2)	100% Yes (1)	100% Yes (1)	33% Yes (1) 33% Many (1) 33% Needs Imp (1)
Q# 83	0% Yes 100% Many (1)	0% Yes 100% No (1)	100% Yes (2)	0% Yes 100% Needs Imp (1)	100% Yes (1)	67% Yes (2) 33% Many (1)
Q# 81	0% Yes 100% Many (1)	0% Yes 100% No (1)	50% Yes (1) 50% Many (1)	100% Yes (1)	0% Yes 100% Needs Imp (1)	33% Many (1) 67% Needs Imp (2)

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

	Case Management Agency (# in sample):		
Question	DDSD (1)	Excel (1)	J&J (7)
Q# 73	0% Yes 100% No (1)	0% Yes 100% Many (1)	43% Yes (3) 14% Many (1) 43% Needs Imp (3)
Q# 169	0% Yes 100% Needs Imp (1)	0% Yes 100% Many (1)	86% Yes (6) 14% Needs Imp (1)
Q# 74	0% Yes 100% No (1)	100% Yes (1)	57% Many (3) 29% Many (2) 14% No (1)
Q# 82	0% Yes 100% No (1)	100% Yes (1)	71% Yes (5) 14% Many (1) 14% No (1)
Q# 83	0% Yes 100% No (1)	0% Yes 100% Many (1)	71% Yes (5) 14% Many (1) 14% No (1)
Q# 81	0% Yes 100% No (1)	0% Yes 100% Many (1)	29% Yes (2) 29% Many (2) 57% Needs Imp (3)

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?

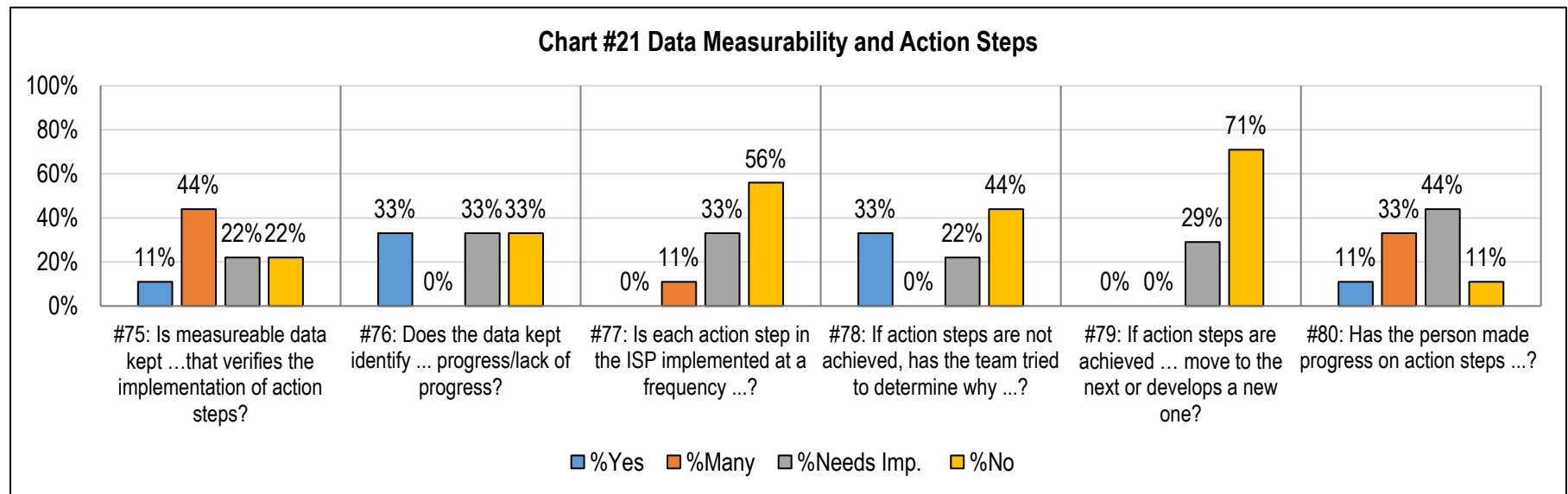


Chart #22: Data and Related ISP Action Step Scores by Residential Agency

Question	Residential Agency (# in sample):					
	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (3)
Q# 75	0% Yes 100% Many (1)	0% Yes 100% No (1)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (1)	0% Yes 100% No (1)	0% Yes 33% Many (1) 67% Needs Imp (2)
Q# 76	0% Yes	0% Yes	100% Yes (2)	100% Yes (1)	0% Yes	0% Yes

	Residential Agency (# in sample):					
Question	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (3)
	100% Needs Imp (1)	100% No (1)			100% No (1)	67% Needs Imp (2) 33% No (1)
Q# 77	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Needs Imp (2)	0% Yes 100% Many (1)	0% Yes 100% No (1)	0% Yes 33% Needs Imp (1) 67% No (2)
Q# 78	0% Yes 100% No (1)	0% Yes 100% No (1)	50% Yes (1) 50% Needs Imp (1)	100% Yes (1)	0% Yes 100% No (1)	33% Yes (1) 33% Needs Imp (1) 33% No (1)
Q# 79	0% Yes 100% No (1)	0% Yes 100% No (1)	(2 N/A)	0% Yes 100% Needs Imp (1)	0% Yes 100% Needs Imp (1)	100% No (3)
Q# 80	0% Yes 100% Needs Imp (1)	0% Yes 100% No (1)	50% Yes (1) 50% Many (1)	0% Yes 100% Many (1)	0% Yes 100% Needs Imp (1)	0% Yes 33% Many (1) 67% Needs Imp (2)

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

	Case Management Agency (# in sample):		
Question	DDSD (1)	Excel (1)	J&J (7)
Q# 75	0% Yes 100% No (1)	0% Yes 100% Many (1)	14% Yes (1) 43% Many (3) 29% Needs Imp (2) 14% No (1)
Q# 76	0% Yes 100% No (1)	0% Yes 100% Needs Imp (1)	43% Yes (3) 29% Needs Imp (2) 29% No (2)
Q# 77	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 14% Many (1) 43% Needs Imp (3) 43% No (3)
Q# 78	0% Yes 100% No (1)	0% Yes 100% No (1)	43% Yes (3) 29% Needs Imp (2) 29% No (2)
Q# 79	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 40% Needs Imp (2) 60% No (3) (2 N/A)
Q# 80	0% Yes	0% Yes	14% Yes (1)

Question	Case Management Agency (# in sample):		
	DDSD (1)	Excel (1)	J&J (7)
	100% No (1)	100% Needs Imp (1)	43% Many (3) 43% Needs Imp (3)

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?

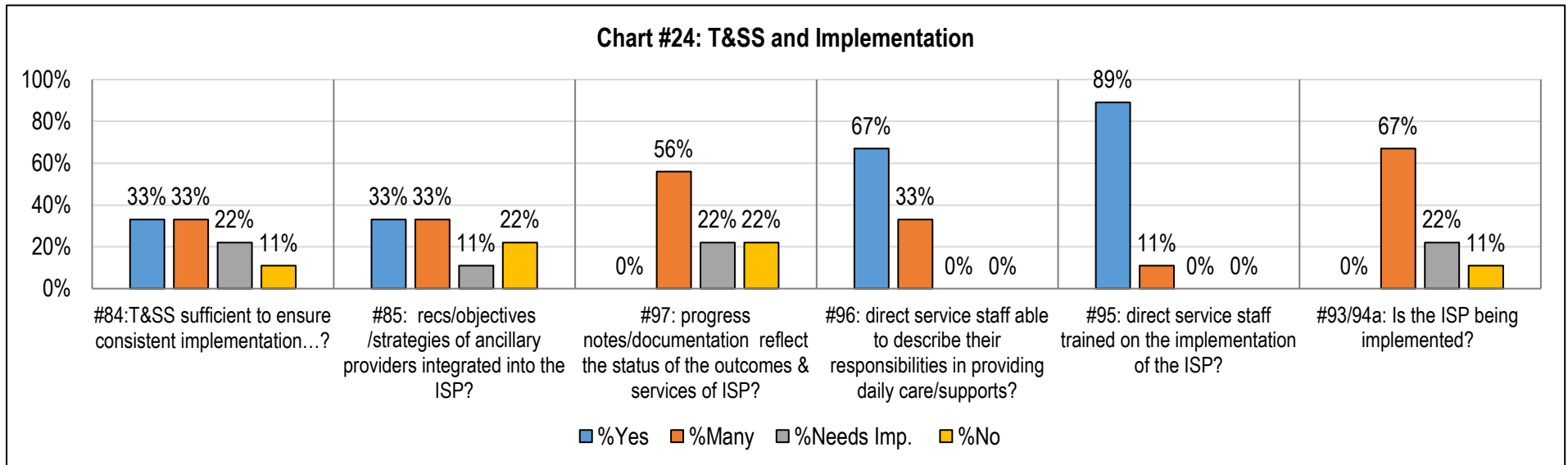


Chart #25: T&SS and ISP Implementation Scores by Residential Agency

Question	Residential Agency (# in sample):					
	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (3)
#84	0% Yes 100% Needs Imp (1)	0% Yes 100% No (1)	100% Yes (2)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 67% Yes (2) 33% Needs Imp (1)
#85	0% Yes 100% Needs Imp (1)	0% Yes 100% No (1)	100% Yes (2)	100% Yes (1)	0% Yes 100% Many (1)	0% Yes 67% Yes (2) 33% No (1)
#97	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Many (2)	0% Yes 100% Many (1)	0% Yes 100% Needs Imp (1)	0% Yes 67% Yes (2) 33% Needs Imp (1)
#96	100% Yes (1)	100% Yes (1)	100% Yes (2)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (2)
#95	100% Yes (1)	100% Yes (1)	100% Yes (2)	100% Yes (1)	100% Yes (1)	67% Yes (2) 22% Many (1)
#94a	0% Yes 100% No (1)	0% Yes 100% Needs Imp (1)	0% Yes 100% Many (2)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 67% Yes (2) 33% Needs Imp (1)

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

Question	Case Management Agency (# in sample):		
	DDSD (1)	Excel (1)	J&J (7)
#84	0% Yes 100% No (1)	0% Yes 100% Needs Imp (1)	43% Yes (3) 43% Many (3) 14% Needs Imp (1)
#85	0% Yes 100% No (1)	0% Yes 100% Needs Imp (1)	43% Yes (3) 43% Many (2) 14% No (1)
#97	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 71% Many (5) 29% Needs Imp (2)
#96	100% Yes (1)	100% Yes (1)	57% Yes (4)

Question	Case Management Agency (# in sample):		
	DDSD (1)	Excel (1)	J&J (7)
			43% Many (3)
#95	100% Yes (1)	100% Yes (1)	86% Yes (6) 14% Many (1)
#94a	0% Yes 100% Needs Imp (1)	0% Yes 100% No (1)	0% Yes 86% Many (6) 14% 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

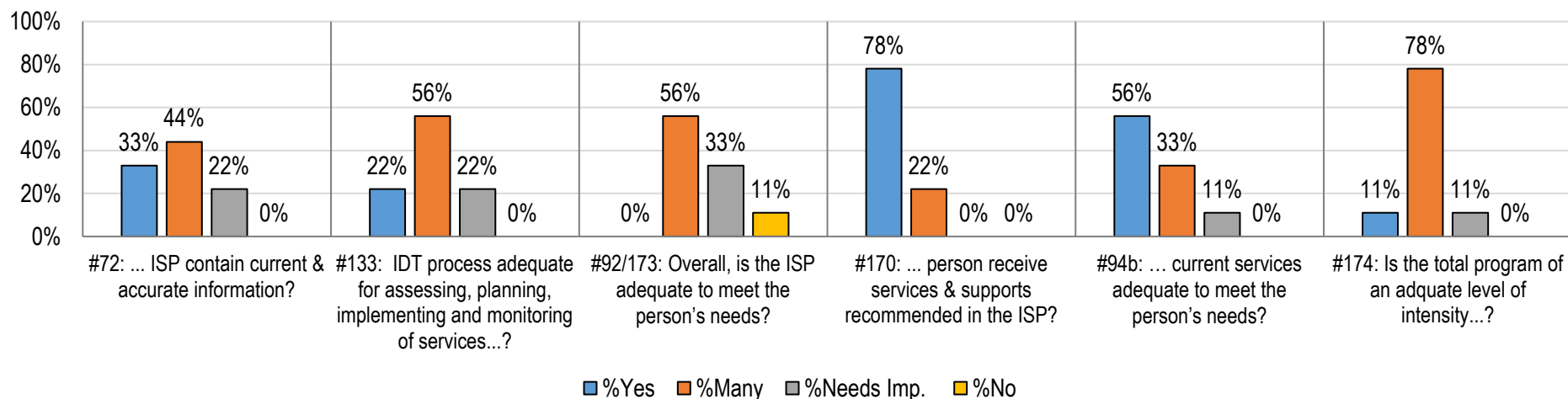


Chart #28: ISP Content and Adequacy Scores, by Residential Agency

Question	Residential Agency (# in sample):					
	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (3)
#72	0% Yes 100% Needs Imp (1)	0% Yes 100% Needs Imp (1)	100% Yes (2)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	33% Yes (1) 67% Many (2)
#133	0% Yes 100% Needs Imp (1)	0% Yes 100% Many (1)	100% Yes (2)	0% Yes 100% Many (1)	0% Yes 100% Many (1)	0% Yes 67% Many (2) 33% Needs Imp (1)
#92/173	0% Yes 100% Needs Imp (1)	0% Yes 100% No (1)	0% Yes 100% Many (2)	0% Yes 100% Many (1)	0% Yes 100% Needs Imp (1)	0% Yes 67% Many (2) 33% Needs Imp (1)
#170	0% Yes 100% Many (1)	100% Yes (1)	100% Yes (2)	100% Yes (1)	100% Yes (1)	67% Yes (2) 33% Many (1)
#94b	0% Yes 100% Needs Imp (1)	100% Yes (1)	100% Yes (2)	100% Yes (1)	100% Yes (1)	0% Yes 100% Many (3)
#174	0% Yes	100% Yes (1)	0% Yes	0% Yes	0% Yes	0% Yes

	Residential Agency (# in sample):					
Question	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (3)
	100% Needs Imp (1)		100% Many (2)	100% Many (1)	100% Many (1)	100% Many (3)

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

	Case Management Agency (# in sample):		
Question	DDSD (1)	Excel (1)	J&J (7)
#72	0% Yes 100% Needs Imp (1)	0% Yes 100% Needs Imp (1)	43% Yes (3) 57% Many (4)
#133	0% Yes 100% Many (1)	0% Yes 100% Needs Imp (1)	29% Yes (2) 57% Many (4) 14% Needs Imp (1)
#92/173	0% Yes 100% No (1)	0% Yes 100% Needs Imp (1)	0% Yes 71% Many (5) 29% Needs Imp (2)
#170	100% Yes (1)	0% Yes 100% Many (1)	86% Yes (6) 14% Many (1)
#94b	100% Yes (1)	0% Yes 100% Needs Imp (1)	57% Yes (4) 43% Many (3)
#174	100% Yes (1)	0% Yes 100% Needs Imp (1)	0% Yes 100% Many (7)

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 Metro1 Region IQR in the Case Management area are the fourth 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 #30: Case Management Services

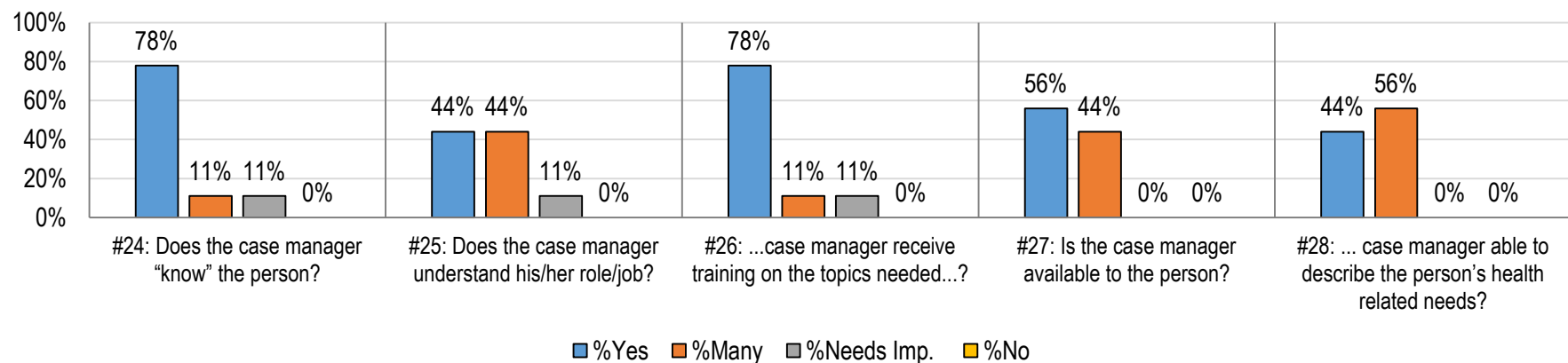


Chart #31: Case Management Scores, by Case Management Agency

Question	Case Management Agency (# in sample):		
	DDSD (1)	Excel (1)	J&J (7)
Q# 24	100% Yes (1)	0% Yes 100% Many (2)	86% Yes (6) 14% Needs Imp (1)
Q# 25	100% Yes (1)	0% Yes 100% Many (2)	43% Yes (3) 43% Many (3) 14% Needs Imp (1)
Q# 26	0% Yes 100% Many (1)	100% Yes (1)	86% Yes (6) 14% Needs Imp (1)
Q# 27	100% Yes (1)	0% Yes 100% Many (2)	57% Yes (4) 43% Many (3)
Q# 28	0% Yes 100% Many (2)	0% Yes 100% Many (2)	57% Yes (4) 43% Many (3)

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?

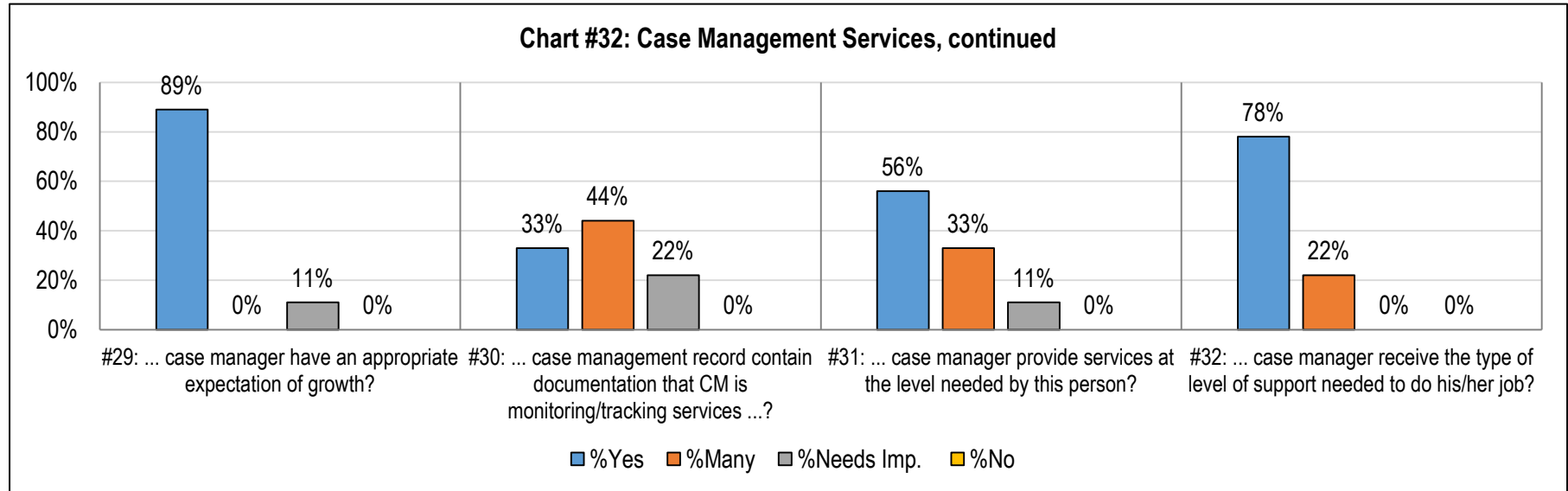


Chart #33: Case Management Scores, by Case Management Agency

Question	Case Management Agency (# in sample):		
	DDSD (1)	Excel (1)	J&J (7)
Q# 29	100% Yes (1)	0% Yes 100% Needs Imp (1)	100% Yes (7)
Q# 30	100% Yes (1)	0% Yes 100% Needs Imp (1)	29% Many (2) 57% Yes (4) 14% Needs Imp (1)
Q# 31	100% Yes (1)	0% Yes 100% Needs Imp (1)	57% Yes (4) 43% Many (3)
Q# 32	100% Yes (1)	100% Yes (1)	71% Yes (5)

	Case Management Agency (# in sample):		
Question	DDSD (1)	Excel (1)	J&J (7)
			29% Many (2)

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 Metro1 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?

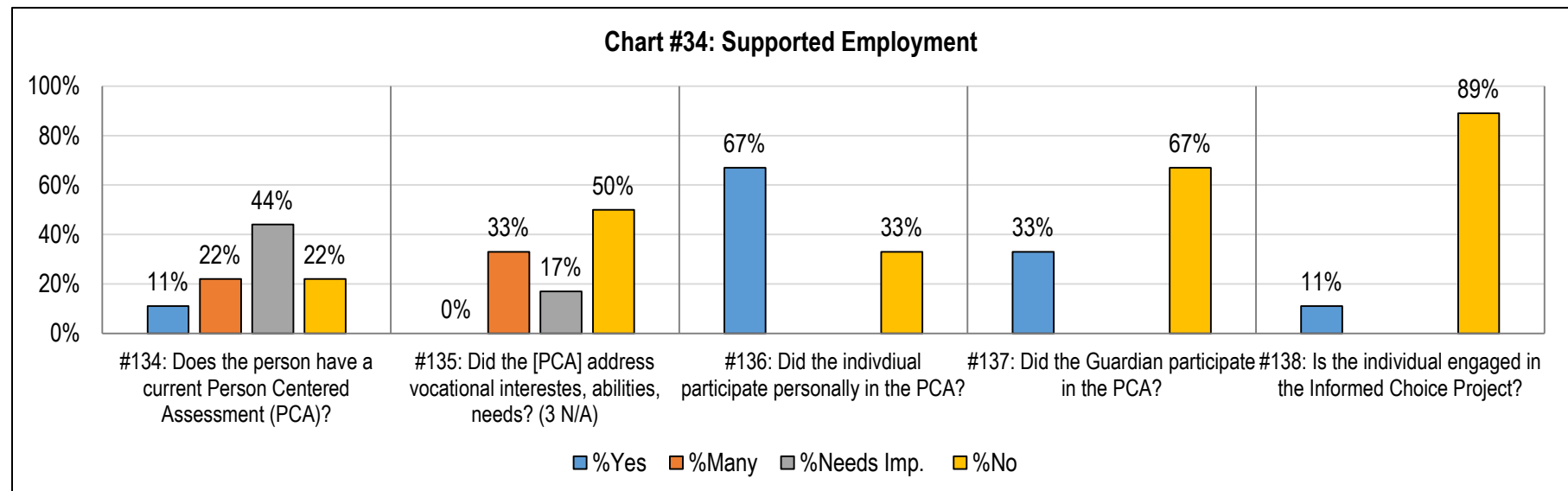


Chart #35: Supported Employment Scores by Provider Agency

Question	Residential Agency (# in sample):					
	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (3)
#134	0% Yes 100% Many (1)	0% Yes 100% No (1)	50% Yes (1) 50% Many (1)	0% Yes 100% No (1)	0% Yes 100% Needs Imp (1)	0% Yes 100% Needs Imp (3)
#135	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Many (1) (1 N/A)	(1 N/A)	0% Yes 100% No (1)	0% Yes 50% Many (1) 50% Needs Imp (1) (1 N/A)
#136	100% Yes (1)	0% Yes 100% No (1)	100% Yes (2)	100% Yes (1)	100% Yes (1)	33% Yes (1) 67% No (2)
#137	0% Yes 100% No (1)	0% Yes 100% No (1)	100% Yes (2)	0% Yes 100% No (1)	100% Yes (1)	0% Yes 100% No (3)
#138	0% Yes 100% No (1)	0% Yes 100% No (1)	50% Yes (1) 50% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (3)

Chart #36: Supported Employment Scores by Case Management Agency

Question	Case Management Agency (# in sample):		
	DDSD (1)	Excel (1)	J&J (7)
#134	0% Yes 100% No (1)	0% Yes 100% Many (1)	14% Yes (1) 14% Many (1) 57% Needs Imp (4) 14% No (1)
#135	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 50% Many (2) 25% Needs Imp (1) 25% No (1) (3 N/A)
#136	0% Yes 100% No (1)	100% Yes (1)	71% Yes (5) 29% No (2)
#137	0% Yes 100% No (1)	0% Yes 100% No (1)	43% Yes (3) 57% No (4)
#138	0% Yes 100% No (1)	0% Yes 100% No (1)	14% Yes (1) 86% No (6)

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?

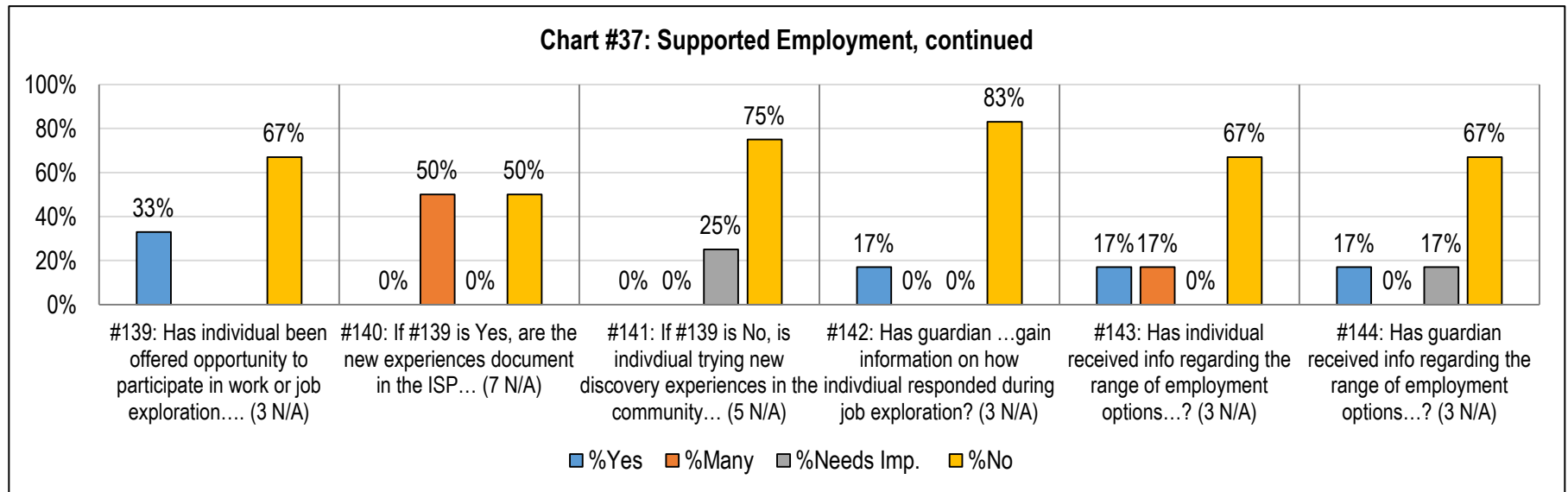


Chart #38: Supported Employment Scores by Provider Agency

Question	Residential Agency (# in sample):					
	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (3)
#139	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1) (1 N/A)	(1 N/A)	0% Yes 100% Many (1)	50% Yes (1) 50% No (1) (1 N/A)
#140	(1 N/A)	(1 N/A)	(2 N/A)	(1 N/A)	0% Yes 100% Many (1)	0% Yes 100% No (1)

Question	Residential Agency (# in sample):					
	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (3)
						(2 N/A)
#141	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Needs Imp (1) (1 N/A)	(1 N/A)	(1 N/A)	0% Yes 100% No (1) (2 N/A)
#142	0% Yes 100% No (1)	0% Yes 100% No (1)	100% Yes (1) (1 N/A)	(1 N/A)	0% Yes 100% No (1)	0% Yes 100% No (0) (1 N/A)
#143	0% Yes 100% No (1)	0% Yes 100% No (1)	100% Yes (1) (1 N/A)	(1 N/A)	0% Yes 100% No (1)	0% Yes 50% Many (1) 50% No (1) (1 N/A)
#144	0% Yes 100% No (1)	0% Yes 100% No (1)	100% Yes (1) (1 N/A)	(1 N/A)	0% Yes 100% No (1)	0% Yes 50% Needs Imp (1) 50% No (1) (1 N/A)

Chart #39: Supported Employment Scores by Case Management Agency

Question	Case Management Agency (# in sample):		
	DDSD (1)	Excel (1)	J&J (7)
#139	0% Yes 100% No (1)	0% Yes 100% No (1)	50% Yes (2) 50% No (2) (3 N/A)
#140	(1 N/A)	(1 N/A)	0% Yes 50% Many (1) 50% No (1) (5 N/A)
#141	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 50% No (1) 50% Needs Imp (1) (5 N/A)
#142	0% Yes 100% No (1)	0% Yes 100% No (1)	25% Yes (1) 75% No (3) (3 N/A)N/A 3 N/A 0 0 N/A 0
#143	0% Yes 100% No (1)	0% Yes 100% No (1)	25% Yes (1) 25% Many (1) 50% No (2)

Question	Case Management Agency (# in sample):		
	DDSD (1)	Excel (1)	J&J (7)
			(3 N/A)
#144	0% Yes 100% No (1)	0% Yes 100% No (1)	25% Yes (1) 25% Needs Imp (1) 50% No (2) (3 N/A)

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?

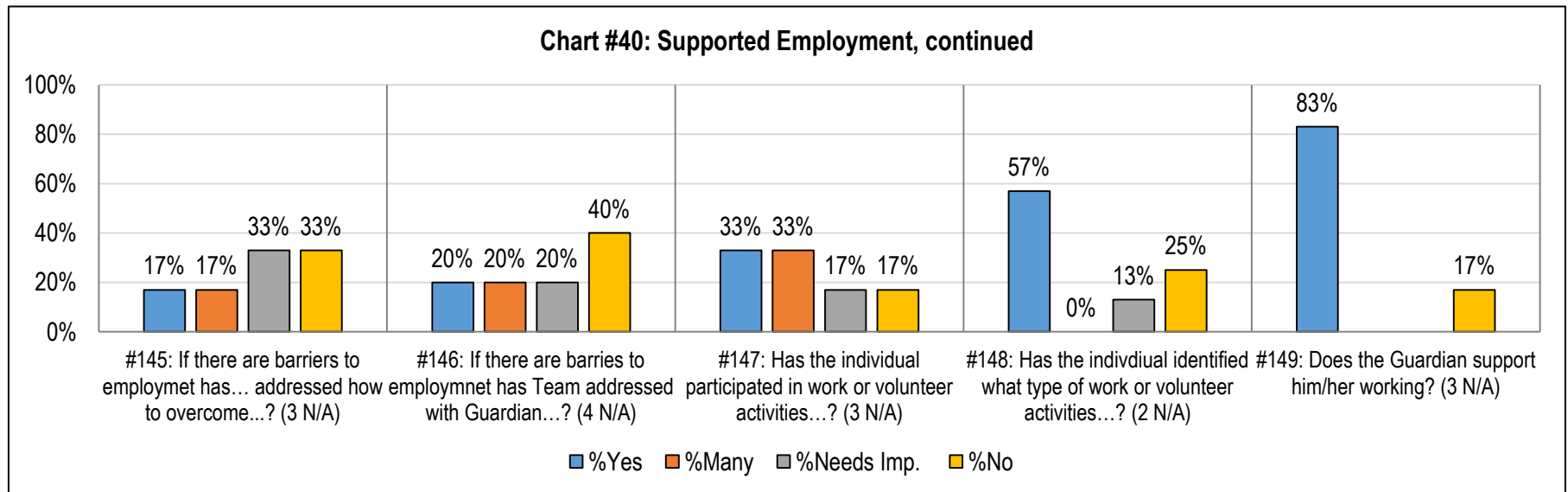


Chart #41: Supported Employment Scores by Provider Agency

	Residential Agency (# in sample):					
Question	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (3)
#145	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% Many (1) (1 N/A)	(1 N/A)	100% Yes (1)	0% Yes 100% Needs Imp (1 N/A)
#146	(1 N/A)	0% Yes 100% No (1)	0% Yes 100% Many (1) (1 N/A)	(1 N/A)	100% Yes (1)	0% Yes 50% Needs Imp (1) 50% No (1) (1 N/A)
#147	0% Yes 100% No (1)	0% Yes 100% Many (1)	0% Yes 100% Many (1) (1 N/A)	(1 N/A)	100% Yes (1)	50% Yes (1) 50% Needs Imp (1) (1 N/A)
#148	0% Yes 100% No (1)	0% Yes 100% No (1)	100 Yes (1) (1 N/A)	(1 N/A)	100% Yes (1)	67% Yes (2) 33% Needs Imp (1)
#149	0% Yes 100% No (1)	100% Yes (1)	100 Yes (1) (1 N/A)	(1 N/A)	100% Yes (1)	100% Yes (2) (1 N/A)

Chart #42: Supported Employment Scores by Case Management Agency

	Case Management Agency (# in sample):		
Question	DDSD (1)	Excel (1)	J&J (7)
#145	0% Yes 100% No (1)	0% Yes 100% No (1)	25% Yes (1) 25% Many (1) 50% Needs Imp (2) (3 N/A)
#146	0% Yes 100% No (1)	(1 N/A)	25% Yes (1) 25% Many (1) 25% Needs Imp (1) 25% No (1) (3 N/A)
#147	0% Yes 100% Many (1)	0% Yes 100% No (1)	50% Yes (3) 25% Many (1) 25% Needs Imp (1) (3 N/A)
#148	0% Yes 100% No (1)	0% Yes 100% No (1)	80% Yes (4) 20% Needs Imp (1) (2 N/A)
#149	100% Yes (1)	0% Yes 100% No (1)	100% Yes (4) (3 N/A)

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?

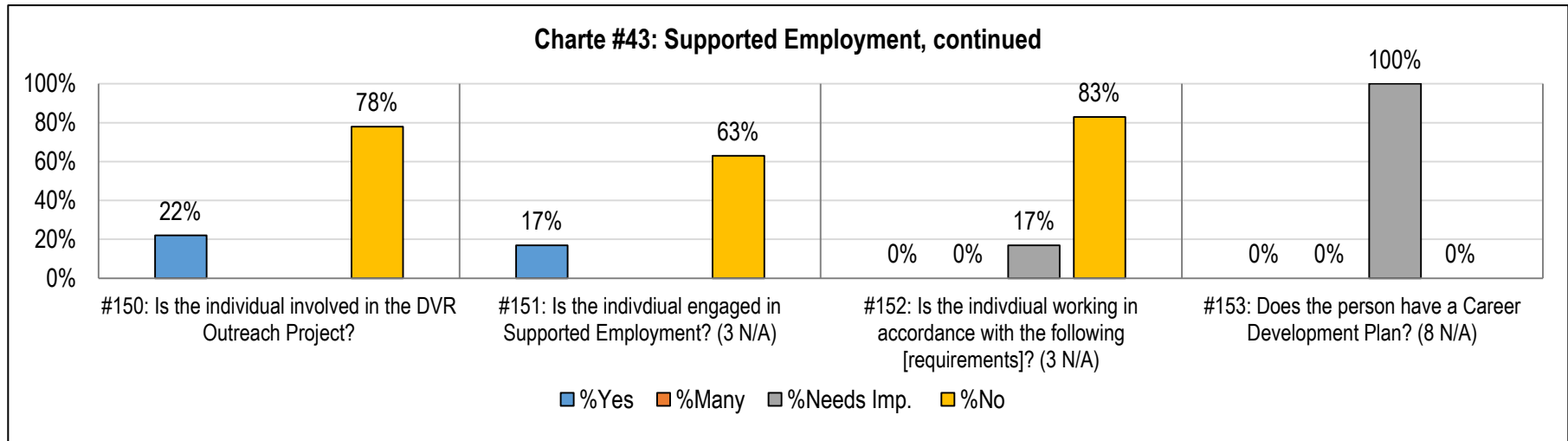


Chart #44: Supported Employment Scores by Provider Agency

Question	Residential Agency (# in sample):					
	Aspire (1)	CARC (1)	ENMRSH (2)	Leaders (1)	Nezzy Care (1)	Tobosa (3)
#150	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (2)	0% Yes 100% No (1)	0% Yes 100% No (1)	67% Yes (2) 33% No (1)
#151	0% Yes 100% No (1)	0% Yes 100% No (1)	100% Yes (1) (1 N/A)	(1 N/A)	0% Yes 100% No (1)	0% Yes 100% No (2) (1 N/A)
#152	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 100% No (1) (1 N/A)	(1 N/A)	0% Yes 100% No (1)	0% Yes 100% No (2) (1 N/A)
#153	(1 N/A)	(1 N/A)	0% Yes 100% No (1) (1 N/A)	(1 N/A)	(1 N/A)	(3 N/A)

Chart #45: Supported Employment Scores by Case Management Agency

Question	Case Management Agency (# in sample):		
	DDSD (1)	Excel (1)	J&J (7)
#150	0% Yes 100% No (1)	0% Yes 100% No (1)	29% Yes (2) 71% No (5)
#151	0% Yes 100% No (1)	0% Yes 100% No (1)	25% Yes (1) 75% No (3) (3 N/A)
#152	0% Yes 100% No (1)	0% Yes 100% No (1)	0% Yes 25% Needs Imp 75% No (3) (3 N/A)
#153	(1 N/A)	(1 N/A)	0% Yes 100% Needs Imp (1) (6 N/A)

I. IQR Scored Protocol Questions

Below are all of the questions in the protocol and the scores of the Southeast 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	78% Yes (7) 11% Many (1) 11% Needs Imp (1)
25. Does the case manager understand his/her role/job? CPRQ27 ‘17IQR#16	44% Yes (4) 44% Many (4) 11% Needs Imp (1)
26. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person? CPRQ28	78% Yes (7) 11% Many (1) 11% Needs Imp (1)
27. Is the case manager available to the person? CPRQ29; ‘17IQR#16a	56% Yes (5) 44% Many (4)
28. Was the case manager able to describe the person’s health related needs? CPRQ30	44% Yes (4) 56% Many (5)
29. Does the case manager have an appropriate expectation of growth for this person? CPRQ31	89% Yes (8) 11% Needs Imp (1)
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	33% Yes (3) 44% Many (4) 22% Needs Imp (2)
31. Does the case manager provide case management services at the level needed by this person? CPRQ33; ‘17IQR#16c	56% Yes (5) 33% Many (3) 11% Needs Imp (1)
32. Does the case manager receive the type and level of support needed to do his/her job? CPRQ34	78% Yes (7) 22% Many (2)
EMPLOYMENT AND DAY	
33. Does the direct services staff “know” the person? CPRQ35; ‘17IQR#8a	100% Yes (9)

Question	2018 (sample=10)
34. Does the direct service staff have input into the person's ISP? CPRQ36	56% Yes (5) 22% Many (2) 22% Needs Imp (2)
35. Did the direct service staff receive training on implementing this person's ISP? CPRQ37	78% Yes (7) 11% Many (1) 11% Needs Imp (1)
36. Was the direct service staff able to describe this person's health-related needs? CPRQ38	44% Yes (4) 44% Many (4) 11% Needs Imp (1)
37. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39	78% Yes (7) 11% Many (1) 11% Needs Imp (1)
37a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ39a	89% Yes (8) 11% Many (1)
37b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ39b	78% Yes (7) 11% Many (1) 11% Needs Imp (1)
38. Did the direct service staff have training in the ISP process? CPRQ40	67% Yes (6) 22% Many (2) 11% Needs Imp (1)
39. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ41	89% Yes (8) 11% Many (1)
40. Does the direct service staff have an appropriate expectation of growth for this person? CPRQ42	89% Yes (8) 11% Many (1)
41. Does the person's day/work environment generally clean, free of safety hazards and conducive to the work/activity intended? CPRQ43	89% Yes (8) 11% Many (1)
RESIDENTIAL	
42. Does the residential direct services staff "know" the person? CPRQ44; '17IQR#8b	100% Yes (9)
43. Does the direct service staff have input into the person's ISP? CPRQ45	67% Yes (6) 22% Many (2) 11% Needs Imp (1)
44. Did the direct service staff receive training on implementing this person's ISP? CPRQ46	67% Yes (6) 33% Many (3)

Question	2018 (sample=10)
45. Is the residence safe for individuals (void of hazards)? CPRQ47	78% Yes (7) 22% Many (2)
46. Was the residential direct service staff able to describe this person's health-related needs? CPRQ48	67% Yes (6) 33% Many (3)
47. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49	89% Yes (8) 11% Many (1)
47a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ49a	89% Yes (8) 11% 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	78% Yes (7) 22% Many (2)
48. Did the residential direct service staff have training in the ISP process? CPRQ50	67% Yes (6) 33% Many (3)
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 (9)
50. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52	89% Yes (8) 11% Many (1)
51. Does the person's residential environment offer a minimal level of quality of life? CPRQ53	89% Yes (8) 11% Many (1)
HEALTH	
52. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b	33% Yes (3) 67% Many (6)
53. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21	33% Yes (3) 44% Many (4) 22% Needs Imp (2)
54. Was the eChat updated timely? '17IQR#18g	67% Yes (6) 11% Many (1) 11% Needs Imp (1) 11% No (1)
55. Are all of the individual's needed medical treatments timely received? 17IQR#19	44% Yes (4) 44% Many (4) 11% Needs Imp (1)
56. Does the individual receive routine/scheduled medical treatment? 17IQR#19a	89% Yes (8) 11% Many (1)

Question	2018 (sample=10)
57. Does the individual receive medication as prescribed? 17IQR#19e	67% Yes (6) 33% Needs Imp (3)
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	11% Yes (1) 44% Many (4) 44% Needs Imp (4)
59. Are nursing services provided as needed by the individual? 17IQR#20	56% Yes (5) 11% Many (1) 22% Needs Imp (2) 11% No (1)
60. Is the CARMP is accurate? '17IQR#21f	29% Yes (2) 43% Many (3) 14% Needs Imp (1) 14% NO (1) (2 N/A)
61. Is the CARMP consistently implemented as intended?	50% Yes (3) 32% Needs Imp (2) 17% No (1) (3 N/A)
62. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19	0% Yes 89% Many (8) 11% Needs Imp (1)
ASSESSMENTS	
63. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts? CPRQ57	33% Yes (3) 67% Many (6)
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	22% Yes (2) 56% Many (5) 11% Needs Imp (1) 11% No (1)
65. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18	11% Yes (1) 89% Many (8)
66. Are the assessments adequate for planning? CPRQ59; '17IQR#4f	22% Yes (2) 44% Many (4) 33% Needs Imp (3)
67. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5	33% Yes (3) 56% Many (5) 11% Needs Imp (1)

Question	2018 (sample=10)
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	17% Yes (1) 17% Many (1) 67% No (4) (3 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 (9)
70. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3	56% Yes (5) 33% Many (3) 11% Needs Imp (1)
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	67% Yes (4) 17% Many (1) 17% Needs Imp (1) (3 N/A)
72. Does my ISP contain current and accurate information? '17IQR#6	33% Yes (3) 44% Many (4) 22% Needs Imp (2)
73. Overall, does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b	33% Yes (3) 22% Many (2) 33% Needs Imp (3)
74. Overall, does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c	56% Yes (5) 22% Many (2) 11% Needs Imp (1) 11% No (1)
75. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a	11% Yes (1) 44% Many (4) 22% Needs Imp (2) 22% No (2)
76. Does the data kept identify what the person does so a determination regarding progress/lack of progress? '17IQR#12b	33% Yes (3) 33% Needs Imp (3) 33% No (3)
77. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c	0% Yes 11% Many (1) 33% Needs Imp (3) 56% No (5)

Question	2018 (sample=10)
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	33% Yes (3) 22% Needs Imp (2) 44% No (4)
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	0% Yes 29% Needs Imp (2) 71% No (5) (2 N/A)
80. Has the person made measurable progress on actions steps during this past year?'17IQR#13b	11% Yes (1) 33% Many (3) 44% Needs Imp (4) 11% No (1)
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	22% Yes (2) 33% Many (3) 33% Needs Imp (3) 11% No (1)
82. Overall, are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d	67% Yes (6) 11% Many (1) 11% Needs Imp (1) 11% No (1)
83. Overall, do the ISP outcomes address the person's major needs? CPRQ69; '17IQR#7g	56% Yes (5) 22% Many (2) 11% Needs Imp (1) 11% No (1)
84. Overall, are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i	33% Yes (3) 33% Many (3) 22% Needs Imp (2) 11% No (1)
85. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m	33% Yes (3) 33% Many (3) 11% Needs Imp (1) 22% No (2)
86. Has the person made measurable progress in therapy this year? '17IQR#13a	33% Yes (3) 22% Many (2) 22% Needs Imp (2) 22% No (2)
87. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c	67% Yes (6) 22% Many (2) 11% No (1)

Question	2018 (sample=10)
88. Does the ISP contain information regarding primary health (medical) care? CPRQ74	89% Yes (8) 11% No (1)
88a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a	89% Yes (8) 11% No (1)
88b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b	89% Yes (8) 11% No (1)
89. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76	89% Yes (8) 11% No (1)
90. Does the ISP reflect how the person will get to work/day activities, shopping, and social activities? CPRQ75	78% Yes (7) 22% Many (2)
91. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a	67% Yes (6) 22% Many (2) 11% Needs Imp (1)
92. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7	0% Yes 56% Many (5) 33% Needs Imp (3) 11% No (1)
93. Is the ISP being implemented? (If 92 is "3") CPRQ79 '17IQR#12	(9 N/A)
94a. Is the ISP being implemented? (If 92 is "0", "1", or "2") CPRQ80a '17IQR#12	0% Yes 67% Many (6) 22% Needs Imp (2) 11% No (1)
94b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11	56% Yes (5) 33% Many (3) 11% Needs Imp (1)
95. Overall, was the direct service staff trained on the implementation of this person's ISP? CPRQ81	89% Yes (8) 11% Many (1)
96. Overall, were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82;	67% Yes (6) 33% Many (3)
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	0% Yes 56% Many (5) 22% Needs Imp (2) 22% Many (2)

Question	2018 (sample=10)
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	0% Yes 89% Yes (8) 11% Many (1)
99. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d	56% Yes (5) 44% Many (4)
100. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b	78% Yes (7) 11% Many (1) 11% Needs Imp (1)
101. Is the person offered a range of opportunities for participation in each life area? CPRQ87	67% Yes (6) 11% Many (1) 22% Needs Imp (2)
102. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30	83% Yes (5) 17% Many (1) (3 CND)
102a. About where and with whom to live? CPRQ89; '17IQR#23c	100% Yes (5) (4 CND)
102b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d	67% Yes (4) 33% Many (2) (3 CND)
102c. About where and with whom to socialize/spend leisure time? CPRQ91	83% Yes (5) 17% Many (1) (3 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	100% Yes (9)
104. Overall, were the direct service staff interviewed trained on the provider's complaint process? CPRQ93*	QUESTION REMOVED
105. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a	78% Yes (7) 22% Many (2)
106. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94	89% Yes (8) 11% Needs Imp (1)
107. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h	78% Yes (7) 22% No (2)

Question	2018 (sample=10)
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	50% Yes (3) 17% Many (1) 33% No (2) (3 N/A)
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	17% Yes (1) 17% Needs Imp (1) 67% No (4) (3 N/A)
110. Is the person protected from abuse, neglect and exploitation? '17IQR#35	67% Yes (6) 22% Many (2) 11% No (1)
111. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b	75% (6) 13% Needs Imp (1) 13% No (1) (1 N/A)
112. Is the individual safe? '17IQR#24	78% Yes (7) 11% Many (1) 11% Needs Imp (1)
113. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a	33% Active 33% Moderate 33% Limited
114. If the person is retired, does he/she have opportunities to engage in activities of interest during the day? CPRQ 100; '17IQR#29b	75% Yes (3) 25% Needs Imp (1) (5 N/A)
115. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30	78% Yes (7) 11% Many (1) 11% Needs Imp (1)
116. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e	100% Yes (9)
117. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c	44% Yes (4) 44% Many (4) 11% Needs Imp (1)
118. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e	100% Yes (9)
119. Does the person have sufficient personal money? CPRQ110 '17IQR#34f	100% Yes (9)
120. Does the person get along with their day program/employment provider staff? CPRQ111	100% Yes (8)

Question	2018 (sample=10)
	(1 CND)
121. Does the person get along with their residential provider staff? CPRQ112	100% Yes (8) (1 CND)
TEAM PROCESS	
122. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10	33% Yes (3) 56% Many (5) 11% Needs Imp (1)
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	100% Yes (3) (6 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	56% Yes (5) 44% Many (4)
125. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117	89% Yes (8) 11% Many (1)
126. Do you recommend Dispute Resolution for this IDT? CPRQ118	0% Yes 100% No (9)
127. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#14a	33% Yes (3) 67% No (6)
128. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c	33% Yes (3) 67% No (6)
129. If #127 OR #128 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121;	80% Yes (4) 20% No (1) (4 N/A)
130. Has the person changed residential/day services in the last year? CPRQ122	22% Yes (2) 78% No (7)
131. If #130 is Yes, was the change Planned by the IDT? CPRQ122a	50% Yes (1) 50% No (1) (7 N/A)
132. If #130 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b	100% Yes (2) (7 N/A)
133. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person? CPRQ123; '17IQR#7n	22% Yes (2) 56% Many (5) 22% Needs Imp (2)

Question	2018 (sample=10)
SUPPORTED EMPLOYMENT	
134. Does (Name) have a current Person Centered Assessment?	11% Yes (1) 22% Many (2) 44% Needs Imp (4) 22% No (2)
135. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a	0% Yes 33% Many (2) 17% Needs Imp (1) 50% No (3) (3 N/A)
136. Did the individual participate personally in the Person Centered Assessment?	67% Yes (6) 33% No (3)
137. Did the Guardian participate in the Person Centered Assessment?	33% Yes (3) 67% No (6)
138. Is the individual engaged in the Informed Choice Project?	11% Yes (1) 89% No (8)
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	33% Yes (2) 67% No (4) (3 N/A)
140. If #139 is Yes, are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section?	0% Yes 50% Many (1) 50% No (1) (7 N/A)
141. If #139 is No, is the individual trying new discovery experiences in the community to determine interests, abilities, skills and needs?	0% Yes 25% Needs Imp (1) 75% No (3) (5 N/A)
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?	17% Yes (1) 83% No (5) (3 N/A)
143. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c	17% Yes (1) 17% Many (1) 67% No (4) (3 N/A)
144. Has the Guardian received information regarding the range of employment options available for the individual?	17% Yes (1) 17% Needs Imp (1)

Question	2018 (sample=10)
	67% No (4) (3 N/A)
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	17% Yes (1) 17% Many (1) 33% Needs Imp (2) 33% No (2) (3 N/A)
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 ...?	20% Yes (1) 20% Many (1) 20% Needs Imp (1) 40% No (2) (4 N/A)
147. Has the individual participated in work or volunteer activities during the past year?	33% Yes (2) 33% Many (2) 17% Needs Imp (1) 17% No (1) (3 N/A)
148. Has the individual identified what type of work or volunteer activities he/she would like to do?	57% Yes (4) 13% Needs Imp (1) 25% No (2) (2 N/A)
149. Does the Guardian support him/her working?	83% Yes (5) 17% No (1) (3 N/A)
150. Is (Name) is involved in the DVR Outreach Project?	22% Yes (2) 78% No (7)
151. Is the individual engaged in Supported Employment? CPRQ129	17% Yes (1) 63% No (5) (3 N/A)
152. Is the individual Working in accordance with the following: CPRQ 130 '17IQR#28	0% Yes 17% Needs Imp (1) 83% No (5) (3 N/A)
153. Does the person have a Career Development Plan? CPRQ128	0% Yes 100% Needs Imp (1) (8 N/A)

Question	2018 (sample=10)
BEHAVIOR	
154. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d	78% Yes (7) 22% No (2)
155. Does the person need behavior services now? CPRQ132 '17IQR#11e	78% Yes (7) 22% No (2)
156. Have behavioral assessments been completed? CPRQ133	57% Yes (4) 29% Many (2) 14% No (1) (2 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	83% Yes (5) 17% Many (1) (3 N/A)
158. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d	100% Yes (6) (3 N/A)
159. If needed, does the person have a Behavior Crisis Intervention Plan that meets the person's needs? CPRQ 73a; '17IQR#5h	100% Yes (2) (7 N/A)
160. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i	71% Yes (5) 29% Many (2) (2 N/A)
161. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d	50% Yes (3) 33% Many (2) 17% Needs Imp (1) (3 N/A)
ADAPTIVE EQUIPMENT / AUGMENTATIVE COMMUNICATION	
162. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b	86% Yes (6) 14% Many (1) (2 N/A)
163. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c	60% Yes (3) 40% Many (2) (4 N/A)
164. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f	86% Yes (6) 14% Many (1) (2 N/A)

Question	2018 (sample=10)
165. Is the person's equipment and technology in good repair?'17IQR#25d	100% Yes (7) (2 N/A)
166. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e	100% Yes (7) (2 N/A)
167. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b	83% Yes (5) 17% Many (1) (3 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	89% Yes (8) 11% Many (1)
169. Does the person have an ISP that contains a complete Vision Section that is based on a long-term view? CPRQ142 '17IQR#7a	67% Yes (6) 11% Many (1) 22% Needs Imp (2)
170. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a	78% Yes (7) 22% Many (2)
171. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f	89% Yes (8) 11% Many (1)
172. Is the person integrated into the community? CPRQ145; '17IQR#29g	67% Yes (6) 11% Many (1) 22% Needs Imp (2)
173. Overall is the ISP adequate to meet the person's needs? CPRQ146; '17IQR#7	0% Yes 56% Many (5) 33% Needs Imp (3) 11% No (1)
174. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36	11% No (1) 78% Many (7) 11% Needs Imp (1)