



A. Jackson Class Member Demographics – SW Region

At the time of the SW Review, there were 34 Jackson Class Members in the Southwest Region. Ten individuals were chosen to be a part of the review sample.

Chart #1: Active Class Member Demographics

| Gender | |
|--------|----|
| Male | 20 |
| Female | 14 |

| Age | |
|--------------|----|
| 30-39 | 0 |
| 40-49 | 2 |
| 50-59 | 20 |
| 60-69 | 7 |
| 70-79 | 5 |
| 80+ | 0 |
| Average Age: | 60 |

| Ethnicity | |
|-----------------|----|
| Hispanic | 22 |
| Caucasian | 10 |
| Native American | 2 |
| Black | 0 |
| Asian | 0 |

| Day Service Type | |
|---------------------------------|----|
| Adult Habilitation (AH) | 19 |
| Adult Hab/Supp Empl (SE) | 8 |
| Adult Hab/Community Access (CA) | 1 |
| Community Access | 3 |
| Community Access/Supp Empl | 2 |
| Supported Employment | 1 |
| Mi Via | 0 |
| NONE | 0 |

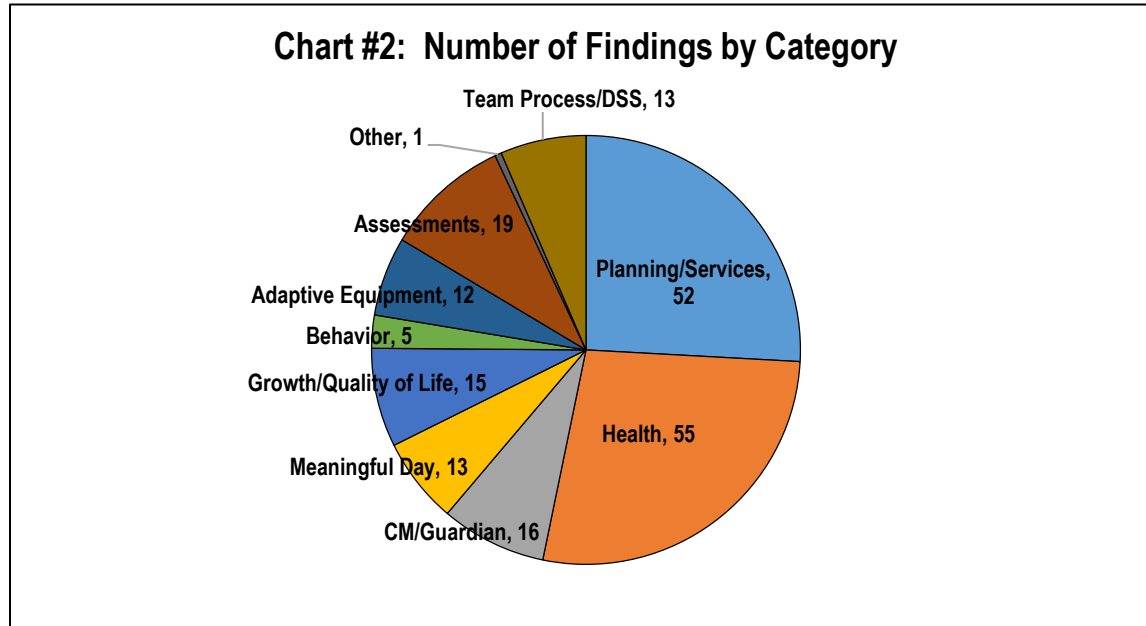
| Residential Service Type | |
|--------------------------|----|
| Supported Living | 31 |
| Family Living | 1 |
| Mi Via | 0 |
| Independent Living | 2 |
| ICF/I/DD | 0 |

There are 5 agencies serving Jackson Class Members in the SW Region:

- Tresco serves 16 (48%);
- Lessons of Life 10 (30%);
- PRS 3 (9%);
- Community Options 3 (9%); and
- Nezzy Care 1 (3%).

B. Most Frequently Identified Findings by Category

The SW Region had a total of 201 Findings and Recommendations. The table below shows what categories they fall into.



C. Repeat Findings

IQR Finding 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 201 Findings and Recommendations in the SW region, 41 Recommendations were identified as having been previously identified as a problem. The following chart identifies, by residential provider, the topical area where repeat findings were most frequently identified.

Chart #3: Repeat Findings by Area and Residential Provider

| Area | Community Options (1) | Lessons of Life (3) | Nezzy Care (1) | PRS (1) | Tresco (4) | Total |
|---|-----------------------|---------------------|----------------|----------|------------|-----------|
| Adaptive Equipment / Augmentative Communication | 0 | 3 | 0 | 0 | 0 | 3 |
| Assessments | 0 | 1 | 0 | 1 | 2 | 4 |
| Case Manager/ Guardian | 1 | 3 | 0 | 0 | 2 | 6 |
| Expectations of Growth | 0 | 1 | 0 | 0 | 0 | 1 |
| Health | 0 | 1 | 3 | 1 | 1 | 6 |
| Meaningful Day | 0 | 3 | 1 | 0 | 1 | 5 |
| Planning and Services | 2 | 3 | 2 | 1 | 5 | 13 |
| Team Process | 1 | 2 | 0 | 0 | 0 | 3 |
| TOTAL | 4 | 17 | 6 | 3 | 11 | 41 |

Chart #4: Repeat Findings by Area and Case Management Agency

| Area | Peak (2) | SCCM (8) |
|---|-----------|-----------|
| Adaptive Equipment / Augmentative Communication | 3 | 0 |
| Assessments | 1 | 3 |
| Case Manager/ Guardian | 3 | 3 |
| Expectations of Growth | 1 | 0 |
| Health | 1 | 5 |
| Meaningful Day | 1 | 4 |
| Planning and Services | 1 | 12 |
| Team Process | 2 | 1 |
| TOTAL | 13 | 28 |

D. Immediate and Special Findings

There were ten (10) Class Members reviewed in the Southwest Region as part of the 2018 IQR. Three of those ten (30% of the sample) were found to have Immediate Needs. Two of those three had issues that triggered Incident Reports. Three additional individuals (30% of the sample) were found to have 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 #5: Immediate and Special Identified Issues by
Person, Topic Area and Region**

| Immediate/Special Identified Individual Issues – 2018 IQR SW Region | | | | | | | |
|---|------|-------------------|-------------------|------|------|----|--|
| Reg | CM | Res | Day | Immd | Spec | IR | Issue |
| Health Oversight Issues | | | | | | | |
| SW | SCCM | Tresco | Tresco | X | | | <p>Nursing Assessments/Service Information Missing and/or Inaccurate: Comprehensive nursing assessments that: review systems; monitor for pain; evaluate tolerance of treatments; determine the overall effectiveness and compliance with HCPs such as assuring adequate tracking of hydration, vital signs, blood glucose, frequency and intensity of seizures, and residuals were requested but not provided.</p> <ul style="list-style-type: none"> • The residual tracking sheet was requested and not provided for this review. ... CMA ... stated she has been documenting the residuals in VG's progress notes. • The tracking log for intake and elimination indicates several days during the past year when fluid intake via the g-tube was less than water flushes ordered by the MD. • The CARMP revised 11/17 states the pulse oximeter is to be checked daily and PRN. The tracking sheet for O2 levels and pulse rates has missing entries for the past year. • The ISP states on page 4 that O2 levels are to be checked 4 times a day by the CMA. The tracking log provided indicated that sometimes O2 is checked in the morning but not that O2 levels were checked 4 x a day. • The HCP for constipation instructs staff to use the Bristol Bowel Chart, a numerical scale from 1-7 to monitor the type of bowel movement. Staff have not been using the Bristol Bowel Chart for the past year. • The Adverse Reaction HCP does not included all the coded allergies as found on VG's discharge plan dated 1/10/17. Doxycycline is not included in the list of allergies, a medication which Dr. Samuel wanted listed as an allergy per her 9/17/17 notes. • ...Health acuity is high. A nurse was not present during the annual ISP meeting held 3/30/17. ... • ... current eCHAT was updated 1/10/18, the discharge date of her last hospitalization, but was not approved by the RN until 1/16/18. • The current eCHAT does not list all of the allergies as found in the hospitalization discharge papers... • PRN medications were noted on the MARs which do not have current prescription orders. • ... updated health plans were provided dated February and March 2018...were not in the home. ... • The MERP for aspiration contains information about ... VNS. Her VNS was removed in October 2017. • The HCP for risk for infections includes signs and symptoms of infection and the cause of opportunistic or pathogenic agents, but the plan does not provide instructions on how to minimize exposure such as following universal precautions • The HCP for respiration therapy or equipment does not include instructions for the suction machine. The only instructions are found in the CARMP which also says 'see HCP'. • The HCP for Impaired skin did not include utilization of a peri-bottle. |
| Not following orders/recommendations | | | | | | | |
| SW | SCCM | Community Options | Community Options | | X | | <p>Staff not aware of DNR: Individual has a DNR referring to no artificial hydration or nutrition and stating that he is an organ donor. Day staff was unaware of the DNR. Neither day staff nor residential staff could easily locate the DNR in the program books and there is not a copy available when he is out in the community. Staff did state ...would be getting a backpack and presumably a copy of the DNR would be kept inside.</p> |
| SW | SCMM | Nezzy Care | Nezzy Care | X | | X | <p>HCP Not Being Followed: The Zia HCP for reactive airway disease, COPD, Asthma makes no mention of how frequently O2 sats are to be checked or of the procedure for increasing O2 to 4L and/or giving DuoNeb Nebulizer treatment if O2 sats are below 88%. It states to notify nurse of sats below 89%.</p> <p>CM interview, site visit note of 6/20/17 and subsequent IR (received 6/20/17 per client history report, case 2K17-1149-A) indicate two instances in which AC's O2 sats were below level that HCP requires that nurse be notified, nurse reported she had not been notified (O2 was 80 on 6/11/17 and 83 on 6/16/17, HCP for COPD requires nurse be notified if O2 levels below 90). Results of investigation are "pending" (as of 4/21/2018)</p> |

Immediate/Special Identified Individual Issues – 2018 IQR SW Region

| Reg | CM | Res | Day | Immd | Spec | IR | Issue |
|--------------------------------|------|------------|------------|------|------|----|---|
| SW | SCCM | PRS | PRS | | X | | Staff Unaware of MERP Instructions: When describing measures to follow when ... has a seizure, the residential Direct Support Professional indicated he should be positioned upright at 90 degrees. Seizure MERP calls for ...to be positioned on his side and make sure his airway is clear. |
| Aspiration/CARMP Issues | | | | | | | |
| SW | SCMM | Nezzy Care | Nezzy Care | X | | X | Staff Not Trained on CARMP: The Swallow Study of 2/2/18 indicates poor mastication of solids placing him at risk for choking and aspiration. The Swallow Study (3.13.18) also indicted esophageal phase dysfunction and recommended a chopped diet. The CARMP was established (dated 3/15/18) but all staff interviewed on 3/22/18 reported they had not been trained on the CARMP. Nezzy Care day staff was unaware of the new CARMP ... The ARST provide for this review does not reflect current aspiration risk. |
| SW | SCCM | Tresco | Tresco | X | | | The revised CARMP of November 2017 contains inconsistencies that need to be corrected. <ul style="list-style-type: none"> • It is not clear in the CARMP if ... 30 secs or 1 minute between each bite. The instructions in the diet texture section states 30 seconds between each bite (in bold and underlined). The instructions in the self-feeding section states "at the moment, waiting the full minute between bites supersedes independence if she is not cooperative" (bolded and underlined). • The CARMP states ... to maintain 80-90 degrees upright seated position for 2 hours. The Aspiration MERP states for one hour. • The CARMP includes instructions for postural drainage which have been discontinued. • The CARMP identifies the usage of a bite block during oral hygiene. During interview, staff stated that this is not allowed and is not done. • The section of the CARMP for tube feeding includes incorrect times and amounts of the water flushes. This CARMP has flushes occurring at 8 a.m., 12 and 5 p.m. at 200ML HS. It should read 1 hr. after she eats. The amount also changed per Dr.'s order. (The correct instructions are in the nutrition report 12.21.17, Dr. Samuel's orders are 10.10.17.) • The CARMP stated that positioning for ADLs is 30 degrees while the Aspiration MERP identified 15 degrees from lateral as being ideal. This is confusing as different terminology is utilized. • Residual protocol is not clearly defined within the CARMP. Tube feeding support plan stated that less than 60ml residual should be returned and if residuals are greater than 100ml, then on call nurse should be notified. No guidance regarding residuals between 60 and 100ml. • At times, she is not safe to eat due to decreased alertness, however, the CARMP does not provide clear guidance regarding how this should be assessed. • There was no evidence found that indicated the nutritionist was involved in the authoring of the revised CARMP (no author contact information). |
| SW | SCCM | Tresco | Tresco | X | | | CARMP not followed re: Bed elevation: Per the CARMP, head of bed is not be lower than 30 degrees when she is in bed. DSP stated they were aware of the instructions, but no method of determining 30 degrees was found that would help the staff ensure proper positioning when in bed. |
| SW | SCCM | PRS | PRS | | X | | CARMP is Inaccurate: ... moderate risk for aspiration. The CARMP dated 1-18-18 has all five options for liquid consistency checked. (He is approved for thin liquids). The CARMP also describes the method for administering meds as giving 1-2 pills in "pudding or similar texture (water, puree foods, soft foods, etc.)" During the day site visit, he took his first of three pills, but appeared not to like either the pureed meat or vegetable available and would not immediately take the rest of his medications... The CARMP also calls for staff to sit or stand when feeding... without clarification that staff should only stand if he is eating in his stander. |
| Falls/Fractures/Safety | | | | | | | |
| SW | SCCM | Tresco | Tresco | X | | | Confusion regarding DNR: Guardian reports, during interview, that EP has no end of life directives. Day and Residential staff report that EP has a DNR and showed reviewer a copy of a DNR in their computerized record. The DNR includes the Guardian's name but no signature. |

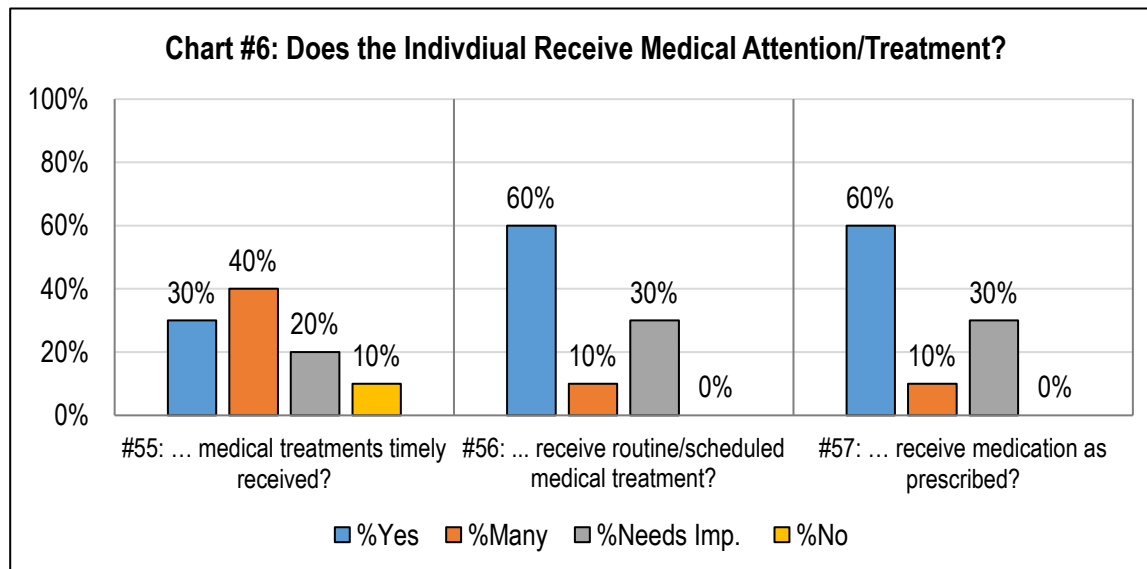
Immediate/Special Identified Individual Issues – 2018 IQR SW Region

| Reg | CM | Res | Day | Immd | Spec | IR | Issue |
|-------------------------|------|-----------------|-----------------|------|------|----|---|
| SW | Peak | Lessons of Life | Lessons of Life | | X | | Staff Cannot Read Plans (ISP, CARMP, HCP) (Not Translated into Spanish): Per interviews, day staff only speaks and reads Spanish. She was not familiar with ISP, MERPS, and HCPs. Additionally, her notes are in Spanish. CM does not speak or read Spanish, so cannot read the day notes or get a verbal summary of progress from day staff. |
| Equipment Issues | | | | | | | |
| SW | SCCM | Tresco | Tresco | X | | | Ambu Bag not available: She is to have an Ambu Bag in her home should she begin to have difficulty breathing. The Ambu Bag was noted not to be present at the home. The CMA was asked where the Ambu Bag is, it was not produced. |
| SW | SCCM | PRS | PRS | | X | | Air Mattress Needs Replaced: Staff reported that air mattress was not inflating evenly (1.19.17). The Team moved forward to request a replacement which was denied by the DME provider indicated that they could not move the request forward (12/12/17) because he didn't have a pressure ulcer of Stage III or above. As a result, he does not have a working air mattress and is relying on a memory foam topper instead. |

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 details how those questions were scored in the 2018 review.

- 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 continue treatment and inform future planning. The IQR also evaluates the assessments needed by the individual and obtained by the teams; those scores are detailed below.

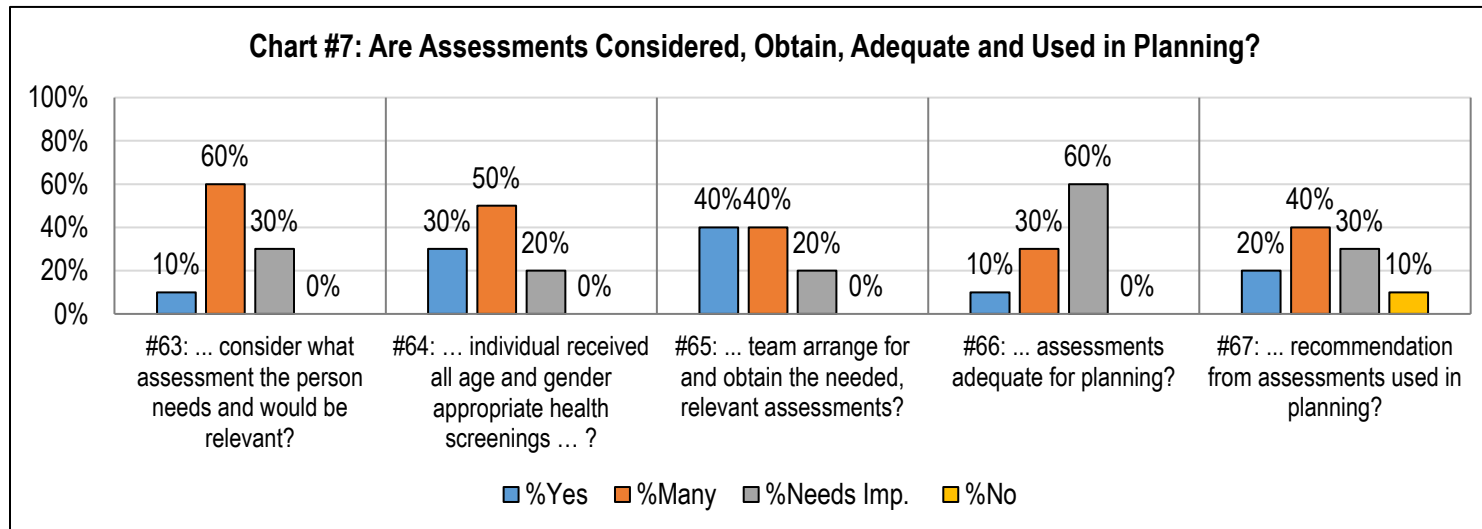
Question #63: Did the team consider what assessment the person needs and would be relevant to the Team's planning efforts?

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 #8: Type of Issues identified by Residential Agency.

| Issue | Residential Agency (# in sample): | | | | | Total |
|---|-----------------------------------|---------------------|----------------|----------|------------|-----------|
| | Community Options (1) | Lessons of Life (3) | Nezzy Care (1) | PRS (1) | Tresco (4) | |
| Needs TEASC/Specialty Assessment | 1 | | 1 | | | 2 |
| AIMS: Not Current/Missing/Inaccurate | | 1 | | | | 1 |
| Audiology/ABR: Not Current/Missing/Inaccurate | 1 | 2 | | 1 | 2 | 6 |
| Vision: Not Current/Missing/Inaccurate | | | | 1 | | 1 |
| Nutrition: Not Current/Missing/Inaccurate | | 1 | | 1 | 2 | 4 |
| Bone Density: Not Current/Missing/Inaccurate | | 2 | | | | 2 |
| Medication not given as prescribed | | | 2 | | | 2 |
| Expired medications in Med Box | | | | | 1 | 1 |
| MAR/Medication/Dr. Order do not match | 1 | | | | 3 | 4 |
| Medication not available (Rx or PRN) | | | 5 | | 4 | 9 |
| Tdap not done (healthfinder.gov) | 1 | 1 | | | 1 | 3 |
| Shingles vaccine not done (healthfinder.gov) | 1 | | | | 1 | 2 |
| HepC vaccine not done (healthfinder.gov) | 1 | 2 | | | 1 | 4 |
| Colon cancer screen not done (healthfinder.gov) | | 1 | | | 1 | 2 |
| Flu vaccine not done (healthfinder.gov) | | | | 1 | | 1 |
| Labs missing (PSA, pre-Physical, pre-Neuro appt.) | | | | 1 | 2 | 3 |
| Totals | 6 | 10 | 8 | 5 | 18 | 47 |

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?

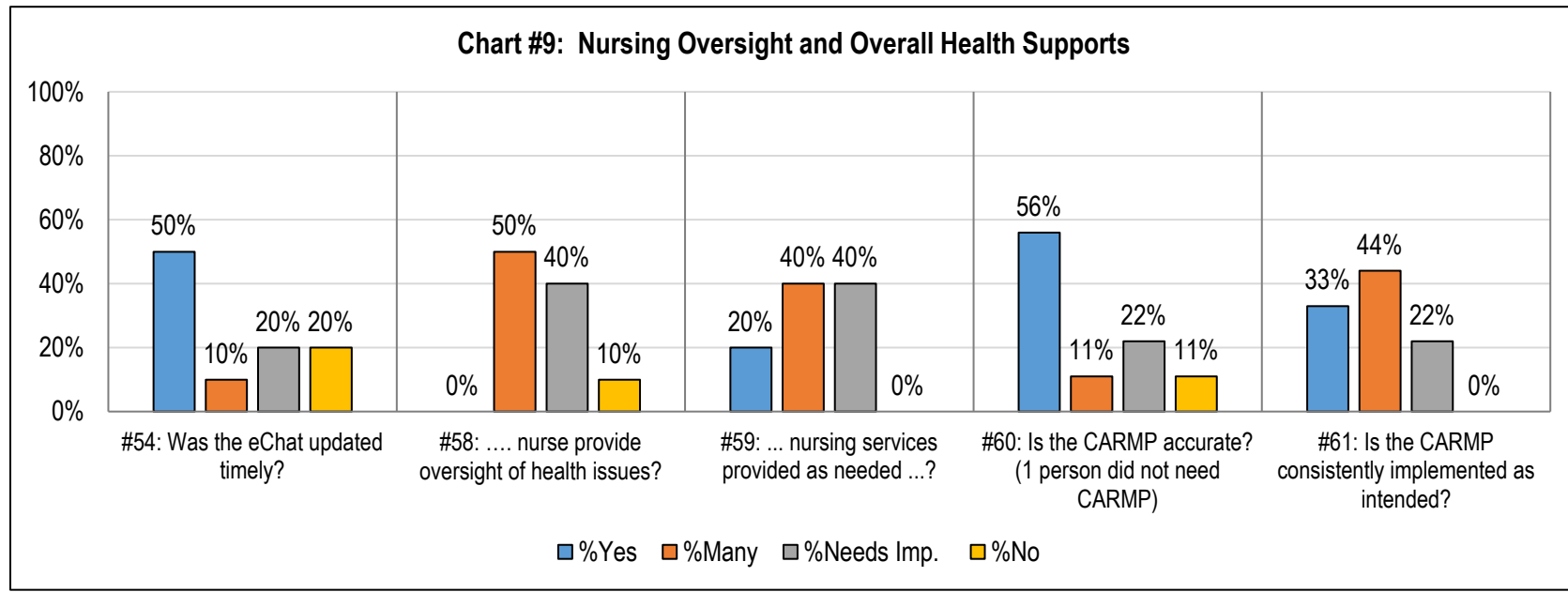
Question #58: Does my nurse provide oversight of health issues (i.e. weight records, vitals, lab reports, PRN medication use, seizure records) in order to ensure accuracy, identify and respond to new issues?

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?

Question #62: Are the person's health supports/needs being adequately addressed?



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 #10: Type of Nursing Related Issues Identified by Residential Provider

| Issue | Residential Agency (# in sample): | | | | | Total |
|---|-----------------------------------|---------------------|---------------|----------|------------|-----------|
| | Community Options (1) | Lessons of Life (3) | Nezy Care (1) | PRS (1) | Tresco (4) | |
| Nursing Quarterly report not completed timely | | 2 | 2 | | 12 | 16 |
| Nursing Annual Report not completed timely | | | 1 | | | 1 |
| Nurse report not accurate | | | 1 | | | 1 |
| Nurse assessment not provided for review | | | | 4 | | 4 |
| Nurse not monitoring as required | 1 | 2 | | 1 | 3 | 7 |
| Nurse not familiar with health needs during interview | 1 | | | | 2 | 3 |
| Nurse not at ISP meeting | | | | | 1 | 1 |
| Nurse needs to increase communication | | | | | 2 | 2 |
| Totals | 2 | 4 | 4 | 5 | 20 | 35 |

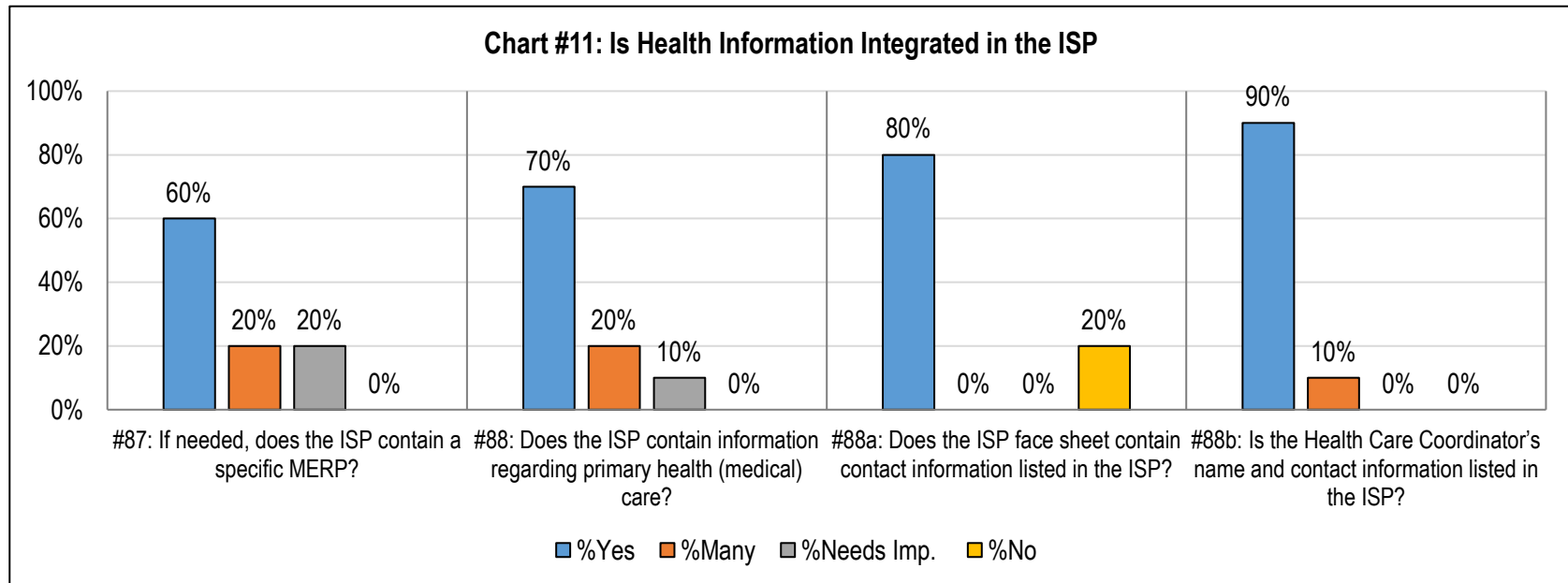
In addition to the issues and questions noted above, the individual's nurse is responsible, with the assistance of the rest of the Team, to assure that the documents presented and created for planning, such as the ISP, are accurate and thorough and contain the needed plans and information required. The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

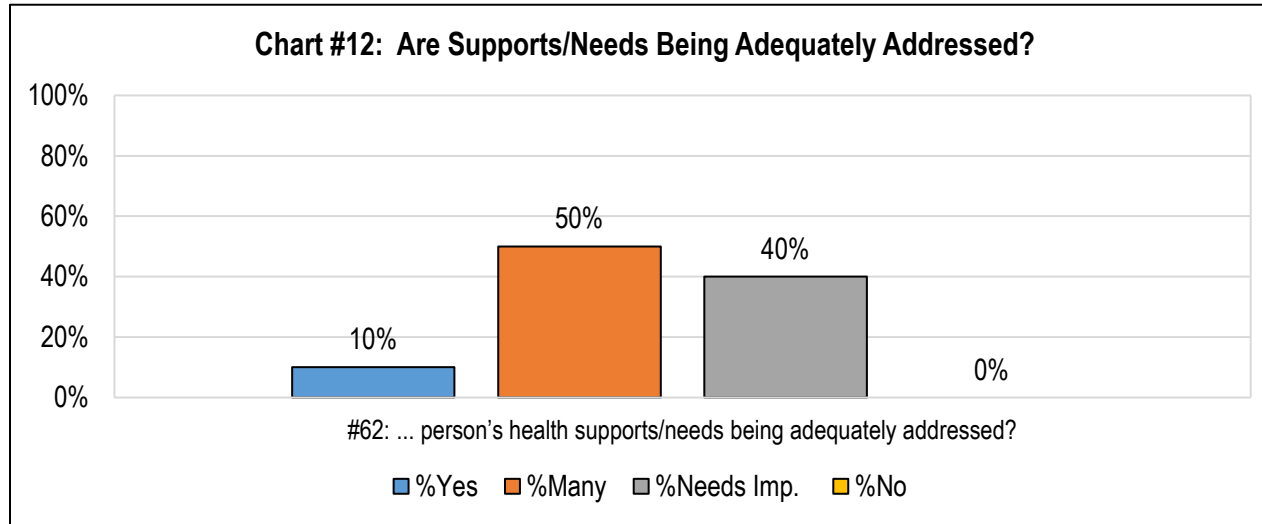
Question #88a: Does the ISP face sheet contain contact information listed in the ISP?

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 10 people in the Southwest review, 1 person did have their health supports/needs adequately addressed. There were five people who had many of their needs addressed, and four are receiving supports that need improvement.



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

| Issue | Residential Agency (# in sample): | | | | |
|--|-----------------------------------|---------------------|---------------|---------|------------|
| | Community Options (1) | Lessons of Life (3) | Nezy Care (1) | PRS (1) | Tresco (4) |
| CARMP inaccurate/incomplete | | 2 | | 3 | 8 |
| MERP not created, but needed | | | 1 | | |
| MERP in home not current/not found | | | | 1 | 1 |
| MERP inaccurate/incomplete | 4 | | | | |
| HCP inaccurate/incomplete | 4 | | 1 | | 4 |
| HCP in home not current/not found | | | | | 9 |
| eChat has errors/inconsistent/needs review | 6 | 3 | 3 | | 7 |
| eChat not updated timely after change in condition | | | | | 1 |
| ARST not accurate | | | 1 | | |
| Bowel/Bladder input/output not tracked | | | | | 1 |
| Weight not tracked | | 1 | | | |
| O2 Tracking not complete | | | | | 1 |

| Issue | Residential Agency (# in sample): | | | | |
|---|-----------------------------------|---------------------|----------------|----------|------------|
| | Community Options (1) | Lessons of Life (3) | Nezzy Care (1) | PRS (1) | Tresco (4) |
| Tube residual tracking not provided | | | | | 1 |
| PT Eval does not identify baseline/measure progress | 1 | | | | 1 |
| PT Report (Annual/Semi) inaccurate/inadequate | 1 | | | 1 | 2 |
| PT Eval not provided for review/missing | | | 1 | | |
| PT not provided, is needed | | 3 | | | |
| OT Eval does not identify baseline/measure progress | | | | 1 | |
| OT Report (Annual/Semi) inaccurate/inadequate | | | | 2 | 1 |
| OT Eval not provided for review/missing | 1 | | 1 | | |
| OT not provided, is needed | | 3 | | | |
| SLP Eval does not identify baseline/measure progress | 1 | | | | |
| SLP Report (Annual/Semi) inaccurate/inadequate | 1 | 2 | | 1 | 1 |
| SLP Eval not provided for review/missing | | 1 | | | |
| SLP not provided; is needed | | 2 | | | |
| Behavior Eval does not identify baseline/measure progress | 1 | | | | |
| Behavior Report (Annual/Semi) inaccurate/inadequate | | 1 | 1 | | 3 |
| Behavior Eval not provided for review/missing | | | | | |
| BSC did not participate in IDT meeting | | | 1 | | |
| BSC not provided; is needed | | 2 | | | |
| Nutrition Quarterly Reports not provided | | | | | 2 |
| Total # of Issues | 20 | 20 | 10 | 9 | 43 |

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 to be developed by an Interdisciplinary Team that includes the Individual and those who support that person. This includes the Case Manager, Guardian, the Direct Support Staff, Therapists, Nurse, and any additional persons who know and work the person to implement the Plan including those invited by the person to participate. 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 how those questions were scored 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 of 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 #14: Participation in the ISP Development

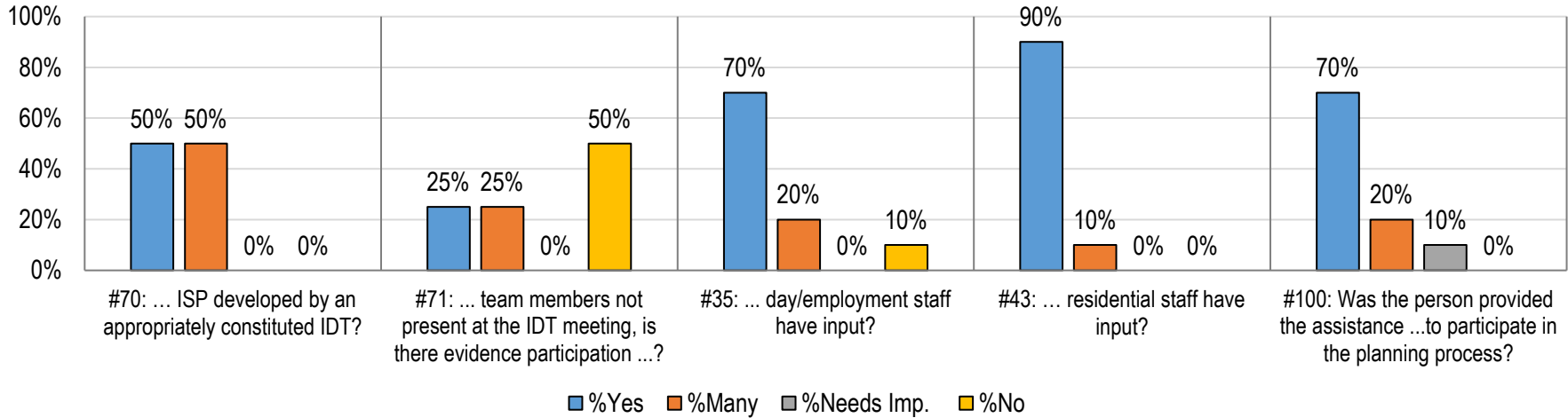


Chart #15: ISP Development Participation, by Provider

| Question | Residential Agency (# in sample): | | | | |
|----------|-----------------------------------|--------------------------|----------------|----------|------------------------------|
| | Community Options (1) | Lessons of Life (3) | Nezy Care (1) | PRS (1) | Tresco (4) |
| Q# 70 | 100% Many | 67% Yes 33% Many | 100% Many | 100% Yes | 50% Yes 50% Many |
| Q# 71 | 100% No | (3 N/A) | 100% Many | 1 N/A | 50% Yes 50% No (2 N/A) |
| Q# 35 | 100% Needs Imp | 67% Yes 33% Needs Imp | 100% Needs Imp | 100% Yes | 75% Yes 25% Many |
| Q# 43 | 100% Many | 100% Yes | 100% Yes | 100% Yes | 100% Yes |
| Q# 100 | 100% Yes | 67% Yes 33% Needs Imp | 100% Yes | 100% Yes | 50% Yes 50% Many |

Chart #16: ISP Development Participation, by Case Management Agency

| Question | Case Management Agency (# in sample): | |
|----------|---------------------------------------|---------------------|
| | Peak (2) | SCCM (8) |
| Q# 70 | 50% Yes 50% Many | 50% Yes 50% Many |

| Question | Case Management Agency (# in sample): | |
|----------|---------------------------------------|--|
| | Peak (2) | SCCM (8) |
| Q# 71 | (2 N/A) | 25% Yes 25% Many 50% No |
| Q# 35 | 50% Yes 50% Needs Imp | 63% Yes 5 13% Many 1 25% Needs Imp |
| Q# 43 | 100% Yes | 88% Yes 13% Many |
| Q# 100 | 50% Yes 50% Needs Imp | 75% Yes 25% Many |

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 how those questions were scored 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 #17: Sample of Questions Related to ISP Long Term Visions and Outcomes

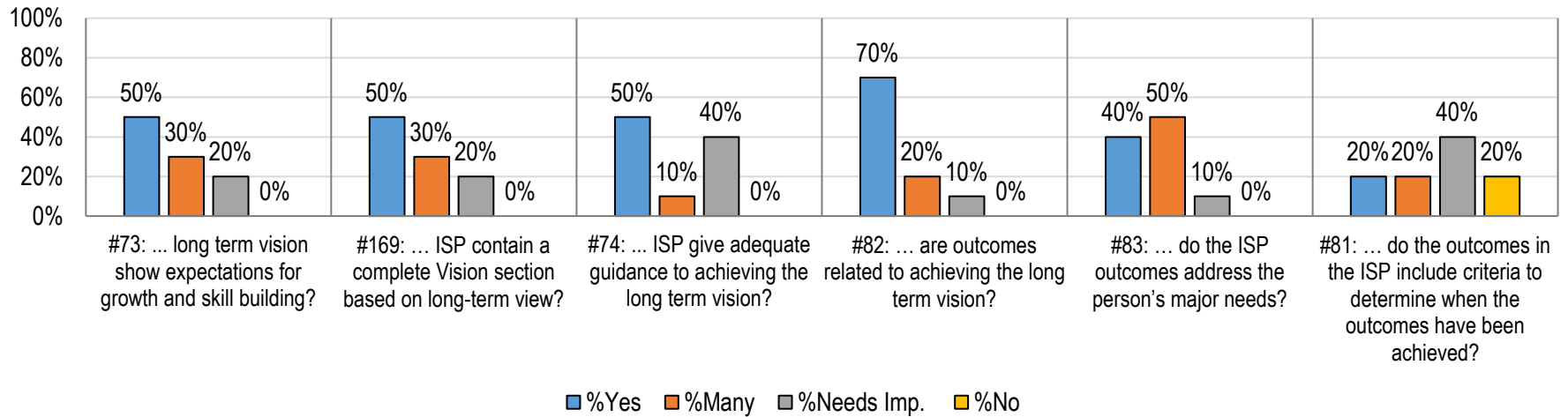


Chart #18: Vision and Outcome Scores, by Agency

| Question | Residential Agency (# in sample): | | | | |
|----------|-----------------------------------|--------------------------|----------------|----------------|--------------------------------------|
| | Community Options (1) | Lessons of Life (3) | Nezzy Care (1) | PRS (1) | Tresco (4) |
| Q# 73 | 100% Needs Imp | 67% Yes 33% Many | 100% Yes | 100% Needs Imp | 50% Yes 50% Many |
| Q# 169 | 100% Many | 67% Yes 33% Many | 100% Yes | 100% Needs Imp | 50% Yes 25% Many 25% Needs Imp |
| Q# 74 | 100% Needs Imp | 67% Yes 33% Needs Imp | 100% Yes | 100% Needs Imp | 50% Yes 25% Many 25% Needs Imp |
| Q# 82 | 100% Yes | 67% Yes 33% Many | 100% Yes | 100% Many | 75% Yes 25% Needs Imp |
| Q# 83 | 100% Yes | 67% Yes 33% Needs Imp | 100% Many | 100% Many | 25% Yes 75% Many |
| Q# 81 | 100% Needs Imp | 33% Many 67% No | 100% Yes | 100% Many | 25% Yes 75% Needs Imp |

Chart #19: Vision and Outcome Scores by Case Management Agency

| Question | Case Management Agency (# in sample): | |
|----------|---------------------------------------|--------------------------------------|
| | Peak (2) | SCCM (8) |
| Q# 73 | 50% Yes 50% Many | 50% Yes 25% Many 25% Needs Imp |
| Q# 169 | 50% Yes 50% Many | 50% Yes 25% Many 25% Needs Imp |
| Q# 74 | 50% Yes 50% Needs Imp | 50% Yes 38% Many 13% Needs Imp |
| Q# 82 | 50% Yes 50% Many | 75% Yes 13% Many 13% Needs Imp |
| Q# 83 | 50% Yes 50% Needs Imp | 38% Yes 63% Many |
| Q# 81 | 100% No | 25% Yes 25% Many 50% Needs Imp |

Additional components of an individual’s ISP include Action Steps, which should be written in measurable terms, in sequential order in a way 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 how questions related to action steps and data collection were scored 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 #20. Data and Related ISP Action Steps

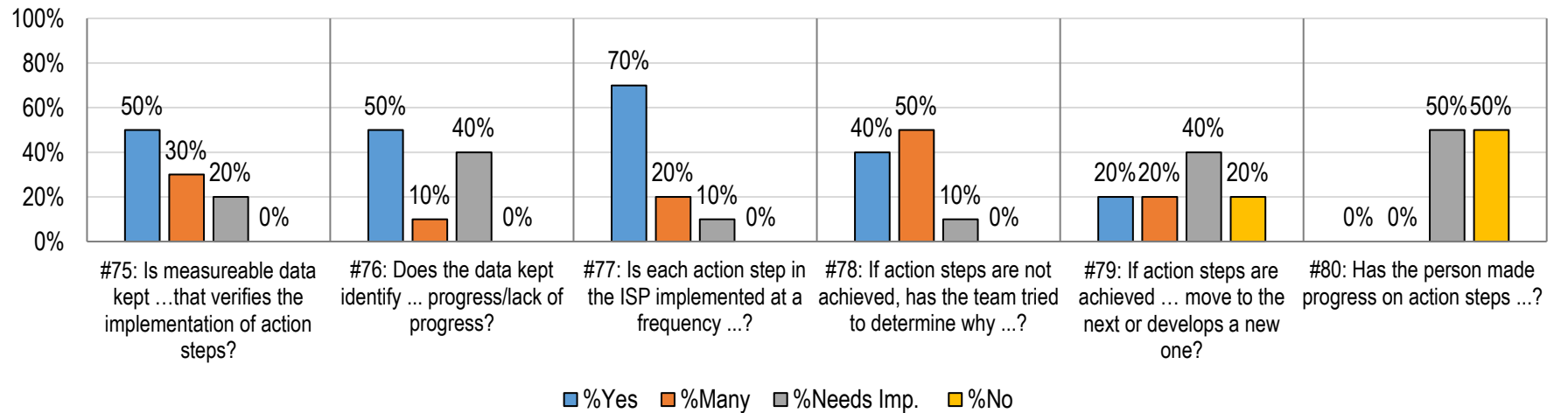


Chart #21: Data and Related ISP Action Step Scores by Agency

| Question | Residential Agency (# in sample): | | | | |
|----------|-----------------------------------|-------------------------------|----------------|---------|------------------------------------|
| | Community Options (1) | Lessons of Life (3) | Nezy Care (1) | PRS (1) | Tresco (4) |
| Q# 75 | 100% No | 67% Yes 33% No | 100% Needs Imp | 100% No | 75% Needs Imp 25% No |
| Q# 76 | 100% No | 33% Yes 33% Many 33% No | 100% Needs Imp | 100% No | 50% Needs Imp 50% No |
| Q# 77 | 100% No | 67% Yes 33% Many | 100% Needs Imp | 100% No | 75% Needs Imp 25% No |
| Q# 78 | 100% No | 100% Yes | 100% Yes | 100% No | 75% Many 25% No |
| Q# 79 | 100% No | 33% Yes 67% No | (1 N/A) | (1 N/A) | 33% Needs Imp 67% No (1 N/A) |
| Q# 80 | 100% No | 67% Needs Imp 33% No | 100% Needs Imp | 100% No | 50% Needs Imp 50% No |

Chart #22: Data and Related Action Step Scores by Case Management Agency

| Question | Case Management Agency (# in sample): | |
|----------|---------------------------------------|---|
| | Peak (2) | SCCM (8) |
| Q# 75 | 50% Yes 50% No | 13% Yes 50% Needs Imp 38% No |
| Q# 76 | 50% Yes 50% No | 13% Many 38% Needs Imp 50% No |
| Q# 77 | 100% Yes | 13% Many 50% Needs Imp 38% No |
| Q# 78 | 100% Yes | 25% Yes 38% Many 38% No |
| Q# 79 | 100% No | 20% Yes 20% Needs Imp 60% No (3 N/A) |
| Q# 80 | 50% Needs Imp 50% No | 50% Needs Imp 50% No |

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 #23: T&SS and ISP Implementation

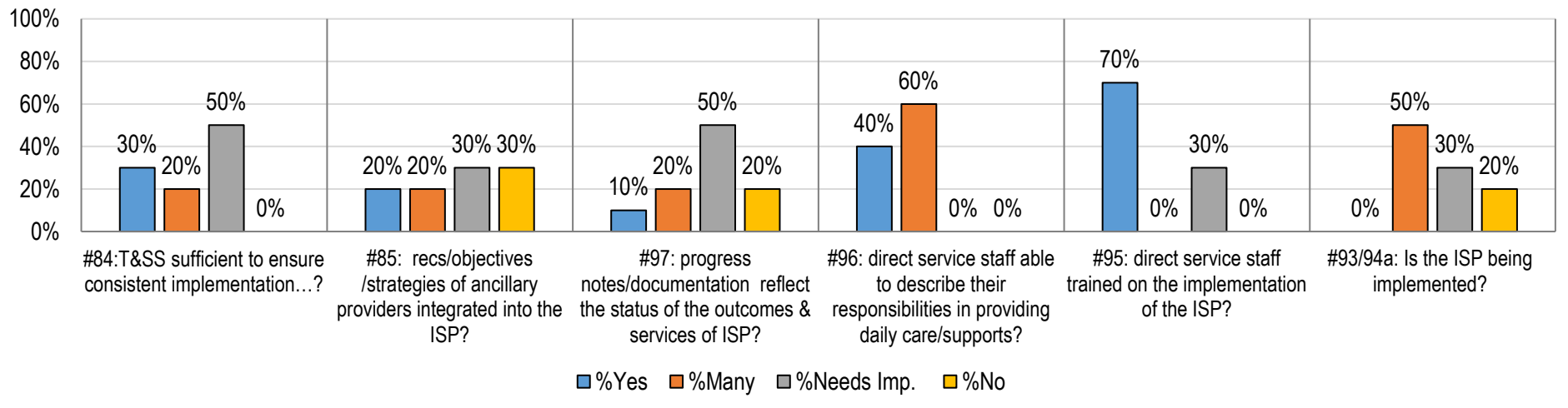


Chart #24: TSS and ISP Implementation Scores by Agency

| Question | Residential Agency (# in sample): | | | | |
|----------|-----------------------------------|------------------------------------|----------------|----------------|-------------------------------------|
| | Community Options (1) | Lessons of Life (3) | Nezy Care (1) | PRS (1) | Tresco (4) |
| #84 | 100% Needs Imp | 67% Yes 33% Needs Imp | 100% Needs Imp | 100% Yes | 50% Many 50% Needs Imp |
| #85 | 100% No | 33% Yes 33% Needs Imp 33% No | 100% No | 100% Yes | 50% Many 50% Needs Imp |
| #97 | 100% Needs Imp | 33% Yes 33% Needs Imp 33% No | 100% Needs Imp | 100% Needs Imp | 50% Many 25% Needs Imp 25% No |
| #96 | 100% Many | 33% Yes 67% Many | 100% Many | 100% Many | 75% Yes 25% Many |
| #95 | 100% Needs Imp | 67% Yes 33% Needs Imp | 100% Needs Imp | 100% Yes | 100% Yes |
| #94a | 100% Many | 67% Many 33% No | 100% Needs Imp | 100% Needs Imp | 50% Many 25% Needs Imp 25% No |

Chart #25: TSS and ISP Implementation Scores by Case Management Agency

| Question | Case Management Agency (# in sample): | |
|----------|---------------------------------------|--|
| | Peak (2) | SCCM (8) |
| #84 | 50% Yes 50% Needs Imp | 25% Yes 25% Many 50% Needs Imp |
| #85 | 50% Yes 50% No | 13% Yes 25% Many 38% Needs Imp 13% No |
| #97 | 50% Yes 50% No | 25% Many 63% Needs Imp 13% No |
| #96 | 100% Many | 50% Yes 50% Many |
| #95 | 50% Yes 50% Needs Imp | 75% Yes 25% Needs Imp |
| #94a | 50% Many 50% No | 50% Many 38% Needs Imp 13% No |

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 these individuals 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 #26: Are ISP and Services Current and Adequate?

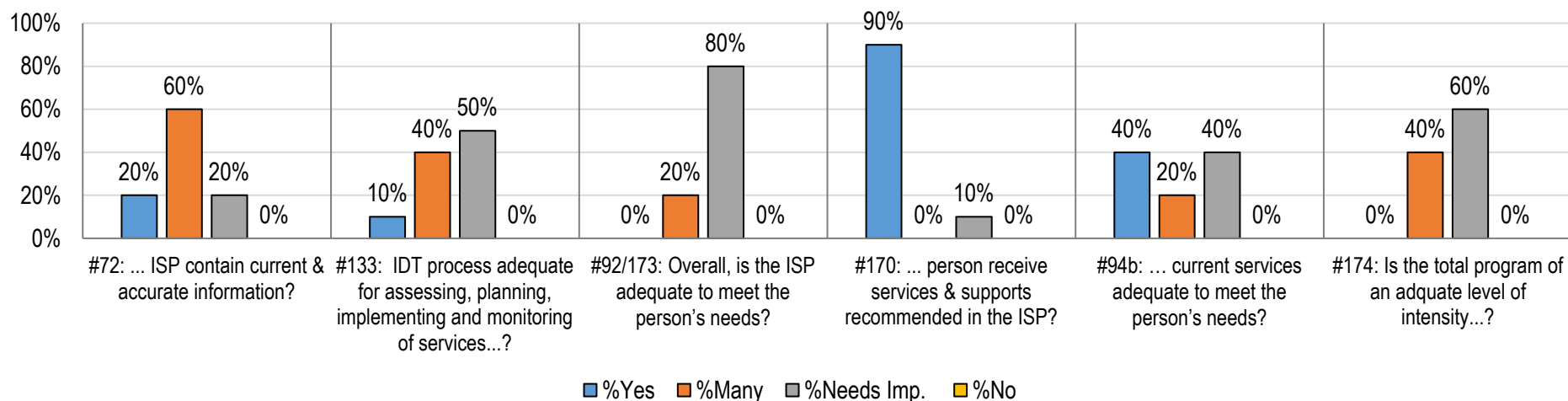


Chart #27: ISP Content and Adequacy Scores, by Agency

| Question | Residential Agency (# in sample): | | | | |
|----------|-----------------------------------|---------------------------|----------------|----------------|--------------------------------------|
| | Community Options (1) | Lessons of Life (3) | Nezy Care (1) | PRS (1) | Tresco (4) |
| #72 | 100% Needs Imp | 67% Many 33% Needs Imp | 100% Yes | 100% Many | 25% Yes 75% Many |
| #133 | 100% Needs Imp | 67% Many 33% Needs Imp | 100% Needs Imp | 100% Many | 25% Yes 25% Many 50% Needs Imp |
| #92/173 | 100% Needs Imp | 67% Many 33% Needs Imp | 100% Needs Imp | 100% Needs Imp | 100% Needs Imp |
| #170 | 100% Yes | 100% Yes | 100% Yes | 100% Yes | 75% Yes 25% Needs Imp |
| #94b | 100% Yes | 67% Yes 33% Needs Imp | 100% Needs Imp | 100% Many | 25% Yes 25% Many 50% Needs Imp |
| #174 | 100% Many | 67% Many 33% Needs Imp | 100% Needs Imp | 100% Needs Imp | 25% Many 75% Needs Imp |

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

| Question | Case Management Agency (# in sample): | |
|----------|---------------------------------------|--------------------------------------|
| | Peak (2) | SCCM (8) |
| #72 | 50% Many 50% Needs Imp | 25% Yes 63% Many 13% Needs Imp |
| #133 | 50% Many 50% Needs Imp | 13% Yes 38% Many 50% Needs Imp |
| #92/173 | 50% Many 50% Needs Imp | 13% Many 88% Needs Imp |
| #170 | 100% Yes | 88% Yes 13% Needs Imp |
| #94b | 50% Yes 50% Needs Imp | 38% Yes 25% Many 38% Needs Imp |
| #174 | 50% Many 50% Needs Imp | 38% Many 63% Needs Imp |

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 Southwest 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 how the questions are scored.

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 #29: Case Management Services

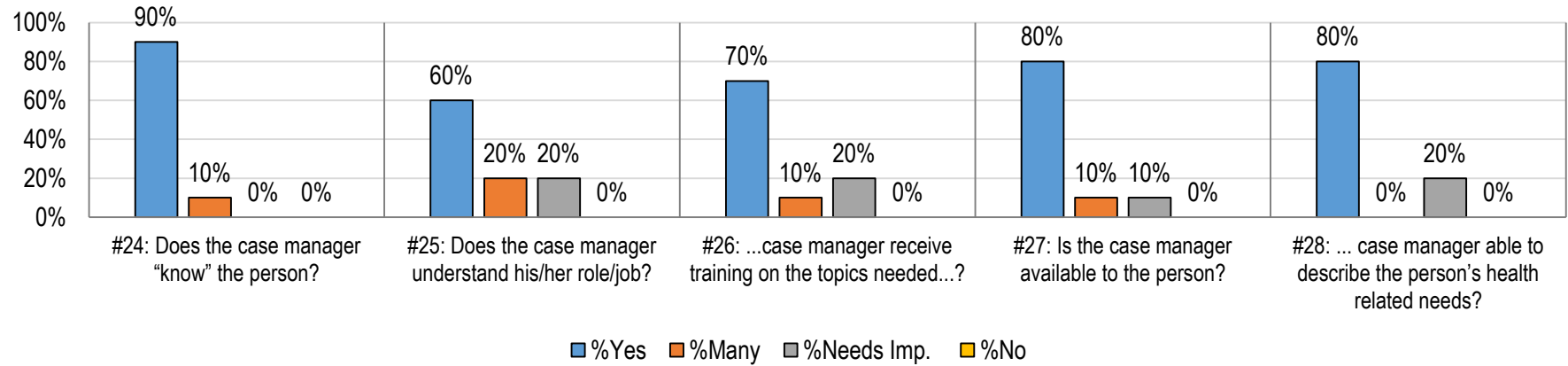


Chart #30: Case Management Scores, by Case Management Agency

| Question | Case Management Agency (# in sample): | |
|----------|---------------------------------------|--------------------------------------|
| | Peak (2) | SCCM (8) |
| Q# 24 | 50% Yes 50% Many | 100% Yes |
| Q# 25 | 50% Yes 50% Needs Imp | 63% Yes 25% Many 13% Needs Imp |
| Q# 26 | 50% Yes 50% Needs Imp | 75% Yes 13% Many 13% Needs Imp |
| Q# 27 | 50% Yes 50% Many | 88% Yes 13% Needs Imp |
| Q# 28 | 50% Yes 50% Needs Imp | 88% Yes 13% Needs Imp |

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 #31: Case Management Services, continued

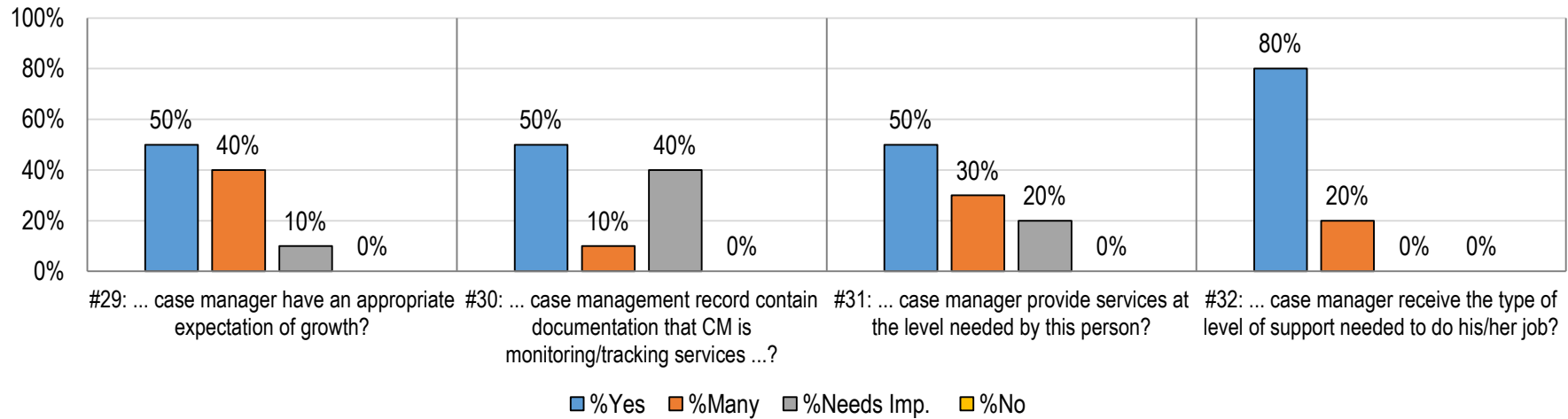


Chart #32: Case Management Scores, by Case Management Agency

| Question | Case Management Agency (# in sample): | |
|----------|---------------------------------------|--------------------------------------|
| | Peak (2) | SCCM (8) |
| Q# 29 | 50% Many 50% Needs Imp | 63% Yes 38% Many |
| Q# 30 | 50% Yes 50% Needs Imp | 50% Yes 13% Many 38% Needs Imp |
| Q# 31 | 50% Yes 50% Needs Imp | 50% Yes 38% Many 13% Needs Imp |
| Q# 32 | 50% Yes 50% Many | 88% Yes 13% Many |

H. Supported Employment

Access to competitive integrated employment enables an individual to engage in community life, control personal resources, increase self-sufficiency and receive services in the community. 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 Southwest 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?

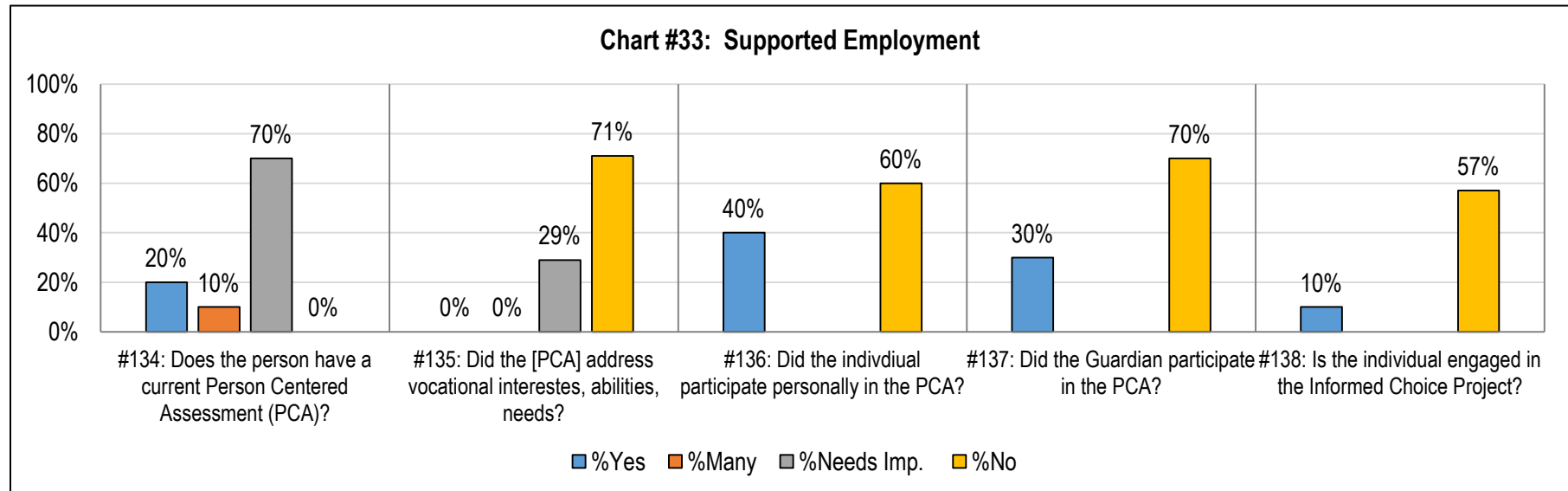


Chart #34: Supported Employment Scores by Provider Agency

| Residential Agency (# in sample): | | | | | |
|-----------------------------------|-----------------------|------------------------------------|----------------|----------------|--------------------------------------|
| Question | Community Options (1) | Lessons of Life (3) | Nezy Care (1) | PRS (1) | Tresco (4) |
| #134 | 100% Needs Imp | 100% Needs Imp | 100% Needs Imp | 100% Needs Imp | 50% Yes 25% Many 25% Needs Imp |
| #135 | 100% No | 50% Needs Imp 50% No (1 N/A) | 100% Needs Imp | 100% No | 100% No (2 N/A) |
| #136 | 100% No | 100% No | 100% Yes | 100% No | 75% Yes 25% No |
| #137 | 100% No | 100% No | 100% No | 100% No | 75% Yes 25% No |
| #138 | 100% No | 100% No | 100% Yes | 100% No | 100% No |

Chart #35: Supported Employment Scores by Case Management Agency

| Case Management Agency (# in sample): | | |
|---------------------------------------|--------------------|--------------------------------------|
| Question | Peak (2) | SCCM (8) |
| #134 | 100% Needs Imp | 25% Yes 13% Many 63% Needs Imp |
| #135 | 100% No (1 N/A) | 33% Needs Imp 67% No (2 N/A) |
| #136 | 100% No | 50% Yes 50% No |
| #137 | 100% No | 38% Yes 63% No |
| #138 | 100% No | 13% Yes 88% No |

2. **Components of Informed Choice:** 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?

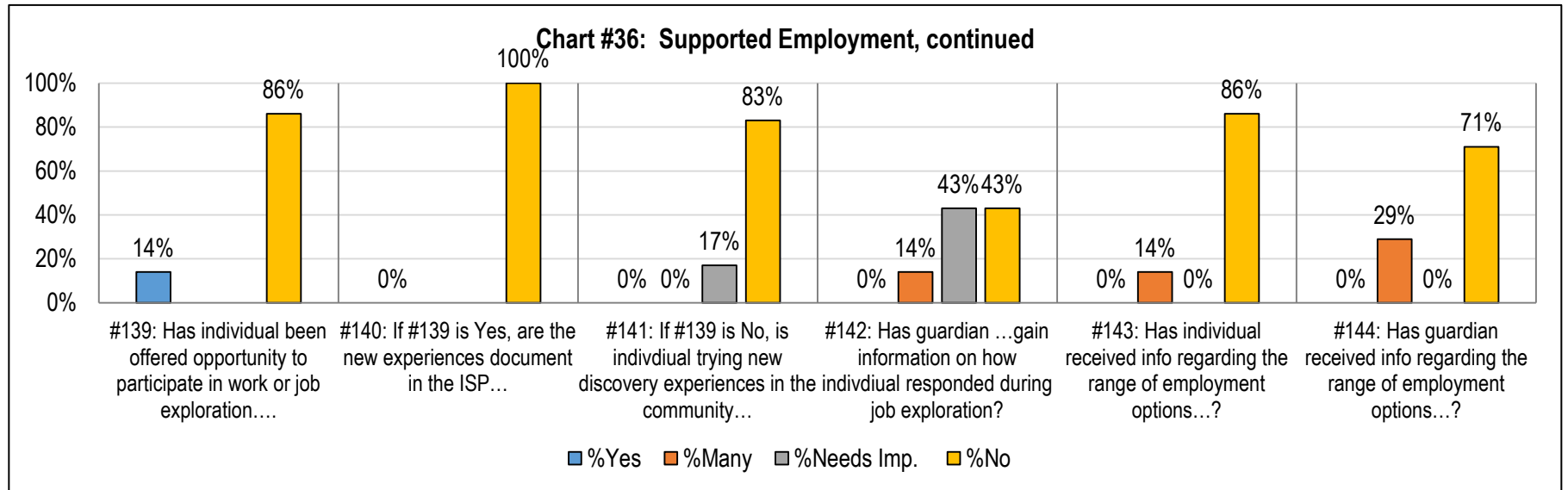


Chart #37: Supported Employment Scores by Provider Agency

| Question | Residential Agency (# in sample): | | | | |
|----------|-----------------------------------|---------------------------------|----------------|----------------|---------------------------------|
| | Community Options (1) | Lessons of Life (3) | Nezy Care (1) | PRS (1) | Tresco (4) |
| #139 | 100% No | 100% No (1 N/A) | 100% No | 100% Yes | 100% No (2 N/A) |
| #140 | (1 N/A) | (3 N/A) | (1 N/A) | 100% No | (4 N/A) |
| #141 | 100% No | 100% No (1 N/A) | 100% Needs Imp | (1 N/A) | 100% No (2 N/A) |
| #142 | 100% No | 50% Needs Imp 50% No (1 N/A) | 100% Many | 100% Needs Imp | 50% Needs Imp 50% No (2 N/A) |
| #143 | 100% No | 100% No (1 N/A) | 100% Many | 100% No | 100% No (2 N/A) |

| Residential Agency (# in sample): | | | | | |
|-----------------------------------|-----------------------|---------------------|----------------|-----------|--------------------|
| Question | Community Options (1) | Lessons of Life (3) | Nezzy Care (1) | PRS (1) | Tresco (4) |
| #144 | 100% No | 100% No (1 N/A) | 100% Many | 100% Many | 100% No (2 N/A) |

Chart #37: Supported Employment Scores by Case Management Agency

| Case Management Agency (# in sample): | | |
|---------------------------------------|--------------------|--|
| Question | Peak (2) | SCCM (8) |
| #139 | 100% No (1 N/A) | 17% Yes 83% No |
| #140 | (2 N/A) | 100% No (7 N/A) |
| #141 | 100% No (1 N/A) | 20% Needs Imp 80% No (3 N/A) |
| #142 | 100% No (1 N/A) | 17% Many 50% Needs Imp 33% No (2 N/A) |
| #143 | 100% No (1 N/A) | 17% Many 83% No (2 N/A) |
| #144 | 100% No (1 N/A) | 33% Many 67% No (2 N/A) |

3. **Components of Informed Choice: Employment Barriers**

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?

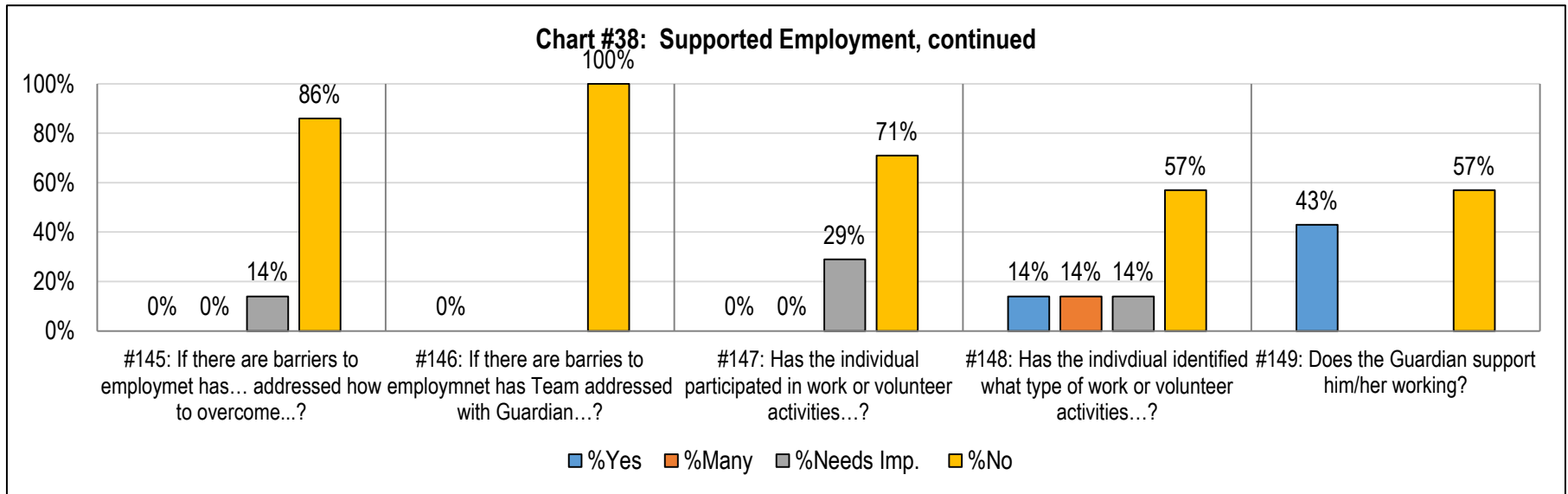


Chart #39: Supported Employment Scores by Provider Agency

| Residential Agency (# in sample): | | | | | |
|-----------------------------------|-----------------------|------------------------------|---------------|----------------|------------------------------------|
| Question | Community Options (1) | Lessons of Life (3) | Nezy Care (1) | PRS (1) | Tresco (4) |
| #145 | 100% No | 100% No (1 N/A) | 100% No | 100% No | 50% Needs Imp 50% No (2 N/A) |
| #146 | 100% No | 100% No (1 N/A) | 100% No | 100% No | 100% No (2 N/A) |
| #147 | 100% No | 100% No (1 N/A) | 100% No | 100% Needs Imp | 50% Needs Imp 50% No (2 N/A) |
| #148 | 100% No | 100% No (1 N/A) | 100% Many | 100% Needs Imp | 50% Yes 50% No (2 N/A) |
| #149 | 100% No | 50% Yes 50% No (1 N/A) | 100% Yes | 100% No | 50% Yes 50% No (2 N/A) |

Chart #40: Supported Employment Scores by Case Management Agency

| Case Management Agency (# in sample): | | |
|---------------------------------------|---------------------|---|
| Question | Peak (2) | SCCM (8) |
| #145 | 100% No (1 N/A) | 17% Needs Imp 83% No (2 N/A) |
| #146 | 100% No (1 N/A) | 100% No (2 N/A) |
| #147 | 100% No (1 N/A) | 33% Needs Imp 67% No (2 N/A) |
| #148 | 100% No (1 N/A) | 17% Yes 17% Many 17% Needs Imp 50% No (2 N/A) |
| #149 | 100% Yes (1 N/A) | 33% Yes 67% No (2 N/A) |

4. JCMs Involved in Supported Employment

- Question #150. Is (Name) is 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?

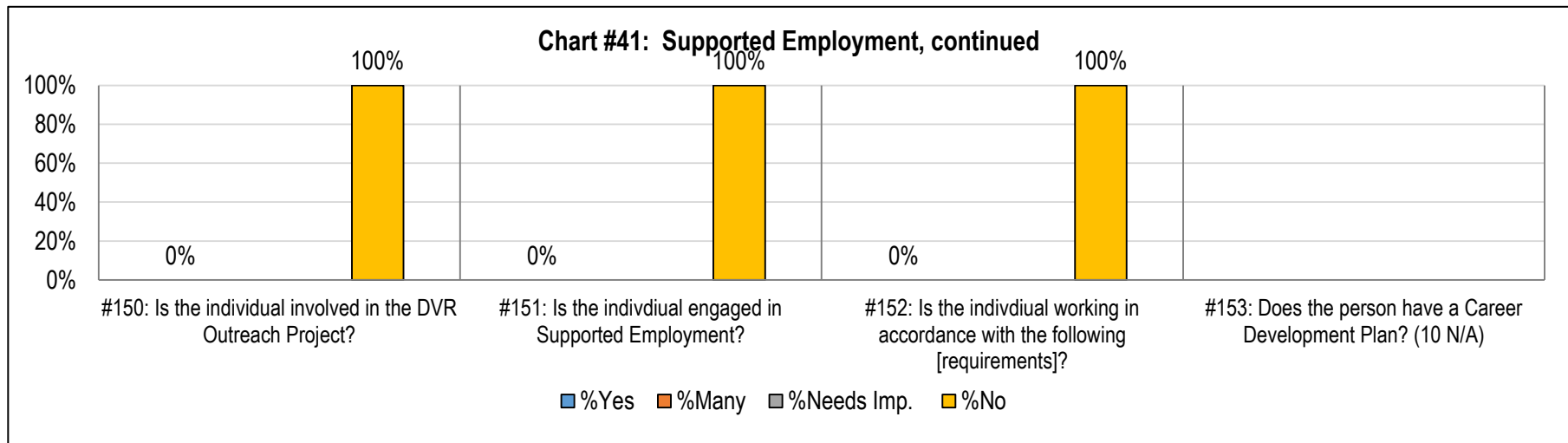


Chart #42: Supported Employment Scores by Provider Agency

| Residential Agency (# in sample): | | | | | |
|-----------------------------------|-----------------------|---------------------|---------------|---------|--------------------|
| Question | Community Options (1) | Lessons of Life (3) | Nezy Care (1) | PRS (1) | Tresco (4) |
| #150 | 100% No | 100% No | 100% No | 100% No | 100% No |
| #151 | 100% No | 100% No (1 N/A) | 100% No | 100% No | 100% No (2 N/A) |
| #152 | 100% No | 100% No (1 N/A) | 100% No | 100% No | 100% No (2 N/A) |
| #153 | (1 N/A) | (3 N/A) | (1 N/A) | (1 N/A) | (4 N/A) |

Chart #43: Supported Employment Scores by Case Management Agency

| Case Management Agency (# in sample): | | |
|---------------------------------------|--------------------|--------------------|
| Question | Peak (2) | SCCM (8) |
| #150 | 100% No | 100% No |
| #151 | 100% No (1 N/A) | 100% No (2 N/A) |
| #152 | 100% No (1 N/A) | 100% No (2 N/A) |
| #153 | (2 N/A) | (8 N/A) |

I. IQR Scored Protocol Questions

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

Chart #44: All IQR Scored Questions

| Question | 2018 (sample=10) |
|--|--|
| CASE MANAGEMENT | |
| 24. Does the case manager “know” the person? CPRQ26; ‘17IQR#8c | 90% Yes (9) 10% Many (1) |
| 25. Does the case manager understand his/her role/job? CPRQ27 ‘17IQR#16 | 60% Yes (6) 20% Many (2) 20% Needs Imp (2) |
| 26. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person? CPRQ28 | 70% Yes (7) 10% Many (1) 20% Needs Imp (2) |
| 27. Is the case manager available to the person? CPRQ29; ‘17IQR#16a | 80% Yes (8) 10% Many (1) 10% Needs Imp (1) |
| 28. Was the case manager able to describe the person’s health related needs? CPRQ30 | 80% Yes (8) 20% Needs Imp (2) |
| 29. Does the case manager have an appropriate expectation of growth for this person? CPRQ31 | 50% Yes (5) 40% Many (4) 10% 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 | 50% Yes (5) 10% Many (1) 40% Needs Imp (4) |
| 31. Does the case manager provide case management services at the level needed by this person? CPRQ33; ‘17IQR#16c | 50% Yes (5) 30% Many (3) 20% Needs Imp (2) |
| 32. Does the case manager receive the type and level of support needed to do his/her job? CPRQ34 | 80% Yes (8) 20% Many (2) |
| EMPLOYMENT AND DAY | |

| Question | 2018 (sample=10) |
|---|--|
| 33. Does the direct services staff “know” the person? CPRQ35; ‘17IQR#8a | 90% Yes (9) 10% Many (1) |
| 34. Does the direct service staff have input into the person’s ISP? CPRQ36 | 70% Yes (7) 20% Many (2) 10% No (1) |
| 35. Did the direct service staff receive training on implementing this person’s ISP? CPRQ37 | 60% Yes (6) 10% Many (1) 30% Needs Imp (3) |
| 36. Was the direct service staff able to describe this person’s health-related needs? CPRQ38 | 70% Yes (7) 10% Many (1) 10% Needs Imp (1) 10% No (1) |
| 37. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ39 | 50% Yes (5) 40% Many (4) 10% Needs Imp (1) |
| 37a. Was the direct service staff able to provide specific information regarding the person’s daily activities? CPRQ39a | 80% Yes (8) 20% Many (2) |
| 37b. Can the direct service staff describe his/her responsibilities in implementing this person’s ISP, including outcomes, action plans, and WDSIs? CPRQ39b | 60% Yes (6) 10% Many (1) 30% Needs Imp (3) |
| RESIDENTIAL | |
| 42. Does the residential direct services staff “know” the person? CPRQ44; ‘17IQR#8b | 90% Yes (9) 10% Needs Imp (1) |
| 43. Does the direct service staff have input into the person’s ISP? CPRQ45 | 90% Yes (9) 10% Many (1) |
| 44. Did the direct service staff receive training on implementing this person’s ISP? CPRQ46 | 60% Yes (6) 30% Many (3) 10% Needs Imp (1) |
| 45. Is the residence safe for individuals (void of hazards)? CPRQ47 | 90% Yes (9) 10% Needs Imp (1) |
| 46. Was the residential direct service staff able to describe this person’s health-related needs? CPRQ48 | 70% Yes (7) 20% Many (2) 10% Needs Imp (1) |
| 47. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person? CPRQ49 | 60% Yes (6) |

| Question | 2018 (sample=10) |
|---|--|
| | 40% Many (4) |
| 47a. Was the direct service staff able to provide specific information regarding the person's daily activities? CPRQ49a | 100% Yes (10) |
| 47b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP, including outcomes, action plans, and WDSIs? CPRQ49b | 60% Yes (6) 30% Many (3) 10% Needs Imp (1) |
| 48. Did the residential direct service staff have training in the ISP process? CPRQ50 | 80% Yes (8) 10% Many (1) 10% Needs Imp (1) |
| 49. Did the direct service staff have training on the provider's complaint process and how to report abuse, neglect and exploitation? CPRQ51 | 90% Yes (9) 10% Many (1) |
| 49a. Did the direct service staff have training on the provider's complaint process? CPRQ51a | 100% Yes (10) |
| 49b. Did the direct service staff have training on how and to whom to report abuse, neglect and exploitation? CPRQ51b | 90% Yes (9) 10% Needs Imp (1) |
| 50. Does the residential direct service staff have an appropriate expectation of growth for this person? CPRQ52 | 70% Yes (7) 30% Many (3) |
| 51. Does the person's residential environment offer a minimal level of quality of life? CPRQ53 | 60% Yes (6) 40% Many (4) |
| HEALTH | |
| 52. Overall, were the team members interviewed able to describe the person's health-related needs? CPRQ54; '17IQR#21b | 60% Yes (6) 20% Many (2) 20% Needs Imp (2) |
| 53. Is there evidence that the IDT discussed the person's health related issues? CPRQ55; '17IQR#21 | 60% Yes (6) 20% Many (2) 20% Needs Imp (2) |
| 54. Was the eChat updated timely? '17IQR#18g | 50% Yes (5) 10% Many (1) 20% Needs Imp (2) 20% No (2) |
| 55. Are all of the individual's needed medical treatments timely received? 17IQR#19 | 30% Yes (3) 40% Many (4) 20% Needs Imp (2) 10% No (1) |

| Question | 2018 (sample=10) |
|---|---|
| 56. Does the individual receive routine/scheduled medical treatment? 17IQR#19a | 60% Yes (6) 10% Many (1) 30% Needs Imp (3) |
| 57. Does the individual receive medication as prescribed? 17IQR#19e | 60% Yes (6) 10% Many (1) 30% 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 | 0% Yes 50% Many (5) 40% Needs Imp (4) 10% No (1) |
| 59. Are nursing services provided as needed by the individual? 17IQR#20 | 20% Yes (2) 40% Many (4) 40% Needs Imp (4) |
| 60. Is the CARMP is accurate? '17IQR#21f | 56% Yes (5) 11% Many (1) 22% Needs Imp (2) 11% No (1) (1 N/A) |
| 61. Is the CARMP consistently implemented as intended? | 33% Yes (3) 44% Many (4) 22% Needs Imp (2) (1 N/A) |
| 62. Are the person's health supports/needs being adequately addressed? CPRQ56; '17IQR#19 | 10% Yes (1) 50% Many (5) 40% Needs Imp (4) |
| ASSESSMENTS | |
| 63. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts? CPRQ57 | 10% Yes (1) 60% Many (6) 30% Needs Imp (3) |
| 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 | 30% Yes (3) 50% Many (5) 20% Needs Imp (2) |
| 65. Did the team arrange for and obtain the needed, relevant assessments? CPRQ58; '17IQR#18 | 40% Yes (4) 40% Many (4) 20% Needs Imp (2) |

| Question | 2018 (sample=10) |
|--|--|
| 66. Are the assessments adequate for planning? CPRQ59; '17IQR#4f | 10% Yes (1) 30% Many (3) 60% Needs Imp (6) |
| 67. Were the recommendations from assessments used in planning? CPRQ60; '17IQR#5 | 20% Yes (2) 40% Many (4) 30% Needs Imp (3) 10% No (1) |
| 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 | 25% Yes (1) 50% Needs Imp (2) 25% No (1) (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 (10) |
| 70. Was the ISP developed by an appropriately constituted IDT? CPRQ62; '17IQR#3 | 50% Yes (5) 50% Many (5) |
| 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 | 25% Yes (1) 25% Many (1) 50% No (2) (6 N/A) |
| 72. Does my ISP contain current and accurate information? '17IQR#6 | 20% Yes (2) 60% Many (6) 20% Needs Imp (2) |
| 73. Overall, does the long term vision show expectations for growth and skill building? CPRQ64; '17IQR#7b | 50% Yes (5) 30% Many (3) 20% Needs Imp (2) |
| 74. Overall, does the ISP give adequate guidance to achieving the person's long-term vision? CPRQ65; '17IQR#7c | 50% Yes (5) 10% Many (1) 40% Needs Imp (4) |
| 75. Is measurable data kept which verifies the consistent implementation of each of the action steps? '17IQR#12a | 20% Yes (2) 40% Needs Imp (4) 40% No (4) |
| 76. Does the data kept identify what the person does so a determination regarding progress/lack of progress? '17IQR#12b | 10% Yes (1) 10% Many (1) 30% Needs Imp (3) 50% No (5) |

| Question | 2018 (sample=10) |
|---|--|
| 77. Is each action step in the ISP implemented at a frequency that enables the person to learn new skills? '17IQR#12c | 20% Yes (2) 10% Many (1) 40% Needs Imp (4) 30% No (3) |
| 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 | 40% Yes (4) 30% Many (3) 30% No (3) |
| 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 | 14% Yes (1) 14% Needs Imp (1) 71% No (5) (3 N/A) |
| 80. Has the person made measurable progress on actions steps during this past year?'17IQR#13b | 0% Yes 50% Needs Imp (5) 50% No (5) |
| 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 | 20% Yes (2) 20% Many (2) 40% Needs Imp (4) 20% No (2) |
| 82. Overall, are the ISP outcomes related to achieving the person's long-term vision? CPRQ68; '17IQR#7d | 70% Yes (7) 20% Many (2) 10% Needs Imp (1) |
| 83. Overall, do the ISP outcomes address the person's major needs? CPRQ69; '17IQR#7g | 40% Yes (4) 50% Many (5) 10% Needs Imp (1) |
| 84. Overall, are the Teaching and Support Strategies sufficient to ensure consistent implementation of the services planned? CPRQ71; '17IQR#7i | 30% Yes (3) 20% Many (2) 50% Needs Imp (5) |
| 85. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the ISP? CPRQ72; '17IQR#7m | 20% Yes (2) 20% Many (2) 30% Needs Imp (3) 30% No (3) |
| 86. Has the person made measurable progress in therapy this year? '17IQR#13a | 10% Yes (1) 10% Many (1) 70% Need Imp (7) 10% No (1) |
| 87. If needed, does the ISP contain a specific Medical Emergency Response Plan (MERP)? CPRQ73b '17IQR#20c | 60% Yes (6) 20% Many (2) |

| Question | 2018 (sample=10) |
|---|--|
| | 20% Needs Imp (2) |
| 88. Does the ISP contain information regarding primary health (medical) care? CPRQ74 | 70% Yes (7) 20% Many (2) 10% Needs Imp (1) |
| 88a. Does the ISP face sheet contain contact information for the PCP? CPRQ74a | 80% Yes (8) 20% No (2) |
| 88b. Is the Healthcare coordinator's name and contact information listed in the ISP? CPRQ74b | 90% Yes (9) 10% Many (1) |
| 89. Does the ISP reflect how the person will obtain prescribed medications? CPRQ76 | 100% Yes (10) |
| 90. Does the ISP reflect how the person will get to work/day activities, shopping, and social activities? CPRQ75 | 70% Yes (7) 10% Many (1) 20% Needs Imp (2) |
| 91. Does the ISP contain a list of adaptive equipment needed and who will provide it? CPRQ77; '17IQR#25a | 30% Yes (3) 30% Many (3) 30% Needs Imp (3) 10% No (1) |
| 92. Overall, is the ISP adequate to meet the person's needs? CPRQ78; '17IQR#7 | 0% Yes 20% Many (2) 80% Needs Imp (8) |
| 93. Is the ISP being implemented? (If 92 is "3") CPRQ79 '17IQR#12 | (10 N/A) |
| 94a. Is the ISP being implemented? (If 92 is "0", "1", or "2") CPRQ80a '17IQR#12 | 0% Yes 50% Many (5) 30% Needs Imp (3) 20% No (2) |
| 94b. Are current services adequate to meet the person's needs? CPRQ80b '17IQR#11 | 40% Yes (4) 20% Many (2) 40% Needs Imp (4) |
| 95. Overall, was the direct service staff trained on the implementation of this person's ISP? CPRQ81 | 70% Yes (7) 30% Needs Imp (3) |
| 96. Overall, were the direct service staff able to describe their responsibilities in providing daily care/supports to the person? CPRQ82; | 40% Yes (4) 60% Many (6) |
| 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 | 10% Yes (1) 20% Many (2) |

| Question | 2018 (sample=10) |
|--|--|
| | 50% Needs Imp (5) 20% No (2) |
| 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 | 10% Yes (1) 60% Many (6) 30% Needs Imp (3) |
| 99. Overall, does the IDT have an appropriate expectation of growth for this person? CPRQ85; '17IQR#8d | 60% Yes (6) 30% Many (3) 10% Needs Imp (1) |
| 100. Was the person provided the assistance and support needed to participate meaningfully in the planning process? CPRQ86; '17IQR#1b | 70% Yes (7) 20% Many (2) 10% Needs Imp (1) |
| 101. Is the person offered a range of opportunities for participation in each life area? CPRQ87 | 50% Yes (5) 20% Many (2) 20% Needs Imp (2) 10% No (1) |
| 102. Does the person have the opportunity to make informed choices? CPRQ88; '17IQR#30 | 67% Yes (2) 33% Needs Imp (1) (7 CND) |
| 102a. About where and with whom to live? CPRQ89; '17IQR#23c | 0% Yes 50% Many (1) 50% Needs Imp (1) (8 CND) |
| 102b. About where and with whom to work/spend his/her day? CPRQ90; '17IQR#23d | 33% Yes (1) 33% Needs Imp (1) 33% No (1) (7 CND) |
| 102c. About where and with whom to socialize/spend leisure time? CPRQ91 | 100% Yes (3) (7 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 (10) |
| 104. Overall, were the direct service staff interviewed trained on the provider's complaint process? CPRQ93* | 80% Yes (8) 10% Many (1) 10% Needs Imp (1) |

| Question | 2018 (sample=10) |
|--|--|
| 105. Overall, were all team members interviewed trained or knowledgeable on how to report abuse, neglect and exploitation? CPR 93*; '17IQR#35a | 50% Yes (5) 20% Many (2) 30% Needs Imp (3) |
| 106. Does this person and/or guardian have access to the complaint processes/procedures? CPRQ94 | 100% Yes (10) |
| 107. Does the individual have restrictions that should be reviewed by a Human Rights Committee? '17IQR#34h | 90% Yes (9) 10% No (1) |
| 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 | 89% Yes (8) 11% Needs Imp (1) (1 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 | 0% Yes 22% Many (2) 11% Needs Imp (1) 67% No (6) (1 N/A) |
| 110. Is the person protected from abuse, neglect and exploitation? '17IQR#35 | 50% Yes (5) 40% Many (4) 10% Needs Imp (1) |
| 111. Have all incidents of suspected abuse, neglect and exploitation been reported and investigated? '17IQR#35b | 88% Yes (7) 13% Many (1) (2 N/A) |
| 112. Is the individual safe? '17IQR#24 | 70% Yes (7) 10% Many (1) 20% Needs Imp (2) |
| 113. What is the level of participation of the legal guardian in this person's life and service planning? CPRQ 97; '17IQR#15a | 40% Active (4) 50% Moderate (5) 10% Limited (1) |
| 114. If the person is retired, does he/she have opportunities to engage in activities of interest during the day? CPRQ 100; '17IQR#29b | 67% Yes (2) 33% Many (1) (7 N/A) |
| 115. Does the person have daily choices/appropriate autonomy over his/her life? CPRQ101 '17IQR#30 | 70% Yes (7) 10% Many (1) 20% Needs Imp (2) |
| 116. Have the person's cultural preferences been accommodated? CPRQ102; '17IQR#31e | 100% Yes (10) |
| 117. Is the person treated with dignity and respect? CPRQ103; '17IQR#34c | 40% Yes (4) 30% Many (3) |

| Question | 2018 (sample=10) |
|---|---|
| | 30% Needs Imp (3) |
| 118. Does the person have food and drink available according to their specific nutritional needs and recommendations? CPRQ108; '17IQR#23e | 90% Yes (9) 10% Needs Imp (1) |
| 119. Does the person have sufficient personal money? CPRQ110 '17IQR#34f | 90% Yes (9) 10% Many (1) |
| 120. Does the person get along with their day program/employment provider staff? CPRQ111 | 100% Yes (8) (2 CND) |
| 121. Does the person get along with their residential provider staff? CPRQ112 | 100% Yes (7) (3 CND) |
| TEAM PROCESS | |
| 122. Are the individual members of the IDT following up on their responsibilities? CPRQ 114; '17IQR#10 | 30% Yes (3) 40% Maybe (4) 30% Needs Imp (3) |
| 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 | 75% Yes (3) 25% Many (1) (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 | 60% Yes (6) 30% Many (3) 10% No (1) |
| 125. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? CPRQ117 | 70% Yes (7) 20% Many (2) 10% Needs Imp (1) |
| 126. Do you recommend Dispute Resolution for this IDT? CPRQ118 | 0% Yes 100% No (10) |
| 127. Is there evidence or documentation of physical regression in the last year? CPRQ119 '17IQR#14a | 60% Yes (6) 40% No (4) |
| 128. Is there evidence or documentation of behavioral or functional regression in the last year? CPRQ120; '17IQR14c | 20% Yes (2) 80% No (8) |
| 129. If #127 OR #128 is scored "Yes", is the IDT adequately addressing the regression? CPRQ121; | 83% Yes (5) 17% No (1) (4 N/A) |
| 130. Has the person changed residential/day services in the last year? CPRQ122 | 20% Yes (2) 80% No (8) |

| Question | 2018 (sample=10) |
|---|---|
| 131. If #130 is Yes, was the change Planned by the IDT? CPRQ122a | 100% Yes (2) (8 N/A) |
| 132. If #130 is Yes, did the change meet the person's needs and/or preferences? CPRQ122b | 100% Yes (2) (8 N/A) |
| 133. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person? CPRQ123; '17IQR#7n | 10% Yes (1) 40% Many (4) 50% Needs Imp (5) |
| SUPPORTED EMPLOYMENT | |
| 134. Does (Name) have a current Person Centered Assessment? | 20% Yes (2) 10% Many (1) 70% Needs Imp (7) |
| 135. Did this assessment address vocational interests, abilities and needs? CPRQ126; '17IQR#26a | 0% Yes 29% Needs Imp (2) 71% No (5) (3 N/A) |
| 136. Did the individual participate personally in the Person Centered Assessment? | 40% Yes (4) 60% No (6) |
| 137. Did the Guardian participate in the Person Centered Assessment? | 30% Yes (3) 70% No (7) |
| 138. Is the individual engaged in the Informed Choice Project? | 10% Yes (1) 90% No (9) |
| 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 | 14% Yes (1) 86% No (6) (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 100% No (1) (9 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 17% Needs Imp (1) 83% No (5) (4 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? | 0% Yes 14% Many (1) 43% Needs Imp (3) 43% No (3) |

| Question | 2018 (sample=10) |
|--|---|
| | (3 N/A) |
| 143. Has the individual received information regarding the range of employment options available to him/her? '17IQR#26c | 0% Yes 14% Many (1) 86% No (6) (3 N/A) |
| 144. Has the Guardian received information regarding the range of employment options available for the individual? | 0% Yes 29% Many (2) 71% No (5) (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 | 0% Yes 14% Needs Imp (1) 86% No (6) (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 ...? | 0% Yes 100% No (7) (3 N/A) |
| 147. Has the individual participated in work or volunteer activities during the past year? | 0% Yes 29% Needs Imp (2) 71% No (5) (3 N/A) |
| 148. Has the individual identified what type of work or volunteer activities he/she would like to do? | 14% Yes (1) 14% Many (1) 14% Needs Imp (1) 57% No (4) (3 N/A) |
| 149. Does the Guardian support him/her working? | 43% Yes (3) 57% No (4) (3 N/A) |
| 150. Is (Name) is involved in the DVR Outreach Project? | 0% Yes 100% No (10) |
| 151. Is the individual engaged in Supported Employment? CPRQ129 | 0% Yes 100% No (7) (3 N/A) |
| 152. Is the individual Working in accordance with the following: CPRQ 130 '17IQR#28 | 0% Yes 100% No (7) (3 N/A) |

| Question | 2018 (sample=10) |
|---|---|
| 153. Does the person have a Career Development Plan? CPRQ128 | (10 N/A) |
| BEHAVIOR | |
| 154. Is the person considered by the IDT to need behavior services now? CPRQ131; '17IQR#5d | 70% Yes (7) 30% No (3) |
| 155. Does the person need behavior services now? CPRQ132 '17IQR#11e | 90% Yes (9) 10% No (1) |
| 156. Have behavioral assessments been completed? CPRQ133 | 75% Yes (6) 13% Many (1) 13% 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 | 88% Yes (7) 13% No (1) (2 N/A) |
| 158. Has the staff been trained on the Positive Behavior Support Plan? CPRQ135; '17IQR#10d | 63% Yes (5) 13% Many (1) 13% Needs Imp (1) 13% No (1) (2 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% No (1) (5 N/A) |
| 160. Does the person receive behavioral services consistent with his/her needs? CPRQ 136 '17IQR#5i | 50% Yes (4) 25% Many (2) 13% Needs Imp (1) 13% No (1) (2 N/A) |
| 161. Are behavior support services integrated into the ISP? CPRQ 137; '17IQR#11d | 13% Yes (1) 13% Many (1) 50% Needs Imp (4) 25% No (2) (2 NA) |
| ADAPTIVE EQUIPMENT / AUGMENTATIVE COMMUNICATION | |
| 162. Has the person received all adaptive equipment needed? CPRQ138; '17IQR#25b | 40% Yes (4) 30% Many (3) |

| Question | 2018 (sample=10) |
|--|---|
| | 20% Needs Imp (2) 10% No (1) |
| 163. Has the person received all assistive technology needed? CPRQ139; '17IQR#25c | 63% Yes (5) 13% Many (1) 13% Needs Imp (1) 13% No (1) (2 N/A) |
| 164. Do direct care staff know how to appropriately help the person use his/her equipment? '17IQR#25f | 89% Yes (8) 11% Many (1) (1 N/A) |
| 165. Is the person's equipment and technology in good repair?'17IQR#25d | 60% Yes (6) 30% Many (3) 10% Needs Imp (1) |
| 166. Is the person's equipment/technology available in all appropriate environments? '17IQR#25e | 60% Yes (6) 20% Many (2) 20% Needs Imp (2) |
| 167. Has the person received all communication assessments and services? CPRQ140 ; '17IQR#10b | 38% Yes (3) 25% Many (2) 25% Needs Imp (2) 13% No (1) (2 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 | 80% Yes (8) 20% Needs Imp (2) |
| 169. Does the person have an ISP that contains a complete Vision Section that is based on a long-term view? CPRQ142 '17IQR#7a | 50% Yes (5) 30% Many (3) 20% Needs Imp (2) |
| 170. Does the person receive services and supports recommended in the ISP? CPRQ143; '17IQR#11a | 90% Yes (9) 10% Needs Imp (1) |
| 171. Does the person have adequate access to and use of generic services and natural supports? CPRQ144; '17IQR#33f | 60% Yes (6) 10% Many (1) 30% Needs Imp (3) |
| 172. Is the person integrated into the community? CPRQ145; '17IQR#29g | 20% Yes (2) 20% Many (2) 60% Needs Imp (6) |

| Question | 2018 (sample=10) |
|--|---|
| 173. Overall is the ISP adequate to meet the person's needs? CPRQ146; '17IQR#7 | 0% Yes 20% Many (2) 80% Needs Imp (8) |
| 174. Is the total program of the level of intensity adequate to meet this person's needs? CPRQ147; '17IQR#36 | 0% Yes 40% Many (4) 60% Needs Imp (6) |