***United States v. Commonwealth of Puerto Rico,* No. 99-1435 (GAG/MEL)**

**JCAP BENCHMARKS AND MONITORING CRITERIA**

| | A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|---|
| 1 | **BENCHMARK** | **Initial Deadline** | **Red (No/Little Progress on Process Elements)** | **Orange (Some Progress on Process Elements)** | **Yellow (Good Progress on Process Elements)** | **Green (Process Elements Complete)** | **Process Elements Complete and Participant Outcomes Achieved *(Requires Separate Narrative on Outcomes per White Boxes Below)*** |
| 2 | Translate this benchmark document, as well as any updated versions, into Spanish | 2/10/2017 | | | | | |
| 3 | Disseminate both the English and Spanish versions of these benchmarks to all pertinent personnel | Ongoing | | | | | |
| 4 | Create a "Master List" of all participants -- all persons with DD in the Commonwealth's IDP (or successor) -- and update quarterly; provide this list and all other lists below to JCC and US initially and as they are updated | 2/10/2017 | | | | | |
| 5 | **III.1. Community Placement from Institutions** | | | | | | |
| 6 | From the Master List, create a sub-list of all participants who live in an institution (e.g., Instituto Psicopedagogico, Modesto Gotay, Centro Shalom) | 2/10/2017 | | | | | |

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| 7 | Issue a policy directive that all institutionalized participants can live in the community with adequate supports/services OR<br>For each institutionalized participant, conduct and document an individual evaluation on his/her appropriateness for community placement regardless of community capacity (JCAP III.1.A) (all cites below are to JCAP) | 3/17/2017 | | | | | |
| 8 | Develop a written individualized community transition plan for each participant in an institution using person-centered planning techniques (III.1.A, E) | 9/15/2017 | | | | | |
| 9 | For each participant, identify and document in the transition plan the individual and systemic obstacles to community placement from the institution (III.1.B) | 9/15/2017 | | | | | |
| 10 | For each participant, identify and document in the transition plan any family members/guardian opposed to community placement from the institution (if any) and the reason(s) for opposition (III.1.C) | 9/15/2017 | | | | | |

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| 11 | Meet with all family members/guardians opposed to community placement, provide them with education on expanded community capacity, and offer viable community residences to effect the placement of the participants from the institutions (III.1.C) | 11/17/2017 | | | | | |
| 12 | Take the opposed families/guardians on tours of prospective, successful community residences (III.1.C) | 1/19/2018 | | | | | |
| 13 | For each appropriate participant, overcome all necessary obstacles to effect community placement from the institution (III.1.B) | 9/14/2018 | | | | | |
| 14 | Monitor all participants placed in the community to ensure they receive all the necessary protections, supports, services to meet their individualized needs in community settings (III.1.E) | Ongoing | | | | | |
| 15 | **III.2 Provider Capacity Expansion in the Community** | | | | | | |
| 16 | From Master List, create sub-list of all participants living in the community, specifying name and location of each person's residential provider and total number of individuals living in each home | 2/10/2017 | | | | | |

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| 17 | Develop a systemwide plan to increase the number of community residential providers to meet participants' individualized needs (III.2) | 12/15/2016 | | | | | |
| 18 | Implement the plan to reduce the number of individuals in community group homes to meet individualized needs (maximum of four individuals/home) (III.2); each participant shall have a private or semi-private bedroom | 12/14/2018 | | | | | |
| 19 | Implement the plan to reduce the number of individuals in community substitute homes to meet individualized needs (maximum of two individuals/home) (III.2); each participant shall have a private or semi-private bedroom | 12/14/2018 | | | | | |
| 20 | Ensure that community homes: provide participants with adequate protections, supports, services; meet their individualized needs; ensure their health, safety, welfare; provide increased individual attention; provide a more peaceful and therapeutic living environment; improve outcomes (III.2) | Ongoing | | | | | |

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| 21 | **III.3 Integrated Employment and Day Activities** | | | | | | |
| 22 | From the Master List, create a sub-list of those who are **currently working in the community**, specifying the name and location of the employer, the number of hours per week the participant is working, and the participant's hourly wage or compensation rate | 2/10/2017 | | | | | |
| 23 | For those working in the community, develop individualized action steps to ensure no one working in the community is underdemployed (III.3.A) | 4/28/2017 | | | | | |
| 24 | Implement the action steps to ensure that no one working in the community is underemployed (III.3.A, B) | 7/28/2017 | | | | | |
| 25 | | | | | | | |
| 26 | From the Master List, create a sub-list of those who are **currently not working in the community, but have been professionally assessed or identified in the past as able to work in the community**; designate on this sub-list the date/author(s) of the most recent assessment | 2/17/2017 | | | | | |

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| 27 | Professionally assess or re-assess for community employment all participants who are currently not working in the community, but have been professionally assessed or identified in the past as able to work in the community (III.3.C) | 8/31/2017 | | | | | |
| 28 | Develop individualized, concrete action steps with timeframes to maximize their community employment (III.3.C) | 9/29/2017 | | | | | |
| 29 | Implement the action steps to ensure that: everyone who is able to work is working in the community; and everyone working in the community is not underemployed (III.3.D) | 12/15/2017 | | | | | |
| 30 | | | | | | | |
| 31 | From the Master List, create a sub-list of **all other participants who are currently not working in the community**; designate on this sub-list the date/author(s) of the most recent professional employment assessment, if any; designate those who have been professionally assessed as **not able to work in the community** | 2/17/2017 | | | | | |

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| 32 | Professionally assess or re-assess for community employment all of these other participants who are not currently working in the community (III.3.C) | 2/16/2018 | | | | | |
| 33 | For those with professional assessments that they can work in the community, develop individualized, concrete action steps with timeframes for these other participants to maximize their community employment (III.3.A) | 5/18/2018 | | | | | |
| 34 | Implement the action steps to ensure that: everyone who is able to work is working in the community; and everyone working in the community is not underemployed (III.3.D) | 12/14/2018 | | | | | |
| 35 | Develop and implement a program to promote self-employment for approporiate participants, specifying the number of times per trimester each participant is to be engaged in community self-employment activities; examples of self-employmnet may include, but not be limited to, work at fairs and urban markets selling arts and crafts participants create. | 12/28/2018 | | | | | |
| 36 | | | | | | | |

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| 37 | Systemwide, ensure that at least 25 percent of all participants of working age are employed in the community, on a full-time or part-time basis based on individualized needs, at minimum wage or above, at a location where the employee interacts with individuals without disabilities and has access to the same opportunities for benefits and advancement provided to workers without disabilities | Jun-19 | | | | | |
| 38 | | | | | | | |
| 39 | For those participants with professional assessments that they are not able to work in the community, develop individualized plans to maximize meaningful, functional community activities that foster their growth and independence (III.3.E) | 5/18/2018 | | | | | |
| 40 | Implement the plans (III.3.E) | 12/14/2018 | | | | | |

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| 41 | For those participants who are not working in the community but attend a day program at a CTS, ensure that these participants attend the day program at least four days per week; ensure that staffing, transportation, and other resources are adequate to meet individualized needs; ensure that buses have ramps and other needed accessibility supports | 12/28/2018 | | | | | |
| 42 | | | | | | | |
| 43 | From the Master List, create a sub-list of those who **do not work or participate in formal day program activities at a CTS** and assess why they do not and remain at home (III.3.F) | 2/17/2017 | | | | | |
| 44 | Develop individualized plans for these participants to maximize meaningful, functional community activities that foster their growth and independence (III.3.F); ensure that participants engage in such community activities at least two times per month | 6/16/2017 | | | | | |
| 45 | Implement the plans (III.3.F) | 9/15/2017 | | | | | |

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| 46 | Develop a systemwide plan for all participants to maximize non-work activities in the community that are meaningful, functional, and foster growth and independence to meet individualized needs (III.3.G) | 6/30/2017 | | | | | |
| 47 | Implement the plan (III.3.G) | 9/15/2017 | | | | | |
| 48 | | | | | | | |
| 49 | Ensure that staffing, transportation, other resources are adequate and reliable to meet individualized needs for integrated day activities in the community (III.3.H); ensure that buses have ramps and other needed accessibility supports | 6/30/2017 | | | | | |
| 50 | Ensure there are sufficient job coaches and job trainers to meet individualized needs in the community (III.3.I) | 12/14/2018 | | | | | |
| 51 | **III.4 Safety and Restraint Issues** | | | | | | |
| 52 | Using data from Therap combined with onsite assessments, conduct a safety and welfare analysis of all individual participants and their residences (III.4.A) | 7/28/2017 | | | | | |

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| 53 | Implement measures to ensure participant safety and welfare based on this analysis (III.4.A) | 10/27/2017 | | | | | |
| 54 | Using data from Therap combined with first-hand accounts, analyze peer-to-peer interactions that create risk of harm (III.4.A.1) | 7/28/2017 | | | | | |
| 55 | Implement effective measures to address peer-to-peer risk factors to prevent harm (III.4.A.1) | 10/27/2017 | | | | | |
| 56 | Using data from Therap combined with first-hand accounts, identify vulnerable participants at risk of harm (III.4.A.2) | 7/28/2017 | | | | | |
| 57 | Implement effective measures to minimize/ eliminate their risk factors (III.4.A.2) | 10/27/2017 | | | | | |
| 58 | Using data from Therap combined with first-hand accounts, identify aggressor participants (III.4.A.3) | 7/28/2017 | | | | | |
| 59 | Implement effective measures to minimize/eliminate aggressor risk triggers (III.4.A.3) | 10/27/2017 | | | | | |

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| 60 | Informed by data from Therap, develop a systemwide plan to ensure that serious incidents, per JCAP criteria, are reported promptly and investigated within 45 days, all to prevent serious incidents in the future (III.4.B) | 7/28/2017 | | | | | |
| 61 | Informed by data from Therap, develop a systemwide plan to analyze incident patterns and trends to prevent incidents in the future (III.4.B) | 7/28/2017 | | | | | |
| 62 | Implement these systemwide plans and implement remedial measures to address any individual and/or systemic issues that arise from the investigations and incident analysis to ensure participant safety and welfare and minimize/eliminate abuse and neglect(III.4.B) | 10/27/2017 | | | | | |
| 63 | Implement effective measures to minimize/eliminate use of all restraints on participants (III.4.C) | 3/17/2017 | | | | | |
| 64 | Prohibit use of standing PRN or "stat" orders for chemical restraints on participants (III.4.C) | 2/10/2017 | | | | | |

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| 65 | **III.5 Health Care and Mental Health Care** | | | | | | |
| 66 | From the Master List, create a list of all participants and their current community clinicians, highlighting the primary care physicians and neurologists, if applicable (III.5.B) | 2/10/2017 | | | | | |
| 67 | Through Therap and/or other means, implement an effective communication system to promptly alert all community clinicians and other pertinent personnel to significant changes in the health status of individual participants across the system (III.5.A) | 3/3/2017 | | | | | |
| 68 | Whenever there is a significant change in participant health status, ensure that appropriate treatment and other measures are provided promptly to meet the individualized needs of the participant | 7/7/2017 | | | | | |

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| 69 | Implement an effective system to gather and provide to pertinent community clinical personnel all individual participant information for use in monthly or more frequent appointments (III.5.B); participant information may be located in the home, CTS, CEEC, Central Office, and/or elsewhere | 6/2/2017 | | | | | |
| 70 | Monitor community clinicians to ensure they provide informed and comprehensive individualized evaluations and treatment that meet individualized participant needs (III.5.B) | Ongoing | | | | | |
| 71 | Ensure participants receive necessary health care in a timely manner to meet their individualized needs in the community (III.5.G) | Ongoing | | | | | |
| 72 | From the Master List, create sub-lists of priority at-risk participants in the community, per JCAP criteria, that require heightened, enhanced attention and focus (III.5.H); priority at-risk condition criteria are set forth in JCAP III.5.H | 4/7/2017 | | | | | |

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| 73 | Implement a systemwide plan to work with community clinicians to promptly and proactively develop and implement tailored and intensive protections, supports, services for priority at-risk participants to meet their individualized needs (III.5.I) | 7/7/2017 | | | | | |
| 74 | Monitor to ensure that priority at-risk conditions are minimized or eliminated; document and track seizures, bowel obstructions, aspiration and aspiration pneumonia, decubitus ulcers, other conditions per JCAP criteria (III.5.I) | Ongoing | | | | | |
| 75 | Establish a program of traveling nurses (from the CEEC and/or the CTS sites) to regularly conduct onsite visits with participants in their homes and/or day programs to assess, treat, and monitor their services and supports to ensure that the individualized needs of each priority at-risk participant are met day-to-day; these nurses are to provide ongoing technical assistance to community providers whenever needed, especially when there is a decline in health status | Ongoing | | | | | |

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| 76 | Using data from Therap and other sources, regularly compile and analyze incident, outcome, intervention, treatment information for each priority at-risk person (III.5.J) | 4/7/2017 | | | | | |
| 77 | Regularly share this information with community clinicians (III.5.J) | 4/7/2017 | | | | | |
| 78 | Monitor to ensure community clinicians utilize this information to implement measures to meet individualized participant needs (III.5.J) | 7/7/2017 | | | | | |
| 79 | Neurological Care | | | | | | |
| 80 | From the Master List, create a sub-list of all participants with a seizure disorder/epilepsy, specifying any anticonvulsant medications they receive with dosage(s) (III.5.K) | 2/10/2017 | | | | | |
| 81 | Ensure that neurologists provide participants with a seizure disorder with comprehensive neurology evaluations as needed, at least annually (III.5.K) | 6/30/2017 | | | | | |

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| 82 | Using data from Therap and other sources, compile a sub-list of those participants who have had more than 10+ seizures in the past year, as well as a sub-list of those who have had no seizures for the past two years (III.5.K.1) | 2/10/2017 | | | | | |
| 83 | Ensure that neurologists provide effective care for those having 10+ seizures per year (III.5.K.1) | 6/30/2017 | | | | | |
| 84 | Ensure that neurologists provide effective care for those who have not had a seizure in the past two years (III.5.K.1) | 6/30/2017 | | | | | |
| 85 | Ensure that neurologists weigh the benefits of medication use and adequately document the rationale for anticonvulsant medication (III.5.K.2) | 6/30/2017 | | | | | |
| 86 | Ensure the use of intra-class polypharmacy is minimized and fully justified (III.5.K.2) | 6/30/2017 | | | | | |
| 87 | Formalize a relationship with the Epilepsy Foundation of Puerto Rico and use the relationship to improve neurological care and outcomes for participants (II.5.K.3) | 4/7/2017 | | | | | |

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| 88 | Aspiration Risks | | | | | | |
| 89 | From the Master List, create a sub-list of those participants at risk of aspiration and/or aspiration pneumonia | 2/10/2017 | | | | | |
| 90 | Implement individualized plans to eliminate unsafe mealtime practices, per JCAP criteria, to minimize risk of aspiration/pneumonia (III.5.L) | 6/30/2017 | | | | | |
| 91 | Implement individualized plans to keep non-ambulatory individuals in proper alignment to minimize risk of aspiration/pneumonia (III.5.L) | 6/30/2017 | | | | | |
| 92 | CEEC | | | | | | |
| 93 | Ensure CEEC regularly evaluates all participants (III.5.C); compile list of ongoing evaluations | Ongoing | | | | | |
| 94 | Ensure CEEC regularly reviews the adequacy and appropriateness of individualized community health care and mental health care (III.5.C); compile list of ongoing reviews | Ongoing | | | | | |

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| 95 | Ensure CEEC promptly raises red flags and actively advocates on behalf of individuals when community services do not meet their individualized needs (III.5.C); compile list of ongoing instances of contacting community clinicians to raise red flags/advocate for participants, summarizing result of contact | Ongoing | | | | | |
| 96 | Ensure CEEC informs community clinicians of recent adverse health or mental health outcomes that may implicate treatment (III.5.E); compile list of ongoing instances where CEEC informed community clinicians, summarizing result of contact | Ongoing | | | | | |
| 97 | Develop and implement effective systemwide plan for CEEC to promptly communicate concerns to community clinicians that improve outcomes (III.5.E); compile list of improved outcomes after CEEC intervention | Ongoing | | | | | |
| 98 | Implement a systemwide protocol to alert licencing, ombudsman agencies of community clinician improprieties (III.5.F); compile list of alerts | 2/10/2017 | | | | | |

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| 99 | Ensure CEEC serves as a mobile crisis team, providing prompt, effective, flexible, individualized, mobile, expert support, services, and advice at community sites during emergencies, crises, transitions 24/7 to meet individualized needs (III.5.C); compile list of mobile crisis team visits/interventions, summarizing result | 6/30/2017 | | | | | |
| 100 | Ensure CEEC mobile crisis team is comprised of multi-disciplinary group of DD professionals (III.5.D) | 2/10/2017 | | | | | |
| 101 | Ensure CEEC mobile crisis services maximize individuals' ability to live succesfully in the community (III.5.D); compile list of instances where mobile crisis team intervention resulted in diversion from an institutional setting or prevented an adverse outcome | Ongoing | | | | | |
| 102 | Mortality Review | | | | | | |
| 103 | Create and maintain a mortality review committee comprised of well-respected health care and quality review personnel, headed by an independent chairperson (III.5.N) | 2/10/2017 | | | | | |

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| 104 | Ensure MRC meets regularly and conducts an in-depth review of each death, per JCAP criteria, identifying individual and systemic issues related to each death (III.5.N.2, 4); compile list of MRC meetings and death reviews | 6/30/2017 | | | | | |
| 105 | Ensure MRC has access to all pertinent people, information related to the course of care leading up to the death (III.5.N.3) | 2/10/2017 | | | | | |
| 106 | Ensure MRC performs a root-cause analysis to identify any preventable causes of illness and death (III.5.N.5) | 6/30/2017 | | | | | |
| 107 | Ensure MRC issues a final report on each death promptly, per JCAP criteria, with root-cause analysis and recommendations to address outstanding issues (III.5.N.5) | 6/30/2017 | | | | | |
| 108 | Monitor to ensure prompt and effective implementation of all MRC recommendations and continue to monitor until full implementation (III.5.N.7); complie tracking table of recommendations and implementation status | 6/29/2018 | | | | | |
| 109 | Monitor to ensure MRC process is effective to avoid preventable illnesses, deaths for similarly situated individuals (III.5.N) | Ongoing | | | | | |

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| 110 | Mental Health | | | | | | |
| 111 | From the Master List, create a sub-list of all participants with mental illness, specifying their mental illness diagnosis/es (III.5.G) | 2/10/2017 | | | | | |
| 112 | Ensure participants receive necessary mental health care in a timely manner to meet their individualized needs in the community (III.5.G) | Ongoing | | | | | |
| 113 | Ensure that all mental illness diagnoses are consistent with DSM criteria and justified in the record (III.5.M) | 6/30/2017 | | | | | |
| 114 | Ensure that no participant receives psychotropic medication in the absence of a clinically justifiable diagnosis of mental illness (III.5.M) | 6/30/2017 | | | | | |
| 115 | Ensure that type, dosage of psychotropic medication are appropriate and needed for each participant, per JCAP criteria (III.5.M) | 6/30/2017 | | | | | |
| 116 | Minimize use of typical/first generation psychotropic medication (III.5.M) | 6/30/2017 | | | | | |
| 117 | Minimize use of intra-class psychotropic medication polypharmacy (III.5.M) | 6/30/2017 | | | | | |

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| 118 | **III.6 Systemwide Reforms** | | | | | | |
| 119 | Implement a comprehensive quality assurance program to track, analyze, and ensure participant safety, welfare, health care, mental health care issues and outcomes (III.6.A) | 12/15/2017 | | | | | |
| 120 | Implement prompt and effective measures to address patterns and trends that adversely impact participant safety, welfare, health, and mental health (III.6.A) | 12/15/2017 | | | | | |
| 121 | Ensure that each participant receives adequate and appropriate monitoring and oversight by a service mediator to meet individualized needs; per existing Court orders, ensure that each service mediator serves no more than 24 participants at any time | Ongoing | | | | | |
| 122 | Develop and implement a quality assurance program that includes at least three volunteer family members, to participate in onsite monitoring visits to community homes and day programs of participants | 9/15/2017 | | | | | |

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| 123 | Create and maintain toll-free crisis hotline, staffed 24/7 by qualified professionals that can effectively help to resolve issues (III.6.B) | 6/30/2017 | | | | | |
| 124 | Create and maintain a systemwide email system to facilitate prompt communication to all pertinent individuals, per JCAP criteria to resolve outstanding issues (III.6.C) | 6/30/2017 | | | | | |
| 125 | Develop a family support program consistent with the criteria in the CBSP (V) that includes service mediators for participants living at home, as well as a subsity and respite program | 12/28/2018 | | | | | |