
QUALITY ASSESSMENT AND IMPROVEMENT: ANNUAL STATEWIDE REPORT OF SELF-ASSESSMENTS

Pennsylvania Office of Developmental Programs

Fiscal Year (FY) 2018-2019

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Executive Summary

About the QA&I Process

The Office of Developmental Programs' (ODP) Quality Assessment and Improvement (QA&I) process, launched on July 1, 2017, is one tool ODP uses to evaluate how well the current system of supports performs and to identify ways to improve our service system for all individuals. As part of ODP's Quality Management Strategy, the QA&I process is designed to:

- Follow an individual's experience throughout the system;
- Measure progress toward implementing *Everyday Lives: Values in Action*;
- Gather timely and useable data to manage system performance; and
- Use data to manage the service delivery system with a continuous quality improvement approach.

Through the QA&I process, a comprehensive quality management review of county programs, Administrative Entities (AE), Supports Coordination Organizations (SCO), and Providers who deliver services and supports to individuals with intellectual disabilities and/or autism spectrum disorders is conducted. While compliance with requirements is part of the QA&I process, the main focus is to emphasize quality and quality improvement. ODP's ultimate goal in developing the QA&I process is to foster a statewide focus on quality improvement and the experience of individuals, building collaborative partnerships toward that end, and engaging in technical assistance and shared learning.

About the Self-Assessment

As part of QA&I process, all AEs, SCOs and Providers are expected to complete an annual Self-Assessment of their performance on the provision of services and supports based on key quality metrics and implementation of *Everyday Lives: Values in Action*. The self-assessment phase is important because it promotes self-reflection by each entity in preparation for onsite review and encourages the entity to make corrections where necessary. ODP does not validate each entity's self-assessment, but each entity is expected to use the self-assessment results to conduct remediation actions, where necessary, within 30 days of discovery, and to inform and build quality improvement activities and monitor performance. ODP and AEs, as appropriate, should refer back to entities' self-assessments during the onsite portion of the QA&I process.

This report includes a summary and analysis of statewide results of Self-Assessments completed during QA&I Cycle 1, Year 2 (C1Y2), in July and August 2018, by 48 AEs, 70 SCOs and 829 Providers. Large SCOs were divided into smaller entities, resulting in an increase of 15% in the number of SCOs participating compared to the FY17-18, Cycle 1, Year 1 (C1Y1) Self-Assessments—from 61 to 70. The number of AEs completing Self-Assessments also increased from 47 to 48. The most noticeable change was an improvement in the data collection strategy for Providers, resulting in an increase in the data that could be used for analysis. 829 of an expected 841 Providers completed Self-Assessments containing data used in this report, an increase of 145% from FY17-18, when 339 of 713 Provider Self-Assessments contained responses that ODP was able to use for analysis and reporting. AEs,

SCOs, and Providers submitted FY18-19 QA&I Self-Assessment results using the QuestionPro internet-based tool. Not all results were included in the report due to data errors in the online submissions.

	Central	Northeast	Southeast	Western	Statewide
AEs	14	10	5	19	48
SCOs	15	11	16	28	70
Providers	176	115	291	247	829

AE = Administrative Entity SCO = Supports Coordination Organization

About Selecting Focus Areas

For each year of the QA&I cycle, critical focus areas are selected by ODP in alignment with the Information Sharing and Advisory Committee (ISAC) Recommendations for system improvement. ISAC members develop these Recommendations to guide ODP and stakeholders in achieving the important goals put forth in *Everyday Lives*.

Areas of focus for the FY18-19 QA&I Self-Assessment Report are:

- ISAC Recommendation #1, Assure Effective Communication;
- ISAC Recommendation #3, Increase Employment; and
- ISAC Recommendation #9, Improve Quality.

This report then highlights additional areas of statewide success and opportunities for systemic quality improvement discovered during analysis of QA&I Self-Assessment data. Positive results, as well as opportunities for improvement, were found in areas including:

- Person-Centered Planning and Service Delivery;
- Promoting Self-Direction, Choice, and Control;
- Increasing Community Participation;
- Promoting Health, Wellness, and Safety;
- Supporting People with Complex Needs; and
- Developing and Supporting Qualified Staff.

About the Findings

Findings are presented by entity type, sorted by geographic region. Where data are available, performance results of FY18-19 QA&I Self-Assessments are compared with performance results of FY17-18 QA&I Self-Assessments and/or results of QA&I Full Reviews of AEs, SCOs, and Providers sampled in FY17-18, C1Y1, and completed by ODP and/or AEs.

Statewide Focus Area Results

FOCUS AREA #1 – ISAC Recommendation #9: Improve Quality



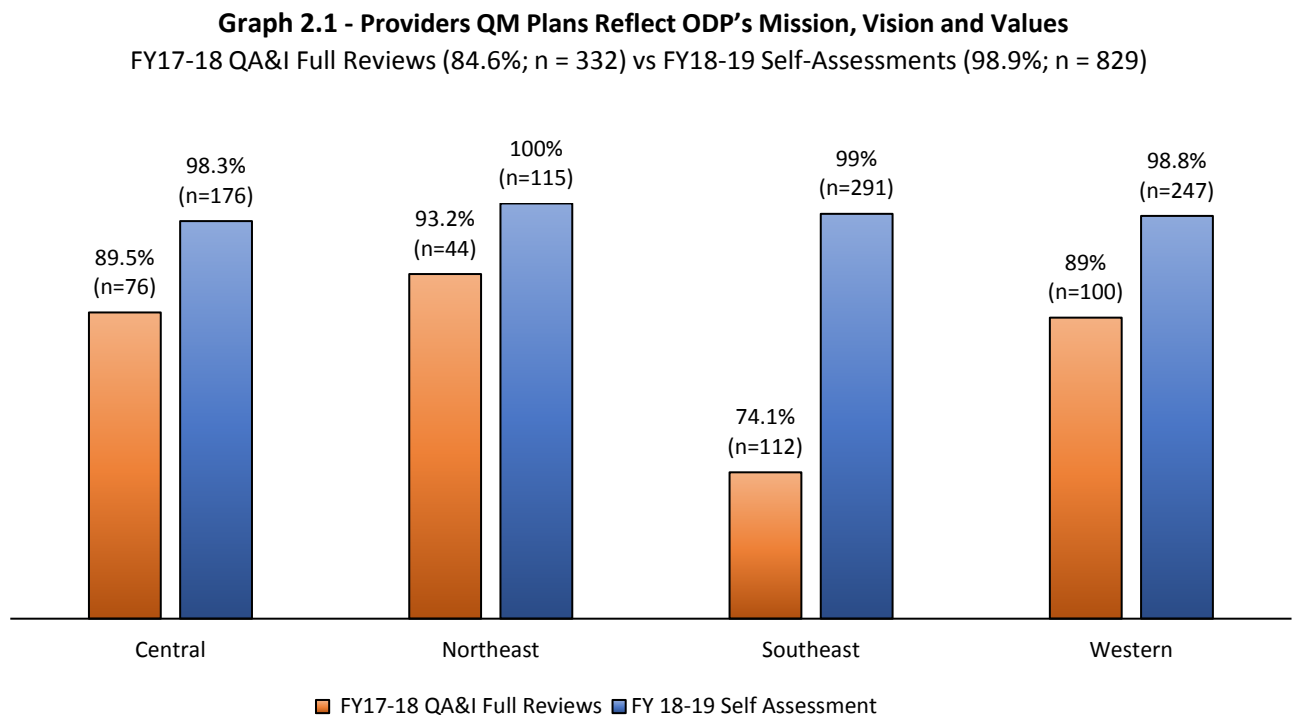
Together we must plan and deliver services and supports that adhere to our values, measure person-centered outcomes, and continuously improve an individual’s quality of life. All stakeholders must be engaged in the process of measuring how well services assist people in achieving an everyday life.

Quality Management (QM) Plans Reflect ODP’s Mission, Vision and Values

[AE Q4 | SCO Q5 | Provider Q8]

97.9% of 48 AEs and 100% of 70 SCOs submitting FY18-19 QA&I Self-Assessments reported their entity-specific QM Plans were developed in alignment with ODP’s Mission, Vision, and Values—the same results reported by AEs and SCOs in their FY17-18 QA&I Self-Assessments. In addition, ODP found that all 16 AEs and all 21 SCOs undergoing FY17-18 QA&I Full Reviews developed entity-specific QM Plans in alignment with ODP’s Mission, Vision, and Values.

98.9% of 829 Providers completing FY18-19 QA&I Self-Assessments reported their entity-specific QM Plans reflected ODP’s Mission, Vision, and Values, compared to 99% of 339 Providers reporting this finding during the FY17-18 QA&I Self-Assessment cycle. These Provider FY18-19 QA&I Self-Assessment results are higher than the results obtained by AEs during FY17-18 QA&I Provider Full Reviews. Graph 2.1 displays a comparison between FY17-18 QA&I Full Reviews and Providers’ FY18-19 Self-Assessment results, by region.



Entities Review and Evaluate Performance Data in Selecting Priorities for QM Plans

[AE Q6 | SCO Q7 | Provider Q10]

As shown in Table 2.1, 97.9% of 48 AEs, 100% of 70 SCOs, and 99.2% of 752 Providers reported they evaluated performance data in selecting priorities for QM Plans—results that are consistent with FY17-18 QA&I Self-Assessments. Table 2.1 also displays the findings of FY17-18 QA&I Full Reviews compared to results of FY18-19 Self-Assessments, by region and statewide. During FY17-18 Full Reviews, ODP found 100% of 16 AEs and 95.2% of 21 SCOs used data in selecting priorities for QM Plans, while AEs found that 81.6% of 228 Providers did so.

	AEs		SCOs		Providers	
	FY17-18 QA&I Full Reviews	FY18-19 QA&I Self-Assessments	FY17-18 QA&I Full Reviews	FY18-19 QA&I Self-Assessments	FY17-18 QA&I Full Reviews	FY18-19 QA&I Self-Assessments
Central	100% (4/4)	92.9% (13/14)	100% (4/4)	100% (15/15)	88.9% (56/63)	98.2% (160/163)
Northeast	100% (3/3)	100% (10/10)	66.7% (2/3)	100% (11/11)	88.9% (32/36)	100% (105/105)
Southeast	100% (2/2)	100% (5/5)	100% (4/4)	100% (16/16)	61.9% (39/63)	99.6% (258/259)
Western	100% (7/7)	100% (19/19)	100% (10/10)	100% (28/28)	89.4% (59/66)	99.1% (223/225)
Statewide	100% (16/16)	97.9% (47/48)	95.2% (20/21)	100% (70/70)	81.6% (186/228)	99.2% (746/752)

AE = Administrative Entity SCO = Supports Coordination Organization

Entities Revise QM Plans at Least every Three Years

[AE Q5 | SCO Q6 | Provider Q9]

All AEs (48) and SCOs (70) reported they revised their QM plans at least every three years, aligning with the findings of FY17-18 QA&I Full Reviews. 99.7%--716 of 718 Providers reporting, indicated they revised their QM Plans at least every three years, a difference of 9.5% when compared to the findings of FY17-18 QA&I Full Reviews. Table 2.2 demonstrates the AEs' findings during FY17-18 QA&I Full Reviews of Providers compared to Providers' FY18-19 Self-Assessment results.

Table 2.2 - Providers Revise QM Plans at Least Every Three Years		
	FY17-18 QA&I Full Reviews	FY18-19 QA&I Self-Assessments
Central	98.2% (55/56)	99.4% (157/158)
Northeast	93.8% (30/32)	99.1% (107/108)
Southeast	75.9% (44/58)	100% (242/242)
Western	94.8% (55/58)	100% (210/210)
Statewide	90.2% (184/204)	99.7% (716/718)

AEs Measure Progress towards Achieving Identified QM Plan Goals and Objectives

[AE Q7]

Routine measurement of progress is key to successful quality improvement. 43 of 48 AEs, 89.6%, reported they measure progress routinely, while 15 of 16 AEs, 93.3%, were found to measure progress routinely during ODP's FY17-18 QA&I Full Reviews of AEs. Results are displayed in Table 2.3, by region and statewide.

Table 2.3 - AEs Measure Progress Towards Achieving Identified QM Plan Goals and Objectives										
	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
FY18-19 Self-Assessments	78.6%	11/14	90%	9/10	100%	5/5	94.7%	18/19	89.6%	43/48
FY17-18 QA&I Full Reviews	100%	4/4	100%	3/3	100%	2/2	85.7%	6/7	93.3%	15/16

AE = Administrative Entity

Entities Complete QA&I Self-Assessments by the Due Date

[AE Q72 | SCO Q86 | Provider Q68]

An essential activity for all entity types is to complete QA&I Self-Assessments by August 31 of each year. During this FY18-19, all AEs (48) completed Self-Assessments by the due date, while 68 of 70 SCOs, 97.1%, and 767 of 829 Providers, 92.5%, met this expectation. Regional and statewide results are displayed in Table 2.4.

Table 2.4 - Entities Complete QA&I Self -Assessments by the Due Date

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
AEs	100%	14/14	100%	10/10	100%	5/5	100%	19/19	100%	48/48
SCOs	93.3%	14/15	100%	11/11	100%	16/16	96.4%	27/28	97.1%	68/70
Providers	92.6%	163/176	93.9%	108/115	87.6%	255/291	97.6%	241/247	92.5%	767/829

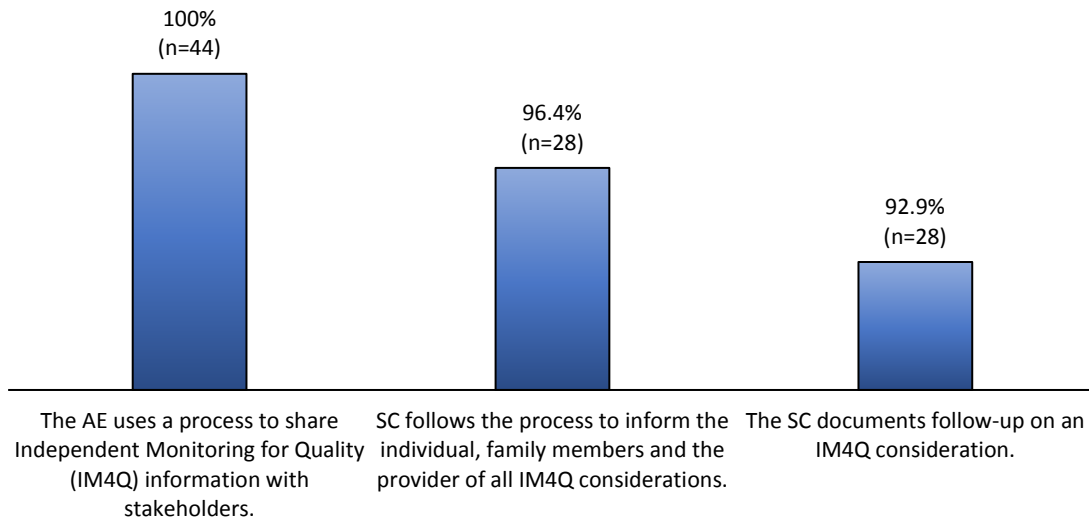
AE = Administrative Entity SCO = Supports Coordination Organization

Independent Monitoring for Quality (IM4Q) Process is Implemented

[AE Q13 | SCO Q27, Q28]

IM4Q Process is designed to ensure survey information obtained from individuals and their families is shared and used to address areas of concern and identify opportunities for improving the lives of individuals. All 44 AEs with IM4Q considerations reported using a process to share IM4Q information with stakeholders. 96.4% of 28 SCOs with considerations reported following the process to inform the individual, family members, and the provider of all IM4Q considerations—compared to 96% of 24 SCOs with considerations found by ODP to complete this process during FY17-18 QA&I Full Reviews. 92.9% of the 28 SCOs with considerations in FY18-19 QA&I Self-Assessments also reported Supports Coordinators (SCs) document follow-up on an IM4Q consideration as expected.

Graph 2.2 - Independent Monitoring for Quality (IM4Q) Process is Implemented



Quality Focus Area Recommendations

ODP commends efforts of all entities to develop QM Plans and Action Plans in alignment with ODP's Mission, Vision, and Values, and to use a data-based approach to identify priorities for quality improvement. Specific opportunities for improvement in the area of Improving Quality include:

- ODP encourages entities to investigate gaps between Self-Assessment results and results of FY17-18 QA&I Full Reviews completed by ODP and AEs, determine root causes for discrepancies, then identify and implement improvement activities where appropriate;
- All providers are encouraged to align QM Plan Goals and Desired Outcomes with ODP's Mission, Vision and Values;
- All entities are encouraged to analyze and use their entity-specific QA&I Self-Assessment data results annually and in a timely way to inform the QM planning process, prioritizing those areas in need of improvement as reflected in their entity-specific performance, and to track performance over time;
- ODP will continue working with AEs and Providers to analyze Provider performance in developing QM Plans that reflect ODP's Mission, Vision and Values, reviewing and evaluating performance data in selecting priorities for QM plans, and analyzing and revising QM Plans at least every three years, then develop strategies for improvement in all three areas;
- All entities are encouraged to access and use QM Training Resources and Templates posted on MyODP.org to support the practice of quality management overall and the development of QM Plans and Action Plans in particular;
- AEs are reminded of the requirement for at least one member of the QA&I Provider Review Team to become QM Certified, and to ensure the current ODP QM Certified staff recertify every two years.

FOCUS AREA #2 – ISAC Recommendation #3: Increase Employment



Employment is a centerpiece of adulthood and must be available for every person. The benefits of employment for people with disabilities are significant and are the same as for people without disabilities.

Promoting Employment

[AE Q24]

ODP expects all entities to promote Employment First in Pennsylvania. Employment enables individuals to achieve more independence and play productive roles in their communities. All AEs (48) reported they promote employment as a priority for individuals with developmental disabilities. Regional and statewide results are displayed in Table 3.1.

Employment Leads

[AE Q25 | Exploratory SCO Q11]

All AEs are expected to designate Employment Leads to promote Employment First activities, and FY18-19 QA&I Self-Assessment results indicate this expectation has been met by 100% of AEs (48). 65 of 70 SCOs, 92.9%, also reported they have Employment Leads. Results appear in Table 3.1.

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
AEs Promote Employment	14		10		5		19		48	
AE has an Employment Lead	100%	14/14	100%	10/10	100%	5/5	100%	19/19	100%	48/48
SCO has an Employment Lead	93.3%	14/15	90.9%	10/11	100%	16/16	89.3%	25/28	92.9%	65/70

AE = Administrative Entity SCO = Supports Coordination Organization.

Individual Support Plans (ISPs) Reflect Individuals' Interests and Goals Related to Employment

[Exploratory SCO Q40]

Where individuals were found to have interests and goals related to employment, SCOs reported that ISPs were developed to support those interests and goals for 465 of 488 individuals—95.3% of the time. Regional performance is shown in Table 3.2.

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
Individuals' ISPs	94.1%	96/102	96.4%	80/83	95.8%	114/119	95.1%	175/184	95.3%	465/488

SC = Supports Coordinator ISP = Individual Support Plan

SCs Provide Education and Information to Individuals about Employment at Annual ISP Meetings

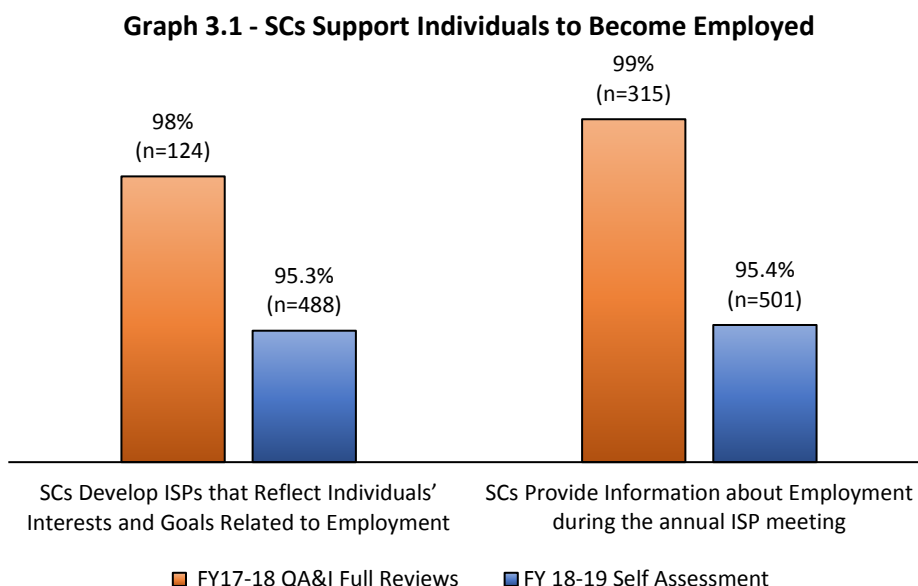
[Exploratory SCO Q78]

SCOs reported that SCs provided education and information to individuals about employment services that can result in Competitive Integrated Employment (CIE), including services such as Supported Employment, Small Group Employment, Office of Vocational Rehabilitation (OVR) services, and benefits counseling, at annual ISP meetings, 95.4% of the time. Regional performance is displayed in Table 3.3.

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
SCs provide information on employment during annual ISP meetings	94.2%	98/104	100%	87/87	100%	118/118	91.1%	175/192	95.4%	478/501

SC = Supports Coordinator ISP = Individual Support Plan

Graph 3.1 displays ODP’s findings regarding SC support during the planning process for individuals to become employed during FY17-18 QA&I Full Reviews compared to FY18-19 QA&I Self-Assessment results.



Providers Support Individuals Interested in Employment

[Exploratory Provider Q19, Q20, and Q52; Provider Q48, Q49, Q50, and Q53]

194 of 206 Employment Providers, 94.2%, reported they rendered services in integrated home and community-based settings. 182 of 204 Small Group Employment and Transitional Work Providers, 89.2%, reported they have policies that ensure individuals are supported to transition to CIE.

Providers reported that 110 of 114 individuals, 96.5%, were supported in exploring employment opportunities through job development and career assessment, 76 of 80 individuals, 95%, were supported in obtaining employment through job interviewing, and 129 of 130 individuals, 99.2%, were supported to maintain employment through job support and follow-along services. Providers found that fading plans were documented for 82 of 105 individuals receiving ongoing Job Coaching and Support as part of Supported

Employment—78.1%. Residential Providers reported supporting 127 of 128 individuals, 99.2%, to maintain employment by facilitating transportation. Statewide and regional results are displayed in Table 3.4.

Table 3.4 - Providers Support Individuals Interested in Employment										
	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
Employment Providers render services in integrated home and community-based settings	93.9%	46/49	93.1%	27/29	95.8%	68/71	93%	53/57	94.2%	194/206
Small Group Employment & Transitional Work Providers have policies supporting individuals to transition to CIE	93%	40/43	89.7%	26/29	89.4%	59/66	86.4%	57/66	89.2%	182/204
Individuals are supported in exploring employment opportunities through job development and career assessment	100%	32/32	100%	9/9	97.2%	35/36	91.9%	34/37	96.5%	110/114
Individuals are supported in obtaining employment through job interviewing	100%	17/17	100%	6/6	96.7%	29/30	88.9%	24/27	95%	76/80
Individuals are supported in maintaining employment through job support and follow-along services	100%	31/31	100%	14/14	100%	42/42	97.7%	42/43	99.2%	129/130
Fading plans are documented for individuals receiving ongoing Job Coaching and Support	69.2%	18/26	83.3%	10/12	82.4%	28/34	78.8%	26/33	78.1%	82/105
Individuals are supported to maintain employment by residential providers' facilitating transportation	100%	37/37	100%	10/10	100%	33/33	97.9%	47/48	99.2%	127/128

Employment Focus Area Recommendations

ODP commends AEs, SCOs, and Providers for their demonstrated efforts to promote Employment First and support individuals to obtain and sustain integrated employment in their communities and encourages these efforts to continue.

Opportunities for improvement include:

- All SCOs should designate Employment Leads to promote and coordinate Employment First efforts within each entity and across stakeholders;
- SCs are encouraged to continue to identify individuals' interests and goals related to employment and ensure ISPs reflect person-centered steps to achieve these interests and goals;
- All Providers are encouraged to review and use FY18-19 QA&I Self-Assessment data to achieve improvements:
 - All Employment Providers should render services in integrated home and community-based settings;
 - Small Group Employment and Transitional Work Providers should develop and implement policies supporting individuals to transition to CIE;
 - Employment Providers can continue to support individuals in obtaining employment through job development, career assessment, and interviewing, and in maintaining employment through job support and follow-along services.
- ODP will continue working with Providers to analyze Provider performance in ensuring fading plans are developed and implemented for individuals receiving ongoing Job Coaching and Support, then strategize for improvement and track progress;
- ODP encourages AEs, SCOs, and Providers to partner with one another, stakeholders in the community, and staff of other state programs to develop QM Plans and implement accompanying Action Plans to increase opportunities for individuals to achieve and maintain CIE.

FOCUS AREA #3 – ISAC Recommendation #1: Assure Effective Communication



Every person has an effective way to communicate in order to express choice and ensure his or her health and safety. All forms of communication should consider and include the individual's language preferences and use of current technology.

Payment of Communication Assistance as Required

[AE Q28 and Q29]

Individuals need appropriate support in order to communicate according to their abilities and preferences. AEs are expected to ensure communication assistance is financially covered, as appropriate. AEs presented with this expectation (35) reported they met this requirement 100% of the time, consistent with FY17-18 QA&I Full Review findings. In addition, AEs are expected to pay for communication assistance when individuals require this type of

support in order to interact with their SCs. 33 AEs reported 100% performance in this area as well, also consistent with FY17-18 QA&I Full Review results. Table 4.1 demonstrates these results.

Table 4.1 - Payment of Communication Assistance as Required										
	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
AEs pay for communication assistance as required	100%	11/11	100%	6/6	100%	4/4	100%	14/14	100%	35/35
AEs pay for communication assistance for SC service	100%	10/10	100%	5/5	100%	4/4	100%	14/14	100%	33/33

AE = Administrative Entity

SCOs Support Individuals who are Deaf or Hard of Hearing [Exploratory SCO Q12]

In response to this exploratory question, 60 of 70 SCOs, 85.7%, reported they have staff or available contractors who are certified to communicate with people who are deaf or hard of hearing (certified intermediate plus in American Sign Language (ASL)). Results are displayed in Table 4.2, by region and statewide.

Table 4.2 - SCOs Support Individuals who are Deaf or Hard of Hearing										
	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
SCOs have staff or available contractors certified to communicate with people who are deaf or hard of hearing	86.7%	13/15	90.9%	10/11	87.5%	14/16	82.1%	23/28	85.7%	60/70

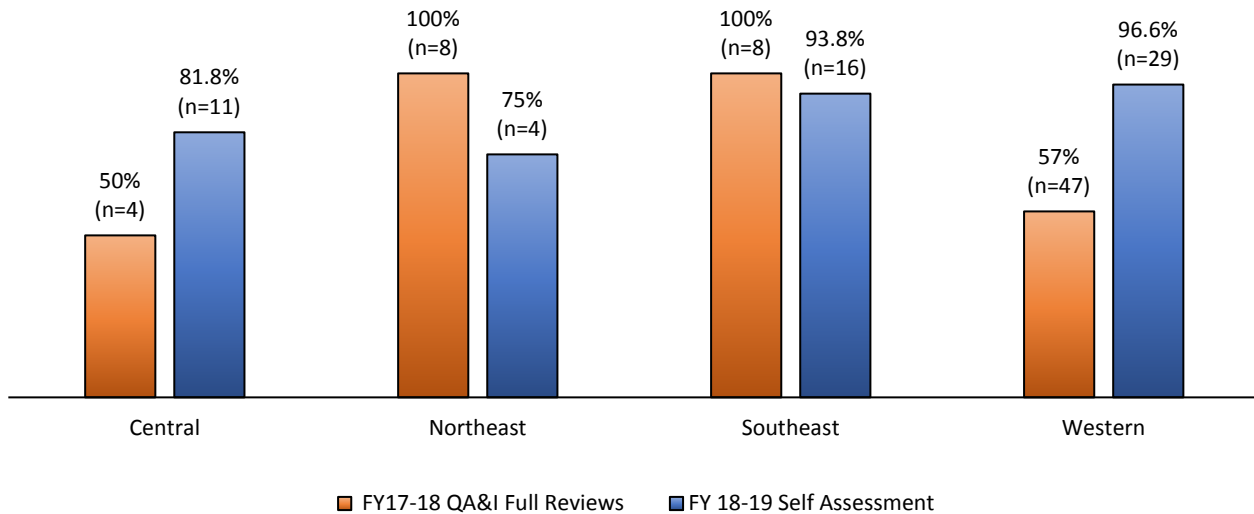
SCO = Supports Coordination Organization

SCs Explore with Individuals Options for Communication Assistance and Support Individuals to Choose [SCO Q53]

When a need for communication assistance is identified, SCs are charged to explore with the individual options for communication assistance when appropriate and to support the individual to choose. SCOs reported that SCs completed these actions in 55 of 60, or 91.7% of relevant cases. Graph 4.1 displays a comparison between SCOs' FY17-18 QA&I Full Reviews and FY18-19 Self-Assessment results, by region.

Graph 4.1 - SCs Explore Options for Communication Assistance

FY17-18 QA&I Full Reviews (67%; n = 67) vs FY18-19 QA&I Self-Assessments (91.7%; n = 60)



Providers Support Individuals with Communication Needs

[Provider Q43, Q44, Q45 and Q46]

72 of 80 Providers, 90%, reported their staff who serve a deaf participant have viewed and completed ODP's required training. 292 of 298 Providers, 98%, reported they implement communication strategies as indicated in the ISP, while 96.1%, 247 of 257 Providers, reported their staff are trained on the individual's communication plan and/or formal communication system. 97.3% of Providers, 249 of 256, reported they document the individual's progress related to their communication outcomes in progress notes. Results are displayed in Table 4.3.

Table 4.3 - Providers Support Individuals with Communication Needs

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
Provider staff who serve a deaf participant(s) have viewed and completed ODP's required training	78.9%	15/19	90.9%	10/11	92.6%	25/27	95.7%	22/23	90%	72/80
Providers implement communication strategies as indicated in ISPs	97.2%	70/72	95.6%	43/45	99%	96/97	98.8%	83/84	98%	292/298

Staff are trained on the individual's communication plan and/or formal communication system	93.4%	57/61	89.7%	35/39	100%	84/84	97.3%	71/73	96.1%	247/257
Providers document individuals' progress related to communication outcomes in progress notes	95.2%	60/63	96%	48/50	100%	81/81	96.8%	60/62	97.3%	249/256

ISP = Individual Support Plan

Communication Focus Area Recommendations

Results in the Communication Focus Area indicate strength in providing financial support to address communication needs where warranted and in offering communication support to individuals in need of assistance when receiving SC services.

Opportunities for improvement also exist, and include:

- ODP encourages entities to investigate the gaps between FY18-19 QA&I Self-Assessment results and results of FY17-18 QA&I Full Reviews completed by ODP and AEs, determine root causes for discrepancies, then identify and implement improvement activities where appropriate;
- When a need for communication assistance is identified, SCs should explore options for communication assistance with individuals when appropriate and support individuals to choose;
- ODP will continue to work with Providers to analyze Provider performance in maintaining staff or available contractors who are certified to communicate with people who are deaf or hard of hearing, then strategize for improvement and tracking progress;
- Although individual level aggregate data on Provider performance in the area of communication is not available in FY18-19 QA&I Self-Assessments due to the stage of data collection development in C1Y2, all Providers are encouraged to:
 - Review and use QA&I Self-Assessment data they generated at the beginning of FY18-19 to achieve improvements;
 - Continue to ensure staff are trained on each individual's communication plan and/or formal communication system;
 - Ensure that each individual receives all communication assistance designated in the ISP; and
 - Continue to monitor that progress related to communication outcomes is entered into progress notes as expected.

Additional Areas of Statewide Success and Opportunities for Systemic Quality Improvement

Person-Centered Planning and Service Delivery

Individuals are supported in developing the ISP, including Involvement of People Chosen by the Individual [SCO Q79, Q81 and Q82 | Provider Q57]

Individuals and people important to them are routinely involved and supported in the development of ISPs. As shown in Graph 5.1, SCOs reported individuals attended their ISP meetings 98.2% of the time, required team members were present 98.6% of the time, and people chosen by the individual were included in ISP development and meetings in 360 of 414 cases—87% of the time. In FY18-19 Self-Assessments, Providers reported they participated in the development of ISPs for 3,737 of 3,808 individuals—98.1% of the time. Graph 5.1 also displays findings of FY17-18 QA&I Full Reviews in these areas. Breakdown of FY18-19 Self-Assessment results by region are shown in Table 5.1.

Graph 5.1 - Individuals are Supported to Develop Person-Centered ISPs

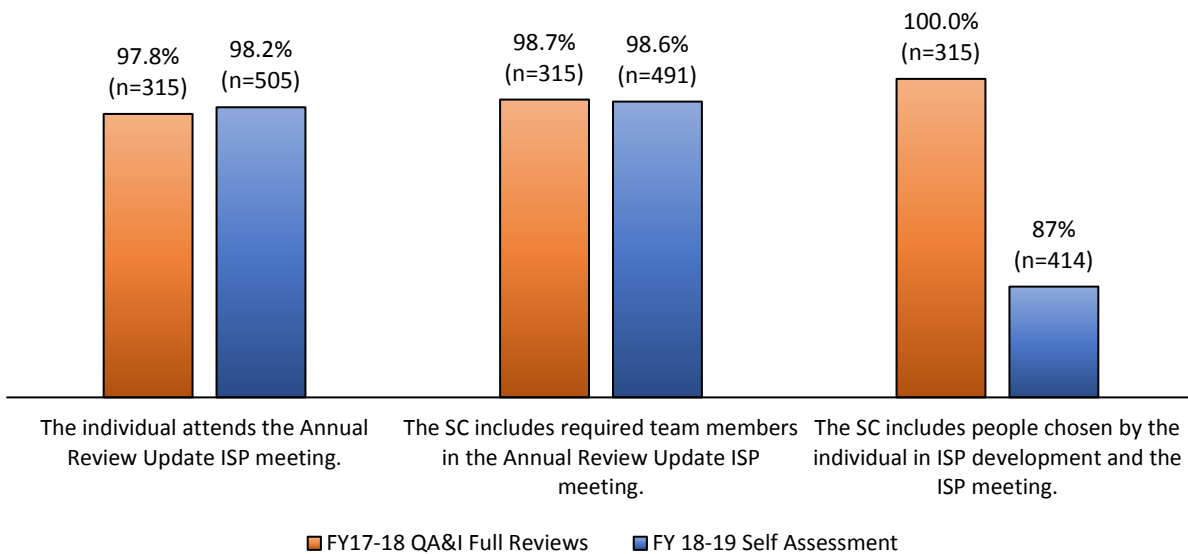


Table 5.1 - Individuals are Supported to Develop Person-Centered ISPs

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
Individuals attend Annual Review Update ISP meetings	95.3%	101/106	98.9%	87/88	100%	118/118	98.4%	190/193	98.2%	496/505
SCs include required team members in Update ISP meetings	99.1%	105/106	97.6%	83/85	97.4%	113/116	99.5%	183/184	98.6%	484/491
SCs include people chosen by the individual in ISP development and ISP meetings	76%	73/96	92%	69/75	97.6%	82/84	85.5%	136/159	87%	360/414
The Provider participates in development of the ISP	97.9%	827/845	97.5%	557/571	97.1%	1,207/1,243	99.7%	1,146/1,149	98.1%	3,737/3,808

SC = Supports Coordinator ISP = Individual Support Plan

Individuals’ Assessed Needs are addressed in ISPs

[SCO Q34, Q35, Q37 and Q39]

SCOs reported ISPs addressed all assessed needs 98% of the time and supported individuals’ personal goals throughout the entire plan for 98.6% of individuals, findings consistent with results of FY17-18 Full Reviews conducted by ODP. While risk assessments were documented for 99.6% of individuals, risk mitigation strategies were found to be incorporated for 432 of 443 individuals—97.5%. During FY18-19 QA&I Full Reviews, ODP found risk assessments documented in 315 of 315 records, and risk mitigation strategies incorporated 92% of the time—for 290 of 315 individuals. FY18-19 QA&I Self-Assessment results are displayed in Table 5.2, by region.

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
Risk assessments documented	100%	101/101	98.8%	83/84	100%	118/118	99.4%	174/175	99.6%	476/478
Risk mitigation strategies incorporated	100%	78/78	91.9%	79/86	99.2%	117/118	98.1%	158/161	97.5%	432/443
ISPs address all assessed needs	99.1%	105/106	100%	88/88	95%	113/119	98.4%	183/186	98%	489/499
ISPs support personal goals	99.1%	105/106	95.5%	84/88	100%	119/119	99%	191/193	98.6%	499/506

SC = Supports Coordinator ISP = Individual Support Plan

Individuals' ISPs are Completed and Updated Timely

[SCO Q36 | AE Q62]

In C1Y2 QA&I Self-Assessments, SCOs reported ISPs were submitted for approval and authorization at least 30 days prior to the Annual Review Update Date (ARUD) 90.3% of the time. AEs reported they approved 93.7% of ISPs within 365 days of the previous ARUD, consistent with results of FY17-18 QA&I Full Reviews. Table 5.3 displays FY18-19 QA&I Self-Assessment results, by region and statewide.

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
SCs submit ISPs for approval at least 30 days prior to the ARUD	87.7%	93/106	94.3%	83/88	93%	105/113	88.3%	159/180	90.3%	440/487
AEs approve ISPs within 365 days of prior Annual ISP	89.7%	78/87	98.7%	75/76	100.0%	46/46	90.8%	99/109	93.7%	298/318

SC = Supports Coordinator ISP = Individual Support Plan AE = Administrative Entity ARUD = Annual Review Update Date

SCs Monitor Individuals' Service Delivery

[SCO Q41, Q42, and Q43]

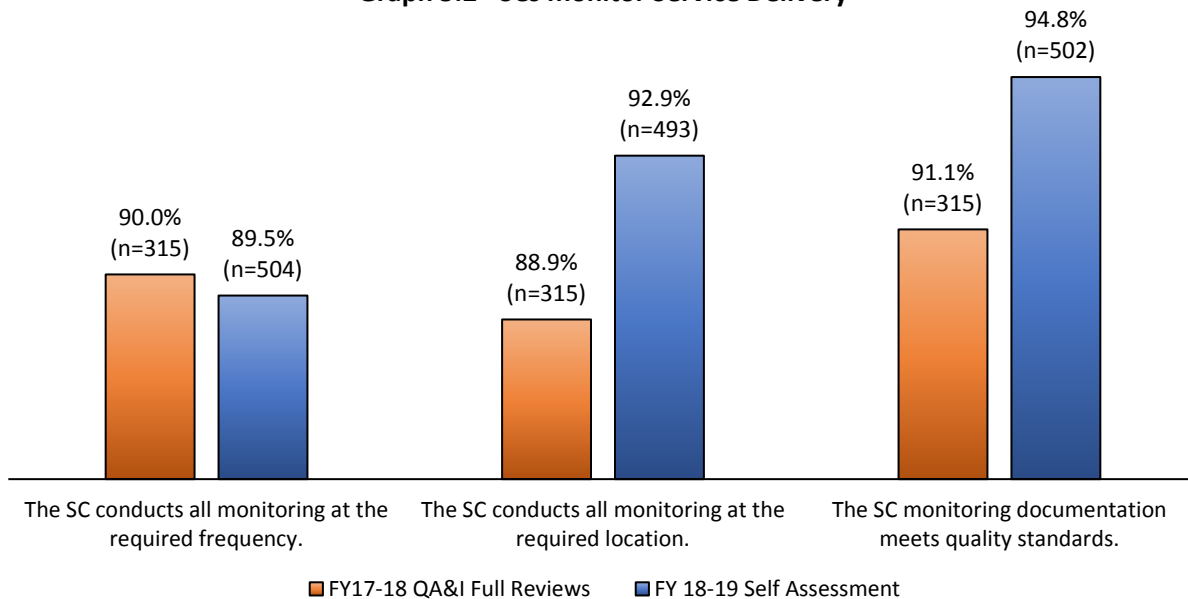
SCOs reported SCs performed their essential function of monitoring service delivery at the required frequency 89.5% of the time statewide, and at the required location in 92.9% of cases statewide. SCs entered monitoring documentation that met quality standards for 476 of 502 individuals—94.8%. Performance by region is displayed

in Table 5.4. A comparison of the findings of FY17-18 QA&I Full Reviews with FY18-19 Self-Assessment results is shown in Graph 5.2.

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable
SCs conduct monitoring at the required frequency	86.7%	91/105	95.3%	81/85	92.7%	114/123	86.4%	165/191	89.5%	451/504
SCs conduct monitoring at the required location	88.2%	90/102	96.3%	79/82	95%	113/119	92.6%	176/190	92.9%	458/493
SCs' monitoring documentation meets quality standards	88.6%	93/105	100%	87/87	95.9%	118/123	95.2%	178/187	94.8%	476/502

SC = Supports Coordinator

Graph 5.2 - SCs monitor Service Delivery



Individuals Receive Services as Authorized

[SCO Q44 and Q45]

SCs play an indispensable role in ensuring individuals receive services as specified in their ISPs. FY18-19 QA&I Self-Assessment results demonstrate individuals received services in the type, scope, amount, duration and frequency defined in their ISPs 95.5% of the time, while if services were not provided as authorized, SCs documented

justification 75.4% of the time. Regional performance in this area is shown in Table 5.5. Comparison of the findings of FY17-18 QA&I Full Reviews with FY18-19 QA&I Self-Assessment results is shown in Table 5.6.

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable
Individuals receive services as authorized	97.1%	102/105	94.3%	82/87	95%	117/123	95.3%	184/193	95.5%	485/508
If service is not justification is documented	91.7%	11/12	90.9%	10/11	76.9%	10/13	60.0%	15/25	75.4%	46/61

	Individuals receive services in the type, scope, amount, duration and frequency defined in the ISP		If service is not provided as authorized, the SC documents justification of services not being provided	
	FY17-18 QA&I Full Reviews	FY18-19 Self-Assessments	FY17-18 QA&I Full Reviews	FY18-19 QA&I Self-Assessments
Central	97.6%	97.1%	100%	91.7%
Northeast	96.2%	94.3%	50%	90.9%
Southeast	98.4%	95%	100%	76.9%
Western	88.2%	95.3%	91.7%	60%
Statewide	92.7%	95.5%	90%	75.4%

SC = Supports Coordinator ISP = Individual Support Plan

Recommendations on Person-Centered Service Planning and Delivery

ODP recognizes AEs, SCOs, and Providers for consistent efforts to include individuals and people important to them in developing ISPs, ensuring all assessed needs are addressed in ISPs, and updating ISPs in a timely manner. Recommendations for improvement in the area of Person-Centered Service Planning and Delivery include:

- ODP encourages SCOs to investigate gaps between QA&I Self-Assessment results and results of FY17-18 QA&I Full Reviews completed by ODP, determine root causes for discrepancies, then identify and implement improvement activities where appropriate;
- All SCOs should ensure risk mitigation strategies are incorporated into ISPs when risks are identified to support individuals' health and safety;

- ODP will work with SCOs to focus efforts on including people of the individual's choice in the ISP process, improving monitoring of service delivery at the required frequency, and ensuring that justification of services not being provided as authorized is documented. Regional analysis of performance will be used to identify and implement strategies for improvement incorporated into QM Plans and Action Plans.
- AEs and SCOs should continue to work collaboratively to ensure ISPs are approved within 365 days of prior Annual ISP.

Self-Direction, Choice, and Control (ISAC Recommendation #2)



Personal choice and control over all aspects of life must be supported for every person. Choice about where to live, whom to live with, what to do for a living, and how to have fun all are key choices in life, as are seemingly small choices: such as what to eat, what to wear, when to wake up in the morning, and when to go to bed. It is important to be able to trust the people who provide assistance, to feel confident that they respect you and your right to manage your life, and to enjoy each other's company.

Self-direction works when individuals have clear and understandable information, opportunities to exercise choice, and assistance with making decisions when needed. Self-direction is only possible when family, friends, and people who provide supports respect the individual's preferences and their right to make mistakes and facilitate the implementation of the individual's decisions.

Individual Rights are Respected

[Provider Exploratory Q12 - Q16]

As displayed in Table 6.1, 94.4% of In-home and Community Support (IHCS) or Supported Living Providers reported having policies that ensure all individuals receiving this service are allowed freedom to move about their home and community, consistent with non-Medicaid recipients in the same and/or similar settings. 90.4% of IHCS or Supported Living Providers reported having policies that ensure all individuals receiving this service have access to food at any time during the provision of services. 92.4% of IHCS or Supported Living Providers reported having policies ensuring all individuals receiving this service are afforded opportunity to regularly update their activities, consistent with non-Medicaid recipients in a similar or same setting. If independent living technology or remote monitoring is used at any service location, 83% of Providers reported having policies ensuring a consent form to use independent living technology is obtained from each impacted individual and on file. 97.8% of Behavioral Support Providers reported having policies that ensure individual rights are supported.

Table 6.1 - Individuals Rights are Supported

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
IHCS or Supported Living Providers' policies ensure individuals have freedom to move about their home and community	95%	95/100	92.9%	65/70	97.4%	187/192	91.1%	143/157	94.4%	490/519
IHCS or Supported Living Providers' policies ensure individuals have access to food at any time during the provision of services	90.6%	87/96	90.1%	64/71	94.5%	172/182	85.6%	131/153	90.4%	454/502
IHCS or Supported Living Providers' policies ensure individuals have opportunity to regularly update their activities	91.8%	89/97	90.1%	64/71	95.3%	182/191	90.3%	140/155	92.4%	475/514
If independent living technology or remote monitoring is used, Providers' policies ensure consent forms to use independent living technology are obtained and filed	87.5%	14/16	68.8%	11/16	92%	23/25	80.6%	25/31	83%	73/88
Behavioral Support Service Providers have policies ensuring individual rights are supported	97.8%	44/45	97.5%	39/40	99%	103/104	96.4%	81/84	97.8%	267/278

IHCS = In-home and Community Support

Recommendations on Self-Direction, Choice, and Control

ODP incorporated these exploratory questions into FY18-19 QA&I Self-Assessments in order to track performance, and encourages Providers to continue to develop and implement policies that ensure individual rights are

respected. Providers should review the use of independent living technology or remote monitoring and follow up to establish and implement policies ensuring the applicable consent forms are obtained and on file.

Increase Community Participation (ISAC Recommendation #11)



Being involved in community life creates opportunities for new experiences and interests, the potential to develop friendships, and the ability to make a contribution to the community. An inter-dependent life, where people with and without disabilities are connected, enriches all of our lives.

Supports for Community Activities of the Individual’s Choice are Incorporated in ISPs

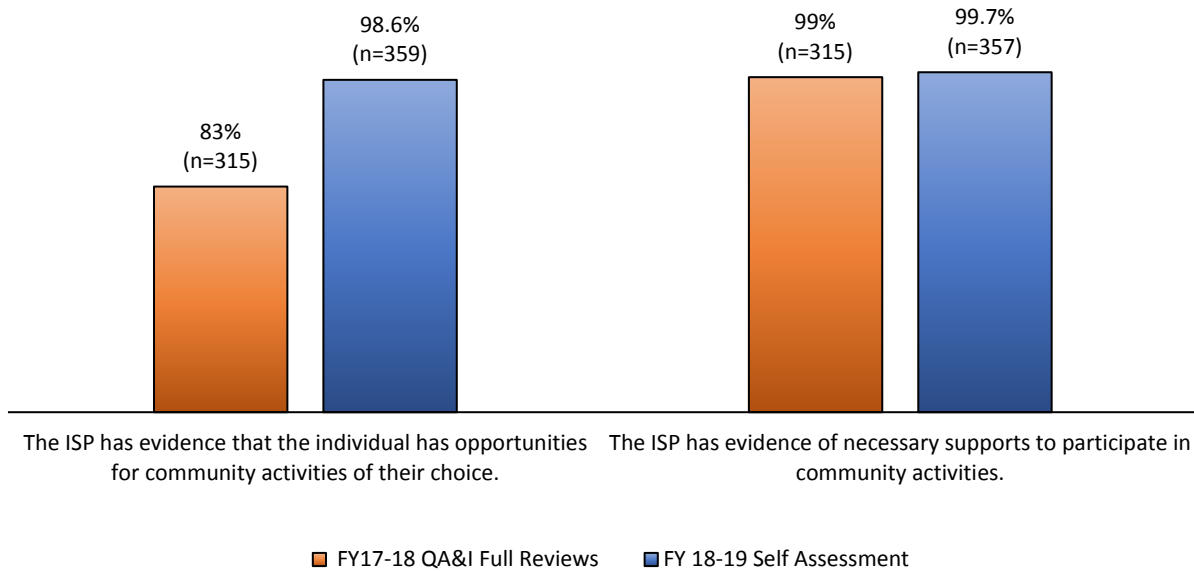
[AE Q26, Q70 and Q71]

Supporting individuals to have active lives in their communities is a key priority for ODP. AEs, SCOs and Providers play important roles in assisting individuals to identify community activities of their choice, planning for experiences in the community, and ensuring successful engagement. All AEs (48) reported they promote the same degree of community access and choices as enjoyed by individuals who are similarly situated in the community who do not have a disability and who do not receive Home and Community Based Services (HCBS). Individuals’ ISPs included community activities of their choice in 98.6% of cases, and necessary supports for community activities were found in ISPs 99.7% of the time. Performance results by region are displayed in Table 7.1. Comparison between FY17-18 QA&I Full Review findings and FY18-19 QA&I Self-Assessment results can be found in Graph 7.1.

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
AEs promotes community access as defined in the CMS Final Rule	100%	14/14	100%	10/10	100%	5/5	100%	19/19	100%	48/48
Individuals’ ISPs include community activities of their choice	97.1%	99/102	100%	77/77	100%	49/49	98.5%	129/131	98.6%	354/359
Individuals’ ISPs include necessary supports for community activities	100%	104/104	100%	76/76	100%	49/49	99.2%	127/128	99.7%	356/357

ISP = Individual Support Plan AE = Administrative Entity CMS = Centers for Medicare and Medicaid Services

Graph 7.1 - Supports for Community Activities of the Individual's Choice are Incorporated in ISPs



SCs Foster Community Participation
[Exploratory SCO Q48, Q49, and Q50]

SCOs reported SCs facilitated conversations with the individual about receiving ongoing opportunities and support necessary to participate in community activities of the person’s choice in 473 of 507 cases—93.3%. SCOs reported individuals are afforded the same degree of community access and choice as individuals who are similarly situated in the community who do not have a disability and who do not receive HCBS 93.1% of the time. SCOs reported SCs use the individual monitoring tool to record if individuals who are receiving community participation supports are engaged in community activities aligned with their preferences at the rate identified in their ISPs and in accordance with the waiver in 254 of 299—84.9% of cases. Table 7.2 incorporates results across regions.

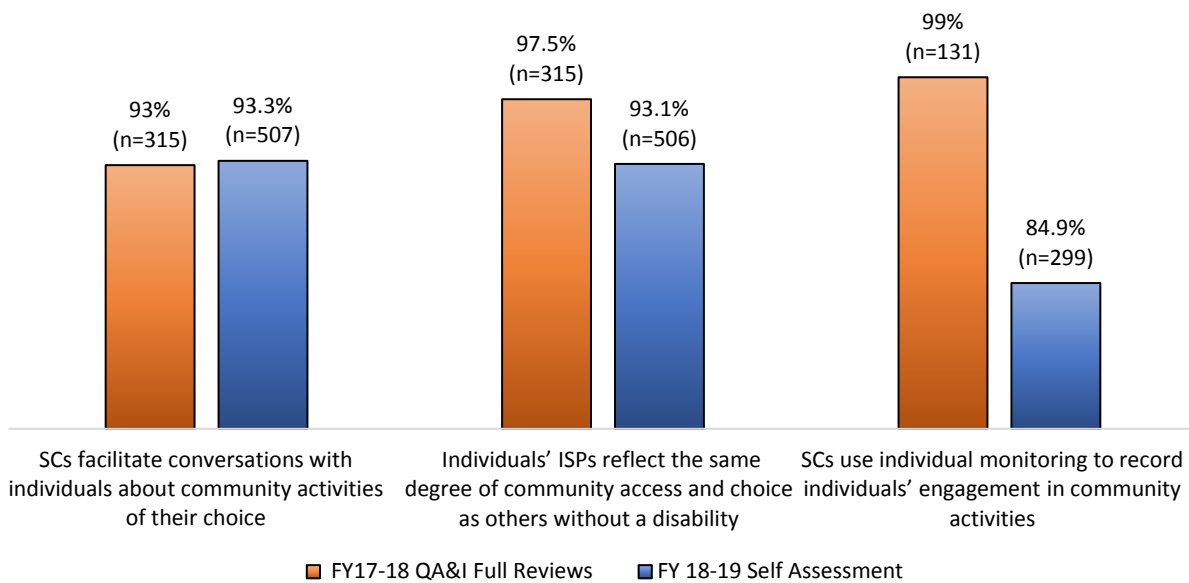
Table 7.2 - SCs Foster Community Participation

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
SCs facilitate conversations with individuals about community activities of their choice	89.6%	95/106	98.9%	86/87	96.7%	119/123	90.6%	173/191	93.3%	473/507
Individuals' ISPs reflect the same degree of community access and choice as others without a disability	90.6%	96/106	97.7%	86/88	91.6%	109/119	93.3%	180/193	93.1%	471/506
SCs use individual monitoring to record individuals' engagement in community activities	66.1%	39/59	73.1%	38/52	94.7%	71/75	93.8%	106/113	84.9%	254/299

SC = Supports Coordinator ISP = Individual Support Plan

Graph 7.2 shows a comparison of the results obtained when evaluating SCs' efforts to foster community participation between FY17-18 QA&I Full Reviews and FY18-19 Self-Assessments.

Graph 7.2 - SCs Foster Community Participation



Recommendations on Community Participation

ODP commends AEs and SCOs for initiating conversations with individuals about community activities of their choice, including necessary supports for those activities in ISPs, working to ensure the same degree of community access and choice for individuals who are served as others without a disability enjoy, and monitoring individuals' experience to ensure community participation occurs.

- ODP encourages stakeholders to ensure that community activities are incorporated into person-centered ISPs for all individuals;
- SCOs should strive for 100% compliance in regard to including evidence in the record about the support they are offering individuals to participate in community activities of their choice;
- SCOs should ensure the individual monitoring tool is used to record if the individual, who is receiving community participation supports, is engaged in community activities aligned with their preferences at the rate identified in their ISPs and in accordance with the waiver.

Promote Health, Wellness and Safety (ISAC Recommendation #5)



Promote physical and mental health, wellness, and personal safety for every individual and his or her family. Promoting physical and mental health means providing information about health and wellness, emotional support, and encouragement. Tools that help every individual adopt a healthy lifestyle — including good nutrition, healthy diets, physical activity, and strategies to reduce and manage stress and protect oneself from all types of abuse and exploitation — must be provided.

AEs Promote Wellness

[AE Q33 | Exploratory Provider Q27]

ODP incorporated questions into the FY18-19 QA&I Self-Assessment tool to assess entities' activities in promoting health and wellness. As displayed in Table 8.1, 93.8% of AEs, 45 of 48, reported they identify resources within the area that support wellness and share the information with Providers and SCOs. 85.6% of Providers, 710 of 829, reported they identify resources within the area that support wellness and share the information with individuals and families.

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
AEs identify resources that support wellness and share the information with Providers and SCOs	89.6%	14/14	80%	8/10	96.7%	5/5	90.6%	18/19	93.8%	45/48

Providers identify resources that support wellness and share the information with individuals and families	80.7%	142/176	89.6%	103/115	84.9%	247/291	88.3%	218/247	85.6%	710/829
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SCO = Supports Coordination Organization AE = Administrative Entity

Individuals' Identified Health Care Needs are Addressed

[SCO Q46 and Q60] Provider Q66]

SCs and Providers play important roles in ensuring individuals' health care needs are identified and addressed. In FY18-19 QA&I Self-Assessments, SCOs reported individuals' medical contacts within the review period were identified 98.8% of the time and individuals' health care needs were addressed 98.4% of the time. Providers of residential or in-home community support services reported 399 of 416 individuals completed all health care appointments, screenings and follow-up as prescribed—95.9% of the time. Regional results are shown in Table 8.2.

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
Individuals' medical contacts seen in the review period are identified	98.1%	104/106	100%	88/88	99.1%	113/114	98.4%	190/193	98.8%	495/501
Individuals' health care needs are addressed	100%	106/106	98.8%	83/84	96.7%	118/122	98.3%	174/177	98.4%	481/489
Providers ensure individuals complete all health care appointments	96.2%	76/79	91.2%	52/57	95.5%	126/132	98%	145/148	95.9%	399/416

Recommendations on Promoting Health and Wellness

ODP recognizes AEs, SCOs, and Providers for their efforts to promote wellness and to respond to individuals' needs for wellness supports when they are identified.

Opportunities for improvement in this area include:

- Providers should ensure that 100% of individuals complete all health care appointments, screenings and follow-up as prescribed;
- SCOs should review results for addressing health care needs and investigate and close any gaps to ensure continuous improvement.

Individuals Receive Information on how to Identify and Report Abuse, Neglect, and Exploitation
 [SCO Q59]

Understanding how to identify and report abuse, neglect, and exploitation is key to individuals’ safety and well-being. ODP’s expectation is that SCs share this information with individuals in a setting that affords privacy and encourages dialogue. In FY18-19 QA&I Self-Assessments, SCOs indicated this requirement was met for 89.7% of individuals. Performance by region is displayed in Table 8.3, while comparison between FY17-18 QA&I Full Review results and FY18-19 QA&I Self-Assessments is displayed in Table 8.4.

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
Individuals receive information on how to identify and report abuse, neglect and exploitation	86.8%	92/106	96.6%	85/88	86%	104/121	90.5%	172/190	89.7%	453/505

	FY17-18 QA&I Full Reviews	FY18-19 QA&I Self-Assessments
Central	75.6%	86.8%
Northeast	65.4%	96.6%
Southeast	77%	86%
Western	64.6%	90.5%
Statewide	68.6%	89.7%

Providers and SCOs Protect Individuals’ Health, Safety, and Rights through Incident Management
 [Provider Q29, Q30, Q31, Q32, Q62, Q63, and Q65 | SCO Q65]

98.2% of Providers reported all reportable incidents were documented in Enterprise Incident Management (EIM). Developing corrective actions when incidents occur is critical to immediately fix an issue and/or prevent it from recurring. Providers play important roles by following up on corrective actions as necessary, while SCOs play important roles by monitoring implementation of corrective actions. As shown in Table 8.5, Providers reported implementing corrective actions 96.4% of the time—in 322 of 334 cases. SCOs reported SCs monitored implementation of corrective actions 72% of the time—in 77 of 107 cases.

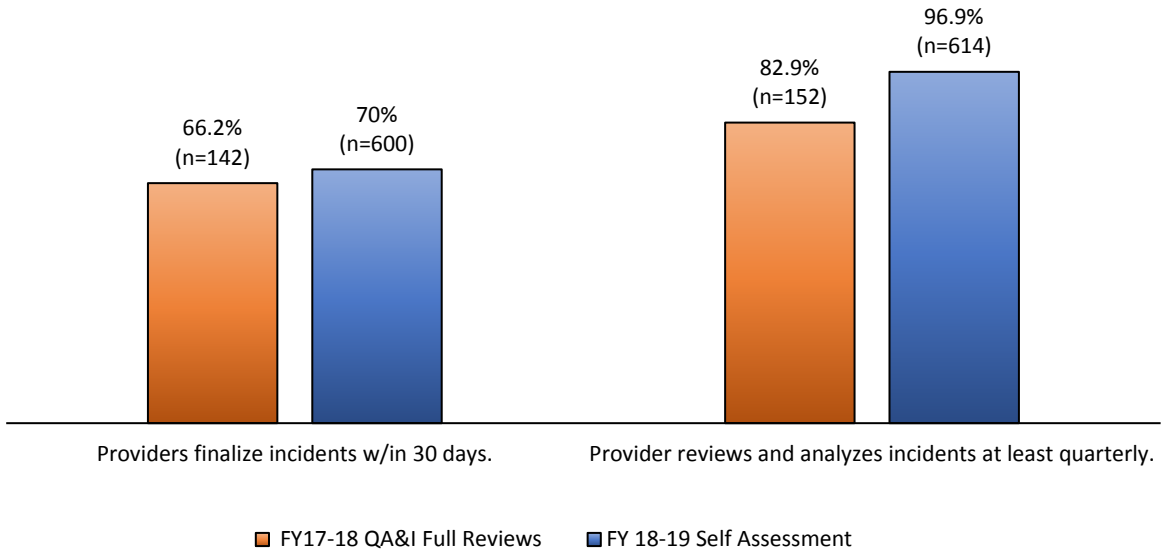
In FY18-19 QA&I Self-Assessments, 420 of 600 Providers, 70%, reported finalizing incidents within 30 days, and 595 of 614 Providers, 96.9%, reported reviewing and analyzing incidents at least quarterly. 89% of Providers indicated their Certified Investigator peer review process was completed and documented, while 373 of 391 Providers, 95.4%, reported they implemented follow-up recommendations from the peer review process. 97% of Providers reported Department-certified investigators completed required investigations.

Incident Management results are displayed in Table 8.5. Comparisons between Providers' FY17-18 QA&I Full Review results obtained by AEs and FY18-19 QA&I Self-Assessment findings are displayed in Graphs 8.1 and 8.2. Comparison between SCOs' FY17-18 QA&I Full Review results found by ODP and FY18-19 QA&I Self-Assessment findings is displayed in Table 8.6.

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
All reportable incidents are documented in EIM	94.1%	80/85	100%	51/51	99.2%	117/118	99.2%	126/127	98.2%	374/381
The Provider follows up on corrective action as necessary	93.3%	70/75	97.9%	46/47	95%	96/101	99.1%	110/111	96.4%	322/334
SCs monitor implementation of corrective actions	80%	20/25	76.2%	16/21	100%	23/23	47.4%	18/38	72%	77/107
Providers finalize incidents w/in 30 days	70.3%	90/128	61.8%	55/89	73.5%	139/189	70.1%	136/194	70%	420/600
Provider reviews and analyzes incidents at least quarterly	96.2%	126/131	97.9%	94/96	96.9%	188/194	96.9%	187/193	96.9%	595/614
The Provider's peer review process was completed and documented	85.7%	78/91	91%	61/67	88.4%	129/146	90.6%	135/149	89%	403/453
Providers implement follow-up recommendations from the Certified Investigator peer review process	92%	69/75	96.7%	58/60	96.7%	119/123	95.5%	127/133	95.4%	373/391
Required investigations are completed by a Department-certified investigator	96.8%	61/63	97.1%	33/34	97.6%	80/82	96.5%	82/85	97%	256/264

EIM = Enterprise Incident Management SC = Supports Coordinator

Graph 8.1 - Providers Review and Finalize Incidents



Graph 8.2 - Providers Manage Investigations

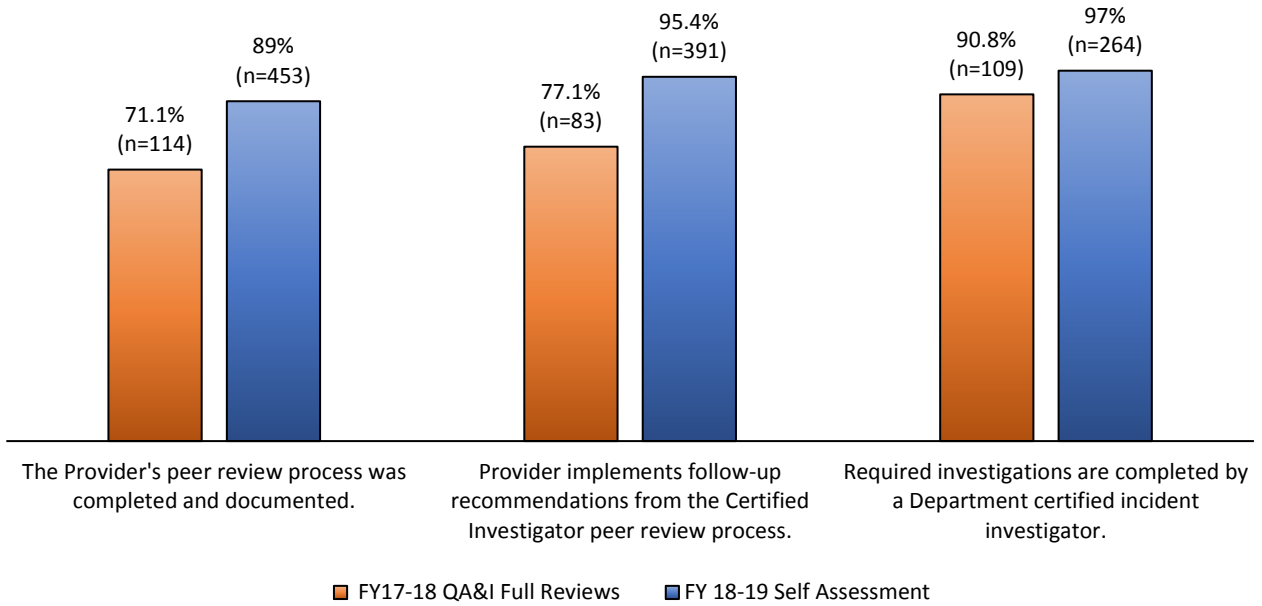


Table 8.6 - SCs Monitor Implementation of Corrective Actions

	FY17-18 QA&I Full Reviews	FY18-19 QA&I Self-Assessment
Central	66.7%	80%
Northeast	100%	76.2%
Southeast	100%	100%
Western	61.9%	47.4%
Statewide	78%	72%

SC = Supports Coordinator

Restrictive Procedures are Monitored and Managed

[Provider Q28 and Exploratory Q11 | AE Q35]

As shown in Table 8.7, 99.3% of Providers reported having policies in place that address restrictive interventions, including behavioral emergencies and crises, while 98.4% of IHCS or Supported Living Providers reported having policies regarding approved restrictive procedure plans for any individual for whom there is a restrictive procedure. 79.1% of AEs, 38 of 48, reported Human Rights Committees (HRC) have protocols that include all ODP-required elements.

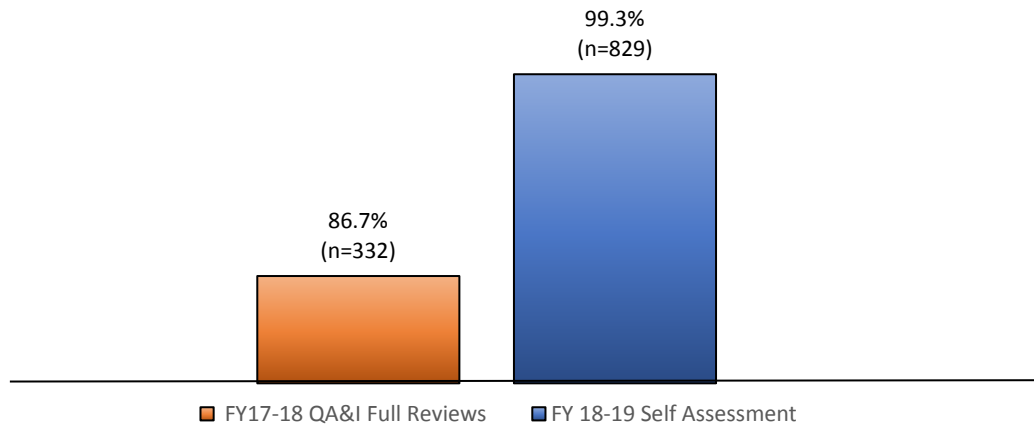
Table 8.7 - Restrictive Procedures are Monitored and Managed

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
Providers have policies that address restrictive interventions	98.9%	174/176	99.1%	114/115	100%	291/291	98.8%	244/247	99.3%	823/829
IHCS or Supported Living Providers have policies re approved restrictive procedure plans	100%	95/95	100%	68/68	98.3%	176/179	96.7%	146/151	98.4%	485/493
The AE HRC has a protocol that includes all ODP required elements.	64.3%	9/14	80%	8/10	100%	5/5	84.2%	16/19	79.1%	38/48

IHCS = In-home and Community Support AE = Administrative Entity HRC = Human Rights Committee

Graph 8.3 displays available data comparing FY17-18 QA&I Full Review findings and FY18-19 QA&I Self-Assessment results regarding Provider performance in the area of having policies that address restrictive interventions.

Graph 8.3 - Providers have Policies that Address Restrictive Interventions



Recommendations on Health and Safety

ODP encourages Providers to continue efforts to ensure all reportable incidents are entered into EIM, follow-up on corrective actions, and review and analyze incidents at least quarterly.

Opportunities for improvement in the area of Health and Safety remain and include:

- ODP will continue to analyze SCO performance in assuring all individuals receive information about how to identify and report abuse, neglect, and exploitation and know the steps to take to protect themselves, then develop and implement improvement strategies statewide;
- ODP will continue its efforts to support Providers to finalize incidents within 30 days by monitoring and evaluating Provider performance ongoing, implementing information system improvements that facilitate the process, and updating incident management policies and practices;
- SCOs should review their performance data, practices and procedures for following up on corrective actions, then develop and implement strategies for improvement using QM Plans and Action Plans;
- Providers should review their peer review process to ensure it is completed and documented, and implement QM Plans and Action Plans when warranted;
- All AEs should ensure the HRC has a protocol in place that includes all ODP-required elements. The HRC is to:
 - conduct a systemic review to ensure use of restraints and restrictive interventions is appropriate and necessary;
 - verify strategies exist and are achieved to reduce or eliminate the need for the use of a restraint or restrictive intervention;
 - conduct technical assistance to Provider agencies in developing positive intervention or strategy alternatives to eliminate or reduce the need for restraint and restrictive procedures; and

- analyze systemic concerns including a review of policies, procedures, trends and patterns, individual situations and plans that authorize the use of interventions that have the potential to impact an individual’s rights.

Support People with Complex Needs (ISAC Recommendation #6)



People with disabilities who have both physical and behavioral health needs receive the medical treatment and supports needed throughout their lifespans. People are more able to live an everyday life when individuals, families, and providers plan and prepare to provide and modify supports as needs and challenges change. Opportunities for a full community life are dependent on adequate supports and the commitment to build capacity within the larger human service delivery system.

AEs and SCs Support Individuals with Complex Needs

[Exploratory AE Q31 and Q32] Exploratory SCO Q14, Q68, Q70, and Q71]

Individuals with complex medical needs, functional limitations, and/or behavioral health conditions require additional support. All entities play critical roles in ensuring complex needs are met and additional support is available when needed. As displayed in Table 9.1, in FY18-19 QA&I Self-Assessments, all AEs (48) reported they assist SCOs and Providers to support individuals with complex needs. All AEs also reported identifying areas of need in the community and the resources available. 92.9% of SCOs, 65 of 70, reported having processes in place to identify criteria triggers for higher frequency monitoring for individuals.

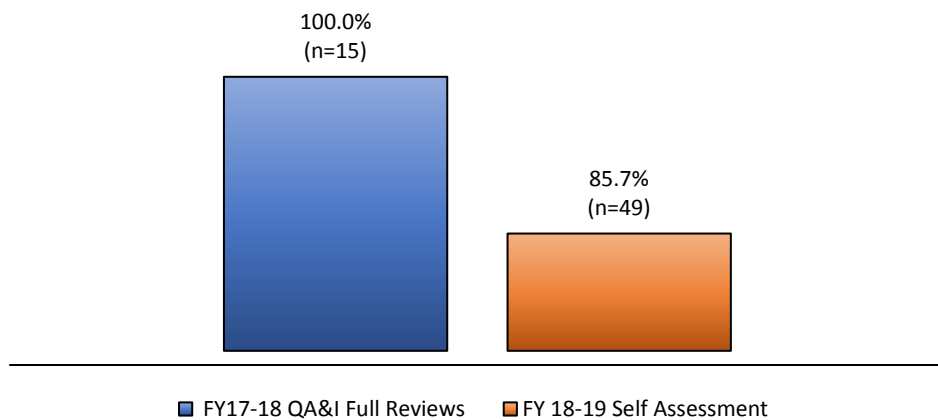
SCOs reported 141 of 141 individuals with complex needs have plans in place to address those needs, and that SCs addressed issues identified via monitoring, if there is a complex need identified for the individual, in 119 of 124 cases—96% of the time. SCOs reported, for individuals who have experienced a crisis period, SCs completed additional monitoring during that period to resolve the crisis, for 42 of 49 individuals—in 85.7% of cases. Graph 9.1 displays comparison between results of FY17-18 QA&I Full Reviews and FY18-19 QA&I Self-Assessments regarding SC monitoring of individuals with complex needs.

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
AEs provide SCOs & providers assistance to support people with complex needs	100%	14/14	100%	10/10	100%	5/5	100%	19/19	100%	48/48
AEs identify areas of need in the community & resources available	100%	14/14	100%	10/10	100%	5/5	100%	19/19	100%	48/48

SCOs have processes to identify criteria triggers for higher frequency monitoring for individuals	93.3%	14/15	90.9%	10/11	93.8%	15/16	92.9%	26/28	92.9%	65/70
SCs ensure plans are in place to address complex needs	100%	25/25	100%	24/24	100%	39/39	100%	53/53	100%	141/141
SCs address issues identified via monitoring for individuals with complex needs	95.7%	22/23	89.5%	17/19	97%	32/33	98%	48/49	96%	119/124
SCs completed additional monitoring during a crisis period to resolve the crisis	100%	4/4	100%	7/7	90.0%	9/10	78.6%	22/28	85.7%	42/49

SC = Supports Coordinator SCO = Supports Coordination Organization AE = Administrative Entity

Graph 9.1 - The SC Completed Additional Monitoring during a Crisis Period in Order to Resolve the Crisis



Recommendations on Supporting People with Complex Needs

ODP commends SCOs for ensuring they have processes in place to identify criteria triggers for higher frequency monitoring for individuals and plans to address individuals’ complex needs. Opportunities for improvement include:

- SCOs are encouraged to review and analyze policies and procedures for completing additional monitoring during a crisis in order to resolve the crisis, modify processes where necessary, and develop and implement QM Plans and Action Plans for improvement;

- ODP encourages all stakeholders to continue to learn about, evaluate, and support individuals with I/DD who have complex needs.

Develop and Support Qualified Staff (ISAC Recommendation #7)



People with disabilities receiving services benefit when staff who support them are well trained. Values, ethics, and person-centered decision-making can be learned and used in daily practice through mentorship and training. Providing professional training that strengthens relationships and partnerships between individuals, families, and direct support professionals will improve the quality of support.

Providers have Annual Training Plans that Meet All Requirements

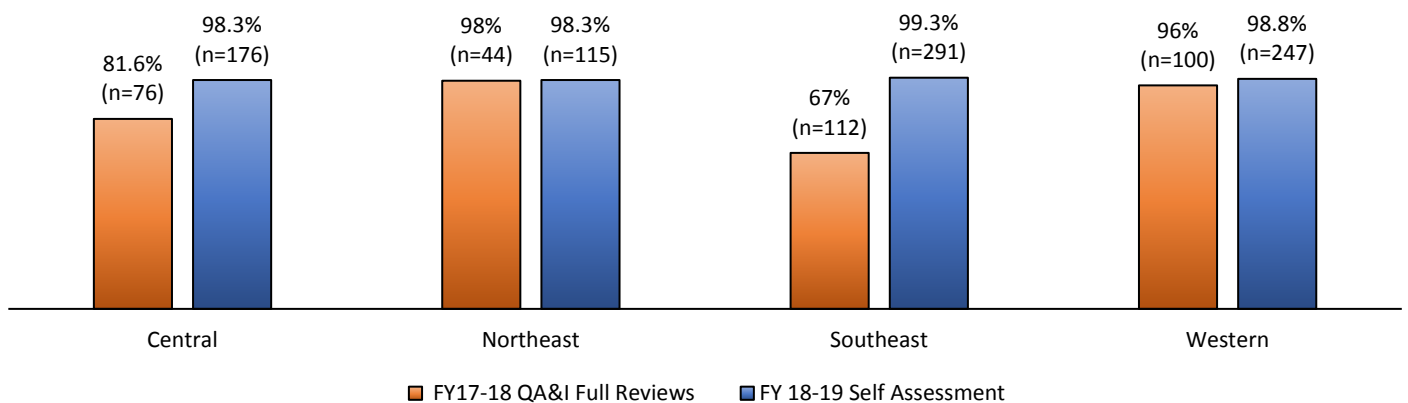
[Provider Q37]

All Providers are required to have annual training plans that contain the following areas:

- Department policy on intellectual disability principles and values;
- Training to meet the needs of a participant as identified in the ISP;
- QM Plan;
- Identification and prevention of abuse, neglect and exploitation of a participant;
- Recognizing, reporting and investigating an incident;
- Participant grievance resolution;
- Department-issued policies and procedures;
- Accurate billing and documentation of Home and Community Based Services delivery.

98.8% of 829 Providers submitting FY18-19 QA&I Self-Assessments reported having Annual Training Plans that meet all requirements. Results by region and comparison with FY17-18 QA&I Full Reviews completed by AEs are displayed in Graph 10.1.

Graph 10.1 - Providers have Annual Training Plans that Meet all Requirements
 FY17-18 QA&I Full Reviews (83.1%; n = 332) vs FY18-19 Self-Assessments (98.8%; n = 829)



Providers Ensure Training Requirements are Met
[Provider Q33-Q36 and Q38-Q40]

95.3 % of Providers reported their staff received annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring participants are safe. 96.7% of Providers reported staff completed training on the Provider’s Emergency Disaster Response plan that addresses individuals’ safety and protection, communication and/or operational procedures. 86.9% of Providers reported their staff who render Community Participation Support (CPS) completed Department-approved training on CPS. 96% of Providers rendering CPS reported new hire staff completed Department-approved training on CPS within 60 days of hire.

93.1% of Providers reported staff completed Annual Training that includes required core courses. 97.5% of Providers reported staff received training to meet the needs of individuals they support as identified in the approved ISP before providing services to the individual, while 96.9% of Providers reported new hire staff completed this training before providing services to individuals. Results across regions are displayed in Table 10.1.

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
Staff receive annual incident management training	97%	162/167	93.8%	105/112	96.5%	250/259	93.5%	215/230	95.3%	732/768
Staff complete training on the Provider’s Emergency Disaster Response plan	98.2%	160/163	95.5%	106/111	97.3%	249/256	95.7%	222/232	96.7%	737/762
Staff who render CPS complete Department-approved training on CPS	87.7%	71/81	91.4%	53/58	88.4%	107/121	86.9%	113/130	88.2%	344/390
New hire staff complete Department-approved training on CPS within 60 days of hire	100%	65/65	100%	46/46	94.7%	90/95	92.7%	89/96	96%	290/302
Staff complete Annual Training including required core courses	94.3%	166/176	93.9%	108/115	91.8%	267/291	93.5%	231/247	93.1%	772/829

Staff receive training to meet needs of individuals they support as identified in the ISP before delivering services to the individual	96.4%	161/167	96.3%	105/109	98.4%	254/258	97.8%	223/228	97.5%	743/762
New hire staff receive training to meet needs of individuals they support as identified in the ISP before delivering services to the individual	96.3%	157/163	96.3%	104/108	98.3%	233/237	96.1%	199/207	96.9%	693/715

CPS = Community Participation Support ISP = Individual Support Plan

SCOs Ensure Training Requirements are Met

[SCO Q17 – Q21 and Q57]

100% of 70 SCOs reported all SCs completed the required 24 training hours in the training year, and all SC Supervisors with a caseload (or who submitted billable service notes) completed the required number of training hours in the training year. 97.1% of SCOs, 68 of 70, reported their staff completed annual training that included core courses as required.

98.4% of SCOs, 63 of 64, reported their new SCO staff completed the required number of hours of orientation and the required topics within the first year of employment. 100% of 64 SCOs reported new SCs completed required ODP SC Orientation prior to working independently with waiver participants.

12 of 14 SCOs (85.7%) reported training SCs in all required training within 30 days of working with an individual who is deaf or hard of hearing being added to their caseloads.

Results by region are shown in Table 10.2.

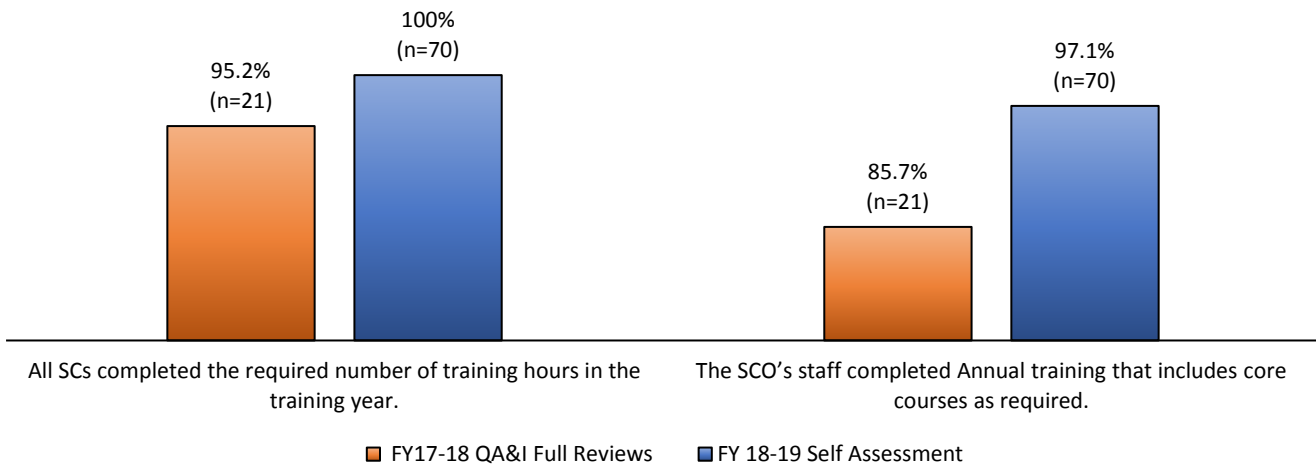
	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
SCs completed required number of training hours (24/year)	100%	15/15	100%	11/11	100%	16/16	100%	28/28	100%	70/70

SC Supervisors with a caseload completed ODP-required trainings in the training year	100%	15/15	100%	11/11	100%	16/16	100%	28/28	100%	70/70
SCO's staff completed annual training including core courses	100%	15/15	90.9%	10/11	100%	16/16	96.4%	27/28	97.1%	68/70
New SCO staff completed required # of hours of orientation and required # topics in the first year	100%	14/14	100%	11/11	93.8%	15/16	100%	23/23	98.4%	63/64
New SCs completed required ODP SC orientation prior to working independently with waiver participants	100%	14/14	100%	11/11	100%	16/16	100%	23/23	100%	64/64
SCs completed all required training within 30 days of an individual who is deaf or hard of hearing being added to their caseloads	100%	3/3	100%	1/1	66.7%	2/3	100%	5/5	85.7%	12/14

SC = Supports Coordinator SCO = Supports Coordinator Organization.

Graph 10.2 displays a comparison between FY17-18 QA&I Full Reviews and SCOs' FY18-19 QA&I Self-Assessment results.

Graph 10.2 - SCOs' Staff Training



Recommendations on Developing and Supporting Qualified Staff

Through improved data collection strategy in FY18-19 QA&I Self-Assessments, Providers and SCOs reported a significant amount of baseline information regarding training requirements that demonstrates strong performance.

Opportunities for improvement also exist and include:

- All Providers should review their performance to ensure all staff receive all required training, including in incident management and CPS;
- All Providers should ensure staff receive training on the needs of individuals they support as identified in their approved ISPs;
- SCOs should review their performance and ensure mandatory training requirements are met annually;
- SCOs should focus on assuring SCs complete required training within 30 days of receiving an individual who is deaf or hard of hearing on their caseload.

Conclusion

How Entities Should Use this Data

All entities should engage in a process of review of statewide results followed by a review of their regional, AE, SCO, or Provider-specific data and performance. After studying results across performance areas and measures, ODP and each entity should prioritize the areas in need of improvement, then develop, revise or enhance processes that support success. ODP encourages the use of the data obtained through the QA&I process to inform and track quality improvement activities at all levels within the organization. In instances where results are below 86%, staff at all levels should evaluate the need for systemic improvement and include these areas in QM Plans and supporting Action Plans. When appropriate, ODP staff, AEs, SCOs, and Providers should collaborate to develop and implement QM Plans and Action Plans for improvement.

How ODP will Use this Data

ODP will continue to use results from QA&I process to:

- Inform our understanding of how well strategies for improvement identified by the ISAC are working;
- Update policies and procedures;
- Identify and respond to needs for training and technical assistance;
- Develop and implement QM Plans and Action Plans where performance improvements are needed statewide and/or specific to a region;
- Improve processes for conducting individual interviews and capturing individual interview data;
- Implement changes in information management to ensure availability of accurate, aggregate data in response to all questions in FY2019-20;
- Provide training in QA&I process data collection and management to all entities;
- Modify online tools to capture data with greater specificity where needed, such as by program and by entity;
- Refine questions and question design;
- Improve interrater reliability in understanding question intent and interpretation and in capturing data results.

What We've Learned

ODP's QA&I Self-Assessment process continues to evolve and improve. In general, adjustments to the data collection strategy supporting the FY18-19 QA&I Self-Assessment process yielded a greater volume of accurate data results compared to the FY17-18 Self-Assessment cycle. Further improvements in the data collection strategy will continue to add to the volume of available, accurately reported responses to specific questions, using the desired units of analysis. In addition, stabilization of core questions in the survey tools going forward will allow ODP, AEs, SCOs, and Providers to gain further insights into performance by enabling the trending of data results over time.